UNIT FOR HEALTH EVIDENCE AND POLICY (UHEP) SECOND STAKEHOLDER CONSULTATION AND HTA TOPIC PRIORITISATION WORKSHOP

LAO PEOPLE'S DEMOCRATIC REPUBLIC
COUNTRY MISSION REPORT
SEPTEMBER 1, 2022

HEALTH INTERVENTION AND TECHNOLOGY
ASSESSMENT PROGRAM (HITAP)

Contents

List of Abbreviations

CHAI	Clinton Health Access Initiative
COVID-19	Coronavirus disease
DHR	Department of Health Care and Rehabilitation, Lao PDR
DPs	Development partners
FDA	Food and Drug Administration
HITAP	Health Intervention and Technology Assessment Program
HTA	Health Technology Assessment
HPV	Human Papilloma Virus
iDSI	International Decision Support Initiative
Lao PDR	Lao People's Democratic Republic
LMIC	Low- and Middle-Income Country
LOMWRU	The Lao-Oxford-Mahosot Hospital-Wellcome Trust Research Unit
LVC	Low-Value Care
MoH	Ministry of Health, Lao
MoPH	Ministry of Public Health, Thailand
NCD	Non-communicable disease
NGO	Non-governmental organisation
NHI	National Health Insurance
MHIB	National Health Insurance Bureau, Lao PDR
QALY	Quality Adjusted Life Year
QoL	Quality of Life
UHC	Universal Health Coverage
UHEP	Unit for Health Evidence and Policy
UHS	University of Health Science, Lao

Acknowledgements

This mission report summarises the activities and discussions during the second meeting of the Unit for Health Evidence and Policy (UHEP), held on September 1st, 2022. This meeting aimed to promote the understanding of Health Technology Assessment (HTA) topic prioritisation in Lao PDR and sharing Thailand's experience of topic prioritisation processes for HTA. The meeting was organised by the Lao-Oxford-Mahosot Hospital-Wellcome Trust Research Unit (LOMWRU), University of Health Sciences (UHS), and the Ministry of Health (MoH), Lao PDR. Logistics of the meeting was supported by Tadam Solathtanavong and LOMWRU team. The meeting was opened by the Minister of Health for Laos: His Excellency Dr Bounfeng Phoummalaysith. Representatives from the Health Intervention and Technology Assessment Program (HITAP), the Ministry of Public Health (MoPH), Thailand, led by Assoc. Prof. Wanrudee Isaranuwatchai and Dr. Yot Teerawattananon, contributed to the content and exercise delivered during the meeting. Facilitators for the exercise included Chittawan Poonsiri, Chotika Suwanpanich, Kumaree Pachanee, Manilung Nalongsack, Manta Korakot, Papada Ranron, Praewa Kulatnam, Thamonwan Dulsamphan, and Waranya Rattanavipapong. The report was prepared by Manit Sittimart with inputs from Saudamini Dabak, Assoc. Prof. Wanrudee Isaranuwatchai, Dr. Yot Teerawattananon, Prof. Mayfong Mayxay, Prof. Elizabeth Ashley, and Dr. Sysavanh Phommachanh. The statistical analysis of participant feedback was conducted by Chulathip Boonma.

Foreword

Closing address by Prof. Dr. Mayfong Mayxay at meeting (translated from Lao)

Following the first meeting of the Unit for Health Evidence and Policy (UHEP) held in March 2022 with an emphasis on understanding the application of Health Technology Assessment (HTA) in the health care system, this second meeting aimed to continue learning about the process of HTA topics selection and prioritisation for future assessments, in which these could benefit and support further policymaking in Lao PDR.

During the second workshop, it was very engaging and motivating to see attending participants, with various demographics and backgrounds, working and discussing together, showing a great deal of interest in learning more about the HTA prioritisation process. At the workshop, participants had an opportunity to discuss about health benefit topics which were expected to have high value and should be invested in more in the country. Simultaneously, health benefit topics deemed to be of low value for users and society were also elicited. Among many important health benefit topics that should be invested in the country, screening for thalassemia, cervical cancer and breast cancer were particularly emphasised, including providing free vaccines that were previously supported by external or international partners, and dialysis for kidney disease for example.

Professor Dr. Mayfong Mayxay M.D., PhD.

Vice-president of the Lao University of Health Sciences (UHS), Ministry of Health Head of the Field Research of LOMWRU

However, as there were many topics nominated and given that there are budget constraints, participants agreed that decisionmakers would need information to guide their consideration and selection of prioritised topics. Such information included considerations on budget impact, severity of related diseases and number of affected populations, and the impact of adopting nominated technologies (such as value for money) etc. It was also proposed that key stakeholders included in the decision-making processes should consist of beneficiaries (representatives of Lao populations and patient associations), healthcare payers (e.g., National Health Insurance Bureau: NHIB) and service providers, Ministry of Planning and Investment (MPI), Ministry of Health, Ministry of Labour, and members of the National Assembly.

Several factors that could potentially hinder the support for and investment in nominated health benefit topics were also identified. These were, but not limited to, human resources, practicality and feasibility of implementation, political priorities, and other scarce resources. For expected topics for disinvestment, which offered low value in terms of health and sought to promote efficient resource management, factors to be considered included social pressure and resistance,

impact upon current beneficiaries of those health benefits, and the fact that Laos already has limited number of health benefits in the available packages was also noted as being important.

As a way forward, participants believed that stakeholders and key players should be identified to be eligible and have a significant role involved in the process of nominating health benefit topics in the future. The stakeholders should include those from the general population, policymakers, medical professionals and experts, medical device and pharmaceutical companies, healthcare fund managers, academia, the National Assembly and among others.

From all the above, it shows that participants from Lao PDR value the engagement from all sectors of society in the process of HTA topic prioritisation. Moreover, they see the importance of the use of academic evidence in supporting decision-making, in which HTA is a tool that can help generate such evidence. To promote the adoption of evidence for policymaking in health, it would mean we can construct a systematic, transparent work for decision-making process, which in turn will benefit people of Lao PDR and the country for better livelihood and more sustainability.

Background

Laos country overview

Laos, or the Lao People's Democratic Republic (Lao PDR), which is the official name of the country, is located at the heart of the mainland of the Indochinese Peninsula in the Southeast Asian region (1). Laos is a socialist state having the president as the chief of state and the prime minister as the head of government; and the Lao People's Revolutionary Party (LPRP) is the founding and sole ruling party of the state (2, 3). Laos is the only landlocked country in Southeast Asia, bordered by China, Myanmar, Vietnam, Cambodia, and Thailand (4).

*Figure **1** The National Flag of the Laos*

A total population in Laos is estimated at 7.27 million people (2020) with a Gross Domestic Product (GDP) of USD 19.7 billion (5), and its currency is the Kip or LAK. In terms of the healthcare system of the country, the state has introduced the National Health Insurance (NHI) strategy to provide a clear vision and framework for the development of unified National Health Insurance (NHI) Scheme[1]. However, challenges remain in ensuring proper availability of NHI scheme in some areas of the country[2]. The NHI scheme offers a systematic enrolment at the care facility level upon presentation of the family book (6, 7), for which patients are required small contributions to their healthcare services (a nominal co-payment). The main purchaser of the health services for Lao population is the National Health Insurance Bureau (NHIB), which is a department under the Ministry of Health (MoH). NHIB is responsible for carrying out all health insurance functions for NHI benefit package[3]. Policy decisions regarding the inclusion of care services, with particular focus on two priorities of reproductive health and nutrition, in the benefit package are also guided by evidence (8).

This mission report provides the summary of the second meeting of the Unit for Health Evidence and Policy (UHEP) which was organised in Vientiane on September 1, 2022. The second meeting aimed to engage and interact with relevant stakeholders and promote the understanding of Health Technology Assessment (HTA) topic prioritisation in Laos, which was designed as a continue learning activity from the first meeting of the introductory HTA. This report is structured to give an outline of health policy decision-making in Lao context, the establishment of UHEP in response to the need for research evidence for health policy, and mainly the activities conducted in the second meeting and key discussion results during the exercise workshop. Participants feedback was also acknowledged in this report for future reference.

[1] Source: ILO. Extending social health protection: Accelerating progress towards Universal Health Coverage in Asia and the Pacific. (Available from https://www.social-protection.org/gimi/gess/RessourcePDF.action?id=57657)

[2] an updated strategy announced via https://www.who.int/laos/news/detail/06-10-2022-updated-national-health-insurance-strategy-aims-to-better-protect-people—ensure-financial-sustainability

[3] *Benefit package covering most health services in the public sector and at each level of care – though not drugs outside of the list of essential medicines. It does not duplicate benefits already covered by other programmes such as employment injuries and traffic accidents, malaria, tuberculosis, HIV/AIDS.

Situational analysis of the Lao health policy decision-making context and stakeholder mapping

There is an increasing interest in using research evidence to inform health policy (9, 10). Health Technology Assessment (HTA), a systematic and multidisciplinary approach, is a powerful tool offering such evidence to aid decision-making, priority-setting, and resource allocation (11-13). With rigorous evidence to help support the resource management, it is useful for low- and middle-income countries (LMICs) such as Laos, enabling its progress towards Universal Health Coverage (UHC) with sustainability (10, 12).

However, there has not been any official investigation regarding the demand, supply, need, and analysis of health evidence in Lao across different sectors and stakeholders. Therefore, as a starting point, a situational analysis of the Lao health policy decision-making context and stakeholder mapping was conducted. In addition to that, this situational analysis allowed the understanding of key priority areas of the country, the policy decision-making process in Lao, and among others.

The findings of the analysis presented the useful reference toward promoting evidence-informed health policy developments, mitigating inefficient allocation of health resources, and improving quality of healthcare and have been summarised in a separate report.

One of many key points synthesised from the analysis is that there has been a growing interest in generating and using evidence for decision-making. Regardless, the use of evidence to formulate relevant policies and decisions remains low in Laos, as compared to considering expert opinion or an experience-based approach (see also figure 2). As such, it was agreed and strongly recommended, as found in the analysis, that there should be improvements in the policy decision process in the future (see also figure 3), with the aim of encouraging the adoption of health research evidence or HTA-specific outputs, as well as building capacity in generating the same.

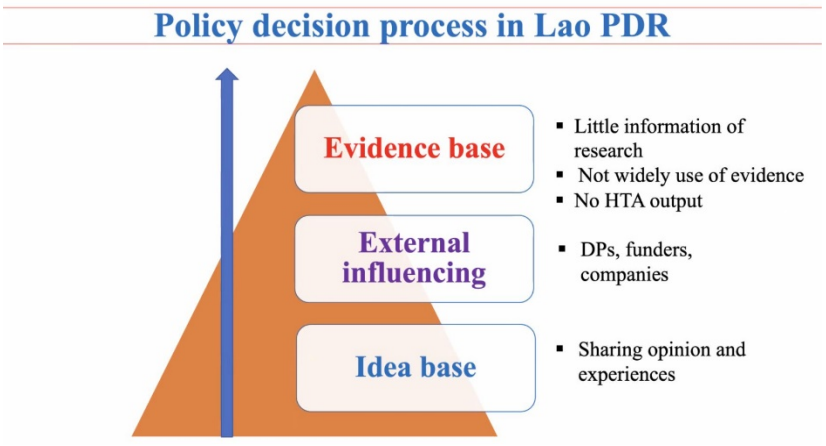


*Figure **2** The overall policy decision process in Lao PDR, derived in the situational analysis; DPs=development partners; source: Presentation delivered by Dr. Sysavanh Phommachanh*

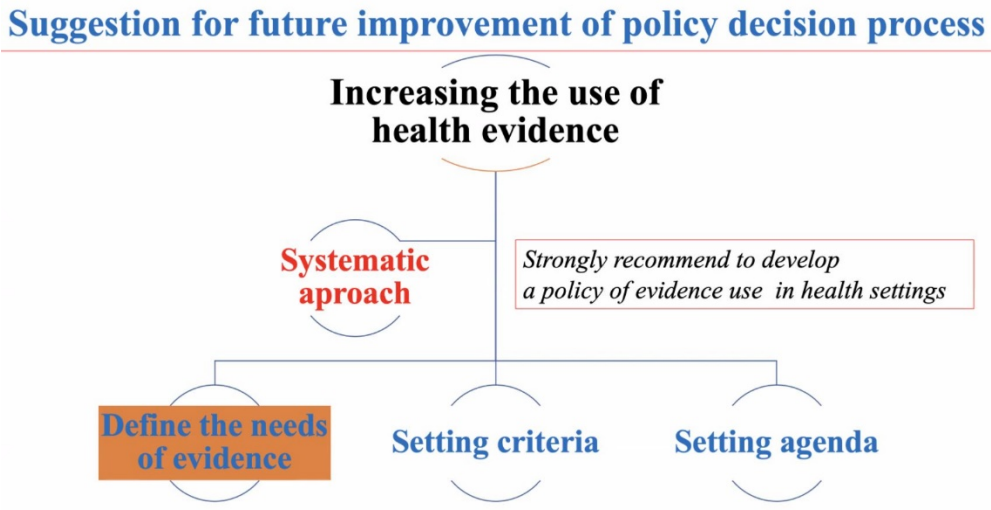


*Figure **3** The key suggestion for future improvement for the policy decision process formulated in the situational analysis. Source: Presentation by Dr. Sysavanh Phommachanh*

The establishment of Unit for Health Evidence and Policy (UHEP)

To increase the generation and utilisation of research evidence for health policy, the Unit for Health Evidence and Policy (UHEP) was established in the University of Health Sciences (UHS) in Laos in 2021. The pilot project of establishing UHEP is co-funded by the Wellcome Trust and the United Kingdom's (UK) Department of Health and Social Care via the National Institute of Health Research (NIHR). According to the outputs of the situational analysis, the establishment of UHEP was strongly recommended with the hope that this institution would be used to guide, encourage, and support evidence gathering and use in a systemic way. Examples of UHEP activities may undertake include defining the needs of evidence, mapping demands and supply of relevant evidence, setting criteria for health priority setting etc.

HTA is also one of the main interests of UHEP, and it has been identified as the systemic approach that would support evidence generation. However, lack of technical capacity in health economics and HTA methodologies of agencies/institutes in the country is one of the key barriers that exacerbates the quality of studies and hence the adoption of evidence generated. To overcome such issues, the collaboration at a national level (e.g., UHS and the Lao MoH), together with international partners, is needed. There are a few members of staff of UHS who have been trained in HTA, though, to scale up the number of local experts and further knowledge of the same, the Health Intervention and Technology Assessment Program (HITAP), Ministry of Public Health, Thailand, the Clinton Health Access Initiative (CHAI), in addition to many other organisations, have come together to support the UHEP team and its work on HTA in Laos.

On March 9th, 2022, the first UHEP stakeholder meeting (referred as the first workshop) was successfully held in Vientiane. In this meeting, it was aimed to be an introductory workshop of HTA for high-level stakeholders and policymakers, in which key results from the situational analysis of the Lao health policy decision-making context and stakeholder mapping were used to explain the importance and rationale of the establishment of UHEP. The first meeting also provided an overview of HTA (as shown in figure 4) and how it could support evidence-based decision-making, with an example of the conduct of cost effectiveness analysis of typhoid vaccines, etc. The first meeting had gained a high attention from its participants, for which it had urged and orchestrated the second meeting of UHEP in September of the same year.

*Figure **4** A collaboration between HIATP and HITAP, where Assoc.Prof. Wanrudee from HITAP was virtually making a presentation on the introduction of HTA during the first UHEP workshop*

HITAP and UHEP

HITAP is a semi-autonomous research unit and a non-profit orgranisation under the Ministry of Public Health (MoPH), Thailand. HITAP, which conducts HTA, has been tasked with responsibilities of appraising a wide range of health technologies and health programmes, as well as social health policies to inform policy decision in Thailand. Since 2019, HITAP and UHEP have partnered and collaborated to support capacity building and supported the establishment of UHEP. Key examples of activities include the situational analysis and stakeholder mapping, the introductory workshop of HTA (as shown in figures 4 & 5), supporting the cost effectiveness analysis of typhoid vaccines, etc.

Furthermore, HITAP also facilitates HTA knowledge building and peer-learning by providing an internship programme for Lao staff. The intention is to provide hands-on experience of conducting economic evaluations and other aspects of HTA. The anticipated benefits of such programme are believed to be beyond research networking, but rather including knowledge spillover effects where individuals in the organisation, both HITAP staff and interns, can learn from each other.

*Figure **5** Dr Yot Teerawattananon from HITAP was virtually presenting on conducive factors and barriers to HTA development in Asia as part of the introductory HTA during the first UHEP meeting*

HTA TOPIC PRIORITISATION WORKSHOP

The second meeting of UHEP was held on September 1st, 2022, by the Lao-Oxford-Mahosot Hospital-Wellcome Trust Research Unit (LOMWRU), UHS, and the Ministry of Health (MoH), Lao PDR. This meeting was designed to be a workshop with presentations and an interactive exercise session to promote peer-to-peer learning. The meeting aimed to promote the understanding of HTA topic prioritisation in Lao PDR via sharing knowledge on Thailand's experience of adopting the prioritisation processes. More importantly, for Lao participants, it aimed to increase awareness on HTA and the topic prioritisation process. Ultimately, the anticipated outputs of the workshop were, but not limited to, HTA topics nominated and discussed for future HTA studies in Lao PDR.

*Figure **6** Prof. Dr. Mayxay recapping on what was discussed during the first UHEP workshop and the rationales of established UHEP*

The workshop began with welcome and opening remarks, delivered by Professor Elizabeth Ashley, the director of LOMWRU, and His Excellency Dr. Bounfeng Phoummalaysith, Health Minister, the Lao MoH, respectively. This was followed by a recap session on the previous UHEP workshop conducted during March 2022, and this session was led by Professor Dr. Mayfong Mayxay from UHS as shown in figure 6 (please refer to the workshop agenda attached in Appendix 1 and participant list in Appendix 2).

Overview of topic prioritisation in HTA

Following that, Associate Professor Wanrudee Isaranuwatchai, the Program Leader of HITAP, provided an overview of topic prioritisation in HTA. This entailed key questions on: what is the process of topic identification/nomination and prioritisation/selection; why is this important; and how such process takes place. In addition, the presentation also showcased the topic prioritisation process in Thailand, lessons learned, and application of HTA in Thailand as well as the examples of health benefit package development.

*Figure **7** A group photo of the 2nd UHEP workshop organising team, including workshop participants on September 1, 2022*

One of many key points highlighted during the presentation was that there are core principles of the benefit package development which Thailand has adhered to. These principles are being systematic, transparent, evidence-informed, and participatory which have been applied in each step of the process, ranging from topic nomination, selection, assessment, and decision-making. For more information on Thailand's health benefit package development, please visit the website (https://ucbp.nhso.go.th/).

During the presentation, the term Low-Value Care (LVC)[4] was also introduced to participants. While there are many definitions of this term, it refers to an intervention which evidence suggests the procedure confers no or very little benefit on patients, or the risk of harm exceeds the likely benefit, or generally, the additional costs of the intervention do not proffer proportional benefits (14, 15).

As scarce resources are at stake, LVC has become more critical and should be emphasised. An example from the United States (US) was that there has been a growth in health care spending

[4] https://www.ajmc.com/view/imagining-a-world-without-low-value-services-progress-barriers-and-the-path-forward

*Figure **8** Assoc. prof. Wanrudee giving the presentation on HTA topic prioritisation*

of which 30% was deemed to be wasteful (16). Hence this has spurred many people to explore "how can the system focus its resources and spending on interventions that actually provide the most value for patients?". To answer that, perhaps, a straightforward step to take can be to first identify treatments and services that are inefficient, or expensive but with little or no benefit for patients. Once potential low-value cares/services are identified, an attempt to reduce their use or stop investing (disinvesting) in them for patients will be important and next step, promoting sufficient resource allocation.

Exercise: Investment versus Disinvestment

Following delivering the presentation by Assoc. Prof. Wanrudee, participants were assigned to groups for an interactive exercise. The group-based exercise was called the Investment and Disinvestment, in which knowledge and understanding from the presentation were anticipated to be useful for participants. This exercise was designed to allow participants to get a hand-on experience on deliberative process of HTA topic prioritisation, brainstorming about health technologies that the government may consider investing in or from which the government would do well to disinvest. Furthermore, it also allowed participants to explore their own country's landscape of potential barriers, criteria, stakeholders/decision-makers relating to investment and disinvestment of health interventions and technologies (please see also participant handout in Appendix 3). During the exercise, participants were asked to answer the following questions from their experience, regarding which health technologies or interventions should receive investment/disinvestment in the health care system in their settings and were asked to further answer subsequent questions within their group (please see also the exercise sheet in Appendix 4).

There was a total number of eight groups of participants; five groups (group 1, 3, 5, 7, and 9) were assigned to do the investment exercise whereas other three groups (groups 2, 6, and 8)[5] were given with the disinvestment exercise simultaneously. At least one facilitator joined each group to aid participants' discussion. Participants required to assign their team members for different roles, including one person for being notetaker, one person for flipchart writer to record their discussed points, one person for timekeeper, one/two person(s) for presenting their group results and summaries.

*Figure **9** Group discussion during the investment-disinvestment exercise session*

This exercise was planned for 2 hours, in which the first hour was for participants' individual group discussion, and the second one was for result presentation and discussion among the workshop participants. This allowed them to see and discuss further in terms of any discrepancies and variations of the exercise results from other groups. The group exercise results are outlined as below.

[5] Note: due to a low number of participants in group 4, the group members were thus allocated and merged with other groups.

Findings from the exercise

From discussions among the groups tasked with the investment exercise, there were many health technologies/interventions expected to be of high value care, and hence proposed that they should have been invested more in the country. This included hemodialysis, vaccines, disease screening or diagnosis programs for thalassemia, cervical cancer, breast cancer, infectious diseases, and some non-communicable diseases (NCDs), for example. More details are provided in Table 1. Several barriers to such investment in these health technologies/interventions were identified, with the key factors of budget constraints, limited human resources (number and level of expertise), including inadequate supporting infrastructure (transports, facilities, etc.). Due to scarce resources, having criteria to help prioritise topics to be invested was considered useful. The criteria should be based on burden and severity of diseases (greater burden and severity should have more priority), alignment to national priorities/strategies of Laos, available evidence (e.g., on effectiveness, cost-effectiveness, budget impact, and feasibility). Impact on patients were also valued and that out-of-pocket costs and equity should be considered as the criteria for selecting topics.

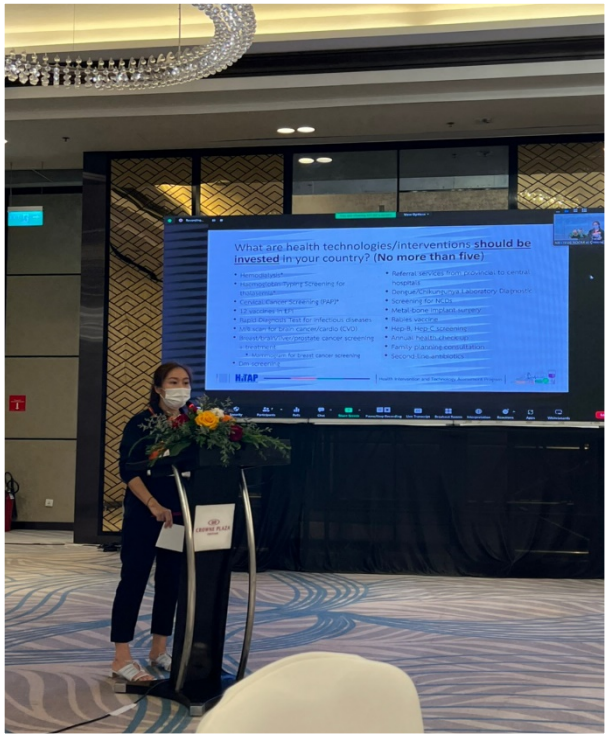


*Figure **10** Group results presentation and discussion, session led by Waranya Rattanavipapong*

In terms of making decision for the investment of health technologies/interventions, participants suggested that various stakeholders should be involved in the process. Those stakeholders may consist of governmental bodies (such as the MoH, Health Insurance Bureau, National Assembly, Ministry of Labour, Ministry of Planning and Investment, etc.), evidence providers (e.g., academics, researchers, UHEP), beneficiaries (patients association, etc.), and union/local communities. Furthermore, stakeholders which should be allowed to nominate health technologies or interventions for investment consideration process may comprise of healthcare professionals, patient association, laypeople/population, those in academia, National Assembly, for examples. However, it was interesting to note that development partners or international NGOs, private sector (pharmaceutical or medical device companies/importers) were also mentioned as potential nominators as well.

In parallel, the groups tasked with the disinvestment exercise also elicited some health technologies/interventions which were deemed to have low value and thus perhaps considered whether to be disinvested. These included COVID-19 disinfecting spray at community levels and Permethrin for example. In addition, the quadrivalent human papillomavirus vaccine (HPV) was also considered to be of low value by many participants because there are now more types of HPV vaccines that cover more strains (e.g., 9-valent HPV vaccine). Interestingly, CT-scan for stroke patients was also mentioned to be of relatively low value as the stroke score could also be used, and that the need to do CT-scan might not be that urgent. Some medications such as non-steroidal anti-inflammatory drugs (NSAIDs) and Febrifuge were also suggested to be listed in the disinvestment group as participants proposed that only one type of those drugs should be kept investing in.

However, participants also agreed that social pressure and resistance, particularly from current beneficiaries from those low-value cares and services, could be key factors hindering the disinvestment decision. The point of already having limited numbers of health items on the

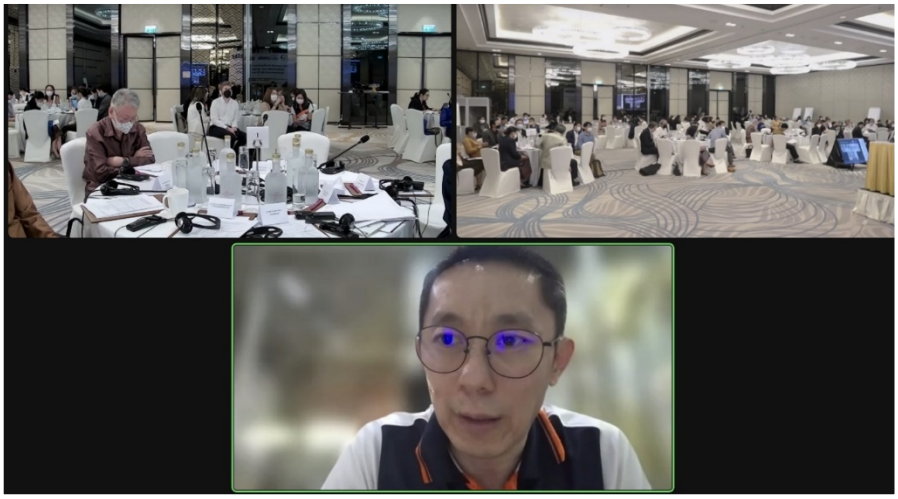


*Figure **11** Dr Yot from HITAP virtually joined the group result presentation and discussion during the workshop, sharing his experience working with policymakers in Thailand*

benefit package could also lead to a harder decision to make for disinvestment. Especially, some technologies/interventions might have more than one indication, and that their degrees of values and benefits could vary across diseases/conditions. Therefore, it would be more difficult to completely disinvest those technologies/interventions.

However, in scenarios where disinvestment decisions are to be made, participants had proposed some criteria to use as a guide to prioritise health items, including relevant stakeholders that should be involved in such decisions of disinvestment. The criteria included the consideration of evidence on cost-effectiveness, budget impact, social impact, price, quality, expected benefits, and importantly safety (side-effect) of health technologies/interventions. For decision-making, it should involve healthcare fund managers, healthcare personnel, national Food and Drug Administration (FDA), Department of Health Care and Rehabilitation (DHR), academia and

researchers, and those who would likely be affected by the decision (e.g., current users of health technologies/interventions: patients/general populations). For those who should be allowed to nominate health technologies/interventions for disinvestment considerations, it was understood that they should be groups of various stakeholders from healthcare personnel, healthcare payers, policymakers, researchers, national assembly, general population and patient associations, and interestingly, pharmaceutical companies.

*Table **1** Group discussion and outputs from investment and disinvestment groups*

Particular	Investment	Disinvestment
Health technologies/ interventions	• Hemodialysis* • Haemoglobin Typing Screening for thalassemia* • Cervical Cancer Screening (PAP)* • 12 vaccines in EPI • Rapid Diagnosis Test for infectious diseases • MRI scan for brain cancer/cardio (CVD) • Breast/brain/liver/prostate cancer screening + treatment • Mammogram for breast cancer screening • Diabetes screening • Referral services from provincial to central hospitals • Dengue/Chikungunya Laboratory Diagnostic • Screening for NCDs • Metal-bone implant surgery • Rabies vaccine • Hep-B, Hep-C screening • Annual health check-up • Family planning consultation • Second-line antibiotics	• CT-Scan for Stroke patients who have low stroke scores • Contraceptive pills, condoms distribution • Non-steroidal anti-inflammatory drugs (NSAIDs), Febrifuge (combined formula) • COVID-19 disinfecting spray for community • Mosquito net dyes (permethrin) • The quadrivalent human papillomavirus vaccine (HPV): 4 strains
Main barriers supporting the investment/ disinvestment	• Budget* • Human resource* (quantities, expertise, workload) • Infrastructure* (facilities, roads, transportation) • Availability of technologies (have to import) • Stakeholder engagement • Political will • Coverage • Lack of data/evidence	• Current limited list of reimbursable items of health care services • Pressure/resistance from current beneficiaries • Variation in indications of the same medication or technology (i.e., some technologies may show different degrees of

	• Language/culture	benefits across different diseases) • Evidence that indicates cost-effectiveness (higher hesitancy if technologies are proven to provide good value of money)
Criteria that may be used in prioritizing investment/ disinvestment	• Burden and severity of diseases (epidemiology)* • Alignment to national priorities/strategies* • Evidence* - Effectiveness - Cost-effectiveness - Feasibility/readiness of human resources - Budget impact • Associated costs and impacts on patients - Out-of-pocket • Equity • Social values • Acceptability	• Cost-effectiveness • Social impact • Price/cost • Budget impact • Quality of health products • Anticipated benefits • Adverse events
Stakeholders that should be involved in this decision-making (person/organisation)	• Ministry of Health* • Healthcare providers* • Health Insurance Bureau* • National Assembly* • Ministry of Labour • Ministry of Finance • Ministry of Planning and Investment • Academics/researchers • Patient Associations • Lao Union • Community-based Organizations • UHEP • Provincial governments/local authorities • Lao Women's Union	• Healthcare Fund managers/ executive board • Healthcare personnel • National Food and Drug Administration (FDA) • Researchers • Patients/general populations that are the current users of such technologies • Department of Health Care and Rehabilitation (DHR)
Stakeholders that should be able to inform/ nominate topics of health interventions/ technologies for investment/disinvestment decision	• Healthcare workers/professionals* • Patient associations* • Citizens* • Academics/researchers • National Assembly	• Healthcare personnel • Healthcare funders/payers • MoH, policymakers, FDA • Researchers • Pharmaceutical companies

	• Private sectors, pharma, medical device importers • Development partners/International NGOs	• General population and patient association • National Assembly

Note: *Asterisks* indicates high priority in rank; *Investment* was defined as introducing new intervention/technology, scaling up a pilot project, or expanding eligible populations and indications – applicable to expected high-value care; *Disinvestment* was defined as terminating the funding for ongoing intervention/technology, narrowing down a program, or narrowing down eligible populations and specific indications – applicable to expected low-value care

Feedback from workshop attendees

At the end of the workshop, a feedback form (template shown in appendix 5) was disseminated to participants. In general, participants responded positively and were satisfied with the workshop (the overall shown in table 2). Almost all the respondents either agreed or strongly agreed with the points that the workshop had clear and well-defined aims and objectives, and that the workshop content was well matched with the participants' needs and understanding (more details on breakdown responses can be found in appendix 6). Particularly, information provided during the workshop was found to be useful in terms of influencing and inspiring what participants would do or plan to do. Additional text comments from the event participants are shown in table 3.

*Table **2** The overall feedback of the workshop from participants*

Statement	Obs	Mean	Std. Dev.	Min	Max
Clear and well-defined aims and objectives of the event	21	3.67	0.58	2	4
The event's content was well matched to participants' needs…	21	3.76	0.44	3	4
The event has provided me with information that will influence what I do	21	3.67	0.58	2	4
There are things that I will do as a direct result of my participation in this event.	21	3.62	0.50	3	4
Total	21	3.678571	0.426782	2.5	4

Note: Obs: number of observations; the Likert rating scale was used (1-4) with each statement, where 1 indicates "strongly disagree" and 4 indicates "strongly agree"

*Table **3** Additional free text comments provided by the workshop participants*

Feedback statements from workshop participants	
Please provide an example of one thing you will do as a result of participating in this event	**Please provide an example of an improvement you would like to see to future iDSI events.**
"Strengthen network exchange with other organisations"	"The prioritisation of activities/projects should involve various topics as mentioned in lecture, not only depend on donor interest"

"I will write planning for joint project or work collaboratively"	"Should be improvement about connection and activities with other participants"
"Continue to discuss about the prioritised topics for HTA assessment in the future and to discuss with development partners/stakeholders to make UHEP/HTA in Laos happen"	"More successful examples on HTA application in other countries"
"Very useful content and knowledge for decision making for initiative investment for medical devices in the future"	"Initiative investment is a good tool to the success in health care in the future. I do hope that to have a continue support in the future"
"As the views of development partners – we will consider how do we work together with MoH on further support"	"A facilitator should be stronger to guide participants work/group discussion"
"To integrate a subject of cost-effectiveness of drug and medical equipment in the pharmacy curricula"	"I would like to see in the future is national drug use workshop for investment and disinvestment"
"Support to have the research for choice, priority, health care activity in the future"	"Thank you for the nice activity today, hope to have the conference like this again in the future"
	"I hope that training continuous"
"Learning process is very useful"	"Need more training on HTA"
	"At least it will be better and improve in the health field of Lao PDR"
"Conduct a joint project or work collaboratively with other participants/organisations" "Fundraising"	
"Try and better understand the reimbursement landscape in Laos"	
	"There should be the establishment of mechanism for continuing monitoring, knowledge exchange sessions/workshops like this"

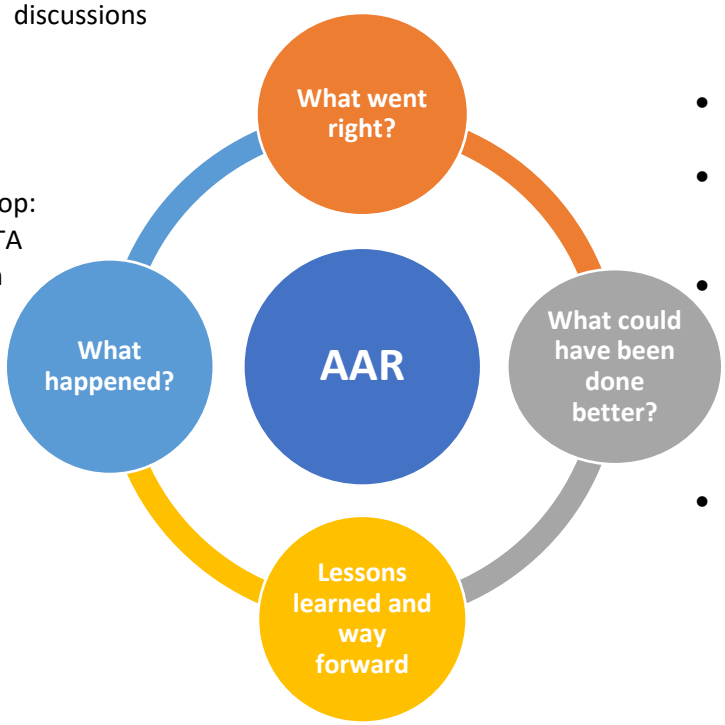
	“There should be more variation of participants attending the workshop, especially tertiary hospitals in main cities and provincial hospitals”
	“Every decision requires evidence, outputs from HTA, prior to having made decisions. In this case, it would bring about more usefulness, appropriateness, and practicality of such decision in society”
“Decision of investment”	“Results of evidence searching, gathering and synthesising in the country should be improved”
“I’ve learned more about policymaking, investment assessment, decision making for investment, in which these can be used to build more capacity for staff”	“There should be another topic prioritisation and selection again, and this should be a continuing process/activity”

After Action Review (AAR) of the workshop from facilitators of the exercise

Below are high-level summary of the after action review discussed among HTAP members who were involved in the workshop as the group-based exercise facilitators.

The 2nd UHEP workshop:

- Presentation of HTA topic prioritisation
- Group/discussion-based exercise on investment and disinvestment



- Rich and insightful discussions among group members, led participants to relate health topics more to their contexts
- High interests from participants to learn about Thailand experience on topic prioritisation process
- Great support from Lao colleagues on logistics and setting up the workshop and exercise
- Good number of participants with a variety of backgrounds (policymakers, researchers, funders, development partners etc.)
- Good venue and environment (in-person interactions) for the discussions

- Technical issues on sound system
- More time given to participants for the exercise
- Enough time needed for setting-up the meeting room (due to previous users the room was not readily available)
- Some participants could not stay throughout the workshop

- Always have back-up plans if things did not go as planned, and be ready for any unexpected circumstances
- It should be noted of power dynamic among participants when doing group discussions
- Open discussions should be encouraged, and probes/nudges could be used to explore participants ideas for further discussions.

Conclusion

There is a need to effectively allocate scarce resources for health, particularly in LMICs that are resource constrained. However, evidence-informed decisions for policies and prioritisation of health technologies/interventions can become useful for managing limited resources. Health Technology Assessment (HTA) as a systematic and multidisciplinary approach can support with such evidence to aid decision-making, priority-setting, and resource allocation accordingly. Since the establishment of Unit for Health Evidence and Policy (UHEP) in Lao PDR, the awareness of evidence uses for decision-making and the understanding on the HTA processes have been increasingly ongoing. In this second UHEP workshop, its aim objectives and outputs were achieved with satisfaction. Participants in Lao PDR were introduced with HTA topic prioritisation, learning from the experience of Thailand. Following that, participants were presented with the hand-on exercise relating to investment and disinvestment of health technologies/interventions which deemed to have high-value and low-value, respectively. Participants were able to elicit several health items after the exercise, including proposing relevant stakeholders to be involved in decision-making process and topic nomination. Participants also recognised and identified prominent barriers to decisions whether to invest and disinvest in certain health items in the Lao context. Most importantly, participants were able to propose criteria that may be considered and useful for prioritising key health technologies/interventions, for which evidence was discussed and emphasised.

As forward looking action points, mechanism for activities to promote the learning processes such as trainings, workshops, and among others should be ensured. Securing sufficient funding and allocation of appropriate resources will be key to ensure sustainability and longevity of those activities in the future. Furthermore, collaboration with other established HTA or research agencies should be continued to enable experience exchange and knowledge pools generation and is instrumental in molding local HTA champions. Combining research with policy, including engaging with many interested stakeholders as possible, will also be a useful step to build strong advocacy points regarding the work of UHEP, including the impacts and benefits of evidence-based policies. Ultimately, all these should pave the way for more evidence use for decision-making, as well as establishing the topic prioritisation process in Lao PDR.

Appendices

Appendix 1: Agenda

Second UHEP (Unit for Health Evidence and Policy) Meeting Agenda
Date: Thursday, September 1st, 2022 (8:00 am – 4:00 pm)
at Crowne Plaza Hotel, Vientiane, Lao PDR
https://zoom.us/j/98349883297?pwd=azExY0xEWUs5eFMxRjJ2cDB1TG5Ddz09
Meeting ID: 983 4988 3297 Passcode: 12345678

Meeting objectives:

- To learn about the topic prioritisation process for HTA and the case study of Thailand.
- To develop a proposal for the topic prioritisation process for HTA in Lao PDR

Expected outcomes:

- Increased awareness and understanding of the topic prioritisation process for HTA
- Potential topics/areas of health interventions/technologies for HTA in Lao PDR in the future identified
- Relevant stakeholders for further engagement with the HTA process identified

Participants: High-level health policymakers and key stakeholders from both domestic and international organisations in Lao PDR

Time (ICT)	Activity	Responsible person
8:00-8:30 (30 mins)	Registration	Secretariat team
8:30-8:35 (5 mins)	Guest presentation and objectives of the meeting	Dr Sysavanh Phommachanh (UHS)
8:35-8:45 (10 mins)	Welcome remarks by LOMWRU Director	Prof Elizabeth Ashley (LOMWRU)
8:45-9:00 (15 mins)	Opening remarks by Minister of Health	HE. Dr Bounfeng Phoummalaysith (MoH)
9:00-9:40 (40 mins)	Recap on work to establish HTA in Lao PDR	Prof Mayfong Mayxay (UHS - Laos)
9:40-10:00 (20 min)	Group photo and Coffee Break	All participants
10:00-10:45 (45 mins)	Overview of topic prioritisation in HTA (30 mins): - Importance of topic prioritisation process: What, why, and how the process of identification/nomination and prioritisation/selection take place? - Topic prioritisation process in Thailand and lessons learned for the development	Dr Wanrudee Isaranuwatchai (HITAP, Ministry of Public Health - Thailand)

Time (ICT)	Activity	Responsible person
	of the Universal Coverage Scheme Benefits Package (UCBP) and the National List of Essential Medicines (NLEM) Open floor for Q&A (15 mins)	
10:45-12:00 (75 mins)	Overview of group exercise/instruction (5 mins)	Manit Sittimart (HITAP, Ministry of Public Health - Thailand)
	Group exercise: Investment and Disinvestment of health technologies (70 mins) Objective: to discuss on potential health technology topics in Lao PDR context	All participants Facilitation: Prof Mayfong Mayxay, Dr. Sysavanh Phommachanh, Prof Elizabeth Ashley, and HITAP team
12:00-13:30 (90 min)	Lunch at Crowne Plaza Hotel	All participants
13:30-15:00 (90 mins)	Presentation of the group exercise (45 mins)	Representatives from each of six break-out groups
	Summary of the exercise and discussion on the results from the group exercise and explore criteria which can potentially be used and stakeholders to be involved in the topic prioritisation process in Lao PDR (45 mins)	All participants Facilitation: Prof Mayfong Mayxay, Dr. Sysavanh Phommachanh, Prof Elizabeth Ashley, Dr Yot Teerawatananon, and HITAP team
15:00-15:20 (20 mins)	Coffee break	All participants
15:20-15:50 (30 mins)	Discussion – the way forward for prioritising topics for HTA in Lao PDR - Reflections on topics identified from each group presentation - Key findings from the situational analysis and potential criteria to be used in Lao PDR	All participants Facilitation: Dr. Sysavanh Phommachanh Prof Mayfong Mayxay A representative from the meeting A representative from HITAP
15:50-16:00 (10 mins)	Wrap-up and closing remarks	Minister of Health/Vice-Minister

Recommended readings

- Baltussen R, Niessen L. Priority setting of health interventions: the need for multi-criteria decision analysis. Cost effectiveness and resource allocation. 2006 Dec;4(1):1-9.
- Dabak SV, Pilasant S, Mehndiratta A, Downey LE, Cluzeau F, Chalkidou K, Luz AC, Youngkong S, Teerawattananon Y. Budgeting for a billion: applying health technology

assessment (HTA) for universal health coverage in India. Health research policy and systems. 2018 Dec;16(1):1-7.

- Yothasamut J, Udomsuk K, Sinthitichai K, Yot Teerawattananon MD. A determination of topics for health technology assessment in Thailand: Making decision makers involved. A. Special Articles. 2008;91(2):S100-9.
- Youngkong S, Baltussen R, Tantivess S, Mohara A, Teerawattananon Y. Multicriteria decision analysis for including health interventions in the universal health coverage benefit package in Thailand. Value in health. 2012 Sep 1;15(6):961-70.
- Lauvrak V, Bidonde J, Peacocke EF. Topic identification, selection and prioritisation for health technology assessment (HTA) - A report to support capacity building for HTA in low- and middleincome countries, Norwegian Institute of Public Health, 2021. Link: https://www.fhi.no/contentassets/f6a716c9b73a4e9ebe22924c5b88b549/topic-identification-selection-and-prioritisation-for-health-technology-assessment.pdf
- Mayxay et al. Situational analysis of the Lao health policy decision-making context and stakeholder mapping. 2022. (To be published)

Appendix 2: Participant List

List of participants to join the Second Meeting of Initiative Establishment of the Unit of Health Evidence and Policy (UHEP) in Lao PDR
1st September 2022, at Crowne Plaza Hotel, Vientiane Lao PDR

	Ministry of Health	Position	Number
1	Ministers	Minister of MOH	1
2	Former Minister	Former Minister	1
		Former Vice Minister	1
3	Health Care & Rehabilitation Department	Head of Department	1
		Deputy head of Department	1
4	Department of Communicable Diseases Control	Head of Department	1
		Deputy head of Department	1
5	National Health insurance office	Head of office	1
		Deputy head of office	1
6	Cabinet	Head of the Cabinet	1
7	Department of Hygiene and Health Promotion	Head of Department	1
		Deputy head of Department	1
8	Food and Drug Department	Head of Department	1
9	Department of Finance	Head of Department	1
10	Department of Personnel	Head of Department	1
11	Department of Planning and Cooperation	Head of Department	1
II	**University of Health Sciences**	**Position**	**Number**
1	Presidents of UHS	President	1
		Vice President	1
2	Academic Affaires	Head	1
3	Administrative office	Head of office	1
4	Faculty of Medicine	Dean of faculty	1
		Researcher	1
		Researcher	1
5	Faculty of Dentistry	Vice Dean of faculty	1
		Researcher	1
6	Faculty of Medical Technology	Dean of faculty	1
		Researcher	1
7	Faculty of pharmacy	Dean of faculty	1
		Researcher	1
8	Faculty of Public Health	Dean of faculty	1

9	Faculty of Nursing	Dean of faculty	1
10	Institute of Research and Education Development	Head of institute	1
		Deputy head of Institute	1
		Deputy head of Institute	1
		Researcher	13
III	**Institutes/center**	**Position**	**Number**
1	Institute Pasteur Laos	Deputy Director	1
		Researcher	1
2	National Institute of Public Health	Head of institute	1
		Former Head	1
3	Cristop Mérieux center	Scientific Director	1
	Nutrition center	Head of the center	1
4	Center of medical rehabilitation	Head of the center	1
	Lao Red Cross	President	1
5	Lao National Animal Health Laboratory	Representative	1
6	Ministry of Finance Lao	Financial Policy Division	1
IV	**Hospital**	**Position**	**Number**
1	Mahosot hospital	Director	1
2	Childen hospital	Director	1
3	Sethathirat hospital	Director	1
4	Mittaphab Hospital	Director	1
5	Mother and child hospital	Director	1
V	**Province**	**Position**	**Number**
1	Health Division Khamouan province	Deputy Head of Division	1
2	Health Division Borikhamxay province	Deputy Head of Division	1
3	Health Division Champasack province	Head of Division	1
4	Health Division Savannakhet province	Head of Division	1
5	Oudomxay public heath school	Director	1
		Researcher	1
6	Xiengkhaung public heath school	Deputy Director	1
7	Luangpabang public heath school	Director	1
VI	**INGO**	**Position**	**Number**
1	GAVI	Representative	1
2	IRD	Director	1
3	LOMWRU	Director	1
		Research physician	1
		Researcher	1
		Administrative staff	1

4	USCDC	Influenza program lead	1
5	WHO	Medical Officer	1
	WHO	Infectious disease specialist	1
6	CHAI	Country Director	1
		Associate director	1
7	University of Oxford	online	1
8	Save Children	Representative	1
9	UNFPA	Representative	1
10	UNICEF	Representative	1
11	World Bank	Representative	2
12	ADB	Representative	1
13	PSI	Representative	1
14	Australia Embassy	Representative	1
15	NITAG	Chair	1
16	MORU	online	1
17	IDSI	online	1
18	NICE international	online	1
19	National University of Singapore	Representatives	2
20	HITAP Thailand		10
		Total	**104**

Appendix 3: Participant Instruction sheet for the exercise

HTA Topic Selection Workshop

Date: September 1, 2022
Title: Investment and Disinvestment of Health Technologies
Instructions to Participants
Objective:

- To brainstorm about health technologies that the government may consider investing in or from which the government would do well to disinvest.
- To explore the main barriers, criteria, decision-makers and who to communicate to on investment or disinvestment of health technologies.

Instructions:

Activity Description

This is a group exercise. You are asked to answer the following questions regarding which health technologies/interventions (from your experience) should receive investment/disinvestment in the health care system in your setting and answer subsequent questions with your group. You will be divided into 6 groups by counting off and will go to an assigned area. The first 3 groups will do Part 1 (investment), while the latter 3 will do Part 2 (disinvestment) of the exercise. Please refer to your Lead Facilitator to which part of the exercise the group is assigned.
Before the beginning of the exercise, the Lead Facilitator will assign **1 note taker** for the group's discussions and **1 flipchart writer** to record the main points of the group discussion on the flipchart provided. The Lead Facilitator will then ask the group to choose 1 Chairperson who will facilitate the group's discussions and **1-2 presenter(s)**.
5-10 minutes will be allotted to reading the material in depth, with clarifications or assistance from the facilitator. Then the Chairperson should open discussion amongst the group. Once finished, the presenters (5-7 minutes/group) will give summaries to all the workshop participants by order of their group number. There will be a short discussion session after each presentation.

Time allocation

This exercise will be allotted 2 hours.

- The first 5-15 minutes will be allocated to introductions/icebreaker and understanding the material.
- The next 50 minutes will be allocated for group work and internal discussion.
- The next 10 minutes will be allocated for finalizing the presentation (template provided).
- The last 45 minutes will be allocated for the group presentations to the rest of the participants.

Roles for group work (chair, note taker, presenter, etc.)

- The 1 flipchart writer will note the main points on the flipchart provided for: health technologies invested/disinvested from, main barriers, prioritization criteria, decision-making organizations/individuals, and who should be informed.

- The note taker will be given strict instructions to note the discussions to the best of their ability. In addition to the main points above from the flipchart, they will need to have details on how the technologies were selected, what determined the criteria for prioritization, the criteria selected, and how the decision-makers and who will be informed were selected.
- The Chairperson will facilitate the smoothness of the discussions, open the floor to discussions, ensure that all participants speak and allow time for each person to speak, provide insight into the discussions, and call the group to order. The Chairperson will also assist the Lead Facilitator in keeping time, so facilitators must discuss the time schedule with the Chairperson.
- The presenter(s) will provide a short 5–7-minute presentation on: health technologies invested/disinvested from, main barriers, prioritization criteria, decision-making organizations/individuals, and who should nominate topics for the decision-making. The presenter will take questions and comments after their presentation.

Output (oral presentation, write up, etc. for documentation)

- Note takers are expected to have a short 1–2-page write-up post-exercise to be submitted to the facilitators.
- Note-takers should note the criteria used for use in another group work in the afternoon in a separate write-up.
- (OPTIONAL) Presenters will provide their presentations to the facilitators. This may be a PowerPoint or word file.

Appendix 4: Exercise sheet

Exercise: Investment & Disinvestment of Health Technology
Investment Exercise
Instruction: This is a group exercise. You are asked to answer the following questions regarding which health technologies/interventions (from your experience) should receive investment in the health care system in your setting.
Q1: Which health technologies/interventions should receive investment in your health care system?

1. ……
2. ……
3. ……
4. ……
5. ……

Q2: What do you think are the main barriers to establishing investment in the health technologies/interventions you have listed in Q1 in your context?

1. ……
2. ……
3. ……
4. ……
5. ……
6. ……
7. ……
8. ……
9. ……
10. ……

Q3: There is more than one health technology/intervention nominated for investment in Q1. If you have budget constraints, all proposed options cannot be supported. Prioritisation is needed. Which criteria do you think could be used for prioritising the technology investments? Please rank the criteria in order of relevance with the most important first.

1. ……
2. ……
3. ……
4. ……
5. ……
6. ……
7. ……
8. ……
9. ……
10. ……

Q4: Who should be involved in the decision-making process? Identify the individual/organisation and specify in which phase of the decision-making process they should be involved.

1. ……
2. ……
3. ……
4. ……
5. ……
6. ……
7. ……
8. ……
9. ……
10. ……

Q5: Who should inform/nominate topics of health interventions/technologies for the investment decision?

1. ……
2. ……
3. ……
4. ……
5. ……
6. ……
7. ……
8. ……
9. ……
10. ……

Exercise: Investment & Disinvestment of Health Technology
Disinvestment exercise

Instruction: This is a group exercise. You are asked to answer the following questions regarding which health technologies/interventions (from your experience) are obsolete, add low value, or offer minimal benefit returns in the health care system in your setting. Disinvestment can range from cutting the budget to completely stopping the implementation of the particular technologies/interventions.

Q1: Which health technologies/interventions merit disinvestment in your health care system?

1. ……
2. ……
3. ……
4. ……
5. ……

Q2: What do you think are the main barriers to establishing disinvestment in the health technologies/interventions you have listed in Q1 in your context?

1. ……
2. ……
3. ……
4. ……
5. ……
6. ……
7. ……
8. ……
9. ……
10. ……

Q3: There is more than one health technology/intervention nominated for disinvestment in Q1. Which criteria do you think could be used for prioritising the disinvested technologies? Please rank the criteria in order of relevance with the most important first.

1. ……
2. ……
3. ……
4. ……
5. ……
6. ……
7. ……
8. ……
9. ……
10. ……

Q4: Who should be involved in the decision-making process? Identify the individual/organisation and specify in which phase of the decision-making process they should be involved.

1. ……
2. ……
3. ……
4. ……
5. ……
6. ……
7. ……
8. ……
9. ……
10. ……

Q5: Who should inform/nominate topics of health interventions/technologies for the disinvestment decision?

1. ……
2. ……
3. ……
4. ……
5. ……
6. ……
7. ……
8. ……
9. ……
10. ……

Appendix 4: Facilitators Instructions sheet for the exercise

Handout: Instructions to Facilitators
Date: September 1st, 2022
Exercise title: Investment & Disinvestment of Health Technologies
Objectives:

- To brainstorm about health technologies that the government may consider investing in or from which the government would do well to disinvest.
- To explore the main barriers, criteria, process for raising topics, decision-makers and who to communicate to on investment or disinvestment of health technologies.

Instructions:
Activity Description
This is a discussion-based group exercise divided into two parts. Participants (about 60-70) will be divided into 6 groups (each group has 10 or less) by counting off. The first 3 groups will do Part 1 (investment), while the latter 3 will do Part 2 (disinvestment) of the exercise. Each participant will be provided with the **Exercise 1: Investment & Disinvestment of Health Technology** handout, which facilitators will have received beforehand.
The moderator of the session will introduce the exercise. Participants will be asked to answer a question regarding which health technologies/interventions (from their experience) should receive investment or be disinvested from the health care system in their setting. They will then answer questions about:

1. Which health technology should merit investment vs disinvestments
2. The main barriers to investment/disinvestment
3. The criteria for prioritization of nominated technologies
4. The decision-makers that should be involved
5. Stakeholders who should inform/nominate health intervention and technology topics for the investment/disinvestment decisions.

You as a facilitator may have a short introduction or ice breaker activity (something fun!). Before the beginning of the exercise, the Lead Facilitator will assign **1 note taker (if there isn't one assigned)** for the group's discussions and presentation points and **1 flipchart writer** to record the main points of the group discussion on the flipchart provided. The Lead Facilitator will then ask for 1 -2 volunteers to be **presenter(s)**. 5 minutes will be allotted to explaining the activity, with clarifications or assistance from the facilitator. Then the Chairperson/Facilitator should open discussion on each question amongst the group.
The Lead Facilitator will first allow the participants to discuss each question however, they should also raise points of discussion (please see ***Recommended Questions/Points*** for more information or ideas). Their role is to act as mentor and provide guidance to the participants as they work through the exercise.
Facilitators must ensure that participants only put forward 3 to 5 technologies or interventions in response to Q1.
Once finished the groups will go for lunch. After lunch all the groups will regroup in the main lecture call and the presenters of each group will give summaries to all the workshop participants by order of their group number, followed by a discussion session in the main lecture room.

There will be 6 groups with the following facilitators and flipchart writer:

Group 1 (investment) – Facilitators: Waranya Rattanavipapong and Thamonwan Dulsamphan
Group 2 (investment) – Facilitators: Kumaree Pachanee and Praewa Kulatnam
Group 3 online (investment) – Facilitators: Manit Sittimart and Lao team
Group 4 (disinvestment) – Facilitators: Wanrudee Isaranuwatchai and Chotika Suwanpanich

Group 5 (disinvestment) – Facilitators: Chittawan Poonsiri and Lao team
Group 6 (disinvestment) – Facilitators: Papada Ranron and Manta Korakot

Time allocation
This exercise will be allotted **1 hour 15 minutes**. The first 5 minutes will be a short presentation by Manit Sittimart to introduce the group work. Then 5 minutes will be allocated to introductions and understanding the material. The next 70 minutes will be allocated for discussion.
After lunch break, presentation and discussion session will be for 1 hour 30 minutes. The presentation of the group exercise to the rest of the participants will be 45 minutes (about 5 minutes for each group and some buffer times) The last 45 minutes will be allocated for the discussion on the group exercise results.
Roles required from participants for group work (facilitators, note taker, presenter, etc)
The **facilitators** who will facilitate the smoothness of the discussions, open the floor to discussions, ensure that all participants speak and allow time for each person to speak, provide insight into the discussions, and call the group to order. The lead facilitator should keep the time and prompt the group.
The **1 flipchart writer** will note the main points on the flipchart provided for: invested/disinvested health technologies, main barriers, prioritization criteria, decision-making organizations/individuals, and stakeholders who should be informed.
The **note taker** will be given strict instructions to note the discussions to the best of their ability. In addition to noting down the main points above from the flipchart, they will need to have details on how the technologies were selected, what determined the criteria for prioritization, the criteria selected, and how the decision-makers and who will be informed were selected. The note taker will need to help presenters and facilitators prepare the group presentation slides.
The **presenter(s)** will provide a short 5-minute presentation on: health technologies invested/disinvested from, main barriers, prioritization criteria, decision-making organizations/individuals, and who should be informed. The presenter(s) will take questions and comments after their presentation.

Output from group work (oral presentation, write up, etc. for documentation)
(OPTIONAL) Presenters will provide their **presentations** to the facilitators. This may be a PowerPoint or word file.
The note taker and Facilitators will produce a short **summary** of the group work (with observations, notes, and main points).

Expected preparation for session
The handout materials will be sent to facilitators and printed before the workshop. The Facilitators are expected to read the material, prepare questions or discussion points beforehand, and decide on how to facilitate the flow of the exercise.

Recommended Questions/Points

1. Please note that participants within each group may come from diverse contextual backgrounds (context may depend on state policies and systems). Please think about asking participants to work through the exercise in general or state specific.
2. Why are these health technologies selected for investment or disinvestment?
3. Barriers may be institutional, social, ethical, HTA system readiness, data quality, etc. Please ask them to provide details.
4. Who should be involved in the decision-making and why (can give examples of Thailand)?
5. What is the decision-making process? What are the stages?

6. Who could inform or nominate topics for considerations – who are the stakeholders? Who are the decision-makers accountable to? Who could experience the impact of these investment/disinvestment decisions (e.g., NHSO, patients, or else in Thailand)?

Note: Please take into account the set-up of the tables, if there are microphones, whether the groups will go into different rooms, etc.
Moderator: Ask participants to stay in their tables/groups for the afternoon group work.
Please also take into account if using flipcharts in each table (participants gathered around) or presentations in front would be better depending on set-up of the room.

Appendix 5: Event feedback and evaluation form

iDSI event feedback form

Thank you for participating in our event; we hope you got as much out of attending as we did organising it. Please let us know your thoughts so that we can keep improving our logistics and content.

Title	Workshop on Topic Prioritisation for HTA in Lao PDR		
Date	1 September, 2022	**Location**	Vientiane, Lao PDR

Use the scale below to show your agreement with each statement.

	1 (strongly disagree)	2 (disagree)	3 (agree)	4 (strongly agree)	- Don't know
The aims and objectives of the event were clear and well defined.					
The content of the event *(presentations, group exercise)* was well matched to participants' needs and understanding about the topic(s).					
The event has provided me with information that will influence what I do.					
There are things that I will do as a direct result of my participation in this event.					

Please provide an example of one thing you will do as a result of participating in this event...

For example:
Network and exchange information with other participants
Coordinate your activities with other participants/organisations
Conduct a joint project or work collaboratively with other participants/organisations

Please provide an example of an improvement you would like to see to future iDSI events.

Optional:

Your Name	
Job title	
Organisation	
Please enter your email address if you would like to be contacted about iDSI events, and any additional resources or support we make available in this area:	
If you provide an email address, please tick this box to agree that we can store your contact details. **We will not share them with anyone else, or use them apart from as outlined here.**	

You do not need to provide personal information or contact details, but if you do, we'll be able to send you a follow-up survey and any relevant resources we produce in future. We will use these surveys to examine overall responses to our work, but will not share individual's responses with anyone other than the company providing data analysis (Itad).

Participant Feedback Form

Instructions: Please indicate your level of agreement with the statements in the tables below for each session by putting in numbers corresponding to rating scale as follows:

Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Not applicable/Don't know
1	2	3	4	5	N/A

Example

If you "Agree" with the statement that "My knowledge on the focus of the session has increased" for Session 1, mark a "4" in the corresponding box and so on.

	Sessions		
	Session 1	Session 2	Session 3
My knowledge on the focus of the session has increased	4	5	4

Presentations & Group exercises and brainstorming sessions

	Overview of topic prioritisation in HTA
My knowledge on the focus of the session has increased	
The presenter was knowledgeable on the subject	
The materials distributed were helpful	
Participation and interaction were encouraged	
I will apply the knowledge gained during this session after the workshop	

	Group Exercise on Investment/Disinvestment
The facilitators for the group work session were well prepared	
Working in a group added value to my learning experience	
The materials distributed were helpful	
Participation and interaction were encouraged	

Participant Feedback Form

Other comments and suggestions

What did you like most about the sessions?
Do you have any suggestions on how we can improve the sessions?
Do you have any other comments?

Appendix 6: Descriptive results from the event feedback form

*Table **4** Breakdown response on each item from the feedback form*

The aims and objectives of the event were clear and well defined.	**Freq.**	**Percent**
Disagree	1	4.76
Agree	5	23.81
Strongly agree	15	71.43
Total	21	100
The content of the event (presentations, group exercise) was well matched to participants' needs and understanding about the topic(s).		
Agree	5	23.81
Strongly agree	16	76.19
Total	21	100
The event has provided me with information that will influence what I do.		
Disagree	1	4.76
Agree	5	23.81
Strongly agree	15	71.43
Total	21	100
There are things that I will do as a direct result of my participation in this event.		
Agree	8	38.1
Strongly agree	13	61.9
Total	21	100

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