

# International Decision Support Initiative (iDSI): Supporting Priority-Setting for Universal Health Coverage

NICE International

*iDSI is funded by the Bill & Melinda Gates Foundation (BMGF)  
and the Department for International Development (DFID)*

# Overview of the International Decision Support Initiative (iDSI)

1. **Growing need:** Increasing demand for priority-setting, limited supply
2. **Priority-setting:** Generate more health and equity for the money, essential for universal health coverage
3. **iDSI mechanism:** Connect policymakers to global capacity, tap economies of scale
4. **Unique to iDSI:** Demand-driven, peer-to-peer learning, global public goods
5. **Impact:** iDSI will benefit stakeholders at all levels

# Why does the world need an international mechanism to support priority-setting?

## Demand

- As low and middle income countries (LMICs) move towards universal health coverage (UHC) and public spending increases, the need and demand for **priority-setting** will skyrocket
- **Growing international markets for healthcare industry** with new and expensive technologies, yet local budgets and regulatory capacities
- Few LMICs have priority-setting institutions, and therefore need **international support for decision-making**

## Supply

- Few agencies (NICE International, UK; HITAP, Thailand) provide such support
- Supply of technical capacity for priority-setting increasing worldwide, but not well-coordinated to tap **economies of scale**
- NICE International and HITAP are small, and need a **sustainable model for scaling up** operations to meet growing demand

# What is iDSI?

iDSI is a sustainable, adaptable, international mechanism, to provide policymakers (at sub-national, national, regional and international levels) with **co-ordinated support in priority-setting**, as a means to UHC.

# Rational mechanisms for maximising efficient, equitable and ethical use of resources are essential for UHC

## Priority-setting

### Technical tools

- HTA in broadest sense: including guidelines, pathways, quality standards, etc.
- Defining affordable package of cost-effective interventions to maximise coverage and health gains, and minimise out-of-pocket payments
- Redistributional objectives (e.g. targeting diseases that disproportionately burden the poor)

### Process tools

- Institutional foundation with deliberative process
- Procedural principles, e.g., transparency, independence from vested interests
- Localised decision-making with stakeholder participation

## UHC

**Financial protection**

**Better health**

**Social redistribution**

Chalkidou et al. (2013) *Lancet*, Smith (2013) *Health Econ.*

# Priority-setting can maximise horizontal and vertical health gains for any given budget, even with low public spending

*Horizontal programmes* e.g.

Rational health benefits package to minimise disease burden and catastrophic spending

'Best buy' public health and primary care interventions to minimise burden of NCDs

*HIV*

Rationally allocating donor funding between second-line ARVs and expanding coverage of first-line ARVs

*Diabetes*

Reallocating public spending from insulin analogues to human insulin, to expand coverage and effectiveness of diabetes programmes

*Stroke*

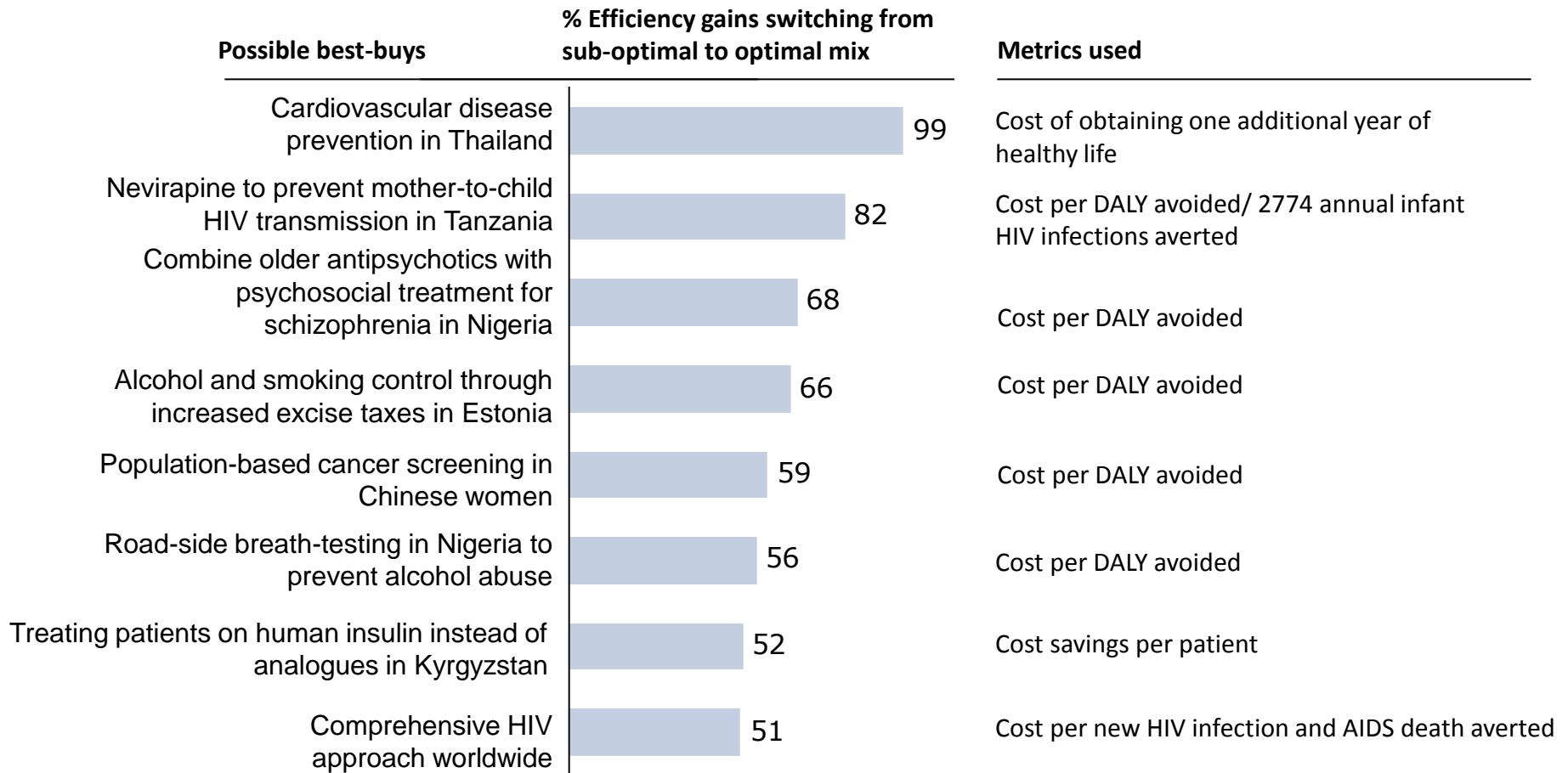
Adapting clinical guidelines to local context, to define cost-effective diagnostic and treatment practices across care pathway

*Maternal care*

Quality statements and indicators based on guidelines, to reduce variation in care and maternal deaths

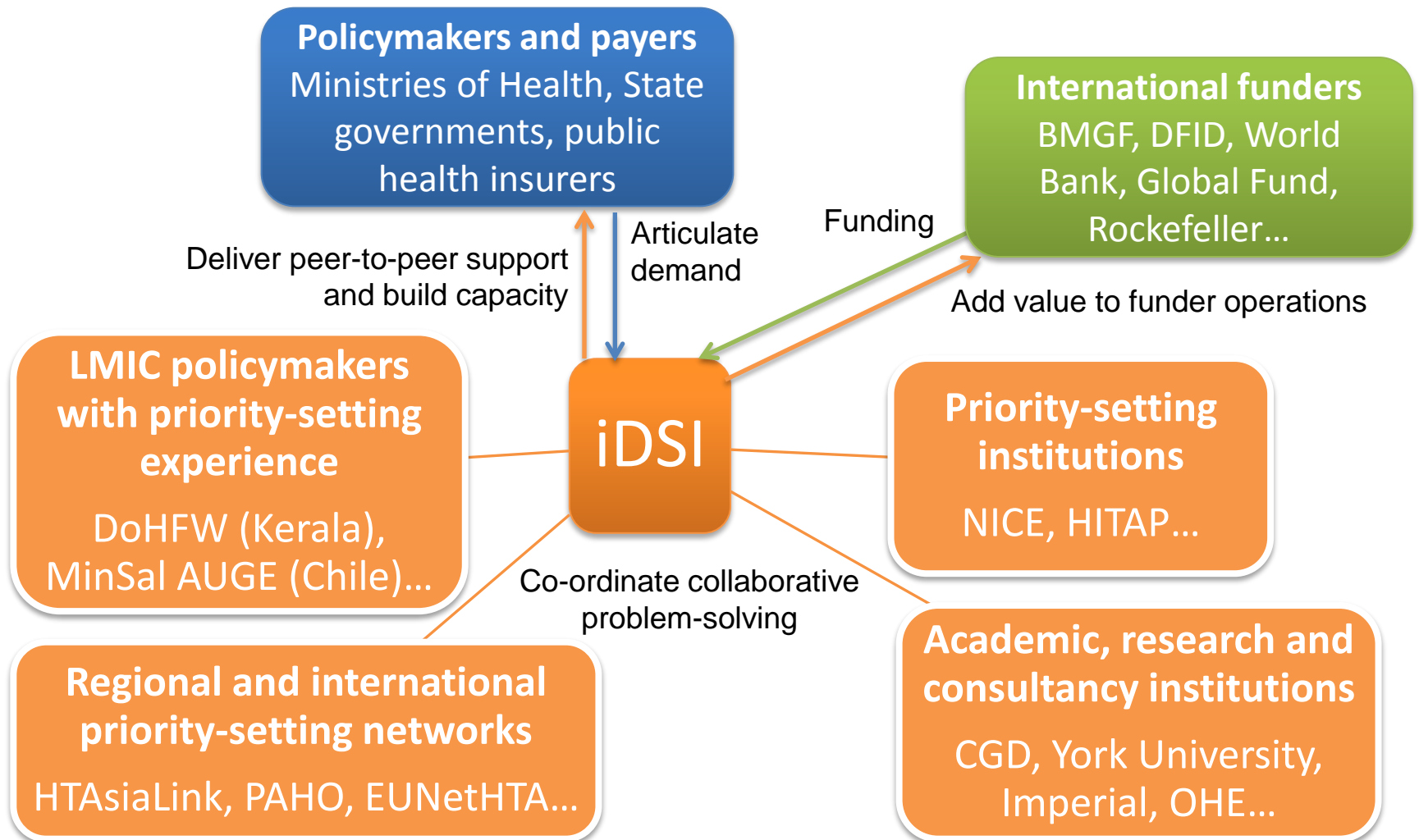
*Vertical programmes*  
e.g.

# Priority-setting can identify ‘best buys’ with substantial efficiency gains across LMICs



© Centre for Global Development. Sources: Sweat et al. (2005), WHO Report (2010), Gates Foundation ‘Best Buys’ presentation, UNAIDS (2011)

# Our vision: iDSI will draw on global capacity to deliver technical support in priority-setting





# iDSI's Unique Selling Points

## Demand-driven

Focused on client countries' priorities

## Systems approach to priority-setting

- **Comprehensive package of 'tools'**: HTA, guidelines, pathways, quality standards...
- **Build institutional capacity**: training, demonstration projects, process manuals

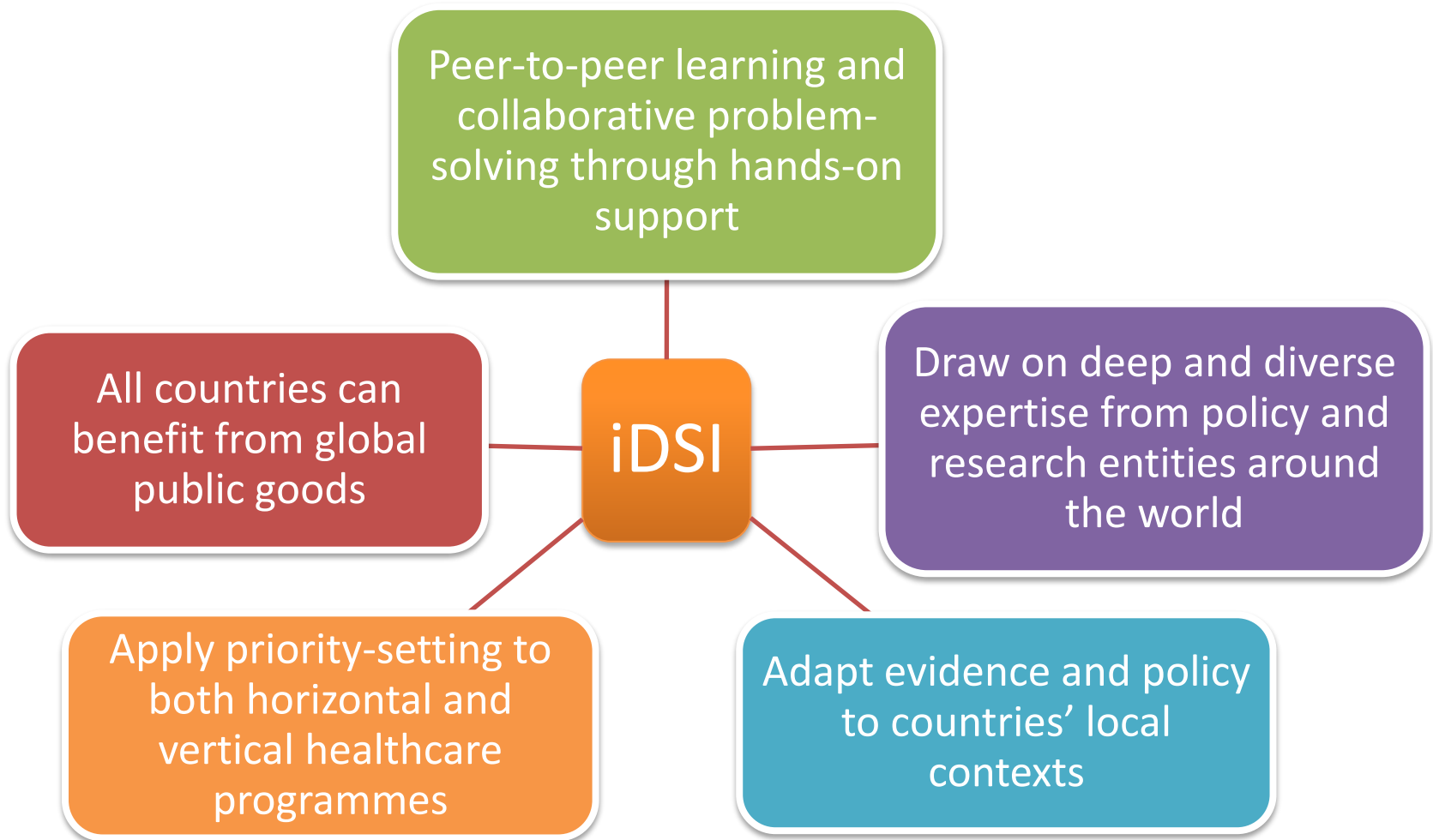
## Leverage NICE/HITAP networks to drive **economies of scale**

- Engage clinicians, academics, technicians and industry with policymakers around the world
- Engage LMIC stakeholders in South-South partnerships

## Generate and disseminate **global public goods**

***No-one has done all of the above***

# How will iDSI add value?



# Impact on all stakeholders



## International and domestic funders

- Ensure value (maximum health gains) for money
- Increase accountability
- Reach the 1bn of the world's poor living in MICs

## Policymakers

- Leverage global capacity (including from other LMICs)
- Deliver effective, equitable and sustainable UHC
- Foster global health diplomacy

## Delivery partners

- Direct access to policymakers
- Encourage stakeholder participation
- Achieve real impact
- Sustainable capacity for priority-setting at the local level

***Financial protection and better health for the public***