PRINCE MAHIDOL AWARD CONFERENCE (PMAC) 2020 SIDE EVENT "ATTAIN & SUSTAIN HEALTH GAINS: INCORPORATING VALUE-FOR-MONEY IN THE UHC DIALOGUE"

Meeting Summary

Reported by Health Intervention and Technology Assessment Program

List of Abbreviations

ASEAN	**Association of South East Asian Nations**
BMGF	Bill and Melinda Gates Foundations
CEA	Cost Effectiveness Analysis
COVID-19	Coronavirus disease 2019
EVORA	Evaluating the Value of a Real-World HTA Agency
GDP	Gross Domestic Product
HBAP	Health Benefits Advisory Panel
HBP	Health Benefits Package
HITAP	Health Intervention and Technology Assessment Program
HTA	Health Technology Assessment
HTAC	Health Technology Assessment Committee
iDSI	International Decision Support Initiative
KEMRI	Kenya Medical Research Institute
KWTRP	KEMRI Wellcome Trust Research Programme
MOH	Ministry of Health
PHC	Primary Health Care
PMAC	Prince Mahidol Award Conference
QALY	Quality Adjusted Life Years
UHC	Universal Health Coverage
UNICEF	United Nations Children's Fund
USD	United States Dollar
WHO	World Health Organisation

Acknowledgements

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Authors: Manushi Sharma and Sven Engels

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The authors are grateful to all the institutions involved.

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I. Executive Summary

The Health Intervention and Technology Assessment Program (HITAP), a member of the International Decision Support Initiative (iDSI) organised a side meeting titled "Attain & Sustain Health Gains: Incorporating Value-For-Money in the Universal Health Coverage Dialogue" at the Prince Mahidol Award Conference (PMAC) 2020. The session introduced the concept of Health Technology Assessment (HTA) and covered topics on current research on assessing the impact of HTA as well as experiences from countries in Asia and Africa of using HTA to support Universal Health Coverage (UHC).

The three-and-a-half-hour session was divided into three sub-parts and drew speakers from HITAP's network from across the world: Part I aimed to give the audience an idea of what is HTA and why it is a worthwhile pursuit. An interactive introductory activity on the role of HTA was conducted and was followed by a presentation of a study to assess the value of investing in HTA. In Part II, presenters provided perspectives from the Asian region and it was kicked-off by a presentation of an HTA capacity assessment survey that HITAP conducted among countries in the Association of Southeast Asian Nations (ASEAN). The presentation provided background and provided details about HTA governance, HTA infrastructure, demand and supply of HTA, and networking in HTA. This was followed by a presentation delivered by a member of the HTA Council (HTAC) in the Philippines who explained the HTA activities being conducted to institutionalise HTA in the country. Speakers from the Government of India had been invited to share their experience in India, however, they could not join PMAC as they were required to respond to the COVID-19 outbreak. Part III provided perspectives from Sub-Saharan Africa. It comprised a presentation of the results of a bibliometric analysis of HTA capacity in Sub-Saharan Africa followed by a country case

study from Kenya, where institutionalisation of HTA has begun recently. The session concluded with a panel discussion which emphasised the importance of an explicit mechanism for priority setting.

II. Introduction

Countries face several challenges in attaining and sustaining Universal Health Coverage (UHC), such as limited domestic funding, rapidly growing demand for health services, health system inefficiencies, poor management of resources, and fragmented development assistance. Planning the benefits package becomes even more challenging, and key questions remain unsolved: Should all medical services be included in a benefits package for it to be considered 'complete'? Is access to health truly 'universal'? What about value for money? Often countries invest in interventions which offer poor value for money, significantly impacting the sustainability of the UHC scheme.

While the answers to the questions above are not straightforward, probing the cost-effectiveness of the interventions has proven to be worthwhile. Health Technology Assessment (HTA) is one of the methods that has gained popularity over the years, and it offers a way of incorporating evidence on which health interventions or technologies (medicines, devices, among others) provide the best 'value-for-money'; i.e., those that lead to improvements in population health that are large relative to the cost involved. There are several success stories from developed and developing countries where HTA research is employed to guide decision making to ensure resources are allocated efficiently, thereby improving health outcomes under same or lower health budgets, ultimately leading to a more financially sustainable UHC scheme.

The Prince Mahidol Award Conference (PMAC) is an annual international conference focusing on policy-related health issues. The 2020 edition was held from 28 January to 2 February 2020 with the theme of "Accelerating Progress Towards Universal Health Coverage". In support of the main conference sessions, the Health Intervention and Technology Assessment Program (HITAP) organised a side event on 28 January from 09:00 to 12:30 titled "Attain & Sustain Health Gains: Incorporating Value-For-Money in the

Universal Health Coverage Dialogue" under the Sub-theme 2 on "Sustainable Financing for Expanding & Deepening Universal Health Coverage". The objectives of the session were:

- To demonstrate the value-added of investing in evidence generation to support the journey towards UHC through appropriate resource allocation towards interventions and technologies found to provide good value for money.
- To showcase and learn from experiences of establishing evidence-informed priority setting systems in Asia and Africa.

The following sections in the report summarises the proceedings of the session, its evaluation as well as the after-action review (AAR). Supporting information is provided in the appendices.

III. Session details

The session comprised the following parts: Part I: Assessing the Impact of HTA; Part II: HTA in Asia; Part III: HTA in Sub-Saharan Africa; and a panel session. The provide details of presentations and discussions during the session are described below:

EVORA Study – Dr Alec Morton, University of Strathclyde, Mr Sven Engels, HITAP

The session commenced with an activity to explain the trade-offs faced in healthcare decision making by Mr Sven Engels from HITAP. Given the attendees in the PMAC conference come from diverse backgrounds, the activity was designed to make the audience acknowledge that, like real-life, decision making in health is based on making trade-offs. Menti, an online interactive platform, was used to engage with the audience. The audience was posed with simple questions of what commodity they would prioritise in case

they were to be stranded in a snowstorm. The logic of trade-offs was then expounded on, using the example of health technologies.

This activity was followed by a presentation by Dr Alec Morton on a study titled Evaluating the Value of a Real-World HTA Agency (EVORA). EVORA is a three-part study (consisting of literature review, simulation model, and qualitative interviews) conducted in collaboration between researchers from the University of Strathclyde and HITAP. A literature review was conducted to map out how HTA research or HTA reports influence policy decisions and practice through a delivery chain. Dr Morton presented that the 'delivery chain' approach obscures important aspects of the influence of the role of HTA agencies, e.g., providing evidence for price negotiation, increased public understanding of the financing of the health system, and informing manufacturers about market needs. The simulation exercise compared the outcomes of decisions in a world with an HTA agency with those in a world without an HTA agency (i.e., decisions were not based on systematic evidence evaluation), with the latter showing a reduction in healthcare costs and improvement in health benefits, alluding to it being a dominant strategy. HTA agencies have an important role to play in managing rising demands on health systems as they inform the allocation of scarce resources. However, creating and running such agencies potentially divert resources from frontline services.

Image 1 - Dr Alec Morton presenting EVORA study

The results of the stakeholder interviews were depicted using logic models and impact mapping which depicts multiple impacts are occurring for multiple stakeholders within the wider context of an HTA agency. This study would be useful especially for countries that aim to achieve UHC as it demonstrated clearly that investment in HTA holds value. This was the end of Part I; the next part comprised presentations which summarise the institutionalisation of HTA in Asia and Sub-Saharan Africa.

ASEAN Study – Ms Manushi Sharma, HITAP

Several countries in the Asian region have sought to achieve UHC and have used HTA to implement programmes efficiently. Previous reviews on the conducive factors for HTA development (2016) and a landscape analysis on HTA (2019) show that the use of HTA is associated with high public health expenditure and there is heterogeneity in HTA systems across the region. As such, the ASEAN Secretariat requested HITAP, to assess HTA capacity in the ASEAN countries, namely Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, the Philippines, Singapore, Thailand, and Vietnam. The presentation was delivered by Ms Manushi Sharma from HITAP.

The study was conducted by fielding a questionnaire which was administered to country HTA focal points in the Ministries of Health of the 10 countries. Of the 10 countries, 8 responded to the survey except for Brunei and Cambodia. The survey was divided into 4 sections: 1) HTA governance which means the policies and structures that cause HTA in the countries, 2) HTA infrastructure which means the organisations that define HTA within the countries, 3) demand and supply for HTA to understand the producers and the consumers of HTA, and 4) networking activities related to HTA which are conducted within these countries at the local or global levels. The questionnaire was tested with representatives from Thailand and

Singapore and revised as per the feedback received. Descriptive statistics were employed to present the data collected.

The results showed that the majority of countries do not have a legislative mandate for HTA, but some provisions allow for the establishment of an HTA agency. This means, there is no dedicated law that mandates the use of HTA in most countries except in Vietnam and the Philippines. However, almost all countries have HTA focal agencies. Whilst most countries have HTA guidelines, other elements are still developing. Interestingly, only two countries have a fixed cost-effectiveness threshold - the Philippines at USD 2,800 and Thailand at USD 5,250. Others are employing the previous WHO recommendation of 1 - 3 Gross Domestic Product (GDP) per capita, as in Myanmar and Vietnam. Indonesia uses a threshold of 3 times GDP per capita. Singapore, on the other hand, does not have a fixed cost-effectiveness threshold. In terms of considerations taken into account for HTA, all countries consider budget impact and value for money or cost-effectiveness evidence in their HTA studies. Political commitment is considered only by a few countries. The majority of ASEAN members apply HTA for the introduction of new technologies and very few for reassessment. As for stakeholder involvement in the HTA process, policymakers and health care payers are involved in all parts of the HTA process. Performing the assessment is heavily reliant on academics. Few countries involve private pharmaceuticals in the topic nomination and result dissemination process. HTAsiaLink is the most common network for HTA amongst ASEAN members. As for users and producers of HTA, government bodies are the main players in this category, followed by international agencies such as WHO and UNICEF which play a significant role in developing countries. The majority of the countries have capacity-building activities for the users of HTA to develop their capacity and knowledge about HTA and its applications for decision making. Universities or academics are the main

producers, as corroborated by the previous finding. Interestingly, Laos and Vietnam allow private pharmaceutical companies to produce HTA studies.

There are three main categories of limitations to the institutionalisation of HTA, i) under governance, most countries lack adequate funding for HTA and there is a lack of political will and understanding for the HTA process; ii) under infrastructure, there is a lack of local data and technical expertise to conduct HTA; iii) under the translation of research into policy, the lack of awareness of HTA and its applications is a common problem in most ASEAN countries. Policy processes and procedures lack transparency and overall inadequate political will for HTA initiatives hinders the usage of scientific evidence into policy.

Broadly, these limitations have an impact on the demand and supply side of HTA. Lack of political stimulus leads to low investments in health which has an impact on the supply side of HTA i.e., lack of nodal bodies to lead the priority setting agenda, lack of motivation and, technical inadequacy to perform assessments.

HTA institutionalisation and development in the Philippines – Dr Katherine Ann Reyes, Health Technology Assessment Unit

This presentation from the Philippines aimed to share a practical example of a country's journey to institutionalise HTA.

The ratification of the Universal Health Care (UHC) Bill into law (Republic Act No. 11223) in the Philippines stimulated the institutionalisation of a systematic and unified priority-setting mechanism for identifying health technologies that should be covered under the UHC. This law brings forward the importance of improving resource allocation for health technologies by efficient price negotiations and increases transparency and accountability in decision making.

In the past, HTA was performed as an ad-hoc activity which commenced in 1993 with the establishment of the National Drug Formulary Expert Committee which would make decisions on which drugs should be

publicly funded. Then in 1998, the National Health Insurance Program adopted HTA as a tool for decision making for the health benefits package. With time, HTA was prioritised through political support.

At present, the HTA unit is situated in the Department of Health. The core committee is tasked with making recommendations and is supported by the subcommittee on the drug, vaccines, clinical equipment and devices, medical and surgical procedures, preventive and promotive interventions, traditional medicine, and others. Technical experts are brought on-board based on need. Currently, the HTA unit comprises 15 full-time staff who are developing the national HTA process and methods guide.

The HTA committee is receiving support from international agencies like the World Health Organisation (WHO), the International Decision Support Initiative (iDSI), and the United Nations Children's Fund (UNICEF). The support includes technical consultations and capacity-building activities.

The short-term goals are i) to establish the process and the guidelines of the method to set standards for HTA in the country, ii) review the existing technologies and the health benefits package. Local and international partnerships will be leveraged in achieving both objectives.

This presentation marked the end of Part II of the session and was followed by presentations from Sub-Saharan Africa.

<u>Growth and Capacity for Cost-effectiveness Analysis in Africa – Dr David D Kim, Tufts Medical Center</u>

Dr David Kim from the Tufts Medical Center opened Part III of the session by presenting on a study that gives an overview of types of cost-effectiveness analysis conducted by African countries.

This study illustrates the growth, characteristics, and quality of cost-effectiveness studies on that continent and gaps in the field. While previous studies have documented the substantial growth in Africa-specific CEAs, these studies are limited in scope (e.g., providing regional summaries or relying on a single data source) and outdated, highlighting the need for comprehensive and current analyses. Also, given the

extensive benefits of the increasing level of international collaborations to generate and use economic evidence in policy, a formal assessment of institutional capacity and relationship patterns among authors would identify potential opportunities for capacity building and future collaboration.

The objective of this study was two-fold, i) to understand the growth and characteristics of CEA conducted for Africa, ii) to assess institutional capacity and relational pattern among authors. The Tufts CEA Registries and four literature databases were reviewed to identify CEAs conducted in an African setting. After extracting relevant information in the final sample, study characteristics and cost-effectiveness ratios were described. The level of individual and institutional contribution to the literature and compared characteristics of studies by entities who published most frequently versus other African institutions were

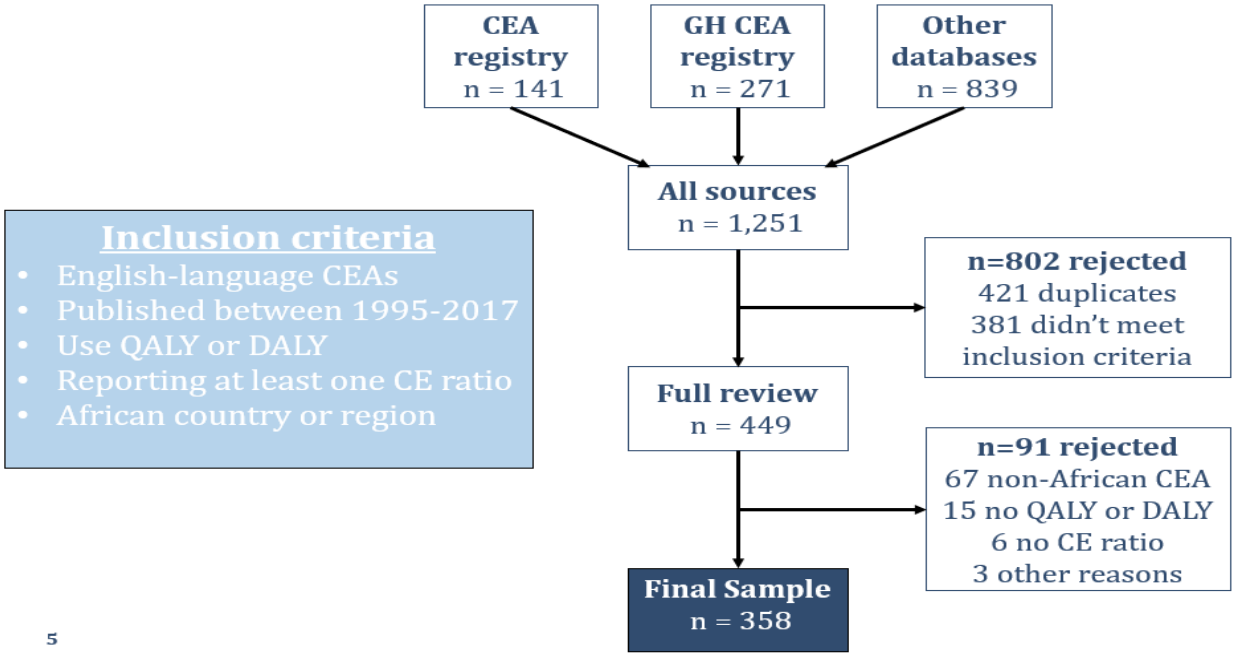

Figure 1- Literature review for study on "Growth and Capacity for Cost-effectiveness Analysis in Africa"

quantified. Finally, network dyads were generated at the author, institution, and country levels to understand collaboration patterns.

The results indicate that of the 358 identified CEAs for Africa, a majority focused primarily on Sub-Saharan Africa (96%) and interventions for communicable diseases (77%). Of 2,121 intervention-specific ratios, 8% were deemed cost-saving, and most evaluated immunisations, pharmaceuticals, or screening strategies. As 64% of studies included at least one African author, it suggests that there is a widespread collaboration among international researchers and institutions. However, only 23% of first authors were affiliated with African institutions. The top producers of CEAs among African institutions are more adherent to methodological and reporting guidelines.

In conclusion, economic evidence in Africa has grown substantially, yet the capacity for generating such evidence remains limited. Increasing the ability of regional institutions to produce high-quality evidence and facilitate knowledge transfer among African institutions has the potential to generate more transferable evidence and inform prioritisation decisions for designing UHC.

This presentation was a segue for the next presentation where the audience learned about the process of institutionalising HTA in Kenya.

HTA institutionalisation and development in Kenya – Dr Edwine Barasa, Kenya Medical Research Institute (KEMRI) Welcome Trust Research Programme (KWTRP)

This presentation was delivered by one of the key personalities who is a part of the Kenyan HTA discourse, Dr Edwine Barasa from KWTRP. Kenya is an East African country, with a population of 48 million, GDP per capita of USD 1710 and spends approximately 2.2% of its GDP on health. Kenya's President, His Excellency Uhuru Kenyatta has committed his government to attain the "Big Four" agenda on 1) Food security, 2) Affordable housing, 3) Manufacturing and 4) Affordable healthcare for all by 2022. This agenda is linked to Kenya's Vision 2030 which sought to achieve UHC by 2030 to maintain a healthy and skilled workforce

necessary to drive the economy, and ultimately create a healthy, productive, and globally competitive nation.

To this end, the Government of Kenya, through the Ministry of Health, is piloting health financing reforms in 4 of its 47 counties from December 2018 to December 2019. This pilot project brought forth the importance of evidence-based priority setting which was previously conducted as an ad-hoc, non-systematic activity.

Before 2018, there were no formal channels for priority setting. With the establishment of the Health Benefits Advisory Panel (HBAP) for the development of the benefits package in 2018, HTA institutionalisation was formally started. Kenya and Thailand signed a Memorandum of Understanding (MoU) during the previous PMAC, initiating collaboration on UHC, HTA, and other aspects of healthcare. KWTRP is also part of the iDSI network.

HTA will be applied to streamline the health benefits package so that it provides essential services based on the needs of the population. Benefits package development is meant to be methodological and stepwise including setting clear-cut goals and criteria and translating decisions for resource allocation and use. While the process and methods guidelines are yet to be established but the key elements of each have been proposed or under development.

The HTA initiative in Kenya is in a nascent stage and the next steps would include HTA capacity building, topic nomination and HTA pilot studies, finalisation of the HTA framework, the establishment of HTA methods and process guidelines, establishing HTA infrastructure (threshold/QALY set).

Panel session – Is HTA a panacea for achieving UHC?

The panellists and the audience reached a common consensus that HTA should not be seen as a 'magic bullet': it would not alone lead to a sustainable system for universal health coverage and that it needed to be seen as one of several tools necessary for ensuring improvement in health outcomes.

Image 2 - Panel session

The key takeaways from the panel session are summarised hereunder. First, it is important to define the components required for using HTA effectively and appropriately to support UHC. Ensuring a culture of using evidence for decision-making in policy choices, combined with an appropriate legislative and policy framework and access to local data, especially for costs and resources, were considered to be key aspects towards this end. Having effective linkages between all these components and policy decisions are required to make a coherent system for UHC that includes effective design of a reimbursement (benefits) package with an appropriate funding model.

Second, developing a system to use HTA requires not only methodological capacity such as health economics, but also governance structures, including legislation, and clear lines of accountability for

decision-making. Political support and leadership are essential in this regard. There was discussion about whether having a single 'institution' was useful; it was agreed that each system needs to develop a structure that best meets local needs, and this may or may not be a single independent organisation. It was noted that developing partnerships with academic institutions was a useful strategy.

Third, it was also recognised that to be effective, the use of HTA requires involving appropriate stakeholder groups, especially engaging with technology and pharmaceutical manufacturers. Lastly, the role of international organisations such as the Bill and Melinda Gates Foundation (BMGF) was recognised. One of the objectives of BMGF is to support the scaling-up of strategic purchasing of primary healthcare (PHC) and sustainably increase coverage of effective and affordable health care services for the poor. In this context, HTA is a key area of interest.

The chair of the panel session, Dr Alexo Esperato concluded by saying all countries have a mechanism to determine what set of medicines and devices they currently buy, either implicitly or explicitly. Governments should favour explicit rationing, wherein the decisions and their justifications are clear, rather than strategies of implicit rationing such as denial, deterrence, deflection, delay, and dilution. Governing structure with clear functions and regulation of institutes and their inter-relations. Factors crucial to the success of institutionalisation of HTA in any country are i) Resource availability and mobilisation to support priority setting ii) Capacity building programmes for better understanding of health priority setting by policymakers, researchers, and other stakeholders, including the general public iii) Collaboration with networks of local, international, and global organisations that aim to support UHC policies.

IV. Session evaluation

At the end of the session, participants were invited to evaluate the activities through an online form and submit responses anonymously. The evaluation form probed participants' level of agreement with six statements and asked for more general feedback through three open-ended questions. The full list of statements and questions posed can be found in Appendix B.

Overall, only a few participants provided their feedback through the online form; results were recorded for only 8 out of 98 participants present (8.16% response rate). All participants submitted a response to the statement questions and the first open-ended question (questions 1-7), 7 participants provided suggestions (question 8), and 6 participants made use of the opportunity to provide additional comments (question 9). Results of questions 1-6 are shown in Figure 2 below and summary tables for all questions (1-8) are provided in Appendix D.

Questions 1-3 in general focused on the workshop aims, contents and delivery. The results show that all respondents agreed that the aims and objectives of the workshop were clear and well defined, with 63% strongly agreeing with the statement (question 1). Regarding the preparation of workshop contents (question 2), all the respondents agreed it was well-prepared, with 50% strongly agreeing to this statement. Further, all the respondents felt that the delivery of the workshop was conducive to their understanding of the topics discussed (question 3), with 63% strongly agreeing with this statement.

Questions 4-6 focused on how the workshop contributed to participants' understanding of HTA and whether they expect it will benefit their future work. A majority of participants (88%) felt that the workshop enhanced their knowledge about this topic (question 4), with only one respondent feeling neutral towards this statement. Most respondents (88%) felt that they were able to identify avenues for

future collaboration with likeminded individuals/organisations (question 5), although it must be noted that the percentage strongly agreeing (25%) is lower than for the other questions in this category. Lastly, 75% of respondents believed they will apply the knowledge gained from this event in their future activities (question 6).

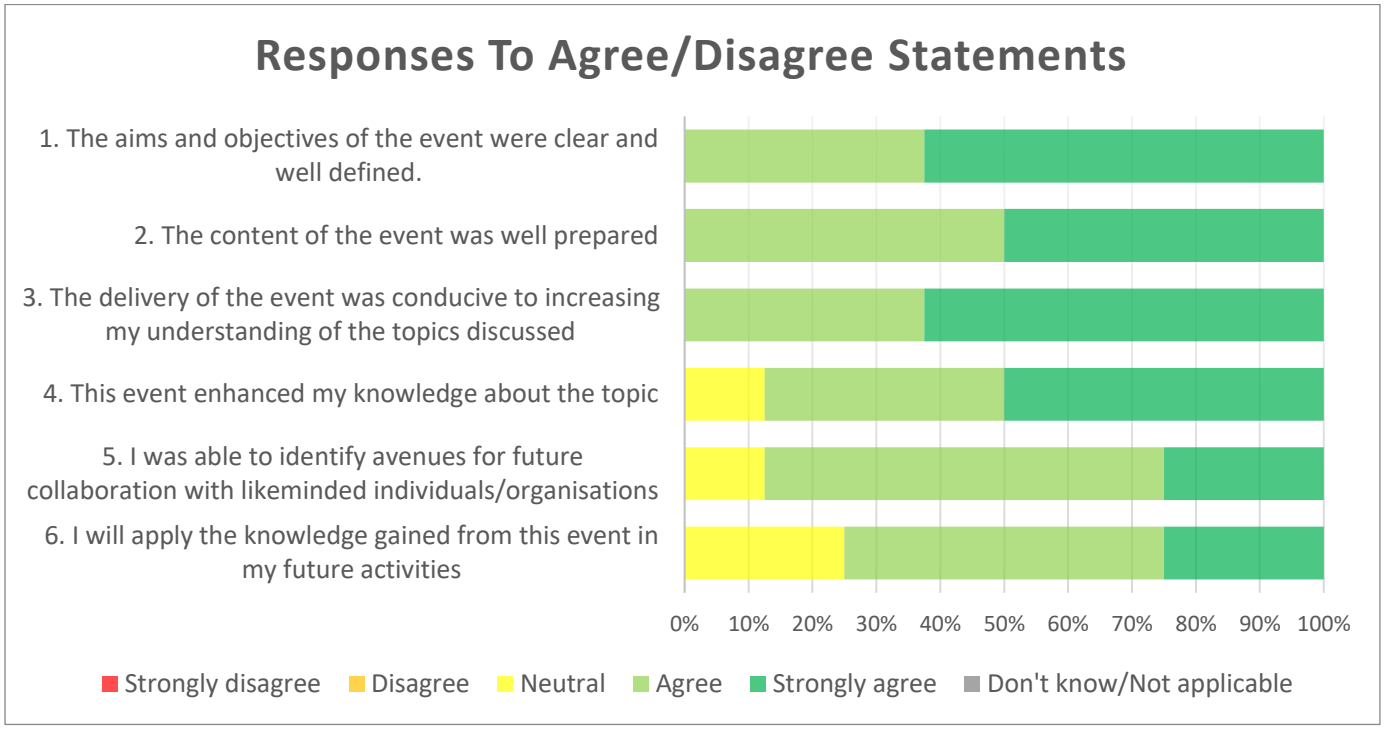

Figure 2 - Session evaluation form

Overall, questions 1-6 indicate that workshop participants were satisfied with the workshop. It is particularly promising to see that all respondents appreciated the content and delivery of the session and that a large majority felt the session improved their understanding of the topics discussed.

As mentioned, questions 7-9 were open-ended and general themes on what participants liked most about the activities (question 7) and on suggestions for improvements (question 8) were identified. The results show that participants particularly appreciated the diversity of the invited speakers, but that they would

have liked more specific examples of HTA being used in countries and increased use of activities. The responses received for question 9 (“any other comments”) are general and are difficult to typify. To prevent the possible identification of respondents, these will not be discussed.

V. After Action Review

An After Action Review (AAR) was held by the organising team to discuss the main outcomes of the event, areas that worked well and areas for further improvement. The session, in general, was well appreciated by the internal and the external audience. The session was delayed by half an hour as this was the first session of the event and participants were still registering for the event. The agenda was adjusted and some sections were shortened. In the future, the focal person may plan the session to accommodate potential delays. To smoothen the registration process internally, one person may be requested to follow-up and ensure that all requirements have been completed. Suggestions were provided on the topics and conducting the panel session.

VI. Appendices

Appendix A – Session agenda

SE017 - PMAC 2020 conference

Theme = Accelerating Progress Towards UHC

Sub-theme: Sustainable financing for expanding and deepening UHC

Title: Attain & Sustain Health Gains: Incorporating Value-For-Money in the Universal Health Coverage (UHC) Dialogue

Date and duration: 28th January 2020; 9:00AM to 12:30PM (3.5 hours)

Organiser and contact details: The Health Intervention and Technology Assessment Program (HITAP), 6th Floor, 6th Building, Department of Health, Ministry of Public Health, Thailand.

Manushi Sharma (manushi.s@hitap.net)

Objectives

- To demonstrate the value-added of investing in evidence generation to support the journey towards UHC through appropriate resource allocation towards interventions and technologies found to provide good value for money.
- To showcase and learn from experiences of establishing evidence-informed priority setting systems in Asia and Africa.

Expected outputs or outcomes

- Attendees have an increased understanding of the importance of evidence-informed priority setting and how evidence generation can lead to financial sustainability.
- Attendees have increased knowledge of priority setting systems in African and Asian countries.
- Experts from African and Asian countries can learn from each other, share strategies, and discuss potential for future collaborations.

Target participants and estimated number of participants: Open session for all participants (50 max)

No. of speakers: Eight to ten

Room setup: Classroom

Meeting agenda:

- **Chair:** Wanrudee I, Alexo E
- **Agenda:**

Time	Duration	Item	Person	Note
PART I				
09:00 - 09:15	15 mins	Welcome	Chair	

Time	Duration	Item	Person	Note
09:15 - 09:30	15 mins	Activity	Sven Engels	
09:30 - 09:50	20 mins	Why investing in HTA capacity makes sense: dissemination of the EVORA[1] study	Alec Morton	A brief background on study • Objectives • Scope of the ppt • Components ○ Estimating value added of HTA through simulation ○ Reviewing the academic literature on HTA's value ○ Stakeholder experiences on creating a conducive environment for HTA
09:50 - 10:00	10 mins	Q&A	Evora team (Sven and Alec)	Menti

[1] Evaluating the Value of a Real-World HTA Agency

Time	Duration	Item	Person	Note
10:00 - 10:05	5 mins	Physical Activity	HITAP (Aparna A)	
PART II				
10:05 - 10:20	15 mins	Activity	Manushi Sharma	Show of hands

10:20 - 10:30	10 mins	HTA capacity in ASEAN	Manushi Sharma,
			
			HITAP
				• Brief background
				• Objectives
				• Methods
				• Findings
				  ○ HTA Governance
				  ○ HTA Infrastructure
				  ○ Demand & Supply for HTA
				  ○ Networking in HTA
				• Conclusion

Time	Duration	Item	Person	Note
10:30 - 10:40	10 mins	Country case study - Philippines	Katherine Ann V Reyes, Assistant Professor and Associate Dean for Research	5 slides max • S1: Country background and need of HTA • S2: Historical development of HTA • S3: HTA in Action • S4: HTA in Action • S5: Upcoming activities and next steps
10:40 - 11:00	20 mins	Break		
11:00 - 11:15	15 mins	- Q&A - HTA trivia	Katherine and Manushi	
PART III				

Time	Duration	Item	Person	Note

11:15 - 11:25	10 mins	Bibliometric analysis of HTA capacity in Sub-Saharan Africa	Dr. David Kim,
			Tufts Medical Center
				• Brief introduction of the study
				• Objectives
				• Methods
				• Findings
				  ○ Network Analysis
				  ○ Individual and institutional capacity
				• Conclusion

Time	Duration	Item	Person	Note
11:25 - 11:35	10 mins	Country case study - Kenya	Dr. Edwine Barasa, Kenya Medical Research Institute – Wellcome Trust Research Program (KWTRP)	5 slides max • S1: Country background and need of HTA • S2: Historical development of HTA • S3: HTA in Action • S4: HTA in Action • S5: Upcoming activities and next steps
11:35 - 11:45	10 mins	Q&A	David, Edwine	Menti
11:45 - 12:25	40 mins	Panel Discussion - Is HTA the panacea for making UHC sustainable?	Alec, Katherine, Anu, David, Edwine MC: Alexo Esperato	- 15 minutes questions asked by MC - 15 minutes questions from audience by menti (MC picks)
12:25 - 12:30	5 mins	Wrap up	Chair	

Appendix B – List of participants

First Name	Second Name	Organisation	Country
Sirirat	Wongprakornkul	National Health Security Office (NHSO)	Thailand
Saudamini	Dabak	Health Intervention and Technology Assessment Program (HITAP)	Thailand
Wanrudee	Isaranuwatchai	Health Intervention and Technology Assessment Program (HITAP)	Thailand
Rachel	Silverman	Center for Global Development	United States of America
Bhavesh	Jain	The Palladium Group	Cambodia
Peter	Baker	International Decision Support Initiative (iDSI)	United Kingdom
Kei	Yoshidome	Japanese Organsation for International Cooperation in Family Planning (JOICFP)	Japan
Erica	Di Ruggiero	Dalla Lana School of Public Health, University of Toronto	Canada
Katherine Ann	Reyes	College of Public Health, University of the Philippines Manila	Philippines
Neil	Squires	Public Health England	United Kingdom
Manushi	Sharma	Health Intervention Technology Assessment Program	Thailand
Bernardino	Aldaba	FHI 360	Philippines
Christopher	Knight	Alliance for Safe Medicines Asia	United States of America
Alexander David	Morton	University of Strathclyde	United Kingdom
David	Kim	Tufts Medical Center	United States of America
Krizelle	Fowler	EpiMetrics Inc	Philippines
Nantasit	Luangasanatip	Mahidol-Oxford Tropical Medicine Research Unit (MORU)	Thailand

First Name	Second Name	Organisation	Country
Rajnish Ranjan	Prasad	UN Women's Asia Pacific Regional Office in Bangkok	Thailand
Rachel	Archer	Health Intervention and Technology Assessment Program	Thailand
Tom	Drake	Department for International Development	United Kingdom
Madeline Mae	Ong	Ateneo School of Medicine and Public Health	Philippines
Joji	Sugawara	Health and Global Policy Institute (HGPI)	Japan
Zahirul	Islam	Embassy of Sweden in Bangladesh	Bangladesh
Alexo	Esperato	Bill and Melinda Gates Foundation	India
Lyndah	Kemunto	Junior Doctor Network	Kenya
Sawsan	Saad Ahmed Elhassan	Directorate General of Human Resources, National Health Insurance Fund (NHIF)	Sudan
Ruth	Ngechu	Living Goods	Kenya
Christopher	Painter	Health Intervention and Technology Assessment Program (HITAP)	Thailand
Aparna	Ananthakrishnan	Health Intervention and Technology Assessment Program (HITAP)	Thailand
Matiko	Riro	Clinton Health Access Initiative	Kenya
Edwine	Barasa	KEMRI-Wellcome Trust	Kenya
Steven	Jonkers	Northern Cape Provincial Government	South Africa
Stephen	Mac	Health Intervention and Technology Assessment Program (HITAP), Thailand	Thailand
Tunwarat	Sriuranwat	International Health Policy Program (IHPP), Thailand	Thailand
Suchanat	Jopattarakul	Health Intervention and Technology Assessment Program (HITAP), Thailand	Thailand
Chatchanok	Sakolnukornkit	National Health Security Office (NHSO), Thailand	Thailand

First Name	Second Name	Organisation	Country
Wittawat	Chatchawanpreecha	Health Intervention and Technology Assessment Program (HITAP), Thailand	Thailand
A. Danushi	Gunasekara	-	-
Mouaddh	Nagi	Mahidol University	Yemen
Lizah	Mwangi	Kemri Wellcome Trust	Kenya

Appendix B – Questions in evaluation form

#	Question	Response options
1	The aims and objectives of the event were clear and well defined.	1) Strongly disagree 2) Disagree 3) Neutral 4) Agree 5) Strongly agree
2	The content of the event was well prepared.	
3	The delivery of the event was conducive to increasing my understanding of the topics discussed.	
4	This event enhanced my knowledge about the topic.	
5	I was able to identify avenues for future collaboration with likeminded individuals/organisations.	
6	I will apply the knowledge gained from this event in my future activities.	
7	What did you like most about the event?	Open (free-form text)
8	Do you have any suggestions on how we could improve the event in the future?	
9	Do you have any other comments?	

Appendix D - Summary results of evaluation

Questions 1-6

Question description/Responses		Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know/Not applicable
Q1:	The aims and objectives of the event were clear and well defined.	5	3	0	0	0	0
Q2:	The content of the event was well prepared.	4	4	0	0	0	0
Q3:	The delivery of the event was conducive to increasing my understanding of the topics discussed.	5	3	0	0	0	0
Q4:	This event enhanced my knowledge about the topic.	4	3	1	0	0	0
Q5:	I was able to identify avenues for future collaboration with likeminded individuals/organisations.	2	5	1	0	0	0
Q6:	I will apply the knowledge gained from this event in my future activities.	2	4	2	0	0	0

Number of responses: 8

Q7: "What did you like most about the event?

Response theme:	**Count:**
Diversity in speakers	4
Discussions	2
Opening activity	1
Interactivity	1

Q8: “Do you have any suggestions on how we could improve the event in the future?”

Response theme:	**Count:**
More specific country examples	2
More activities	2
More discussions	1
More time for EVORA	1