



Scaling global health innovations and building sustainable institutions for greater impact

We believe in a world where everyone has fair access to health, receiving the right health services and medicines at the right time, and a future in which health systems develop and maintain their own skills to find solutions, so they can make the best use of finite resources for future generations. When experience and knowledge is shared, this builds a growing global platform of health expertise in which more countries can become agents for sustainable change. The International Decision Support Initiative (iDSI, www.idsihealth.org) is their partner on that journey.

Background

Strengthening the capacities of health and finance ministries, regulatory bodies, and research institutes leads to higher value, more sustainable investment decisions. iDSI is a global reservoir of health, policy, and economics expertise, empowering LMIC institutions and funders to make better decisions about how to get the most health from every dollar they spend.

Since 2013, iDSI has helped countries around the world make tangible progress in the institutional development of **health technology assessment**¹ (HTA). We are actively providing support in six Gates Africa priority countries, at the request of their respective governments: **South Africa, Ghana, Kenya, Tanzania, Zambia, Ethiopia**. We helped **South Africa** scope and cost out a new national HTA institution, announced in its 2018 budget as a core institutional ingredient of the country's universal health coverage (UHC) plans. In **Ghana** we raised awareness amongst government and parliamentarians leading to a national HTA strategy to improve the efficiency and long-term sustainability of the drug procurement and supply chain. The Vice President will announce the new institutional arrangements in Q2 2018.

The power of iDSI is in its ability to bring people together, mobilising expertise to set realistic targets for healthcare delivery and effective resource allocation. With over 70 staff (30 FTEs) employed globally among our core partners – government bodies, universities and thinktanks in the UK, USA, South Africa, China, and Thailand – we are actively expanding our network of partner institutions in Africa. Indeed iDSI can serve a strategic linchpin and hub for the Foundation's work on resource allocation for maximum impact across diseases and sectors, orienting all its efforts related to getting key cost-effective global health priorities onto countries' own budgets, and assuring that global funders' own offerings and transition arrangements continually support the most cost-effective use of available funds. Our ability to bridge policymakers, researchers, and funders makes us well placed to diffuse and scale global health innovations for greater impact whilst building sustainable local institutions.

The problem

According to WHO, for every US\$100 of public budget in Africa, less than US\$4 eventually goes to the right health services². This represents substantial numbers of lives lost and human opportunities forgone. Particularly as African nations face aid transition, there is a risk that traditionally donor-funded priority programs such as vaccines, MNCH, nutrition, and primary health care (PHC) – that are highly cost-effective and likely to benefit the poorest the most – get crowded out by costly technologies (such as cancer drugs deemed cost-ineffective even in the West) given growing demands and

How can HTA add value to governments and the private sector?

HTA empowers governments to adopt (select, price, procure, use) good value health technologies and programs, utilising local data, and developing local technical capacity on the path to universal health coverage (UHC).

HTA has generated very high returns on investment for national governments, given its low cost compared to vast population health gains and lives saved from more efficient health spending.

HTA makes the 'rules of the game' transparent, enabling fairer, more stable healthcare markets and incentivising truly high-value innovations.

¹ Institutionalisation of HTA at country level may often, but not always, mean that there is a focal HTA unit or agency with sufficient resources and dedicated staff, with direct or indirect linkage to policymaking and clinical practice. The functioning of such mechanisms will be embedded into legislation or other policy processes, be resistant to political change. There will be strengthened technical capacity and networks for HTA, and resulting routine generation of high-quality, context-specific HTA evidence and its routine use to inform budget planning, health benefit package design, quality improvement and so on.

² WHO (2016) Public financing for health in Africa: from Abuja to the SDGs
http://www.who.int/health_financing/documents/public-financing-africa/en/

pressing budget constraints. Imperfect and poorly regulated healthcare markets exacerbate the problem, and health ministries and payers often lack the data or knowhow to be able to negotiate better prices for essential healthcare commodities. More health financing alone is not the solution, and countries will require the capacities to make the right choices and to procure their own health interventions at sustainable cost.

The Foundation has contributed to key health innovations and progress on development indicators across Africa, through its spectrum of R&D, data, technical assistance, and implementation initiatives. How does it all fit together, how can lessons be disseminated and successful initiatives scaled up regionally? With multiple funding replenishments at stake and as BMGF and other funders depart, who will be at the frontline and accountable for a transition country's decision to maintain or defund a previously donor-funded activity?

How iDSI can help

We can provide an end-to-end solution for the Foundation that translates data and knowledge into practice, ensuring that both upstream R&D and downstream implementation initiatives attend to value-for-money considerations, connecting with country government resource allocation in Africa at every moment.

1. Strengthening health systems and institutions: HTA identifies cost-effective interventions and embeds them into reimbursement, enabling routine implementation at scale. We work with national governments to pursue HTA entry points, e.g. co-producing demonstration analyses to inform specific priority-setting decisions for high-burden diseases. Through this process we establish robust governance arrangements and technical methods for agenda setting, health economic evaluation, stakeholder and industry engagement, such that cost-effective and affordable policy decisions become the norm.

- Ghana:** iDSI worked with the MOH on a market-shaping cost-effectiveness review of hypertension drugs. With this information, the government's enhanced bargaining power meant it could negotiate a potential 10% price reduction in line with UK generics pricing, saving the National Health Insurance Fund over US\$5.6m per year – enough to treat all Ghanaians with untreated hypertension 4 times over. The Minister of Health has now endorsed a national HTA strategy, establishing its role in supply chains and procurement; relevant legislation is due to pass soon as set out by the Deputy CEO of the NHIA and the head of the drugs programme at MOH (see HTAi Conference panel, [here](#)). We look to deepen our engagement with the MOH on the institutional set-up for HTA, joining forces with Norwegian expertise (NIPH, through NORAD support), and assuring long-term sustainability of the insurance fund.

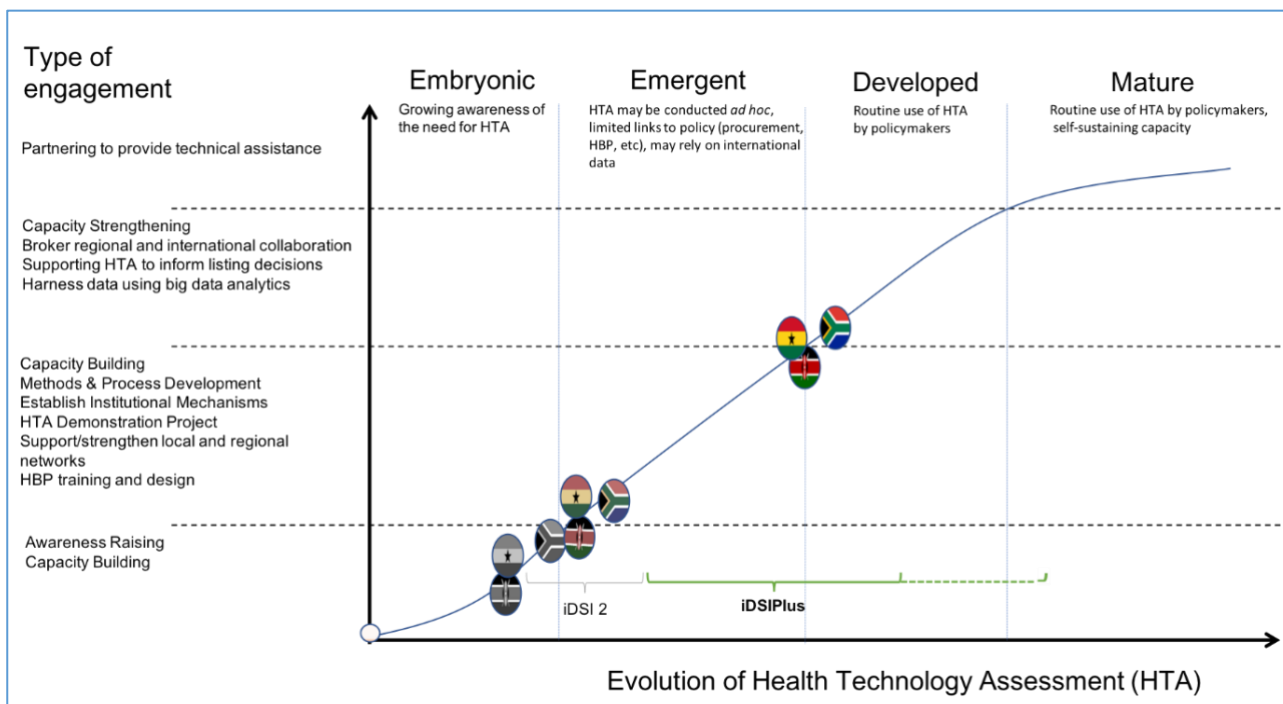


Figure 1 – Past (iDSI2: 2015 – 2018) and projected progress (2019 –) the journeys of Ghana, Kenya, and South Africa towards institutionalising HTA for UHC.

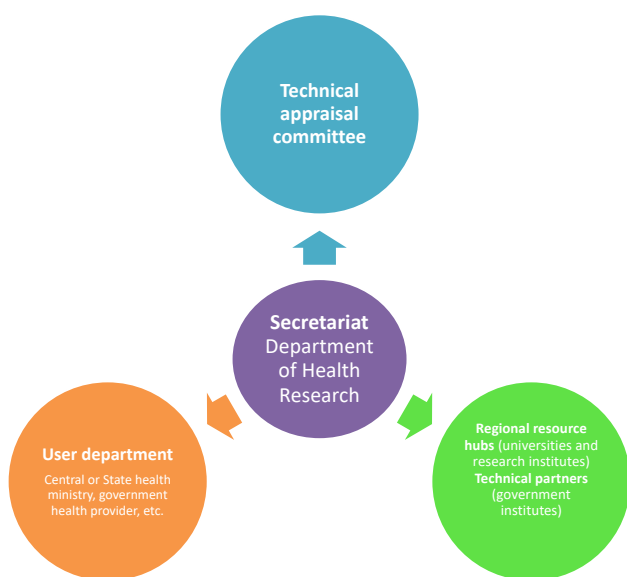


Figure 2. The Indian government's hub-and-spoke model of HTA. Adapted from <http://www.nirt.res.in/events/2018/e-News%20Letter%20january%202018.pdf>

- **South Africa:** iDSI handheld the National Department of Health to lay the groundwork for a national HTA unit, including advising on institutional and operational models, [budgeting](#), and HR requirements. In the 2018 Budget, the Treasury has committed 368m rand (US\$28.7m) which includes an amount for creating the HTA unit. We are working with iDSI core partner PRICELESS SA and CHAI to support its establishment.

Context matters. Appropriate institutional arrangements for each country will vary depending on policy contexts, and iDSI will adopt a flexible approach to technical assistance, drawing lessons from our body of research and case studies on the [political economy and institutional preconditions](#) for evidence-informed priority-setting.

In federal states such as **Kenya** and **Nigeria**, institutionalisation efforts could for instance be modelled on the hub-and-spokes approach adopted by India (Figure 2) - at the national level, iDSI supported raising senior political buy-in and establishing national norms and regulatory frameworks; whilst working with States to implement HTA processes and decisions on the ground and develop health economics research and operational

capacity among centres of excellence. All our capacity-building solutions are context-specific and accounts for each country's positioning in the trajectory of institutionalising HTA for UHC (see Figure 1).

2. **Strengthening capacities:** Different actors in the health system have different capacity needs for generating, using and diffusing knowledge and data for policy decisions.

Our target audiences will range from government ministries and agencies, local centres of excellence, regional intermediaries, to the media and organisations representing civil society and patients, who will ultimately be the ones affected by life-and-death decisions. We try to engage with all different players through tool development, technical support and on the job training, dedicated networking and South-South knowledge sharing events and awareness raising for key decision maker groups.

Regional diffusion will be critical for HTA to deliver on its promise across the continent and ought to be well-coordinated with other parallel initiatives including **WHO (AFRO)** and Foundation's efforts on **Africa Medicines Regulatory Harmonization** and the newly funded work on strategic purchasing through **SPARC** (drawing on our experience in convening the CGD Working Group on Procurement). And whilst investment decisions are ultimately local, sharing of models and analyses will help to catalyse evidence use through the spoke-and-hub model.

3. **Contextualising and translating data:** iDSI will work with global and country-level data initiatives, ensuring that their outputs are fit-for-purpose for and get translated to policy.

We will collaborate with the Institute of Health Metrics and Evaluation (IHME) in countries of mutual interest – **Ethiopia** and **Kenya** – to establish or support HTA agencies and influence budget allocation, using burden of disease data to scope out and inform cost-effectiveness studies, quick medicines list reviews, priority-setting process pilots and related. iDSI can provide feedback from counterparts on data and statistics that could be useful to IHME. Robust M&E of our joint work as a means to influencing country decision-making will be important to learn lessons to facilitate scaling up for future data efforts.

In addition, iDSI and IHME will work together (discussions underway) on influencing funders and country investment cases, through informing infectious disease modelling consortia efforts. We have a particular strength on the latter as the iDSI Secretariat is based at Imperial College which houses both the Gates-funded HIV Modelling Consortium and Gavi's [Vaccine Impact Modelling Consortium](#).

All of this work will be diffused at the global and regional levels via dissemination events and joint publications, drawing on regional intermediaries in Africa to ensure that the key messages reach the right audiences.

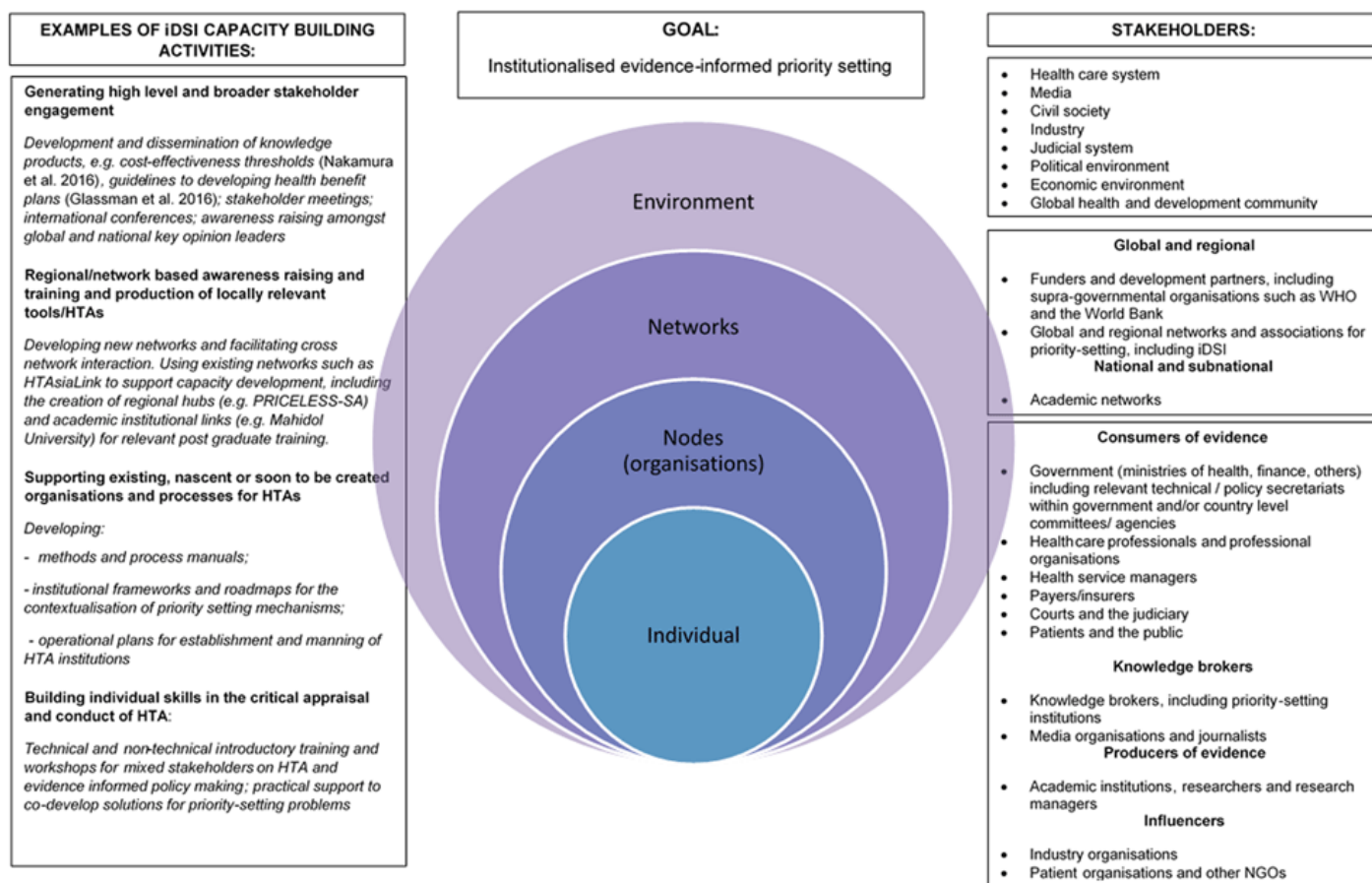


Figure 3. INNE framework applied to iDSI stakeholders and capacity-building activities. Li et al (2017) *F1000Research*. 6:231 (doi: 10.12688/f1000research.10966.1)

4. Leveraging external financing mechanisms: In addition to building crucial domestic HTA capacity over the medium-long term, iDSI can also support LICs and transitioning MICs to exert direct influence on funder priorities. This is key to consolidation of the MDGs with SDGs.

iDSI can work closely with the various Gates teams and local partners on preparing and optimising Global Financing Facility (GFF) investment cases for performance and scale – drawing on HTA principles and methods – in MNCH and nutrition. This will enhance chances of GFF success in countries such as **Burkina Faso** and **Kenya**, where we are actively exploring collaboration with the World Bank and WHO AFRO. In addition, iDSI is in the process of requesting funding from Gavi to support work with the ITAGI in **Zambia**.

- **Kenya:** With BMGF and DFID support, iDSI is working with GFATM and Unitaid to identify cost-effective delivery platforms for the national scale-up of a novel first-line HIV treatment (dolutegravir). This has led to significant government interest as the President has committed to ramping up UHC, with the MOH requesting iDSI support (including via the Ministry of Public Health, Thailand, a core partner of iDSI) to apply HTA principles and methods to the National Health Insurance Fund. We are actively involved with local partners (e.g. KEMRI, University of Nairobi) and global players (WHO, World Bank [WB], USAID) in the process and methods used for adjusting the health benefit package (HBP). This will begin with current coverage review, review of the Essential Medicines List and procurement, and cost drivers all drawing on the soon to be launched four-county pilots. To catalyse change, we have been working closely with KEMRI to inform the TORs of the UHC Secretariat. Following a direct request from the Cabinet Secretary for Health, iDSI has been coordinating with WHO, WB and others to support the building of an organised, transparent and systematic process to guide decisions made by the HBP Advisory Panel.

Modes of delivery and strategic collaborations

iDSI delivers practical support via various means: short-term visits to deliver targeted training workshops and providing hands-on ‘learning by doing’ support to country partners on a given project; longer term placement of consultants and advisers within LMIC partner institutions; institutional twinning; and the convening of regional and global networks and

events to foster South-South knowledge diffusion. All of our support channels ultimately aim to provide an enabling environment for domestic capacity development as well as public and private investment.

How we collaborate strategically with global and regional partners across sub-Saharan Africa will be critical to our approach. Key partners will include Gates Africa-funded initiatives such as SPARC, Thinkwell, JLN Efficiency stream, WB, and identified regional intermediaries – to build long-term capacity, diffuse knowledge, and support countries with health systems and institutional strengthening, in order to create lasting solutions which will lead to governments making better decision about resource allocation (Figure 4).

- We have existing collaborations with development partners in the region including: CHAI (**Ethiopia, South Africa**), PATH/ADP (**Tanzania, Ghana**), Joint Learning Network for UHC (JLN)/WB (**Kenya, Sudan, Ethiopia, Nigeria...**), WHO EMRO/AFRO and country offices in **Kenya, Ghana and South Africa**
- On procurement, we have strong synergies with and will be open to working closely with SPARC – iDSI can provide specialist HTA analytical and institutionalisation expertise and support dissemination of regional policy advice
- iDSI’s strong links with networks and regional intermediaries such as AfHEA, CABRI, HTAi, etc. create a perfect partnership for the diffusion of best practice, both regionally and globally.
- Our Chinese core partner CNHDRC, a government thinktank under the National Health Commission, provides a potential avenue for leveraging Chinese aid and technical assistance in Africa.

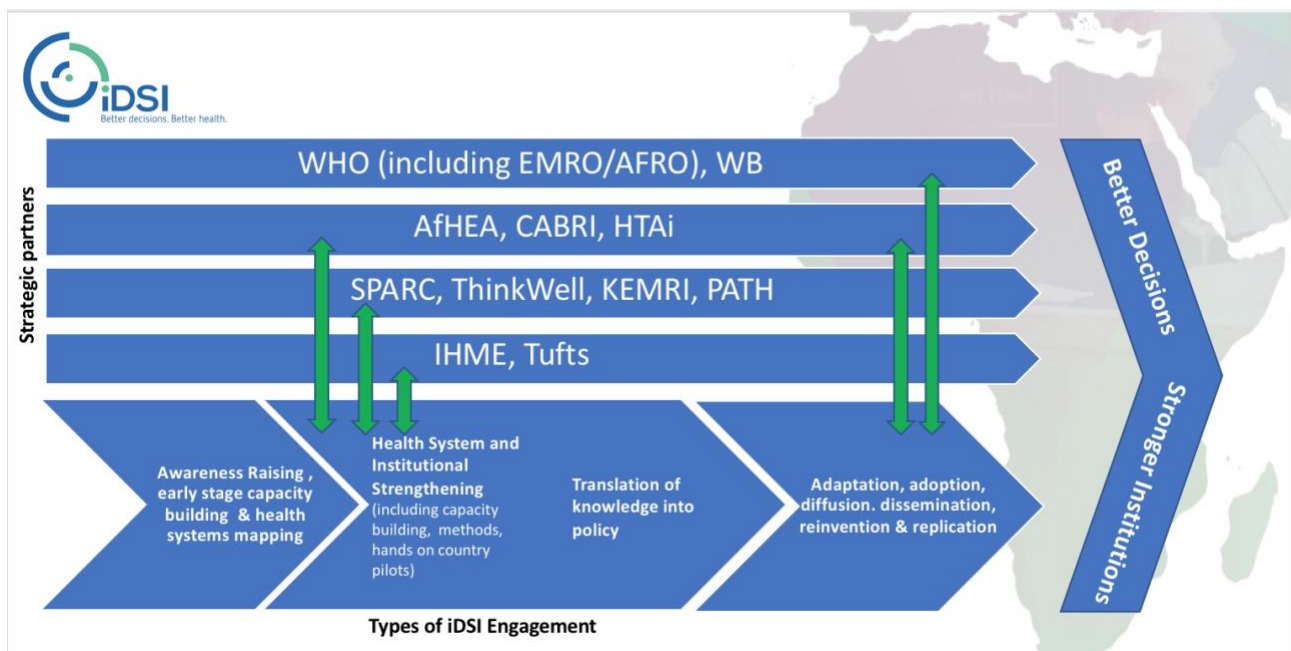


Figure 4 – iDSI’s proposed strategic partnerships