



# NICE International Review 2012



Over the past 5 years, together with colleagues from across the globe, we have helped empower policy-makers to make decisions that are evidence-based and procedurally fair, in order to improve the quality and efficiency of their health systems.



**Sir Michael Rawlins**  
Chairman of NICE



**Dr Kalipso Chalkidou**  
Director of NICE International

This year has been a turning point for us. We secured funding from the Health Partnership Scheme to work in India and China, with a focus on technical assistance and creating South-South partnerships. This accorded with the UK Department for International Development's new emphasis on engaging with emerging powers. We were awarded an institutional grant by the Rockefeller Foundation to support the Ministries of Health in Vietnam, Ghana and the Philippines (the latter in partnership with the Thai Ministry of Public Health) with their aim to achieve universal health coverage. In December 2012, the UN General Assembly voted in favour of universal health coverage.

NICE will draw on its strong track record in the publicly funded, universal system of the NHS to contribute to the growing global momentum for universal coverage. We will also be able to bring what we learn to our NHS, which is currently faced with the significant challenge of sustaining an equitable, affordable and high-quality healthcare system for people in the UK.



**Jeanette Vega,**  
**Managing Director**  
- The Rockefeller Foundation  
**//** NICE International has emerged as one of the most important global organizations in supporting priority setting within health

systems. In recent years, as more and more countries have embraced the goal of achieving universal health coverage, NICE International has played a central role in working with governments to address the fundamental question of how to set up processes for explicit priority setting. These would then allow countries to apply evidence-based policies for making the best use of scarce resources, in order to improve population health in an equitable way.

NICE International has a high degree of credibility, based upon its foundational work on priority setting within the highly regarded UK NHS, and its focus on translation of knowledge and implementation in real country policies and programs. Furthermore, NICE International has been able to leverage resources and build coalitions for research, capacity building, and action within the countries it works. We, at the Rockefeller Foundation are proud to be strengthening our links and to work with this unique institution and look forward to a sustained collaboration over the years to come. **//**

## Case Study China

Since 2008, with support from the UK's Department for International Development, we have been active in China, with the National Health Development and Research Center, the think-tank for the Chinese Ministry of Health. Together we have been developing and helping to implement evidence-informed pathways of care, linked to payment reform and education initiatives.

**support** By supporting the Chinese government's efforts in rural regions, we hope to take away lessons that can be applied in other countries, including poorer African nations, faced with similar challenges.

In November 2012, NICE International and the Chinese government jointly launched phase II of a project to rationalise clinical practice in rural China. This built on phase I of the 'Clinical Pathways' project on surgical interventions. Phase II will focus on chronic diseases, including stroke and COPD, which are the major causes of illness in rural China. This is the first time integrated care pathways for managing chronic diseases are explored, including primary and secondary prevention, community care, and rehabilitation. The aim of the project is to directly inform the country's rural health reforms.

More than 100 people attended the launch of phase II, with representatives from the 3 hospitals piloting Clinical Pathways, based in Hanbin, Shaanxi; Qianjiang, Chongqing; and Jiaonan, Shandong. Senior officials also attended from the ministries of Health, Commerce, Finance, Human Resources and Social Security, and from the Health Care Reform Office of the State Council, which is part of the National Development and Reform Commission of China. Also participating



were international experts from India and Nepal, including Nepal's Ambassador to China, and NHS professionals and academics from King's College London, the University of Oxford, and University College London.



# January - June



**Colombia** NICE International and the University of Leeds delivered a 2-day workshop on implementing guidelines in Bogota. This was the third and final expert workshop organised with the Pontificia Universidad Javeriana to support clinical guideline development in Colombia.

## Taiwan

The Taiwan Center for Drug Evaluation was commissioned by the Department of Health to help set up a new centre for health technology assessment. This led in January 2013 to the inauguration of the National Institute of Health Technology Assessment to help meet the needs of the National Health Insurance scheme in technology evaluation and provider payment. NICE International has been supporting the Center for Drug Evaluation and the Bureau of National Health Insurance to develop their thinking on health technology assessment and evidence-based policy making in Taiwan.



## Sri Lanka

NICE International took part in a World Bank mission organised by the Results Based Financing team to share NHS's experience with the Quality and Outcomes Framework in primary care at a workshop attended by more than 40 participants, administrators, clinicians, accountants and planning officials from across the country. At the request of Sri Lankan Ministry officials, the NICE International team discussed the relevance of a NICE model in Sri Lanka with senior healthcare professionals including the Presidents of Medical Colleges; policy makers including the Additional Secretary for Medical Services Administration, the lead for Sri Lanka's innovative Chronic Diseases programme and the Secretary for Health; the head of the State Pharmaceutical Corporation and the Head of the Regulatory Division for pharmaceutical products. The team also visited community health centres in the Southern Provinces. As a result of the visit a proposal for NICE and the Sri Lankan Health Ministry to cooperate was made, with 2 visits to NICE and the NHS planned for early 2013.



## Thailand

NICE International co-hosted, with the US Institute for Healthcare Improvement, a series of quality-in-healthcare events at the 2012 Prince Mahidol Award Conference, as part of the Joint Learning Network for Universal Health Coverage.

We also held a multi-country discussion about priority-setting institutions in health, together with the Centre for Global Development and Thailand's Health Interventions and Technologies Assessment Programme.



## Japan

In January NICE International hosted a delegation from the Japanese Cabinet Secretariat. We discussed how to assess value in the emerging field of personalised medicine. Later in March, NICE International hosted another delegation from Ritsumeikan University in Japan. The Ritsumeikan team develop economic methods to inform decisions about funding health technologies by Japan's Ministry of Health, Labour and Welfare. We discussed the role of economic evaluation as applied by NICE for the NHS.



## China

NICE International contributed to the 2012 Lanzhou International Clinical Practice Guidelines Symposium and GRADE workshop. The symposium brought together international experts, clinicians, policy makers, and students from across China to discuss how to improve the quality and implementation of clinical practice guidelines, and how to use GRADE in guideline development.



**Priority Setting** Lord Crisp, with support from NICE International, co-hosted the launch of the Center for Global Development's 'Priority-Setting in Health: Building Institutions for Smarter Public Spending' report. The report called for an interim secretariat to form a global health technology assessment network to help governments develop national systems for priority-setting, and allow donors to get greater value from their grants. A reception at the House of Lords was attended by funders from the UK and overseas, as well as researchers and decision makers.



## Albania

A senior delegation from the Health Insurance Institute of Albania, the sole purchaser of services and technologies in the country, visited NICE International on a 3-day study tour. This was organised with colleagues from the wider NHS and the London School of Economics and was supported by the World Bank.



**Ethiopia** NICE International contributed to an international forum on 'Evidence-Informed Health Policy in Low and Middle-Income Countries, held in Addis Ababa, Ethiopia. We gave a plenary presentation on NICE's role in developing evidence-informed policy in the NHS, and ran a group session on health technology assessment. The event was arranged by the World Health Organization's Evidence-Informed Policy Network (EVIPNet) and brought together academics, policy makers, and donors from Africa and elsewhere.

# NICE around the world

Over the past 5 years, NICE International has delivered hands-on technical projects in 35 countries, helping build capacity, adapt guidelines, develop clinical pathways and performance standards, carry out cost-benefit evaluations of interventions and technologies, and boost governance and transparency in decision making. In another 40 countries, NICE International has engaged policy makers or formed partnerships with them – or both.

## List of countries

### Projects

Albania  
Azerbaijan  
Bahrain  
Brazil  
Bulgaria  
Canada (Quebec)  
China  
Colombia  
Ecuador  
Estonia  
Georgia  
Ghana  
India  
Japan  
Jordan  
Kazakhstan  
Kenya  
Korea (South)  
Kosovo  
Kuwait  
Malaysia  
Maldives

### Engagements & Partners

Mali  
Mexico  
Peru  
Philippines  
Romania  
Russia  
South Africa  
Sri Lanka  
Thailand  
Tunisia  
Turkey  
United Arab Emirates  
Vietnam

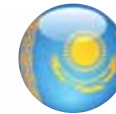
Afghanistan  
Argentina  
Australia  
Austria  
Bhutan  
Brunei  
Chile  
Congo (Democratic Republic)  
Croatia  
Cyprus  
Denmark  
Ethiopia  
France  
Germany  
Greece  
Guatemala  
Guyana  
Holland  
Hong Kong (SAR)  
Indonesia

Iraq  
Italy  
Latvia  
Lithuania  
Macedonia  
Malawi  
Myanmar  
Nepal  
New Zealand  
Norway  
Pakistan  
Poland  
Portugal  
Saudi Arabia  
Serbia  
Singapore  
Sweden  
Taiwan  
Uruguay  
USA  
Venezuela

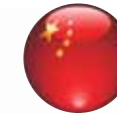


**Mexico** NICE international hosted a high-level delegation from Mexico's Ministry of Health, including the former Undersecretary of Health Sector Integration and Development and now Head of the Education Unit, Research and Health Policy Mexican Social Security Institute Dr German Fajardo Dolci.

During the visit, we gave presentations on areas of NICE's work relevant to ongoing reforms in Mexico, including developing and costing clinical guidelines, disease prevention guidance, and pay-for-performance incentives. NICE and the Ministry of Health used the opportunity to sign a memorandum of understanding, which outlined a commitment to share experience in these areas, contributing to bilateral relations between the UK and Mexico. The Foreign Commonwealth Office was also represented.



**Kazakhstan** The Vice-Minister from the Ministry of Health of the Republic of Kazakhstan, Dr Erik Baizhunussov visited NICE to gain an overview of its role and discuss a partnership between NICE and the Kazakhstani government.



**China** Liu Zhenqiu, Vice Chairman of Medical Reform Office, State Council, National Development and Reform Commission and Liu Shujie, Director General, Institute of Economic Research, National Development and Reform Commission: "We thank NICE for the NDRC's visit to UK in November to learn about the UK's pharmaceutical policy. We hope to build a long-term cooperation with NICE, to jointly promote the progress and improvement of medical systems of China and UK, and will be seeking support from the British Embassy to continue our cooperation in 2013."



**Brazil** The National Health Surveillance Agency (ANVISA) visited

NICE to learn more about pricing and reimbursement of pharmaceuticals, provider payment and pay-for-performance in the English NHS.



**Philippines** Dr Enrique Ona, Health Secretary of the Philippines, visited NICE to share experiences of universal health care provision in the UK and the Philippines, and discussed how a similar body could be set up in the Philippines.

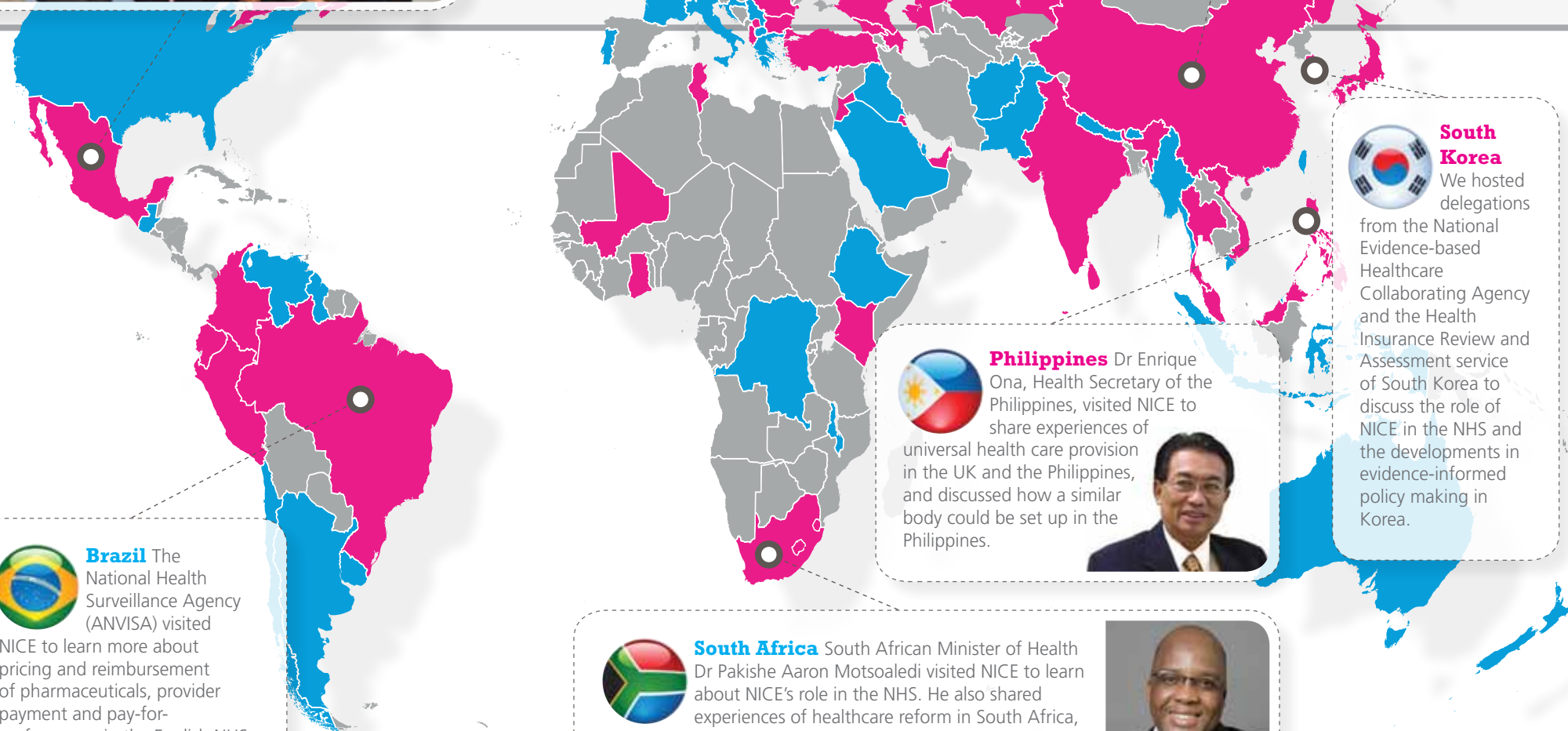


**South Korea**

We hosted delegations from the National Evidence-based Healthcare Collaborating Agency and the Health Insurance Review and Assessment service of South Korea to discuss the role of NICE in the NHS and the developments in evidence-informed policy making in Korea.



**South Africa** South African Minister of Health Dr Pakishe Aaron Motsoaledi visited NICE to learn about NICE's role in the NHS. He also shared experiences of healthcare reform in South Africa, and discussed opportunities for future cooperation.



# July - December

NICE International spoke at the first ever Healthcare in China event organised by the Economist magazine. The panel was shared with regional and state officials and hospital administrators.

**India** NICE International was a guest speaker on the quality of healthcare services at the Global Summit "Emerging Kerala" in Kochi, India. The event was inaugurated by the Honourable Prime Minister of India Dr Manmohan Singh. We shared a platform with ministers and principal Secretaries of Health and Family Welfare of Kerala, officials from the Government of India, and the UK Deputy High Commissioner for India.



## Vietnam

NICE International visited key stakeholders in Hanoi to finalise a plan of action for joint engagement with support from the Joint Learning Network of the Rockefeller Foundation. Meetings were held with Madame Tien, the Minister of Health, and with director generals from the Medical Services Administration, the department of Planning and Finance and WHO. Key priorities for action included developing clinical quality indicators and clinical pathways to manage provider performance, and designing and implementing a stronger mechanism for updating the basic package of medicines and services maintained by the Department of Health Insurance. During the visit, NICE International shared a panel with the Minister at the country's first ever Quality Forum, which was attended by more than 300 delegates from across the country.



**NICE** International delivered the inaugural lecture in the 'Frontiers in Public Health' series at the National Health Systems Research Centre in Delhi in August 2012. The lecture was on health technology assessment. It was followed by a lively discussion with colleagues from major Indian research and policy institutions including the National Health Service Research Centre, the National Institute for Health and Family Welfare, UNICEF India and the Indian Council for Medical Research. Participants agreed on the need for a participative priority-setting mechanism with a strong methodological basis. They also agreed that there was the opportunity to set up this mechanism in the context of the 12th Plan.

## China

NICE International and Renmin University held their third joint annual health policy conference in Beijing. The theme this year was hospital reform. The conference attracted more than 300 delegates over 2 days, including senior policy makers from China from the Ministry of Health and the Ministry of Human Resources and Social Security. Members of the Beijing and provincial health authorities, hospital managers, academics, industry and the press, and representatives of the British Embassy also came.

The UK team included Sir Michael Rawlins and Kalipso Chalkidou from NICE, and David Stout from the NHS Confederation.



**Brazil** NICE participated in a 3-day workshop in Brasilia, which covered NICE's experience of technology appraisals in the UK. It was part of an ongoing engagement between NICE International and Brazil's Ministry of Health, and included academic experts from the Universities of Leicester Sheffield.



**Russia** NICE International delivered a workshop in Moscow on the role of NICE in the UK, in collaboration with the recently established National Centre for Health Technology Assessment (NCHTA). The workshop was attended by senior clinical health professionals, industry representatives, and academic experts. Further engagement in Russia is planned, including work with the NCHTA to support the use of health technology assessment in decision-making.



## Philippines

As part of the work of the Joint Learning Network Quality Track, and at the request of the Philippines Department of Health and the Filipino Food and Drug Administration, Kalipso Chalkidou of NICE International and John Appleby of the King's Fund went on a scoping visit to the Philippines. The visit included meetings with Secretary Dr Ona and Assistant Secretary Dr Valera of the Department of Health; the Chief Executive of PhilHealth, and the head of the FDA, Dr Hartigan-Go. Updating the PhilHealth package and reviewing the process of formulary listing by the Department of Health were viewed as important priorities. A plan of action for joint engagement is being prepared together with the Thai HITAP, including capacity building, demonstration projects in vaccine evaluation and a series of regional events in the context of HTAsiaLink, ASEAN and APEC, for 2013.



## Case Study India

In its 12th Five Year Plan, the Government of India sets out its ambition to achieve universal healthcare coverage for its population. NICE International is privileged to have been asked by the Government of India to work with state and union-level partners to help build the necessary institutional and technical capacity to strengthen the quality, equity and efficiency of the Indian healthcare system.



**Sri Rajeev Sadanandan IAS**, Principal Secretary (Health), Government of Kerala, India:

Experts from NICE International worked with a team of experts from Kerala to co-develop the quality statement on hospital processes. Respecting our state's priorities, the team focused on the 2 major causes of maternal death in the state. The document that has emerged from the joint effort is rooted in the Kerala situation and eminently implementable in our hospitals, being piloted now in both public and private institutions. We are impressed by the process followed and hope that when our experts, working alongside the NICE International team, have internalised this method of focusing on quality, we will be able to apply it to other areas of health care.



## Guidelines

**Mumbai:** NICE International, together with India's Foundation of Medical Research, ran a workshop in Mumbai on clinical guidelines for maternal care in India. The workshop was supported by the Population Foundation of India and Tata Foundation, and brought together participants with experience in guideline development, and implementation at maternity and community level. Representatives from Andhra Pradesh, Jharkhand, Kerala and Maharashtra, as well as those from national and professional societies such as the Administrative Staff College of India.

Throughout 2012, NICE International assisted the Government of Kerala in its quality improvement efforts by providing technical support to develop quality standards on maternal care. This was in partnership with the National Rural Health Mission, the Kerala Federation of Obstetricians and Gynaecologists and the State's Departments of Health Services and Medical Education.

The standards are a set of concise statements and measurable indicators covering the management of post-partum haemorrhage and hypertensive disorders of pregnancy, the leading causes of maternal mortality in Kerala, as identified by the confidential review of maternal death published by Kerala federation of Obstetrics and Gynaecology.

They are based on a range of clinical guidelines, including those produced by NICE, the World Health Organization, and the Kerala Federation of Obstetrics and Gynaecology. They were developed through structured workshops and consultation involving a wide range of stakeholders including policy makers, technical staff, maternity professionals and hospital managers.

Sri Oommen Chandy, Chief Minister of Kerala, launched the standards on 15 January 2013, in the presence of the Parliamentary Under Secretary of State, Anna Soubry and NICE International. The standards will be piloted in 2013 in 8 public and private hospitals across Kerala, and will be rolled out to all maternity hospitals in the state. In addition, there are plans to share experience and know-how with other states such as Bihar in the north.

This work is supported by the Government of Kerala, UK Department for International Development and the Joint Learning Network.

**Dr V Rajasekharan Nair Professor and Head of Department of Obstetrics and Gynaecology, Sree Uthradom Thirunal Academy of Medical Sciences, Trivandrum:**

"It is nice to have a healthy mother and healthy baby. It is nice to have a helping hand from NICE to achieve this objective."



## Workshop

**Hyderabad:** In June, NICE International collaborated with the Aarogyasri Health Care Trust in Hyderabad to host a workshop for a range of stakeholders. Topics covered included using clinical pathways, clinical audit and using measurable indicators to improve the quality of care patients receive in hospital.



## Quality care

**Chennai:** NICE International collaborated with the World Bank India Health team for a Forum of Government Sponsored Health Insurance Schemes in India. The forum focused on improving hospital quality care through quality standards and accreditation, and was carried out in the context of the Joint Learning Network. The audience was government officials from 6 states and quality experts from Thailand and Latin America.



# Thank you for your support



We would like to thank all the individuals and organisations who have provided their ongoing support to the work of NICE International, especially the Rockefeller Foundation, World Bank, Pan American Health Organisation and UK's Department of Health and Department for International Development

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From the 1 April 2013 the National Institute for Health and Clinical Excellence (NICE) became the National Institute for Health and Care Excellence, operating as a non-departmental public body.

NICE international remains the international division of NICE and operates on a not-for-profit basis.

NICE International contributes to better health around the world through the more effective and equitable use of resources. It does this by providing advice on the use of evidence and social values in making clinical and policy decisions.

