

# Navigating HTA implementation: a review of Indonesia's revised HTA guideline

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Indonesia issued the 2017 health technology assessment (HTA) guideline to facilitate researchers conducting economic evaluations based on standardised principles.<sup>1</sup> However, our evaluation revealed no significant differences in adherence to its recommendation between HTA studies conducted before and after the guideline was disseminated (except for outcome choice), and most recommendations were not adopted.<sup>2</sup> We reflected that the guideline was hard to follow, inconsistent, and offered limited justification.<sup>2</sup> Thus, we suggested improving the 2017 HTA guideline, at least in these areas.<sup>2</sup> On December 2022, in response to the rapid development of health technology, the revised guideline was issued with the support of multiple international development agencies.<sup>3</sup>

Here we highlight key items of the revised guideline, outline the potential impact on Indonesia's HTA landscape, and propose suggestions for Indonesia and other countries developing HTA guidelines.

## Toward a clearer HTA process

A new section on stakeholders was introduced, recognising some stakeholder groups whom the national HTA agency would engage throughout the HTA process.<sup>3</sup> A six-step process of HTA is outlined, with outputs being decisions on technology listing or delisting, price negotiation, or use case restrictions in the benefit packages.<sup>3</sup> Each step is briefly explained, and no timeline is specified.

## Room for improvement in the methods guide

In line with our suggestions, the revised guideline has consistent recommendations and a clearer intention of using them. However, the remaining content is similar to its predecessor, with the reference cases mainly for pharmaceuticals.<sup>4</sup> There were concerns regarding uncertainties. It recommends using model-based evaluations without justifications and guidance on conducting modeling studies, although not explicitly disallowing evaluations alongside clinical studies.<sup>3</sup> It suggests the modeling parameters should be supported by "good quality of evidence" without clarifying

when and how to use which study design. This is a critical point that the revised guideline does not address, as decision-analytical modeling outcomes are always dependent on the evidence used and structural assumptions.<sup>4,5</sup>

## Potential implications for Indonesia's HTA landscape

With the revised guideline, informing policy decisions would be more systematic and transparent while fostering collaborations by acknowledging potential stakeholders. Responding to the growing demand, MOH will increase the capacity and capabilities of HTA agencies through an open call for agents, workshops, courses and facilitating postgraduate programmes in HTA.<sup>6</sup>

However, the revised guideline is insufficient to guide researchers with limited experience in conducting HTA. It serves as an overview and lacks sufficient details on 'how to.' The absence of justification for the lenient standard of evidence could become an obstacle in producing high-quality evidence. Although supplementary method guides will be issued,<sup>3</sup> they will only address the use of real-world evidence and adaptive HTA, leaving other concerns unaddressed.

## Suggestions for future directions

From this new review, we offer suggestions for Indonesia and other countries that are working on developing HTA guidelines:

1. Provide sufficient details and rationale to guide researchers.
2. A clear timeline help set a timely HTA process yet sufficient to ensure quality policy recommendations.
3. Develop additional tools, such as literature searching resources, cost databases, Excel-based modeling tools, and video tutorials for economic evaluation techniques.
4. Monitor and evaluate the revised guideline to help fulfill the purpose and make necessary adjustments for practicality. Some methods of evaluating guidelines' effectiveness, such as adherence to the reference cases, quality of reporting, and data sources, could be considered.
5. Review the guidelines periodically and update them according to the latest methodologies, practices, and technologies.



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6. Open a communication channel with relevant stakeholders to obtain feedback.
7. Avoid fragmented sources and provide easy access to relevant documents by creating a dedicated page on the MOH website or other relevant websites.

This review highlighted the need to ensure a proper development or revision process of HTA guidelines. An HTA guideline should be effective as it could be a powerful tool in promoting the use of HTA to inform policy. It would also help to produce high-quality and comparable studies by more researchers. The development and revision process would require plenty of resources and time, especially in countries with less experience in using HTA. There is an ongoing study to create a practical guide to developing and implementing HTA methods and process guidelines under a joint effort of HTAi, HTAsiaLink, and ISPOR. This document should be accessible by early 2024.<sup>7</sup>

Although with limitations, the revised guideline is another milestone for Indonesia to advance its HTA institutionalisation. This proves Indonesia is committed to progressing toward evidence-informed priority setting, leading to better decisions, health outcomes, and impact.<sup>8</sup>

#### Contributors

YT, KKC, and DF conceptualise the write-up. KKC and DF individually reviewed relevant articles, including Indonesia's revised guideline. KKC and DF discussed the review results and drafted the manuscript. YT reviewed the draft and final manuscript.

#### Declaration of interests

The authors declare no conflict of interest.

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