iDSI
Better decisions. Better health.

Review **2015**

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INTRODUCTION TO THE YEAR'S EVENTS

2015 was our best year yet – a year that saw our **international Decision Support Initiative (iDSI)** grow from a fledgling enterprise to a trusted source of knowledge and support for those setting healthcare priorities.

With our iDSI partners in Thailand (HITAP), USA (CGD) and South Africa (PRICELESS) we've provided hands-on **Practical Support** to policy makers in India, China, Indonesia, Vietnam and South Africa as they set out and invest in their own priorities en route to sustainable, good quality Universal Healthcare Coverage (UHC).

Our work in India is **informing the establishment of a Medical Technology Advisory Board** and led to the launch of **nationwide guidelines on non-communicable diseases (NCDs)**. The work attracted interest at the highest levels of government: in a joint statement on UK-India cooperation, UK Prime Minister David Cameron and Indian Prime Minister Narendra Modi said they *"welcomed ... the collaboration between NICE International, UK and the Department of Health Research in India on medical technology assessment"*.

Dr Kalipso Chalkidou
Director of NICE International

Professor Tony Culyer
Emeritus Professor of Economics, University of York and Chair, iDSI Board

With support from our academic partners we've added to our bank of **Knowledge Products** – cutting edge insights on best practice in health resource allocation. These include **a series of papers by the University of York** exploring the opportunity costs of investment in resource constrained settings and the implications of ignoring these costs, and a **framework for considering capacity building in effective priority setting**, which integrates the broad spectrum of activity and stakeholders involved. We've worked with the Bill and Melinda Gates Foundation, supporting them to adopt the **iDSI Reference Case** – a set of best practice principles in economic evaluations – to guide their investment decisions. We held a **workshop on knowledge transfer and exchange** to explore how those with an interest in priority-setting can best support it and we've developed a **robust Theory of Change and a Monitoring, Evaluation and Learning framework**, to ensure iDSI has its intended impact.

In 2016-17, iDSI will begin its second phase, supported by an **award of US$12.8m (£8.9m) from the Bill and Melinda Gates Foundation**, including a contribution by the UK's DFID, representing a major investment dedicated to making **better decisions for better health**. This will allow us to continue our existing work, reach new audiences and pursue innovative ideas for building capacity in priority-setting. With Mahidol University, we will **launch Health Policy and Technology Assessment (HePTA)**, a graduate course across major South East Asian universities training researchers and policy makers to undertake and use priority-setting research and we also hope to **strengthen our partnerships with global funders** to build on their legacy of strengthening health systems in poorer countries.

Through all of this, we will continue to work with leading UK government and academic institutions to **strengthen the UK's offering** to fellow policy makers across Africa and Asia.

BETTER DECISIONS. BETTER HEALTH.

The **international Decision Support Initiative (iDSI)** is an innovative global partnership that brings together NICE International **(NI)**, UK, the Health Intervention and Technology Assessment Program **(HITAP)**, Thailand, the Center for Global Development **(CGD)**, USA and Priority Cost Effective Lessons for Systems Strengthening **(PRICELESS)** at University of the Witwatersrand, South Africa.

Our mission

is to guide country and global decision-makers to effective, efficient and ethical resource allocation strategies for improving people's health.

- We provide demand-driven **practical support** (technical assistance on priority-setting) and **knowledge products** (rigorous research and tools), with capacity building underpinning all of our activities.
- We **respond to policymaker demand**, and focus our efforts on addressing the real problems faced by low- and middle-income countries (LMICs) and global funders, for example, the over-use of inappropriate interventions, and lack of access to healthcare or unsustainable healthcare costs.
- We are an **international, multi-disciplinary** network. We bring together leading priority-setting institutions, delivery partners (including academics), policymakers, and funders to solve problems collaboratively.

Our vision

is that all countries will have the capacity to make the right choices for the health of their populations

- We enable **effective partnerships** between stakeholders at the country level and strengthen their capacities to **generate and use Health Technology Assessment (HTA) evidence**
- We support countries to reach the milestones and prerequisites for **HTA system development**, promoting the **routine use of HTA evidence** to inform policy decision making.

4 iDSI Core Partner organisations
in 4 continents, and a large network of Support Partner organisations currently working to produce knowledge products and collaborating on country work

$12.8 million
Gates grant funding secured for iDSI phase 2 (2016-2018)

iDSI Monitoring, Evaluation and Learning

In 2015, we continued to reflect on how we can articulate and monitor the impact of iDSI. NI, HITAP and Itad, our specialist evaluation partners, built on the iDSI Theory of Change (Figure 1) to develop metrics and tools for use throughout the iDSI grant. This work also builds upon Itad's evaluation of NI's earlier engagement in India and China through the Health Partnerships Scheme, which confirmed that NI is supporting steady incremental progress towards stronger health policies.

The resulting monitoring, evaluation and learning (MEL) framework will capture the early changes that iDSI expects to see (based on the assumptions underlying its Theory of Change), before improved institutions, decision making and policy implementation emerge. This will allow iDSI to demonstrate with confidence the shorter-term progress towards our longer-term aims. Data collection against our framework indicators is to become an integrated part of iDSI country support and Itad are planning regular network learning events that will use the findings to help guide all iDSI activities

In parallel to the ongoing monitoring and evaluation work, Itad are leading a formative 'Mid-Term Review' of iDSI to capture lessons from the early phase of the initiative (2013-2015). This process will provide a critical review of how iDSI fits into the global health ecosystem and examine how effectively the iDSI network has helped partners work towards a shared goal of better decisions for better health. We aspire for this innovative work to inform development partners' and the broader community's approach to measuring their impact and enhancing their accountability for their health system strengthening work.

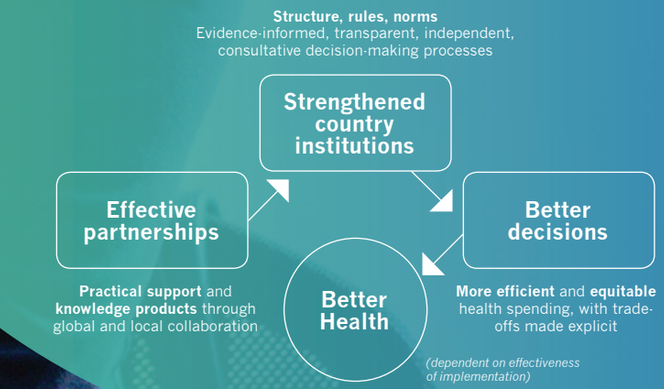


Figure 1

INDONESIA:
INTRODUCING HTA TO THE WORLD'S BIGGEST UHC PROGRAMME

Since 2014, iDSI core partner HITAP has been leading the initiative's flagship project in Indonesia. Indonesia is working to establish a comprehensive health insurance scheme with the aim of achieving UHC by 2019 and has appointed a national HTA Committee to oversee HTA development.

2019
Year that Indonesia aims to achieve UHC

$1,031
per DALY averted
Reduction in healthcare costs as a result of the PEN programme

With support from NI, and in collaboration with PATH's Access and Delivery Partnerships project, HITAP is assisting Indonesian authorities to establish and scale up institutional mechanisms to embed HTA and evidence-informed priority-setting into health policy processes.

2015 saw HITAP work closely with Indonesian technical teams in the HTA Committee and elsewhere, providing practical support and institutional capacity building through on-site workshops and study visits. The Committee successfully completed two HTA studies; one examining the cost-effectiveness of a treatment for hypertension and the other comparing the cost-effectiveness of two separate treatments for patients with end-stage renal disease. These studies mark the first stages of scaling up HTA in Indonesia and demonstrate the potential value of HTA to the country's health system, given proper support, mobilisation and commitment from local stakeholders.

High level meetings in Jakarta

Building on this success, the WHO Indonesia country office and HITAP coordinated two days of meetings in September 2015 to discuss the strategy for establishing and sustaining HTA processes in support of UHC. Indonesian attendees included senior Ministry of Health (MOH) officials, HTA Committee members, representatives from Badan Penyelenggara Jaminan Sosial (BPJS), the health insurance agency, managers from major hospitals and community involvement leaders. They were joined by representatives from PATH, the United States Agency for International Development (USAID), the Australian Department for Foreign Affairs and Trade (DFAT), Mahidol University and iDSI.

During the meetings, the Secretary General of the MOH, Dr Untung Suseno Sutarjo reiterated the government's commitment to high quality services and the relevance of accountable HTA processes to achieving UHC objectives. The MOH leadership outlined their intention to develop a HTA Roadmap, proposing a comprehensive list of required activities. Funders also coordinated and agreed on priority areas and responsibilities.

Study visit to the UK

Later in September, HITAP accompanied the MOH Secretary General and a senior delegation of health policy makers and academics on a study visit to the UK. The agenda introduced delegates to the UK approach of using evidence and social values to inform healthcare decision making and the group travelled to the National Institute for Health Research Evaluation, Trials and Studies Coordinating Centre (NETSCC) based at the University of Southampton to learn about their contractual arrangements with the Department of Health to commission, manage and quality assure HTA research for the NHS and ensure that UK health research anticipates and reacts to policy needs. The UK visit was also an opportunity to explore the potential for further collaboration between iDSI and Indonesia, as the country continues its progress towards UHC.

259.3
million
Population of Indonesia

If successfully rolled out, Indonesia's national health insurance system, Jaminan Kesehatan Nasional (JKN), will be the **world's largest UHC programme**

The next phase of the project will be geared towards ensuring the sustainability of the HTA infrastructure, by establishing its links to policy and building capacity, through the development of process and methods guidelines. iDSI and PATH will continue to support Indonesian authorities to develop the HTA roadmap and strategy plan, coordinating with local and international partners to make sure our activities contribute towards the government's vision.

Economic evaluation of the PEN programme

Responding to an Indonesian MOH request for technical support to review its Package of Essential Non-Communicable (PEN) Disease Interventions programme, HITAP has been collaborating with the WHO country office and other local stakeholders to conduct an economic evaluation of PEN. HITAP supported the quantitative analysis, assessing whether screening for diabetes and hypertension is cost-effective, compared to a 'no screening' scenario and other policy options.

In early 2015, HITAP delivered an intensive training workshop with local partners, covering each step of the economic evaluation from design through to analysis. Researchers collected data in the programme's pilot provinces and a joint team analysed the findings. The study concluded that the PEN programme is more cost-effective than a 'no screening' option, and recommended reallocating existing resources and changing the target population for the interventions to improve screening coverage. In April 2015, a stakeholder workshop was held to disseminate the results, which were warmly received. A technical report was produced in Indonesia and the findings were also published internationally in the Health Systems & Reform Journal.

This exercise was successful in several respects: firstly, the study showed that HTA can be applied at a national level; secondly, the study raised awareness for HTA and demonstrated its relevance to public health policy; and finally, the request from MOH for the PEN evaluation is an encouraging example of policy-maker demand for this type of work and a sign of the growing recognition of the value of HTA as a means towards achieving UHC. The plan is for this work to inform the government's decision to fund national screening programmes.

VIETNAM:
AN INTEGRATED APPROACH TO STRENGTHENING PRIORITY-SETTING FOR UHC

iDSI core partners NI and HITAP have been working with the government of Vietnam since 2013 with support from the Rockefeller Foundation. We have been supporting the Vietnam MOH in realising UHC through a three-pronged approach, to instil HTA principles and capacity at multiple levels of priority-setting:

1) Identifying individual cost-effective medicines and devices, through HTA pilots;
2) Promoting clinical quality improvement for entire disease areas, through evidence-informed quality standards; and
3) Rationally redesigning the health benefits package (HBP).

17,000
Number of drugs and devices in the Basic Benefits Package

With iDSI support, Vietnam has progressed from lacking any structured HTA or national clinical guidelines programme into a 'critical period' for priority-setting development in 2015. The MOH, the Health Strategy and Policy Institute (HSPI, the focal HTA unit within MOH), and other key stakeholders are increasingly committed to priority-setting for UHC, dedicating policies, staff and funding in support of related activities. The success of Vietnam demonstrates the value of iDSI's integrated approach to strengthening priority-setting and is an example for countries worldwide on the journey towards UHC.

HTA pilots

Throughout 2015, HITAP has engaged intensively with HSPI and other academic partners in Vietnam, providing institutional and technical capacity building to conduct HTA and offering practical support throughout the HTA process, from topic selection to analysis, for total three prioritised topics. Two of the HTA studies *(interferon for hepatitis C, and trastuzumab for HER-2 positive breast cancer)* were successfully completed in late 2015 and disseminated through several stakeholder consultation meetings, whilst the third on *magnetic resonance imaging (MRI) in non-specific diagnosis* (partly informed by our work on the quality standards for acute stroke) is ongoing. The increased awareness of HTA has reinforced MOH and wider demand for better evidence to support priority-setting for UHC, including requests for further iDSI support to apply HTA principles in redefining the Basic Benefit Package (see below).

Development of evidence-informed quality standards

Following the successful development of Quality Standards (QS) for Acute Stroke with iDSI support in 2013, Vietnam is now working with the Royal College of Physicians to pilot implementation of the QS in several provinces as part of the World Bank NORRED project. This budgetary commitment by the MOH represents important policy impact for iDSI and the QS approach is a model of how HTA principles and methods can inform quality improvement for an entire disease area, including reorganisation of the service delivery platform around stroke units.

110,000
Stroke patients who are expected to experience improved health outcomes with national implementation of quality standards for acute stroke care

$2.8m
Expected annual savings to the health system with the national implementation of quality standards for acute stroke care

With support from the Newton Fund, the QS model is now being replicated to combat anti-microbial resistance, an issue of national and global priority. In partnership with the Oxford University Clinical Research Unit, MOH, and the National Hospital of Tropical Diseases, NI has contributed to a series of stakeholder workshops in Hanoi throughout 2015. We are now working together to develop robust, evidence-informed national QS for appropriate antibiotic prescribing in hospitals through 2016.

Rationally redesigning the health benefits package

The HBP is a cornerstone of Vietnam's ambition to provide UHC by 2021 and is presently undergoing reforms. In early 2015, NI conducted in-depth situation analysis of existing Vietnamese HBPs. We also held a series of workshops in Hanoi in partnership with HITAP and HSPI, involving Vietnamese and international delegates to identify potential future directions for Vietnam. These discussions were further illuminated by the principles, best practices, and international comparisons highlighted in the iDSI guide, *How-To of Health Benefits Plans*.

iDSI support was clearly valued by the MOH and HSPI, who funded two MOH study delegations to visit HITAP and NI respectively in late 2015 to gain further insights about applying HTA principles to HBP reform for primary and secondary care. On demand of the MOH, HSPI is now leading a rapid review of some 17,000 medicines and technologies in the Basic Benefit Package, based on the "quick win" recommendations from our earlier analysis. HSPI has also requested and co-funded HITAP for additional technical support throughout this process and this work will be completed by mid-2016.

CHINA:
SUPPORTING DELIVERY OF EFFECTIVE CARE

Throughout 2015, NI continued its long-standing collaboration with the China National Health Development Research Center (CNHDRC). This included progress on the Clinical Pathways project, and also co-organising a major study visit to the UK from several Chinese ministries together with the UK Foreign and Commonwealth Office.

5,490
Number of patients who had been managed by the Clinical Pathways by May 2015

Strengthening partnerships

In September 2015, we worked with colleagues from the British Embassy in Beijing and the UK Department of Health to design and deliver a two-week study visit programme for 25 high level officials from China. The visit formed part of the People to People Dialogue (P2P), one of the UK's key ministerial-level exchanges with China.

A highlight of the study tour was the UK-China Health Dialogue event, with keynote speeches by Liu Yandong, Vice Premier of China, the Rt. Hon Jeremy Hunt MP and Margaret Chan, Director-General of the World Health Organisation. The speakers noted the benefits of greater UK-China cooperation and the importance of UK-China partnerships in health, with Jeremy Hunt referencing the relationship between NI and CNHDRC and the newly renewed Memorandum of Understanding (MOU) between the organisations.

The 2015 MOU signed during the delegation's visit to the UK builds upon the successful collaboration between NI and CNHDRC on the Clinical Pathways project. Spanning five years, the document makes a commitment to further cooperation to support evidence-informed policy making, and outlines the processes required to develop clinical guidelines and quality standards in China.

Promising early results for the Clinical Pathways Phase 2 project

Launched in 2012, Phase 2 of the Clinical Pathways project saw the development and piloting of clinical pathways for two NCDs: chronic obstructive pulmonary disease (COPD) and stroke. The pathways were part of a multi-faceted intervention which included capacity building, changes to IT infrastructure, and performance management within the pilot hospitals. Notably, Phase 2 also facilitated efforts for better integrating care across multiple tiers in the rural health system, and incorporated prevention, treatment and rehabilitation guidance. By May 2015, 5,490 patients had been managed by the new improved evidence based clinical pathways.

In October 2015, iDSI travelled to Beijing to participate in a dissemination event for the project, joining experts from the UK, China, India, Indonesia, Ethiopia, US and South Korea. Representatives discussed the early findings and their relevance to other areas of clinical practice and policy. The event included the launch of a report written in both English and Chinese which describes the project, the collaboration between NI and CNHDRC and the methods for devising the clinical pathways.

1,000
Number of county hospitals in China in which the Clinical Pathways will be implemented

100
Number of city hospitals in China in which the Clinical Pathways pilots will be implemented

Early findings suggest that the clinical pathways were associated with greater use of recommended services. Out-of-pocket costs were also reduced as a proportion of total health expenditure. The most striking outcome of the project was the increased willingness among clinicians and policymakers to use evidence. This led to broader changes in how clinical care is delivered, highlighted in a separate report by Itad on our engagement in China. At the management level, Huangdao People's Hospital described the training they had received as 'revolutionary', changing the way they think about treatment. Clinical staff also reported improvements in communication with patients and in patients' understanding of their care, increasing transparency and improving adherence to treatment.

The CNHDRC-NI model of integrated care pathway development was specifically recommended by NHFPC to be scaled up as part of ongoing healthcare reforms, demonstrating the impact of this approach on health policy. The next phase of collaboration with CNHDRC will be brought under iDSI to take advantage of the network's expertise and resources.

INDIA:
SETTING PRIORITIES FOR ONE-SIXTH OF HUMANITY THROUGH HEALTH TECHNOLOGY ASSESSMENT

2015 was a significant year for HTA in India. Recognising the value of priority-setting for UHC, the Indian Council for Medical Research (ICMR) and Department of Health Research (DHR) launched an initiative to establish a Medical Technology Advisory Board (MTAB).

12
Number of evidence-based, national Standard Treatment Guidelines being developed in India

75%
Proportion of total health expenditure currently accounted for by out-of-pocket payments

This will be the first nationally mandated HTA institution in India, and will undertake priority-setting and set national standards for HTA, based on internationally accepted principles and methods. With India's growing importance in the global economy, the time is right to formalise transparent and internationally recognised HTA methods to prioritise its national health spending.

Towards the end of 2015, ICMR and DHR convened a joint working group, comprising colleagues from ICMR, DHR, the National Health Systems Resource Centre (NHSRC), NICE and University of York to guide the establishment of MTAB. This marks a major development in iDSI's relationship with India, where since 2009 NI has been supporting the Ministry of Health and Family Welfare (MoHFW), DHR and other key institutions at state and national levels to strengthen the Indian health system and to embed evidence-informed priority-setting across the country.

Through 2016 and beyond, the MTAB joint working group is tasked with implementing a strategic plan focusing on three primary areas: institutional strengthening, operational organisation and international knowledge exchange. This work has the potential to reach beyond national health insurance, to areas such as reforming the essential medicines list and health benefits packages, informing cost and spending regulation in public-private partnerships, and ultimately ensuring access to effective and equitable health care for the whole population of 1.3bn, putting India within reach of the Sustainable Development Goals.

Improving quality in clinical care

Throughout 2015, NI has been working closely with the NHSRC and its ten clinical sub-committees, to develop standard treatment guidelines (STGs) for twelve prioritised health topics, several focusing on primary care and non-communicable diseases. NI provided training to the STG facilitators on guideline adaptation process and methods, commented on drafts, and reviewed work progress with NHSRC.

> "I am thankful… for this opportunity to help develop guidelines, a very welcome initiative, which will enhance access and improve quality of care for many conditions of public health importance in India. I was also happy that a transparent, rigorous and collective approach with a focus on public health, was evolved and adopted in the development of these STGs."
>
> **Professor Anurag Bhargava**, M.D., M.Sc.
> Yenepoya Medical College, Mangalore
> Karnataka, India

55 million
Number of households below poverty line and covered by RSBY, the world's largest public financed health insurance scheme

1.3 billion
Population of India, approximately 1/6 of the world population

1%
Proportion of Indian GDP currently accounted for by public health expenditure

Two STGs – for diabetic foot and for hypertension, two of the highest disease burdens India is facing – are now available for public consultation online through the MoHFW website. The STGs and associated evidence-informed Quality Standards will be piloted at the State level in 2016, supporting attempts to combat the rising mortality risk of NCDs and improve the care and health outcomes for millions of people across India.

Significantly, NI has also been involved as a member of India's national expert consultation group tasked with developing a process and methods manual for STG development and adaptation. This is the first national initiative of its kind in India and will provide a model for high-quality national product development, which State-level local institutions can build upon, and bring India one step closer to high quality UHC.

Improving maternal care and promoting South-South partnership

From 2012 to 2014, NI supported the Government of Kerala to develop and implement Quality Standards for maternal care. Led by the Kerala Federation of Obstetricians and Gynaecologists (KFOG), this pilot work has now extended to an additional 26 hospitals across Kerala, indicating the success of the initiative in improving maternal health outcomes in the State.

In 2016, KFOG through the iDSI network are also sharing their experiences with the Government of South Africa, informing the country's own efforts to reduce maternal mortality, as a further example of the value of South-South partnership and the potential for similar initiatives to be adapted in other resource-constrained settings.

SOUTH AFRICA:
BUILDING CAPACITY FOR EVIDENCE-INFORMED PRIORITY-SETTING

In March 2015, iDSI core partner PRICELESS convened a two-day meeting to raise awareness and identify ways to scale up practical support for priority-setting in South Africa and the wider Sub Saharan Africa (SSA) region. This was the first iDSI event in SSA, marking our commitment to strengthen capacity for evidence-informed priority-setting among policymakers and researchers, in support of regional efforts to achieve UHC.

Over 70 key stakeholders participated in the meetings, including Ms Precious Matsoso, the Director General of the National Department of Health (NDoH) and other senior government officials from Health and Treasury, representatives from WHO, the private sector, global funding organisations, and researchers and leaders in priority-setting from the UK, Thailand and Zambia. Discussions focused on the existing and required capacity for HTA, as well as its potential to improve decision-making by assisting policymakers to weigh up the costs and benefits of different clinical and public health interventions and supporting the scale up the most cost-effective interventions, leading to better health.

Policymakers recognised the need for more formalised evidence-based processes for decision-making and priority-setting and agreed to participate in a country-wide network to respond to the growing demands for HTA. They also supported the suggestion of revising the previously developed HTA strategy (2004), to instil HTA into the new National Health Insurance Scheme (NHIS) as a means to ensure its sustainability.

In December 2015, the NDoH published a White Paper outlining its intention to roll-out the NHIS, ensuring all South Africans have access to comprehensive, quality healthcare. The paper described HTA as one of the key ingredients for the successful operationalisation of the scheme, informing the *"prioritization, selection, distribution, management and introduction of interventions for health promotion, disease prevention, diagnosis, treatment and rehabilitation"*. This is an important step towards the country's goal of achieving UHC by 2025. IDSI members are participating in the NHI Taskforce responsible for implementing the Paper.

In 2016, iDSI will build on the progress made in South Africa and SSA will become a key focus for iDSI practical support. PRICELESS will continue to work closely with NDoH, conducting a stakeholder mapping exercise to inform strategic recommendations for developing a national HTA institution and for embedding HTA into NHIS.

South Africa plays an important role as a standard bearer for neighbouring African countries looking to develop their own health systems. In recognition of this, 2016 will see iDSI embark on the ambitious project of building an African HTA network and establishing an iDSI regional hub at PRICELESS in South Africa. The hub will support HTA development and priority-setting for health in other SSA countries including Tanzania, Ethiopia, Ghana and Zambia, building on past experience in the region and from the HTAsiaLink network.

IDSI KNOWLEDGE PRODUCTS: KEY UPDATES AND EVENTS IN 2015

Enhancing knowledge transfer and exchange: Seattle workshop on evidence-informed policymaking

In October 2015, NI hosted an iDSI Workshop on Supporting Evidence-Informed Policymaking, at the Bill & Melinda Gates Foundation (BMGF), Seattle. The workshop was led by Prof John Lavis (McMaster Health Forum) and Dr Jessica Shearer (PATH) and aimed to share learning and reflect upon how development initiatives, funders and governments can best work together to support evidence-informed priority-setting in health.

Participants included policymakers and technical representatives from Thailand, Indonesia, India, Tanzania, Ethiopia, and initiatives working in the priority-setting space globally, including iDSI, BMGF, Disease Control Priorities Network, Institute for Health Metrics Evaluation, Joint Learning Network for UHC and Priorities 2020.

The workshop highlighted the importance of utilising 'knowledge brokers' to facilitate knowledge translation between researchers and policymakers and aligning initiatives' monitoring and evaluation frameworks around success metrics that are relevant to countries.

Supporting policymakers to set priorities: How-to of Health Benefits Plans book

Health benefits plans (HBP) contain details of all health services to be directly provided or reimbursed by publically funded insurance schemes or national health services, including a description of who they will be provided to and in which circumstances. HBPs are an invaluable policy tool, used to set priorities for public spending on health and shape resource allocation decisions. However, defining a HBP can be a challenging process for policymakers, who are tasked with understanding all the options available, agreeing a process for deciding what's in and what's out, and navigating the complex political economy in which decisions are taken.

iDSI core partner CGD is leading on the production of a book that will provide policymakers with practical information, options and analysis of the "how-to" of HBP, to support them in articulating a comprehensive HBP that will form the core of their publically funded healthcare.

In 2015, CGD convened two workshops - in Hanoi in April and in London in July - on the topics of HBP and priority-setting for UHC. The purpose of the workshops was twofold - to raise awareness on how a methodological and strategic approach can optimise health outcomes in the context of limited resources, and to gain further insight from international policymakers and other key stakeholders on themes around HBP design.

Over the course of the year, CGD and co-editors worked to develop drafts of the four sections of the book: (i) overview; (ii) governance, institutional arrangements and fiscal/budgetary issues; (iii) methods; (iv) ethical, rights and data issues, which will each be accompanied by a commentary from policymakers. The HBP book was submitted in draft in December 2015 and is due to be published in 2016. It has already informed training sessions delivered to World Bank experts and additional country ministerial events are planned in South Africa and India. The aspiration is that it becomes an online evolving resource which can be contextualised to local country settings.

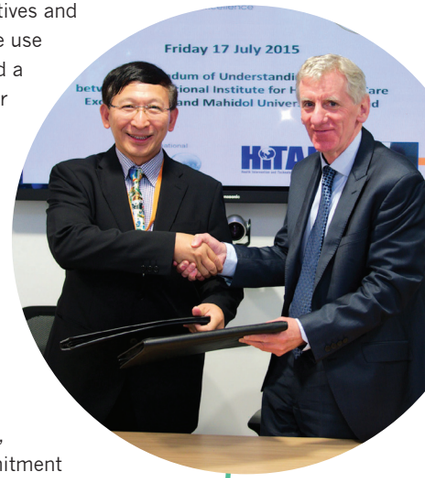
Determining value from healthcare spending: Cost-effectiveness thresholds

The way in which available resources are allocated is crucial in determining who receives healthcare interventions and who goes without. The tools of economic evaluation (e.g. cost-effectiveness analysis) can assist policy-makers in resource allocation, by helping to quantify and articulate the trade-offs of different potential uses of finite health budgets and to assess the value for money of interventions, usually determined by their reaching an estimated cost-effectiveness threshold. There is a need for clear guidance on appropriate thresholds for different settings however, there is a lack of research on estimating appropriate thresholds, and disagreement within the literature on both what is relevant and how any given thresholds should be applied.

iDSI support partner, the University of York is leading a comprehensive research programme, exploring the role of cost-effectiveness thresholds in health policy deliberations and indicating which thresholds may better reflect the realities of resource-constrained settings.

In 2015, researchers from the Centre for Health Economics (CHE) at the University of York published a number of working papers on the conceptualisation and estimation of cost-effectiveness thresholds and in June 2015, on behalf of iDSI, convened a meeting of 50 researchers, policymakers and other stakeholders interested in resource allocation and cost-effectiveness thresholds.

Colleagues from the CHE presented their empirical research, and joined participant discussion of the different perspectives and appropriateness of guidance on the use of thresholds. The event highlighted a number of potential future areas for iDSI input, including the need for further research on the alternative methods by which cost-effectiveness thresholds are estimated.



iDSI welcomes Mahidol University as its newest support partner

In July 2015, Mahidol University, Thailand signed an MOU with NICE, outlining both organisations' commitment to work together under the auspices of iDSI to build capacity for HTA in LMICs. The agreement marked Mahidol University's formal inauguration as an iDSI delivery partner.

From 2016, Mahidol University will work to establish a partnership with other key academic institutions across South East Asia, including the University of the Philippines, the Hanoi School of Public Health and the University of Indonesia in Jakarta, in the context of introducing and developing the

HePTA graduate curricula in HTA for UHC. The University will also be offering three annual PhD scholarships to candidates from LMIC priority-setting institutions or universities with a commitment to HTA for UHC.

PMAC

The Prince Mahidol Award Conference (PMAC) held annually in Bangkok, Thailand, is one of the most prestigious events in global health. At the 2015 conference, themed "Global Health Post 2015: Accelerating Equity", HITAP and NI hosted two side-meetings to discuss the progress, challenges and lessons of HTA agencies in Asia, and the role of iDSI in supporting country and global efforts. Both meetings were very well-attended, with a diverse mix of participants: policymakers, technical advisers and academics from across Asia, Africa and Latin America, civil society, funders, and industry.

The discussions informed the development of a PMAC Policy Brief on Conducive Factors for HTA Development in Asia. They also provided important insights for NI, who is co-hosting the 2016 conference on the theme of "Priority-Setting for Universal Health Coverage". The 2016 meeting will be the first ever international conference linking priority-setting to UHC, a major success for iDSI.

HTAsiaLink

iDSI continued its strong engagement with the HTAsiaLink network, with iDSI partners contributing variously as organisers, panellists, speakers and delegates in the annual conference held in Taipei in 2015, and supporting HTA agencies in Asia to expand their collaboration and capacity building activities in the region.

HTAsiaLink was founded in 2010 by the Center for Drug Evaluation (CDE), Taiwan, the National Evidence-based healthcare Collaborating Agency (NECA), South Korea and iDSI core partner HITAP, Thailand, with NI as a founding associate member. The annual HTAsiaLink conference and regular newsletters promote information exchange and encourage collaboration on HTA studies.

In 2016, iDSI partners will continue to promote HTAsiaLink as a model for regional HTA networks in other LMICs, and foster South-South collaboration by contributing learning from HTAsiaLink to the development of a regional priority-setting network in Sub Saharan Africa.

iHEA Congress

As part of wider engagement and dissemination activities, iDSI partners attended the International Health Economics Association (iHEA) congress 2015 in Milan, coordinating panels on our economic evaluation methods workstreams and on sub-Saharan African institutional networking initiatives.

The panels involved academic colleagues from the extended iDSI network, including University of York, London School of Hygiene and Tropical Medicine (LSHTM), University of Glasgow, Erasmus University, PRICELESS, HITAP and the Ethiopian Public Health Institute.

iDSI colleagues also contributed to an LSHTM-coordinated panel on international support for priority-setting, sharing key learning from iDSI work in Myanmar, Kerala, India, the Philippines, Vietnam and Colombia.

ADDITIONAL PROJECTS

Quality indicators in Mexico

The Government of Mexico is renewing a push to improve the quality of all health care services, supported by NI and UK academic experts from the University of Manchester. The Ministry of Health's General Directorate of Quality and Health Education (DGCES) initiated a review of their existing systems for measuring quality, with technical support from NI starting in September 2015 and financed by the Inter-American Development Bank. Our input draws upon a close understanding of the UK Quality and Outcomes Framework (QOF) for primary care.

As a first step in this project, NI conducted a thorough situational analysis and diagnostic of the existing systems for quality indicators. There is a great deal of capacity in Mexico for creating and using indicators, and an organisational norm of reporting data; however, progress from this solid foundation is hindered by the fragmentation of the Mexican healthcare system. Separate public insurers and private foundations have provided healthcare, defined quality, and managed health facilities in parallel to one another. However, even when the main institutions in the health system work together and submit national data – for example, on epidemiological data, healthcare utilisation, and health outcomes – these activities are largely not coordinated. This makes it very difficult to plan health policies effectively, or give feedback to healthcare providers to improve the care Mexicans receive.

NI, with Professor Stephen Campbell of the University of Manchester, made a set of well-grounded, phased recommendations to support DGCES in strengthening their existing monitoring system and working more coherently with key institutions. NI also received an invitation from the MOH to give a keynote address at the annual Mexican Quality Forum in October 2015, further raising the profile of this work. The Forum was held over 3 days and attended by approximately 3,000 people from across Mexico, North and Latin America, Europe and global organisations.

In 2016, we are focusing on developing a sustainable and robust methodology for indicator development to be shared across the Mexican health sector. This will include further training and peer review for the inter-institutional working groups who will start to develop and refine new national indicators, with an initial focus on diabetes care.

Thailand QOF Project

NI is supporting Thailand to improve its Pay for Performance QOF programme in primary care, in partnership with HITAP and the National Collaborating Centre for Indicator Development (NCCID) in Birmingham, UK.

The team has developed ten new evidence-based, measurable indicators covering chronic diseases including hypertension, diabetes, maternal and child health, upper respiratory and acute gastroenterological infections. Using a systematic, transparent

and participative approach, they engaged all relevant stakeholders, including policy makers, clinicians and managers from across Thailand, the National Health Security Office (NHSO) and Ministry of Public Health through focus group discussions and targeted surveys to obtain views and experience of the current QOF. This input highlighted a number of organisational and governance issues to address within the reviewed indicators and helped prioritise topics for improvement.

The new indicators form part of wider recommendations for effective QOF programme management, implementation, monitoring and evaluation and will be rolled out nationally from October 2016, improving the prevention of and care for millions in Thailand.

Cuban Model of Medical Education

Cuba's primary care and prevention focused health system ranks highly in terms of access, quality and health outcomes. The country runs medical missions around the world, and is in parallel, training – mostly for free – large numbers of international doctors, in Cuba or Cuban Universities overseas. Since 2013, NI together with Professor Shah Ebrahim (LSHTM) and Dr Neil Squires (Public Health England), have been collaborating with colleagues at the Pan American Health Organization (PAHO) and the Cuban MOH, on a DFID-funded research project to assess the Cuban model of medical education for South African doctors. The project aims to provide evidence about appropriateness of training, its potential for improving coverage and retention and highlighting lessons for UK training.

In March 2015, politicians, academics, doctors, journalists and representatives of national and international health organisations came together for a meeting at the House of Lords, London, to raise awareness of the Cuban model of medical education and discuss its relevance to the NHS. The meeting, facilitated by Lord Crisp and the All Party Parliamentary Group on Global Health, highlighted varied views of the transferability and utility of the Cuban approach. Nonetheless, it was noted that the global shortage of family doctors and the goal of UHC will require medical schools to re-focus their core curricula on graduating functional family doctors.

At the Cuba Salud conference in April 2015, Professor Ebrahim and Dr Squires presented the project, held a workshop with colleagues from the Cuban MOH and PAHO to develop an action plan for future work and held discussions with colleagues from the South African NDoH, to explore current issues around the Cuba-South Africa medical education programme and how our research might improve the situation. Plans were consolidated for a South African workshop in June 2015, which took place at the Human Sciences Research Council, in Pretoria, the institution leading on the South African research activity.

The two-day workshop, exploring the value of Cuban medical training to the South African setting, highlighted that Cuban-trained doctors often feel marginalised on their return, with many relegated from 6th-year interns to 4th-year medical students, as their training is viewed as inadequate by some medical schools. However, the doctors' testimonies also highlighted their enthusiasm, dedication to their local communities and leadership abilities, values and skills that are prized internationally.

South Africa's current medical school output will not meet aspirations for UHC - only 35 (3%) of 1,200 doctors produced each year end up working long-term in rural areas. These observations highlight the need for our research, which will provide evidence to influence policy. Interviews, questionnaires and focus groups with senior medical school faculty, students and recent graduates are underway and considerable efforts are being made to ensure there is UK-South Africa-Cuba ministerial level understanding and support for the research. The team is also contributing to the UN High Level Commission on Health Employment and Economic Growth. Data collection and preliminary reports should be completed by December 2016.

Scoping visit to Ethiopia

In a scoping visit to Addis Ababa, Ethiopia, NI held meetings with the State Minister of Health, Senior Advisers in Ministry of Health of Ethiopia, colleagues from the Ethiopian Public Health Institute (EPHI) and the Ethiopian Health Insurance Agency to identify areas of collaboration to strengthen health policy decision making and support Ethiopia on its journey towards UHC. Ministry representatives highlighted health economics training as one of several activities by which iDSI could add value and strengthen the technical capacity at the Ministry of Health of Ethiopia and its agencies.

Through the relationships formed during the visit, iDSI is now liaising with partners at MOH, EPHI and the Clinton Health Access Initiative (CHAI), to identify joint projects to support the Ethiopian government to implement their quality and efficiency aspirations in the context of their budding health insurance scheme.

World Bank project in Sri Lanka

In July 2015, NI travelled to Sri Lanka on a scoping visit funded by the World Bank and aimed at providing technical assistance to the Ministry of Healthcare & Nutrition (MOHN) to further strengthen the quality of services provided for NCD patients.

During field visits to Ratnapura and Kalutara districts NI met with front line staff at primary care facilities, hospitals and NCD units actively engaged in health promotion and disease prevention. In Colombo NI held discussions about potential partnerships with the National NCD Director, Director General of Health, MoHN agencies, professional colleges and voluntary organisations in order to develop effective strategies for improving the quality of NCD care.

Based on these discussions, and at the request of the MOHN, NI has devised an action plan to support the development and implementation of quality standards for key NCDs and to review the HBP for selected NCD diseases in Sri Lanka, through the iDSI platform.

BOLDER: Supporting the development of 'learning health systems' in Sub-Saharan Africa

In August 2015, NI and colleagues from the Center for Medical Technology and Policy, KEMRI-Welcome in Kenya, Western University, Ontario, Canada and Stellenbosch University, South Africa, convened a 3-day meeting at the Rockefeller Foundation Center in Bellagio, Italy, to explore how best to support the development of learning health systems in SSA.

Learning health systems are those centred on robust health information systems, which embed knowledge generation into clinical practice through pragmatic research, and engage communities in this process. This allows practitioners to rapidly implement best practice and leads to a culture of shared learning and continual improvements in care.

Clinicians, academics and policymakers from countries across SSA, including Zambia, South Africa, Malawi, Uganda and Kenya, joined representatives from the BMJ, the Bill and Melinda Gates Foundation, WHO and other global health partners at the meeting, to map out the requirements to build capacity for high quality, pragmatic research conducted within clinical settings and promote learning health systems.

The resulting initiative, Better Outcomes through Learning Data and Engaging in Research (BOLDER) intends to work in partnership with global experts and stakeholders to develop learning health systems and is currently seeking funding whilst producing peer reviewed publications and social media reports.

Scoping visit to Malawi

In June 2015, NI travelled to Malawi as a part of scoping future iDSI activities in Sub-Saharan Africa. Several figures in the Ministry of Health and major technical partners generously shared their time describing current priority-setting activities in Malawi. This followed on from earlier communication as part of an international mapping exercise conducted by iDSI in 2014.

During these meetings, NI discussed the needs of the Ministry of Health with respect to planning and costing policy and coordinating health sector activities across multiple funding and delivery partners, and the interest and ability of the government to commission and use local research. Contacts in Malawi continued to be engaged in iDSI activities in Sub-Saharan Africa throughout 2015, including participation at the Rockefeller Foundation-funded meeting on learning health systems and pragmatic research and joint bids for research.

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This document was produced by the NICE International team on behalf of iDSI

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