

## **Setting Priorities Fairly: Sustainable Policies for Effective Resource Allocation**

**26 and 27 September 2018**

**Swiss Hotel, Accra Ghana**

Under the auspices of the Ghanaian Ministry of Health, Health Technology Assessment international (HTAi) and the international Decision Support Initiative (iDSI), almost 100 researchers and policy makers from many countries around the world, including Australia, Norway, China, Ghana, Thailand, Kenya, South Africa, Ethiopia, Zambia, Tanzania, Nigeria, the United States and the UK came together over two days in Accra, Ghana.

Discussions focused on how evidence can be used to make decisions on what works and for whom, informing efficient and equitable resource allocation. Being able to make defensible decisions on what to buy, for whom and at what price is a critical capacity of all healthcare systems. The event was endorsed by Ghana's Minister for Health Mr Kwaku Agyemang-Manu and formally opened by Ghana's Deputy Minister for Health Mr Kingsley Aboagye-Gyedu, who described how Ghana had incorporated HTA recommendations in its Standard Treatment Guidelines and Essential Medicines List because of its usefulness as tool to assuring value-for-money.

In the context of aid transition, emerging economies such as Ghana will quickly need to develop and institutionalise equitable resource allocation. To do so, several important ingredients are required: political will, relevant data, appropriate methodology, expert technical capacity and functioning institutions with a remit to implement decisions based on cost-effective options. International cooperation and knowledge sharing networks are also key.

A summary of the key 'take home' messages of this seminal event are detailed in this write up. iDSI and HTAi are proud to have helped deliver this event and look forward to continuing relationships and working together more in the future.

### **Key messages:**

#### *Developing national strategies for health*

Only 17 out of 54 countries in Africa currently have national strategies for health, a necessary first step in the journey towards achieving Universal Health Coverage (UHC) and the health Sustainable Development Goal (SDG 3). Without political backing and a commitment to prioritising the health of African nations, attaining UHC and implementing evidence-based methods (such as HTA) will not succeed.

#### *Stakeholder engagement and collaboration for HTA*

The effective implementation of HTA requires collaboration among a number of organisations and the participation of multiple stakeholders within a transparent, rules-based framework. This is a key aspect and we need to build trust by establishing clear processes for working together to draw on the views, skills and expertise of different stakeholders. The development of processes for identifying and managing conflicts of interest is also imperative.

Attempts should be made to include the following key stakeholders in the journey towards effective HTA implementation:

- o civil society organisations, particularly patient voices
- o academia and researchers
- o clinicians and health professionals
- o the private sector, including industry/manufacturers and private hospitals and clinics
- o politicians and global donors.

We need secure 'buy in' for the value of HTA in supporting priority setting and UHC, particularly at the political level. A clear communication strategy, recognising that different stakeholder groups will have different needs in terms of information, will help raise awareness of the role of HTA in supporting improvements in population health and achieving UHC.

### *National context and opportunities*

Local context is important when applying HTA. International networks (like HTAi and iDSI) can share global best practice and experience to support local contextualisation. Resources and guidance are available to aid countries in their chosen journey to achieving UHC and implementing HTA. In some cases countries may even 'leapfrog' in their progress by taking the lessons learnt from jurisdictions with mature HTA systems and adapting them pragmatically for their situation. This can both tailor systems of UHC to local needs and avoid some of the potential institutional legacies and costs of more established health systems.

### *Data sources*

The conduct of HTA and budget impact analysis requires that locally relevant data are available across six main domains: epidemiology, clinical efficacy, costs, service use, health-related quality of life and equity. Lack of adequate local data should not be seen as a barrier to implementing HTA. Decisions still need to be made and HTA can aid in the development of better information systems over time. In the longer term, governments can work to address data gaps and harness the power of existing routinely-collected health services data.

### *Ethics and equity*

The literature shows that SSA countries tend to place more value on efficiency over equity considerations, most likely reflecting their very constrained financial resources. Although often overlooked in the design of benefits packages, equity aspects (and the trade-offs involved in terms of overall population health) will be crucial to consider in situations involving hard to reach populations and other potentially vulnerable groups. There is a need for more explicit and systematic approaches to robustly include equity information in decision making.

### *Sustainability*

**Affordability:** While important to use cost-effectiveness analysis (CEA) to understand the relative value of an individual health technology in a particular context, countries also need to consider the overall budget impact of implementation, particularly if there is no obvious CEA threshold (or threshold range) that can be legitimately applied when making decisions. Countries need to consider the affordability of the interventions.

**Capacity building:** Developing sustainable HTA systems requires both technical and non-technical in-country expertise. Countries need people who are skilled technically in the conduct of HTA and this will involve in many instances strengthening the capacity of the

academic sector. Policy makers, health professionals, the private sector and patients also need to engage and contribute in the HTA process, whilst being supported with targeted and appropriately differentiated capacity building strategies.

**Transition from aid:** Many countries will eventually transition from aid and HTA can be used to make decisions to help allocate scarce resources, now fully under the responsibility of those countries. Donors have an important role in appreciating the full implications this will have on local decision making and should help manage this transition to domestic financing. HTA has essentially been developed in countries that already have UHC and so it is primarily used to assess the value of new health technologies. However, in the SSA setting, it could be used at a more fundamental level to set priorities fairly and determine the contents of health benefits packages.

### Post event analysis:

*Attendees' organisation and contact details (published with their permission):*

Name	Organisation
<b>Grace Njeri Muriithi</b>	African Health Economics and Policy Association (AfHEA)
<b>Jacob Novignon</b>	African Health Economics and Policy Association (AfHEA)
<b>Rabia Kahveci</b>	ANHTA (Ankara Numune Health Technology Assessment Center)
<b>John Klu</b>	Association of Representatives of Ethical Pharmaceutical Industries (AREPI)
<b>Philip Tagboto</b>	Association of Representatives of Ethical Pharmaceutical Industries (AREPI)
<b>Carleigh Krubiner</b>	Center for Global Development
<b>Solomon Tessema Memirie</b>	Center for Medical Ethics and Priority Setting, Addis Ababa University
<b>Rebecca Addo</b>	Centre for Health Economics Research and Evaluation (CHERE), University of Technology Sydney.
<b>Kun Zhao</b>	China National Health Development Research Center
<b>Yaoling Wang</b>	China National Health Development Research Center
<b>Samantha Diamond</b>	Clinton Health Access Initiative
<b>Regina Kamoga Namata</b>	Community Health and Information Network
<b>Ebenezer Kwabena Tetteh</b>	Department of Pharmacy Practice & Clinical Pharmacy, School of Pharmacy, University of Ghana
<b>Trygve Ottersen</b>	Division for Health Services, Norwegian Institute of Public Health
<b>Koku Awonoor</b>	Ghana Health Service
<b>Nicholas Adjabu</b>	Ghana Health Service
<b>Saviour Yevutsey</b>	Ghana Health Service

<b>Netnapis Suchonwanich</b>	Health Intervention and Technology Assessment Program (HITAP)
<b>Rachel Archer</b>	Health intervention and Technology Assessment Program (HITAP)
<b>Daniel Lalonde</b>	Health Technology Assessment International
<b>Iñaki Gutierrez-Ibarluzea</b>	Health Technology Assessment International
<b>Rebecca Trowman</b>	Health Technology Assessment International
<b>Benjamin Chudi Uzochukwu</b>	Institute of Public Health, College of Medicine, University of Nigeria, Enugu campus
<b>Ama Pokuaa Fenny</b>	Institute of Statistical, Social and Economic Research, University of Ghana
<b>Alex Winch</b>	international Decision Support Initiative
<b>Else-Marije Krajenbrink</b>	international Decision Support Initiative
<b>Kalipso Chalkidou</b>	international Decision Support Initiative
<b>Mohamed Gad</b>	international Decision Support Initiative
<b>Enyonam Nudo</b>	IQVIA
<b>Peter Stephens</b>	IQVIA
<b>Remi Adeseun</b>	IQVIA
<b>Kirti Narsai</b>	Johnson & Johnson
<b>Kwaben Asante - Offei</b>	Johnson & Johnson
<b>Priscilla Owusi-Sekyere</b>	Johnson & Johnson
<b>David Blay</b>	Johnson & Johnson
<b>Edwine Barasa</b>	KEMRI - Wellcome Trust Research Programme
<b>Daniel Ankvah</b>	Kovle-bu Teaching Hospital
<b>Berko Panin Anto</b>	Kwame Nkrumah University of Science and Technology
<b>Kwame Buabeng</b>	Kwame Nkrumah University of Science and Technology
<b>Hector Eduardo Castro-Jaramillo</b>	Management Sciences For Health-MSH
<b>Jasmine Pwu</b>	Ministry of Health and Welfare Taiwan
<b>Elias Asfaw Zegeye</b>	Ministry of Health Ethiopia / Clinton Health Access Initiative
<b>Angela Ackon</b>	Ministry of Health Ghana
<b>Brian Adu Asare</b>	Ministry of Health Ghana
<b>Daniel Degbotse</b>	Ministry of Health Ghana
<b>Edith Gavor</b>	Ministry of Health Ghana
<b>Heleen Vellekoop</b>	Ministry of Health Ghana
<b>Martha Gyansa-Lutterodt</b>	Ministry of Health Ghana

<b>David Kariuki</b>	Ministry of Health Kenya
<b>David Njuguna</b>	Ministry of Health Kenya
<b>Mercy Mwangangi</b>	Ministry of Health Kenya
<b>Nneka Orji-Achugo</b>	Ministry of Health Nigeria
<b>William Reuben</b>	Ministry of Health Tanzania
<b>Mpuma Kawaye Kamanga</b>	Ministry of Health Zambia
<b>Lydia Asare</b>	Ministry of Health, Ghana
<b>Michael Aryeetem</b>	Ministry of Health, Ghana
<b>Kingsley Lomotey</b>	Ministry of Health, Ghana
<b>Gladstein</b>	Ministry of Health, Ghana
<b>Elsorm Ametepe</b>	Ministry of Health, Ghana
<b>Elizadjei Ag</b>	Ministry of Health, Ghana
<b>Lydia Dsane-Selby</b>	National Health Insurance Authority Ghana
<b>William Omane-Adjekum</b>	National Health Insurance Authority, Ghana
<b>Yakubu Agada-Amade</b>	National Health Insurance Scheme, Nigeria
<b>Elizabeth Peacocke</b>	Norwegian Institute of Public Health
<b>Ingvil Saeterdal</b>	Norwegian Institute of Public Health
<b>Muhammad Abdulkarim</b>	Pfizer
<b>Kwasi Boahene</b>	PharmAccess Group
<b>Maxwell Antwi</b>	PharmAccess Group
<b>Miriam Nkangu Nguilefem</b>	PhD Candidate Epidemiology/Grant laison eBASE
<b>Gavin Surgey</b>	PRICELESS SA, Wits University, South Africa.
<b>Renay Weiner</b>	PRICELESS SA, Wits University, South Africa.
<b>Nathaniel Otoo</b>	Results for Development
<b>Charles Ngoh</b>	Roche
<b>Christina Fang</b>	Roche
<b>Terseer Sar</b>	Roche
<b>Evidence Nyamadzawo</b>	ScHARR, University of Sheffield School of Public Health, The University of Zambia
<b>Maio Bulawayo</b>	University of Zambia
<b>Ayman Wafik Morsi Sapae</b>	Shamseya for Innovative Community Healthcare Solutions
<b>Brendan Shaw</b>	Shawview consultancy
<b>Michael Castro</b>	The Collaborative Africa Budget Reform Initiative (CABRI)
<b>Michael Borowitz</b>	The Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>Amani Mori</b>	University of Bergen, Norway
<b>Augustina Koduah</b>	University of Ghana
<b>Tony Danso-Appiah</b>	University of Ghana

<b>Justice Nonvignon</b>	University of Ghana
<b>Obinna Emmanuel Onwujekwe</b>	University of Nigeria Enugu
<b>Samantha Hollingworth</b>	University of Queenstown
<b>Mwimba Chewe</b>	University of Zambia
<b>Peter Hangoma</b>	University of Zambia
<b>Edith Annan</b>	WHO local office
<b>Sarah Garner</b>	World Health Organization (WHO)
<b>Stanislav Kniazkov</b>	World Health Organization Regional Office for Africa
<b>Naina Ahluwalia</b>	WorldBank

### **Media coverage:**

Modern Ghana: [Conference On Sustainable Resource Allocation Policies](#) (28 September 2018)

Business Ghana: [Ghana hosts conference on sustainable resource allocation policies](#) (1 October 2018)