

Setting Priorities Fairly



World Health
Organization



Sarah Garner
Co-ordinator – Innovation, Access and Use
Department of Essential Medicines and Health Products

27 September 2018

“No family should endure financial hardship for out-of-pocket payments for the purchase of medicines to treat their loved ones, and no man, woman or child should die simply because they cannot access the life-saving medicines they need.”

"Together for a healthier world"

Dr Tedros Adhanom Ghebreyesus



Vision

I envision a world in which everyone can live healthy, productive lives, regardless of who they are or where they live. I believe the global commitment to sustainable development – enshrined in the Sustainable Development Goals – offers a unique opportunity to address the social, economic and political determinants of health and improve the health and wellbeing of people everywhere.

Achieving this vision will require a strong, effective WHO that is able to meet emerging challenges and achieve the health objectives of the Sustainable Development Goals. We need a WHO – fit for the 21st century – that belongs to all, equally. We need a WHO that is efficiently managed, adequately resourced and results driven, with a strong focus on transparency, accountability and value for money.

VISION
BIOGRAPHY
SPEECHES
PRIORITIES

WHO HEADQUARTERS
LEADERSHIP TEAM

Tweets

Tweets

World Health Organization (WHO)
Retweeted

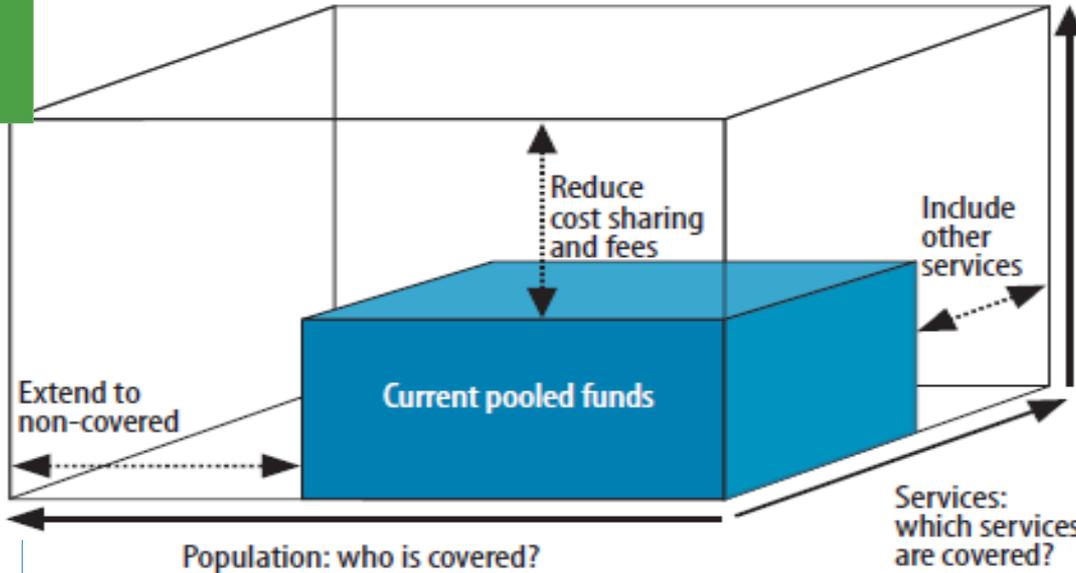
 **Tedros Adhanom G**
@DrTedros

Let me be absolutely clear: WHO stands firm on #SodaTax. Sugary drinks contribute to the global rise of noncommunicable diseases. Taxing sugary drinks is an effective way to reduce sugar consumption and decrease the risk of diabetes & obesity.

Embed

View on Twitter

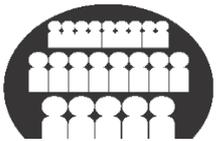
SDG3: Achieve Universal Health Coverage, Including Access to Quality Essential Services



Direct costs:
proportion
of the costs
covered



- Lancet Commission estimated US\$77.4-\$151.9 billion (\$13-\$25 per capita) to finance basic package of 201 essential medicines
- In 2010, most low-income countries and 13/47 middle-income countries spent <\$13 per capita on pharmaceuticals



All countries share problems in universal access to medicines and other health technologies



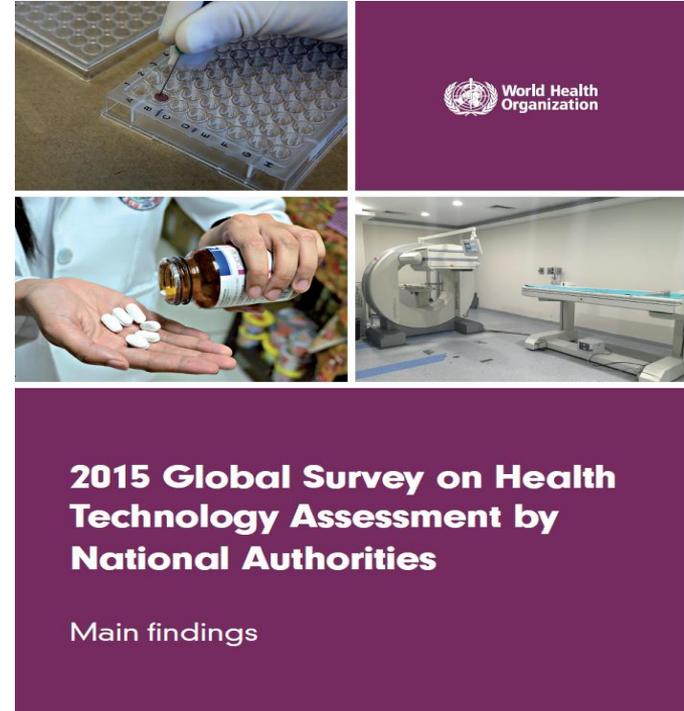
- **Inadequate financing** to ensure **universal access** to affordable essential medicines and health products
- **Inefficiencies** in procurement and managing supply chains
- **Limited use of effective pricing policies/ negotiating capacity** to get lowest possible prices for quality-assured products
- Problems of **substandard quality** medicines due to limited regulatory capacity and enforcement
- Wide-spread **inappropriate prescribing and use** - leading to drug resistance and suboptimal health outcomes

WHA67.23 *Health intervention and technology assessment in support of universal health coverage* (Resolution approved May 2014)



Requests the WHO Director-General to:

- Assess the status of HTA in Member States
- Raise awareness, foster knowledge and encourage the practice of health technology assessment and its uses in evidence-based decision making
- Provide technical support to Member States to strengthen capacity for HTA
- Support the exchange of information, sharing of experiences and capacity building



2015 Global Survey on Health Technology Assessment by National Authorities

Main findings

WHO Has Received Further Requests to Assist Member States with HTA



SEVENTY-FIRST WORLD HEALTH ASSEMBLY
Provisional agenda item 11.5

A71/12
19 March 2018

Addressing the global shortage of, and access to, medicines and vaccines

Report by the Director-General

1. In January 2018, the Executive Board, at its 142nd session, noted an earlier version of this report¹ and adopted decision EB142(3) in which it recommended to the Seventy-first World Health Assembly the adoption of a draft decision to request the Director-General to elaborate a road map report, in consultation with Member States, outlining the programming of WHO's work on access to medicines and vaccines, including activities, actions and deliverables for the period 2019–2023; and to submit that road map report to the Seventy-second World Health Assembly for its consideration in 2019, through the Executive Board at its 144th session.

BACKGROUND

2. In May 2017, the Seventieth World Health Assembly noted the report on addressing the global shortage of, and access to, medicines and vaccines and agreed to include the subject on the agenda of the Board at its 142nd session.² The current report is based on a review of: progress reports on related resolutions from across the Organization; reports considered by Health Assemblies and sessions of the regional committees; work on access to medicines and vaccines by other United Nations bodies, including the report of the United Nations Secretary-General's High-Level Panel on Access to Medicines;³ and work carried out by partners and non-State actors in official relations with WHO. Attention is drawn to the Director-General's report on the overall programme review of the global strategy and plan of action on public health, innovation and intellectual property.⁴



SEVENTY-FIRST WORLD HEALTH ASSEMBLY
Provisional agenda item 11.6

A71/13
15 March 2018

Global strategy and plan of action on public health, innovation and intellectual property

Report by the Director-General

1. In January 2018, the Executive Board at its 142nd session noted an earlier version of this report¹ and adopted decision EB142(4).²

2. This report is submitted at the request of the Executive Board in accordance with decision EB140(8) (2017), in which it approved the terms of reference of the overall programme review of the global strategy and plan of action on public health, innovation and intellectual property.

3. In resolution WHA68.18 (2015), the Sixty-eighth World Health Assembly requested the Director-General to establish a panel of 18 experts to conduct an overall programme review of the global strategy and plan of action as a complement to the comprehensive evaluation to be commissioned by the Secretariat. The executive summary of the evaluation was presented to the Executive Board at its 140th session³ and the full report of the evaluation is available on the WHO website.⁴

4. The terms of reference of the overall programme review suggested that it should be a more policy-oriented, forward-looking exercise than the evaluation. Although the expert review panel should be guided by the evaluation, it should take into account other evidence and involve relevant stakeholders.

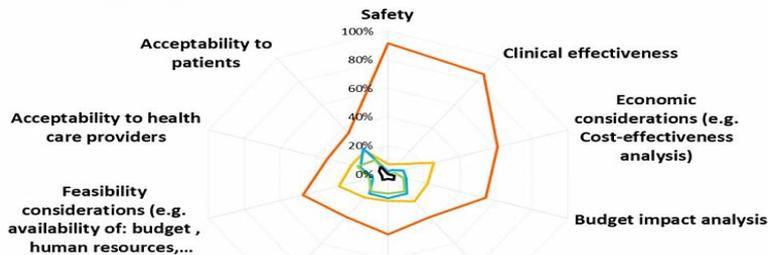
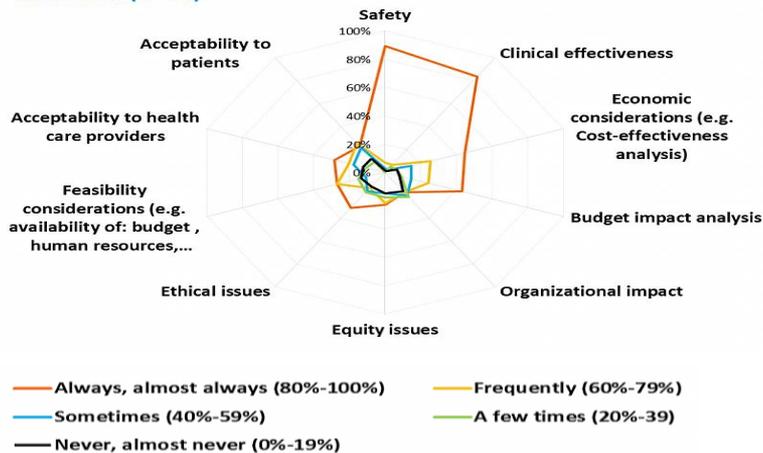
5. As part of the review process, a survey on the way forward for the global strategy and plan of action was conducted, as well as interviews, with Member States and a wide range of stakeholders, including United Nations bodies, and intergovernmental, civil society and private sector organizations.

Safety and Clinical effectiveness appear to be the main foci of HTA

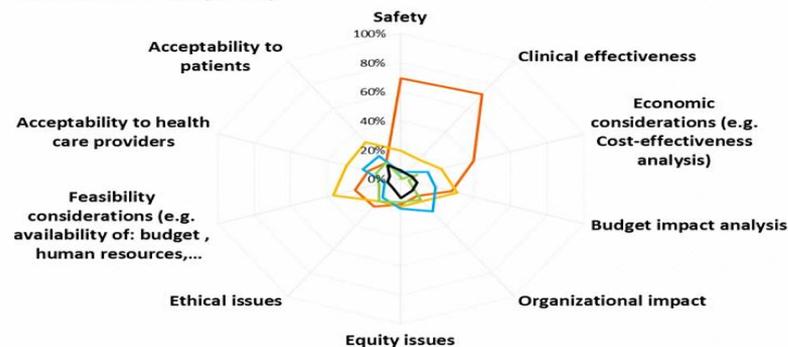
Vaccines (N=57)

Please estimate which of the following aspects are covered in HTA for medicines and how frequently?

Medicines (N=78)



Medical Devices (N=62)



Main observations

- Proportionally more countries considered safety, clinical effectiveness, economic and budgetary assessment in HTA than other potential areas of assessment
- A larger proportion of respondents indicated that HTA for vaccines always covered all potential areas of assessment

In conclusion, the survey indicated that:



Scope	Main findings
Capacity	<ul style="list-style-type: none">• Formal information gathering process to inform decision making was common among Member States.• Most countries reported having more than 6 staff members in the HTA unit/agency and committee.
Methodology	<ul style="list-style-type: none">• HTAs in most responding countries, particularly LMIC, appeared to focus primarily on safety and clinical effectiveness across all types of technologies and interventions, less so for economic and budgetary consideration, and much less for other possible domains of HTAs.
Linkage	<ul style="list-style-type: none">• A majority of countries reported having a national organization that produced HTA reports for the Ministry of Health, with most HTAs initiated from the Ministry.• Stronger linkages with agencies and health professionals may enhance the translation of findings from HTAs to clinical practice.
Utilization of results	<ul style="list-style-type: none">• Formal information gathering process to inform decision making was common among Member States, but the use of results from HTAs was often not legally binding.
Interest in and impediments	<ul style="list-style-type: none">• A lack of qualified human resources appeared to be the main barrier for producing and using HTA• Most countries do not have academic or training programs to build HTA capacity• Providing greater linkages and promote capacity building activities may enhance the utilisation of HTA findings from rigorous analysis into regular process governance.

17 AFRO Survey Participants Identified Barriers to HTA

Purposes of undertaking HTA, by region

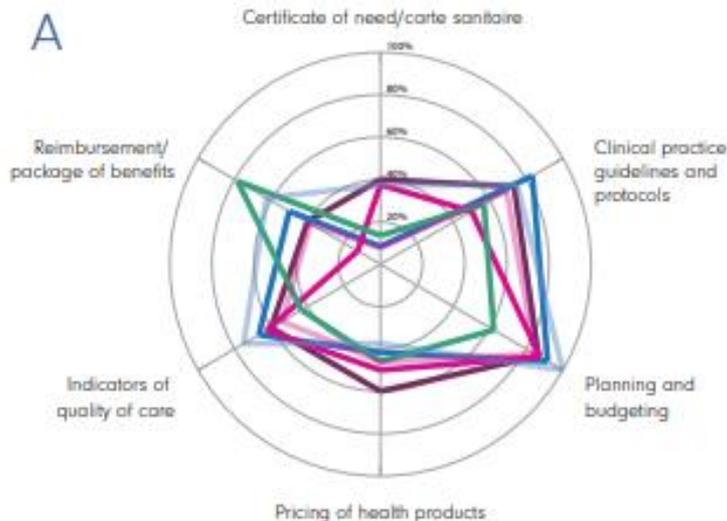


CHART 6.1: Impediments to HTA production

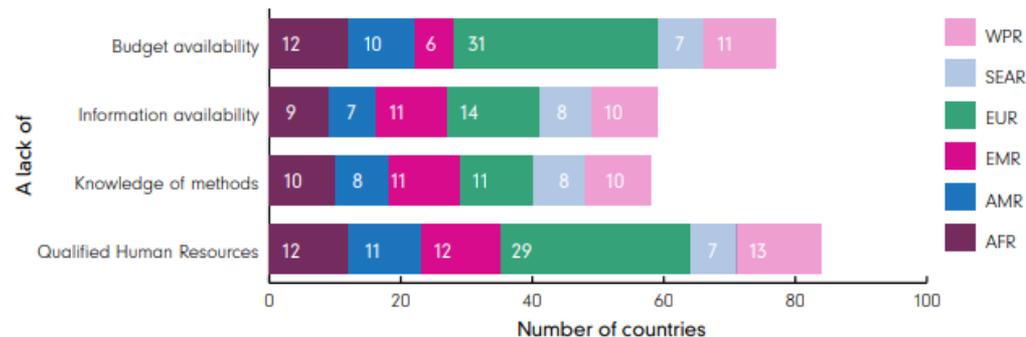
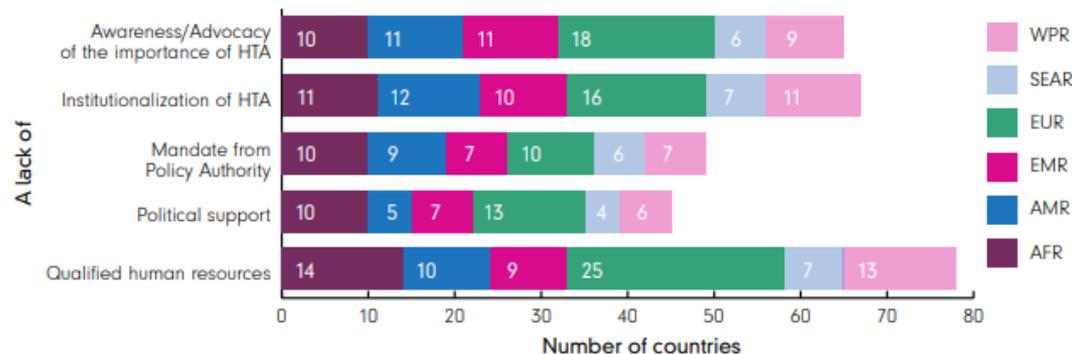
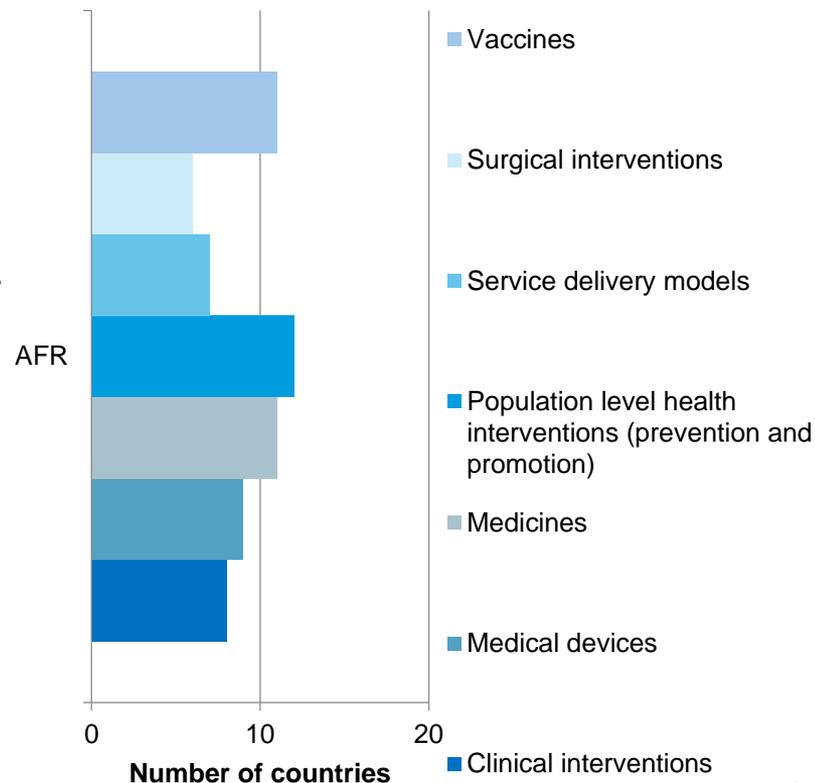


CHART 6.2: Impediments to using HTA to inform decision making in health care policy

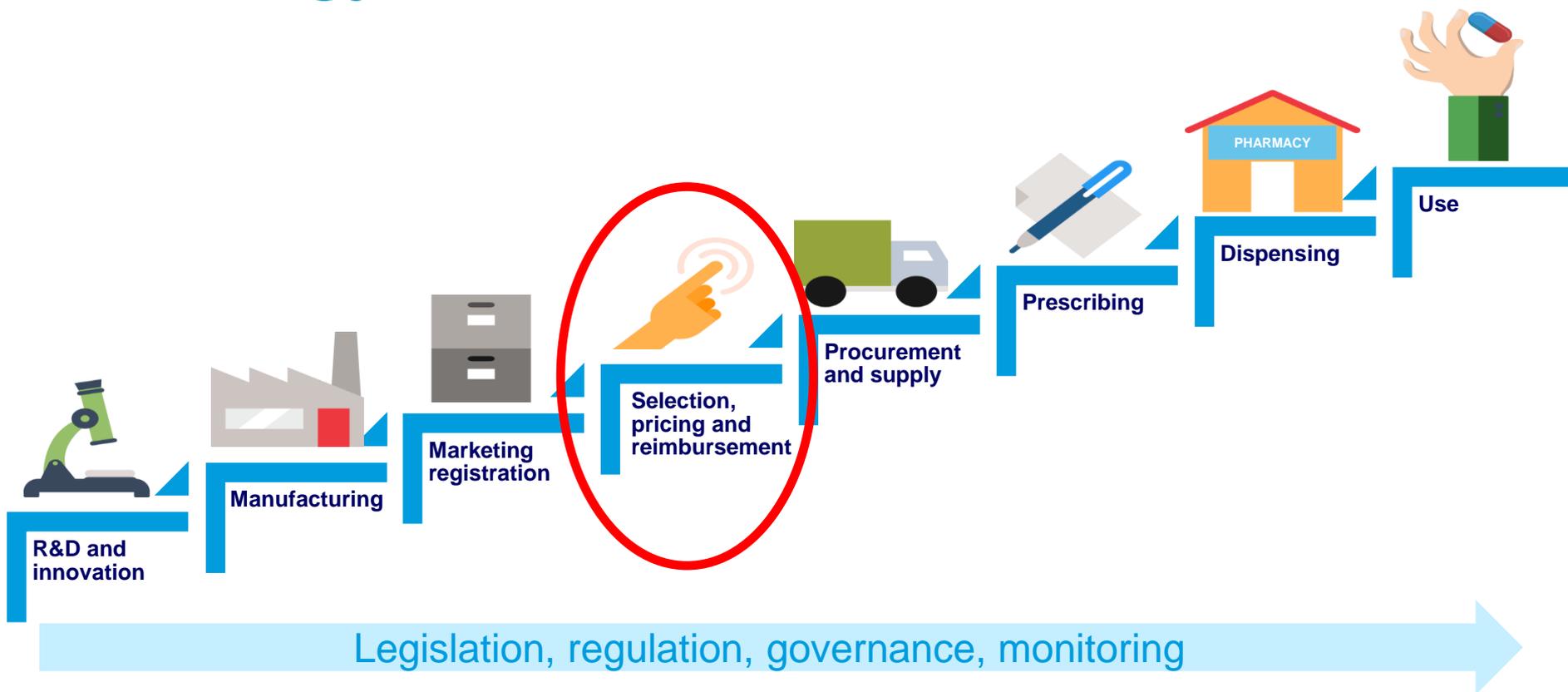


The Need to Perform HTA is Higher Where Resources are Limited

- HTA Survey participants from the AFRO region were more likely to come from countries that have a formal process for information-gathering to support health care decision-making
 - Among these respondents, only approximately one-third called this process HTA
 - Most commonly employed for population health interventions, vaccines, and medicines:
 - No AFRO countries responding cited Ministry of Health commissioning independent agencies (NGO's, Academics, etc.) to prepare HTA submissions



WHO supports the entire technology value chain

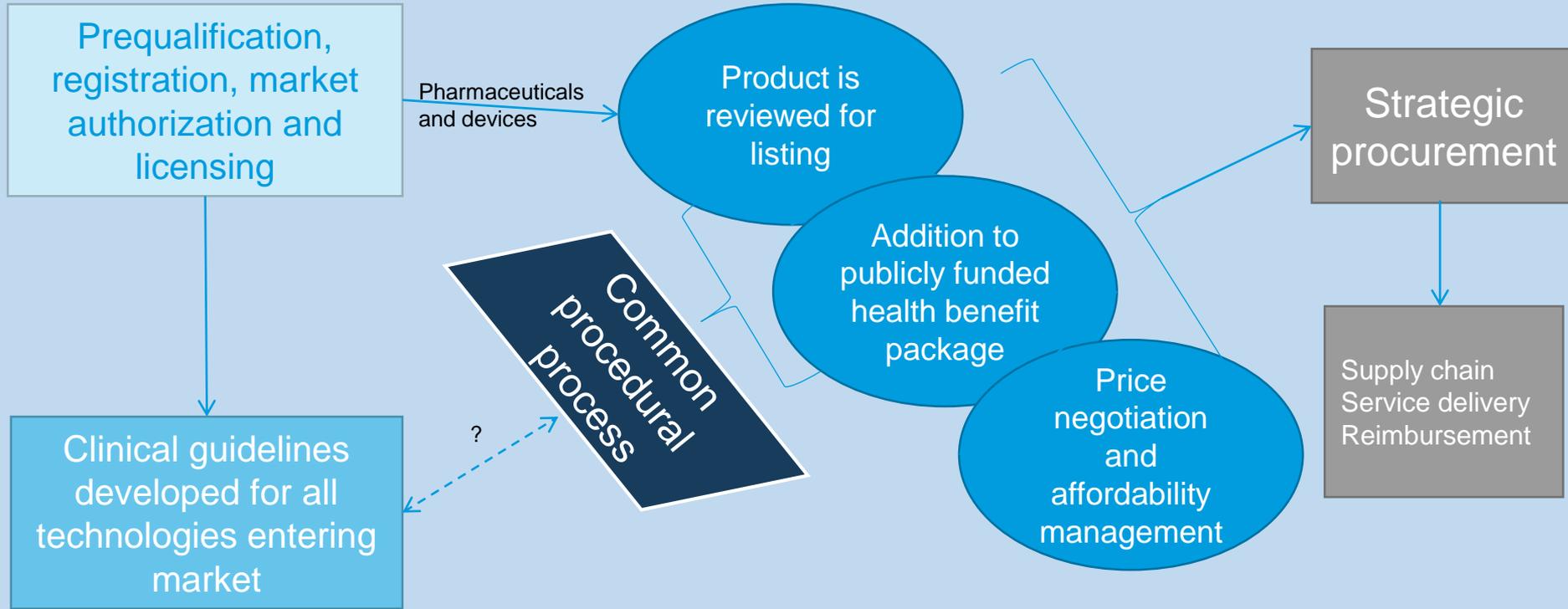


Existing Processes and Guidance from WHO Cover Elements of HTA



- WHO Model List of Essential Medicines
- WHO list of Essential Diagnostics
- WHO lists of Priority Medical Devices and Assistive Technologies
- WHO clinical treatment and policy guidelines
- WHO Guidelines Review Committee
- WHO normative global cost-effectiveness estimates (WHO CHOICE)
- UN “OneHealth Tool” for budget impact and feasibility analysis
- WHO Consultation on Making Fair Choices on the Path to UHC
- Technical Assistance on developing health benefits packages
- Technical Assistance on country pricing policies
- Technical Assistance on strategic purchasing and procurement

Towards Defining a Framework for Effective Resource Allocation



HTA Can Play a Key Role in Achieving UHC World Health Organization

- HTA = ANALYTICAL ACTIVITY + DECISION PROCESS
- HTA is a critical tool for evidence-informed priority setting.
- Need for HTA is higher when resources are scarce
- The political framework is there to support country implementation
- Value and Affordability need to be at the centre of any decision to invest or disinvest
- Ethics, Equity and patient /citizen engagement need to be strengthened
- WHO evaluating how to work with HTA partners to ensure support to member states where requested

Note: WHO does not support using cost effective thresholds as the sole basis of decision making. (see *Bulletin World Health Organ* 2016;94:925–930)

A herd of elephants is walking away from the viewer on a dirt road that stretches into the distance. The scene is set at sunset, with a warm, golden light illuminating the sky and the landscape. The elephants are of various sizes, including several adults and several young calves. The background shows a vast, flat plain under a sky with soft, wispy clouds. The overall mood is peaceful and contemplative.

**If you want to go fast, go alone.
If you want to go far, go together.**

African Proverb

*(Framework of Engagement with Non-State Actors (FENSA) permitting)