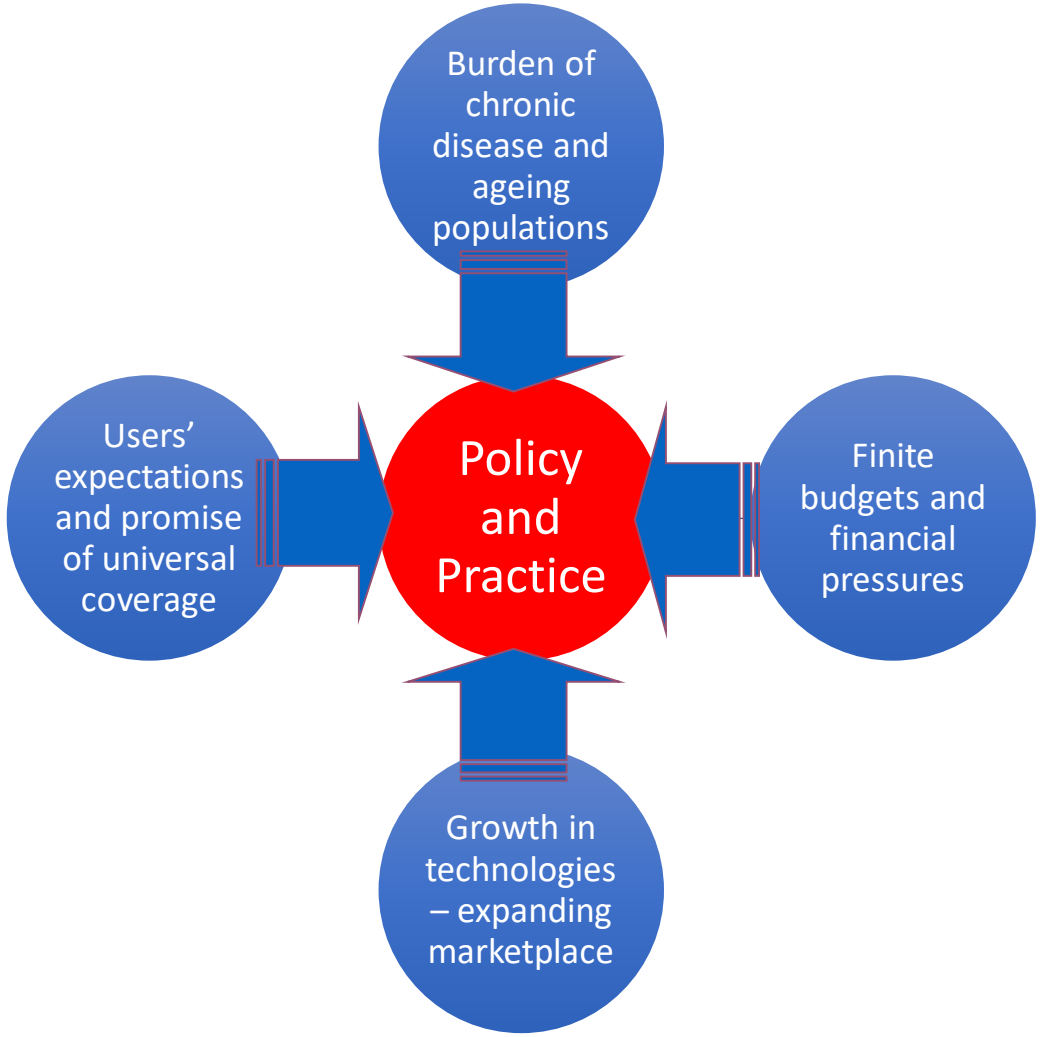
TB-MAC meeting (day 2)

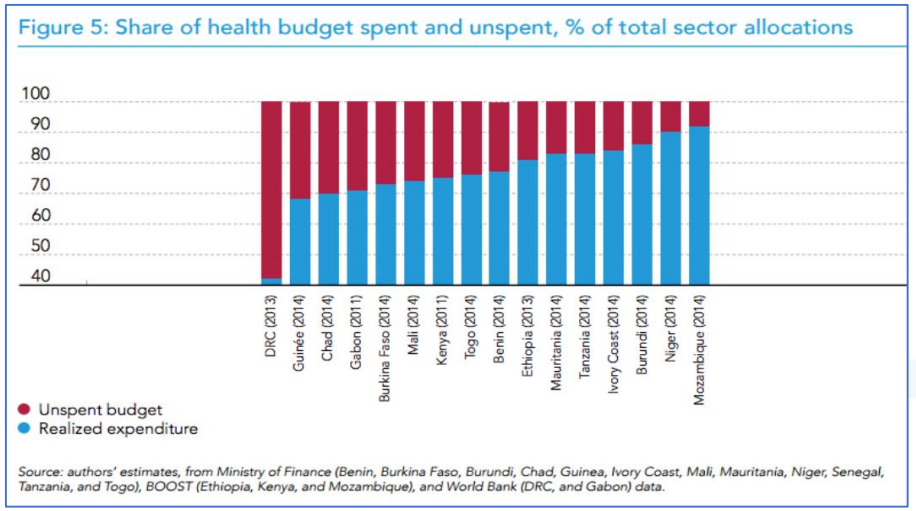
Francis Ruiz – Imperial College / iDSI

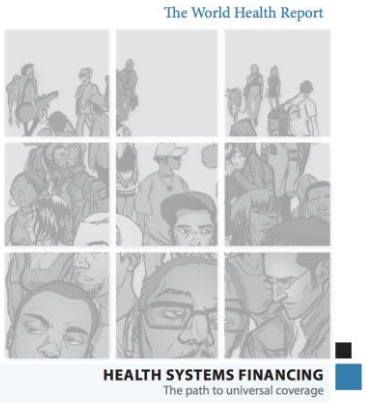
The Need for Priority Setting: Health systems everywhere are under pressure…



Status quo, unfair and unsustainable: Between 20-40% of the ~$8 trillion spent annually on healthcare is wasted

Source: http://www.who.int/whr/2010/en/



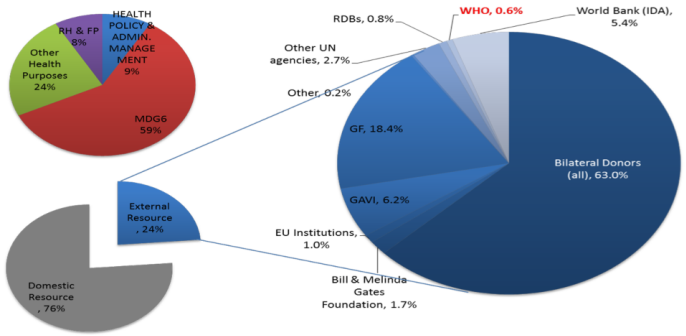


Healthcare budgets often underspent

World Health Organization

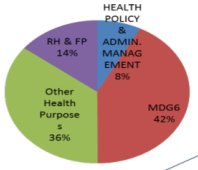
iDSI
Better decisions. Better health.

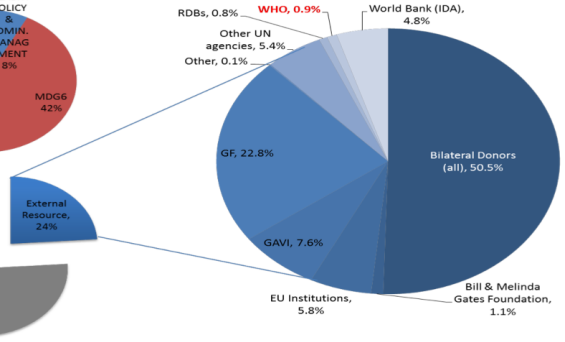
IS TRANSITION REALLY ABOUT MORE MONEY



Domestic and External Resources for Health in Fragile States (2011-13)

Domestic and External Resources for Health in non-fragile LICs (2011-13)





Sources:
1. OECD DAC2011-2013 (28 Fragile States, 10 billion constant 2013 USD/7.57 per capita, 26 non-fragile LICs (20 billion constant 2013 USD/10.45 per capita) : other includes donors who gave less than 100 M$; disbursement-base data to a country from a donor and not include multi-country donations; World Bank "HARMONIZED LIST OF FRAGILE SITUATIONS FY15" was used for the fragile status.
2. WHO Global Health Expenditure Database (24 Fragile States, 24 non-fragile LICs): external resource represents health expenditure from external source as percentage of total health expenditure; domestic resource includes both private and public health expenditure

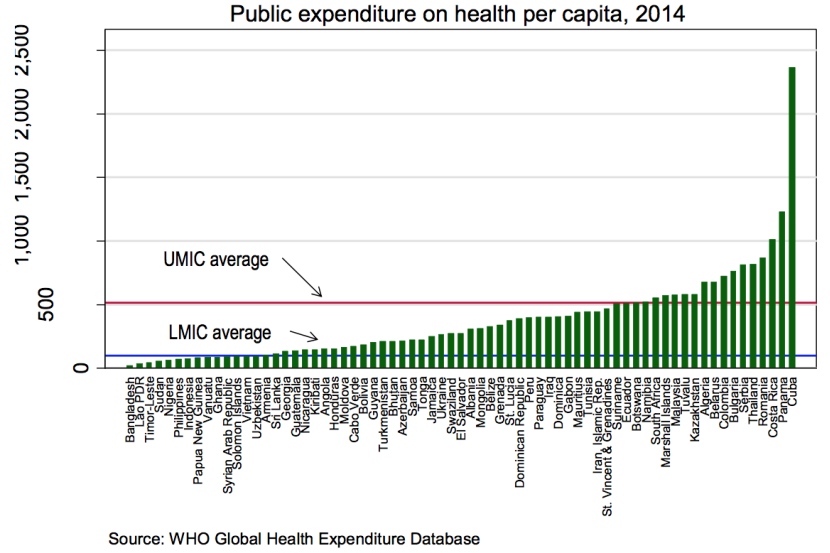
In Health Spending, Middle-Income Countries Face a Priorities Ditch, Not a Financing Ditch – But That Still Merits Aid

- Vaccine-by-vaccine not country graduation
- Support to more systematic priority-setting for public budgets based on cost-effectiveness
- Subsidies to global public goods
- Better incentives for countries' own-financing of most cost-effective services

The Bad News Is Good News? The Problems of Graduating from Foreign Health Aid

"…a decline in external funding may mean more than losing money; coordination among donors is more likely if it happens locally...; and judgments regarding commitment must look beyond spending shares to the absolute amounts of money...Ultimately, the success of any of these transitions depends on what a country learns how to do for itself. But, aid agencies have an obligation to make that process more predictable and smoother."

Public expenditure on health per capita in transitioning countries is above the lower-middle income average



Source: WHO Global Health Expenditure Database

Not just a ‘technical’ exercise

Politics and political economy mean that the ‘right’ decisions don’t always get made or implemented, and suggest that it may be rational for policymakers to make decisions seemingly against the broader interest of population:

- Interest groups and capture – pharma industry, professional medical associations, patient groups…
- Voting models – e.g. appealing to the ‘median voter’
- Decentralisation – federal/state government; contracting out to NGOs

Underlines the importance of having a ***robust, principled processes*** that consider such constraints and mitigate against suboptimal decisions

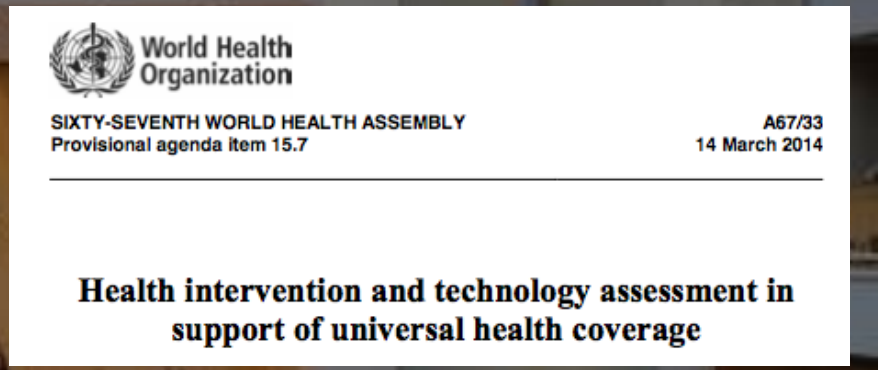
Source: Hauck, K., & Smith, P. (2015) The politics of priority-setting in health: A political economy perspective

World Health Assembly resolution on Health Intervention and Technology Assessment in Support of UHC

"**Every pound can only be spent once**. If we spend it unwisely… then we risk harming other people whose care will be adversely affected…

It is vital that priority setting is an **evidence-informed, procedurally fair process** that defines what will be covered through universal health coverage."

Prof David Haslam, Chair of NICE, addressing the 25th World Health Assembly, Geneva, 2014



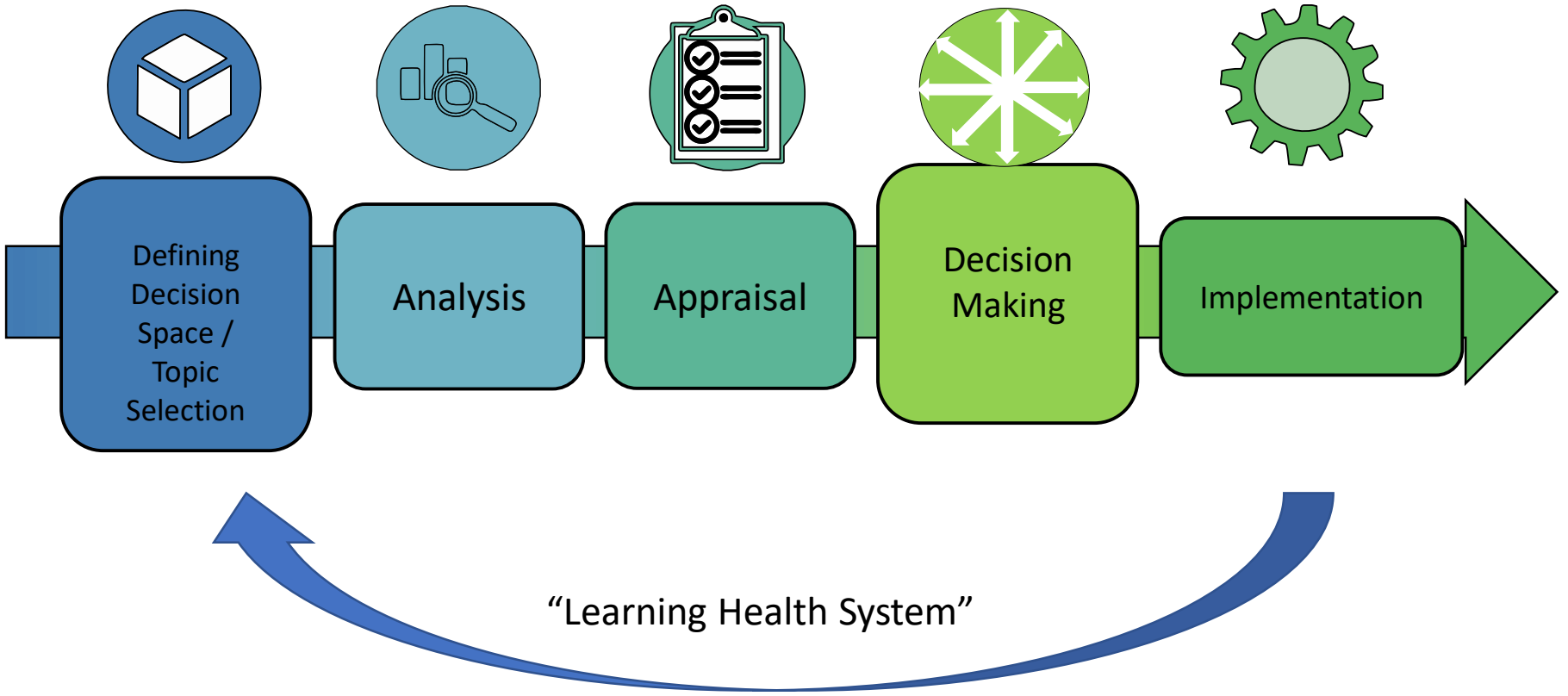
World Health Organization

SIXTY-SEVENTH WORLD HEALTH ASSEMBLY
Provisional agenda item 15.7

A67/33
14 March 2014

Health intervention and technology assessment in support of universal health coverage

The HTA Process



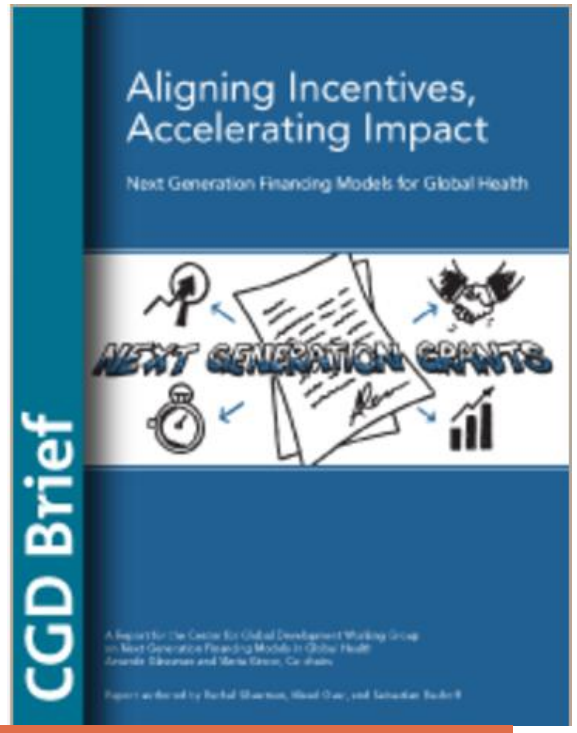
Source: Siegfried, N., Wilkinson, T., & Hofman, K. (2017)

What can donors do?

Value for Money matters for donors, those mechanisms through which they channels funds, and end recipients.

Value for Money matters for efficient and equitable resource allocation and for governance purposes.

http://www.morehealthforthemoney.org/



Center for Global Development

CGD NOTES

Six Reasons Why the Global Fund Should Adopt Health Technology Assessment

November 8, 2017

Kalipso Chalkidou and Janeen Madan Keller

F1000Research Open for Science

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BROWSE GATEWAYS HOW TO PUBLISH ABOUT BLOG

Check for updates

OPINION ARTICLE

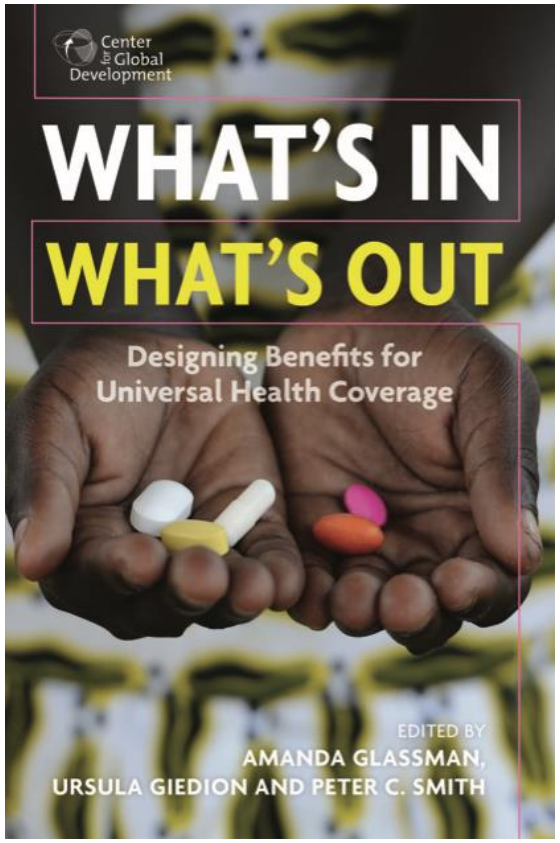
We need a NICE for global development spending [version 1; referees: 2 approved]

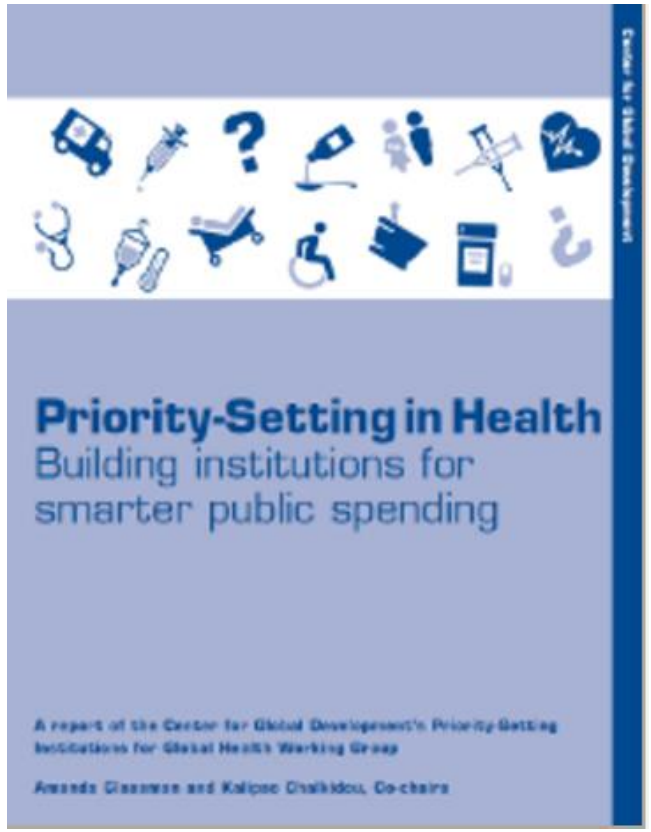
Kalipso Chalkidou[1], Anthony J. Culyer [2,3], Amanda Glassman[4], Ryan Li[1]

Author details

Grant information

This article is included in the International Decision Support Initiative gateway.





Evidence and data

We need ***BOTH*** pragmatic evidence collection of what works AND routinely collected data for day to day running of healthcare system.

And we need global players to acknowledge uncertainty and respect budgetary constraints.

All (global) norms (when it comes to implementation) have an opportunity cost….

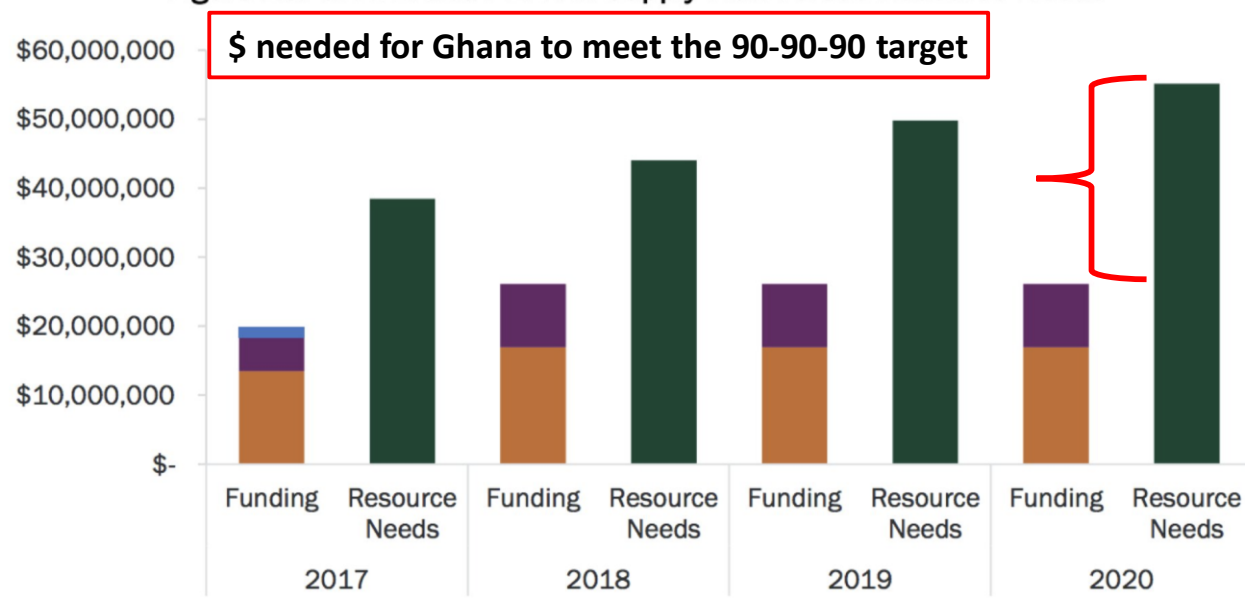
Disease specific targets	• 90-90-90 test-treat-control for HIV
Standard Clinical Guidelines	• x8 antenatal visits for pregnant women
Investment cases for techs	• GeneXpert for point of care diagnosis of TB (and HIV?) • Latest generation LLINs
Essential Medicines List	• Herceptin for breast cancer
Prequalification process	• VCAG for malaria "will not consider costs to determine public health value" • Dengue vaccine committee did not consider cost/benefit ratio

RECOMMENDATION E.7: Antenatal care models with a minimum of eight contacts are recommended to reduce perinatal mortality and improve women's experience of care. *(Recommended)*

Remarks

- The GDG stresses that the four-visit focused ANC (FANC) model does not offer women adequate contact with health-care practitioners and is no longer recommended. With the FANC model, the first ANC visit occurs before 12 weeks of pregnancy, the second around 26 weeks, the third around 32 weeks, and the fourth between 36 and 38 weeks of gestation. Thereafter, women are advised to return to ANC at 41 weeks of gestation or sooner if they experience danger signs. Each ANC visit involves specific goals aimed at improving triage and timely referral of high-risk women and includes educational components *(12)*. However, up-to-date evidence shows that the FANC model, which was developed in the 1990s, is probably associated with more perinatal deaths than models that comprise at least eight ANC visits. Furthermore, evidence suggests that more ANC visits, irrespective of the resource setting, is probably associated with greater maternal satisfaction than less ANC visits.

Figure 18: GFATM and PEPFAR Supply Plan versus Resource Needs



Cost-effectiveness of Xpert MTB/RIF for tuberculosis diagnosis in South Africa: a real-world cost analysis and economic evaluation

Anna Vassall, Mariana Siapka, Nicola Foster, Lucy Cunnama, Lebogang Ramma, Katherine Fielding, Kerrigan McCarthy, Gavin Churchyard, Alison Grant, Edina Sinanovic

Summary

Background In 2010 a new diagnostic test for tuberculosis, Xpert MTB/RIF, received a conditional programmatic recommendation from WHO. Several model-based economic evaluations predicted that Xpert would be cost-effective across sub-Saharan Africa. We investigated the cost-effectiveness of Xpert in the real world during national roll-out in South Africa.

Methods For this real-world cost analysis and economic evaluation, we applied extensive primary cost and patient event data from the XTEND study, a pragmatic trial examining Xpert introduction for people investigated for tuberculosis in 40 primary health facilities (20 clusters) in South Africa enrolled between June 8, and Nov 16, 2012, to estimate the costs and cost per disability-adjusted life-year averted of introducing Xpert as the initial diagnostic test for tuberculosis, compared with sputum smear microscopy (the standard of care).

Findings The mean total cost per study participant for tuberculosis investigation and treatment was US$312·58 (95% CI 252·46–372·70) in the Xpert group and $298·58 (246·35–350·82) in the microscopy group. The mean health service (provider) cost per study participant was $168·79 (149·16–188·42) for the Xpert group and $160·46 (143·24–177·68) for the microscopy group of the study. Considering uncertainty in both cost and effect using a wide range of willingness to pay thresholds, we found less than 3% probability that Xpert introduction improved the cost-effectiveness of tuberculosis diagnostics.

Interpretation After analysing extensive primary data collection during roll-out, we found that Xpert introduction in South Africa was cost-neutral, but found no evidence that Xpert improved the cost-effectiveness of tuberculosis diagnosis. Our study highlights the importance of considering implementation constraints, when predicting and evaluating the cost-effectiveness of new tuberculosis diagnostics in South Africa.

Funding Bill & Melinda Gates Foundation.

Lancet Glob Health 2017; 5: e710–19

TB Centre (Prof A Vassall PhD, Prof K Fielding PhD, Prof G Churchyard PhD, Prof A Grant PhD) **and Department of Global Health and Development** (Prof A Vassall, M Siapka MSc), **London School of Hygiene & Tropical Medicine, London, UK; Health Economics Unit, School of Public Health and Family Medicine, University of Cape Town, Cape Town, South Africa** (N Foster MSc, L Cunnama MSc, L Ramma MSc, E Sinanovic PhD); **Aurum Institute, Johannesburg, South Africa** (K McCarthy MSc, Prof G Churchyard); **School of Public Health, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa**(K McCarthy, Prof G Churchyard, Prof A Grant); **Division of Public Health, Surveillance and Response, National Institute for Communicable Disease of the National Health Laboratory Service, Johannesburg, South Africa** (K McCarthy);

"…we found less than 3% probability that Xpert introduction improved the cost-effectiveness of tuberculosis diagnostics."

Cepheid cartridge price shoots up as company seeks to negotiate warranties country by country (StopTB)

To support decision making…

- Need to look at the entire body of the ’best available’ evidence
- Evidence is never complete
- Judgement is unavoidable
- Uncertainty matters – and it should be fully explored

- ….and make important information part of ***routine*** data collection…

Building capacities

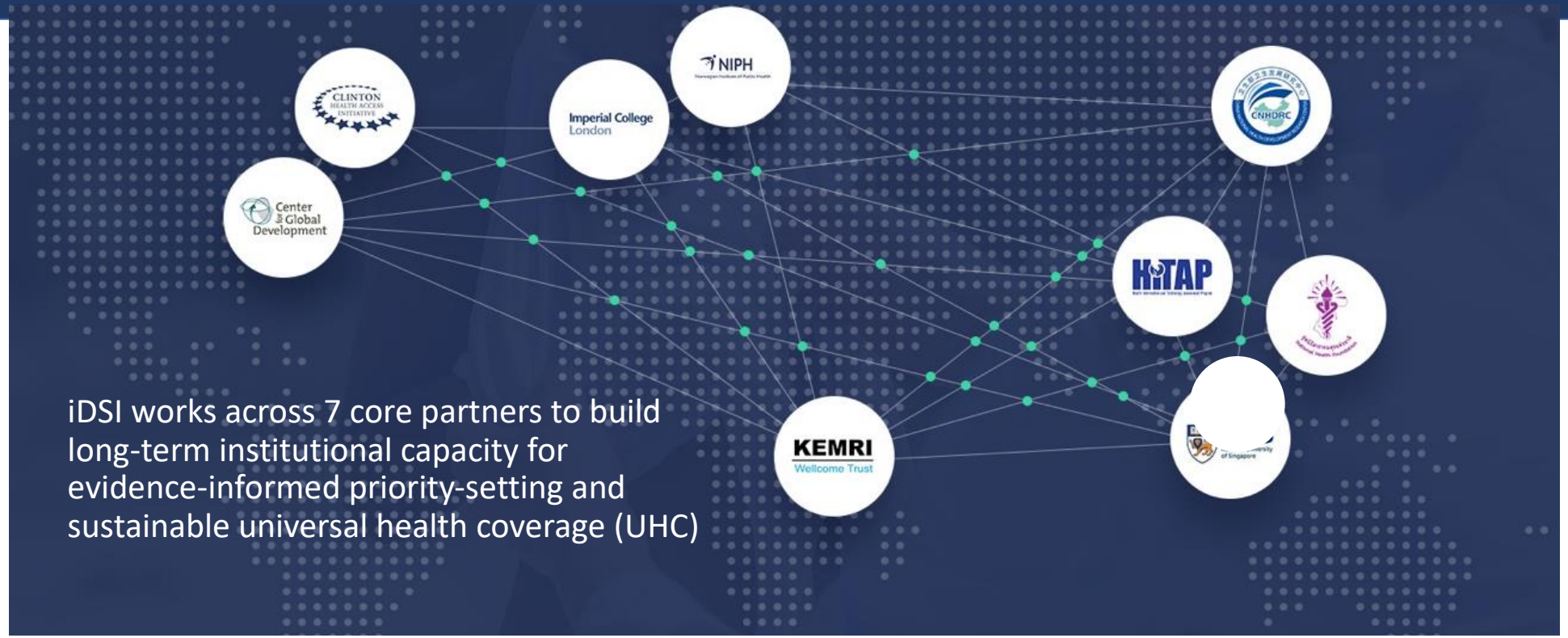
- *"capacity":* mental ability or faculty for understanding; a capability for achieving something; political or authorised power to permit or enable; professional or other competency
- Capacity can be personal (e.g. leadership, decisiveness, analytical skill, research talent) or non-personal (e.g. the capacity of a health care system to respond or deliver, the willingness of universities or professional organisations to collaborate)
- Lack of relevant capacities inhibits, or even prevents, the achievement of goals, like Universal Healthcare Coverage
- Opposition from those with capacities or from those who lack them and feel threatened can be fatal
- Development of the right capacities enhances ability to achieve goals

Tony Culyer, Wits Uni, RSA, 2015

The iDSI network aims to support countries make the right choices for better population health

- iDSI ***guides decision makers to*** *effective and efficient health* ***resource allocation strategies*** for improving people's health

- iDSI aims to improve the efficiency of health spending by:
  - National and Sub-National Governments
  - Bilateral and Multilateral Development Assistance Partners
  - Private health insurers



iDSI works across 7 core partners to build long-term institutional capacity for evidence-informed priority-setting and sustainable universal health coverage (UHC)

Global & regional Collaborators including but not limited to:

- African Health Economics and Policy Association (AfHEA)
- Health Technology Assessment International (HTAi)
- International Association of National Public Health Institutes
- Strategic Purchasing Africa Resource Centre (SPARC)
- University of Bergen
- **Other Regional networks**
  - East African Community
  - Economic Community of West African States
  - Southern African Development Community
- Collaborative Africa Budget Reform Initiative (CABRI)
- HTAsiaLink
- PATH
- Tufts University
- University of York
- Disease Control Priorities (DCP)
- Institute for Health Metrics and Evaluation (IHME)
- Prince Mahidol Award Conference
- UCL HealthPrior
- World Bank (WB) /Joint Learning Network (JLN)
- World Health Organisation (WHO) (inc. AFRO/EMRO regions)

iDSI Knowledge Products: Country-relevant methods and applied research in economic evaluation and priority-setting

- **iDSI Reference Case for Economic Evaluation:** Now being adapted by LMICs in developing their own domestic reference cases (e.g. China, India).
- **What's In, What's Out: Designing a Health Benefits Plan for Universal Coverage:** Guidebook drawing on real country experiences; tailored courses being planned for Kenya and India
- **HTA Toolkit**: Accessible, practical online resource on the building blocks of sustainable and locally-relevant HTA mechanisms

Thanks!