

National Department of Health



Pharmacoeconomic Workshop Lessons Learnt and Future Perspectives



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Health Technology Assessment I Expectations



What are the Essential Drug Programme's needs and expectations regarding **Health Technology Assessments** (HTA), **availability** and **pricing of medicines**?

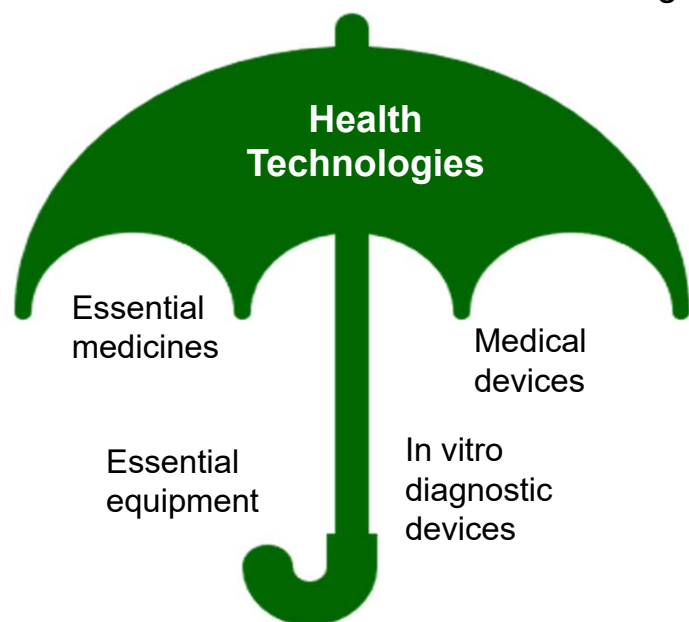




Health Technology Assessment I New Technologies

Universal Health Coverage

One of the cornerstones of Universal Health Coverage is access to essential health technologies



New innovative health technologies **aim** to benefit healthcare of patients

But

Health interventions may either:

- Have no net health gains compared to current standard of care or cause harm
- Prove effective, but require additional resources or redistribution of resources

Thus

Systematic HTA evaluation is required to optimise care using available resources.

- Good governance and evidence-based principles
- Consider organisational, societal and ethical issues

Outcome

Cost-effective, patient focused policies that seek to achieve best value based on research and scientific method

Evidence expectations for Health Technology Assessments



Besides evidence of efficacy required for regulatory approval, additional evidence requirements include:

Improvement in clinically meaningful outcomes and patient-relevant outcomes



Longer-term clinical outcomes vs. requirements for regulatory approval



Evidence expectations



Cost implications, and budget impact



Relative efficacy & effectiveness of the technology (including medical devices) vs. current standard of care

Generalisability of evidence

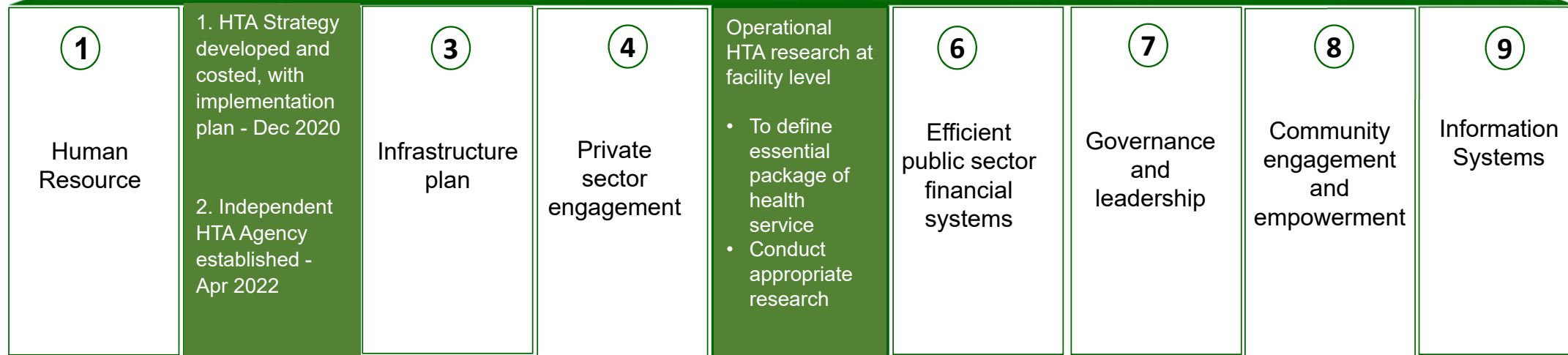


Health Technology Assessment I Health Compact



Presidential Health Summit Compact 2018

Agreement to strengthen the South African health system towards an integrated and unified health system, based on nine pillars



Health Technology Assessment I National Health Insurance



National Health Insurance Bill (*Government Gazette No. 42598 of 26 July 2019*)



- NHI Bill is out for public comment
- Notice for comment period extended until **29 November 2019**

- NHI is a journey, not a destination





Essential Medicines I Progress of review process

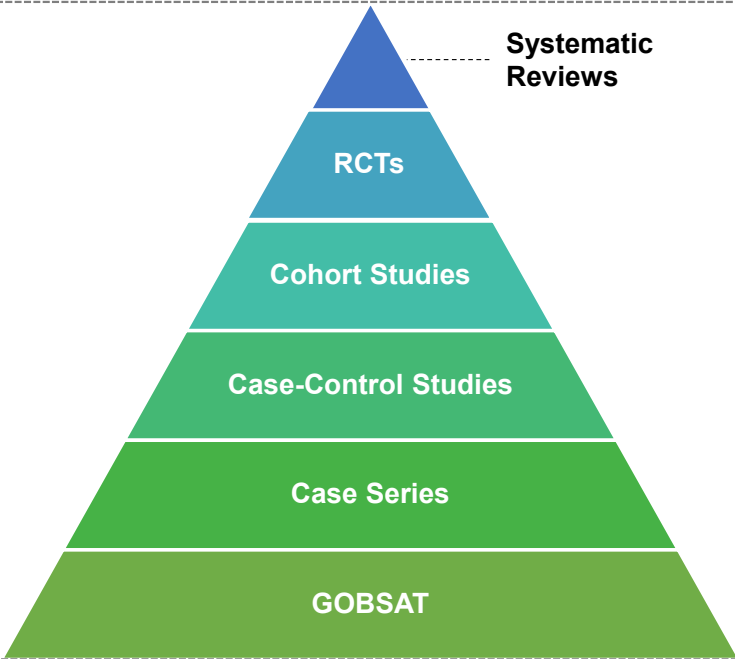
Progress of decision making

GOBSAT

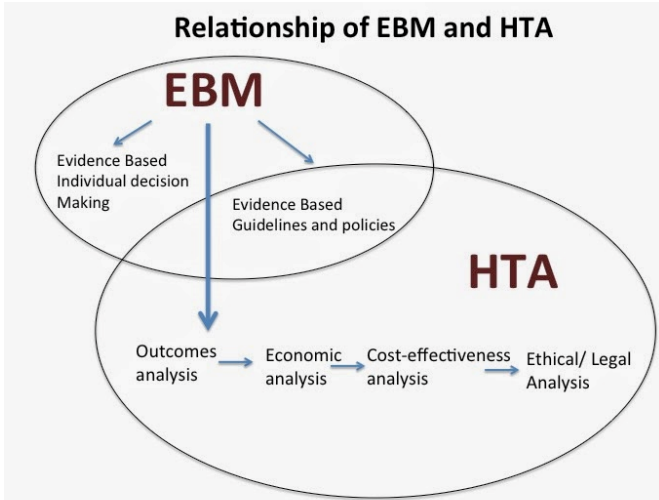


Good Old Boys Sat Around a Table

EBM
(Evidence Based Medicine)



HTA
(Health Technology Assessment)



Evidence to Decision (EtD) framework

Graded according to **SORT (patient-oriented vs disease oriented outcomes)**

Ebell MH et al. Am Fam Physician. 2004 Feb 1;69(3):548-56.

Challenges and uncertainties I Prioritisation



Scenario:

- Costing the package of services for PHC - key to roll-out UHC
- Includes essential medicines, essential equipment, medical devices, in vitro diagnostic devices and procedures

The NHI Bill states “ *The Benefits Advisory Committee must determine and review—*

- (a) the health care service benefits and types of services to be reimbursed at each level of care at **primary health care facilities** and at district, regional and tertiary hospitals;*
- (b) **detailed and cost-effective treatment guidelines** that take into account the emergence of new technologies; and*
- (c) in consultation with the Minister and the Board, **the health service benefits** provided by the Fund”*

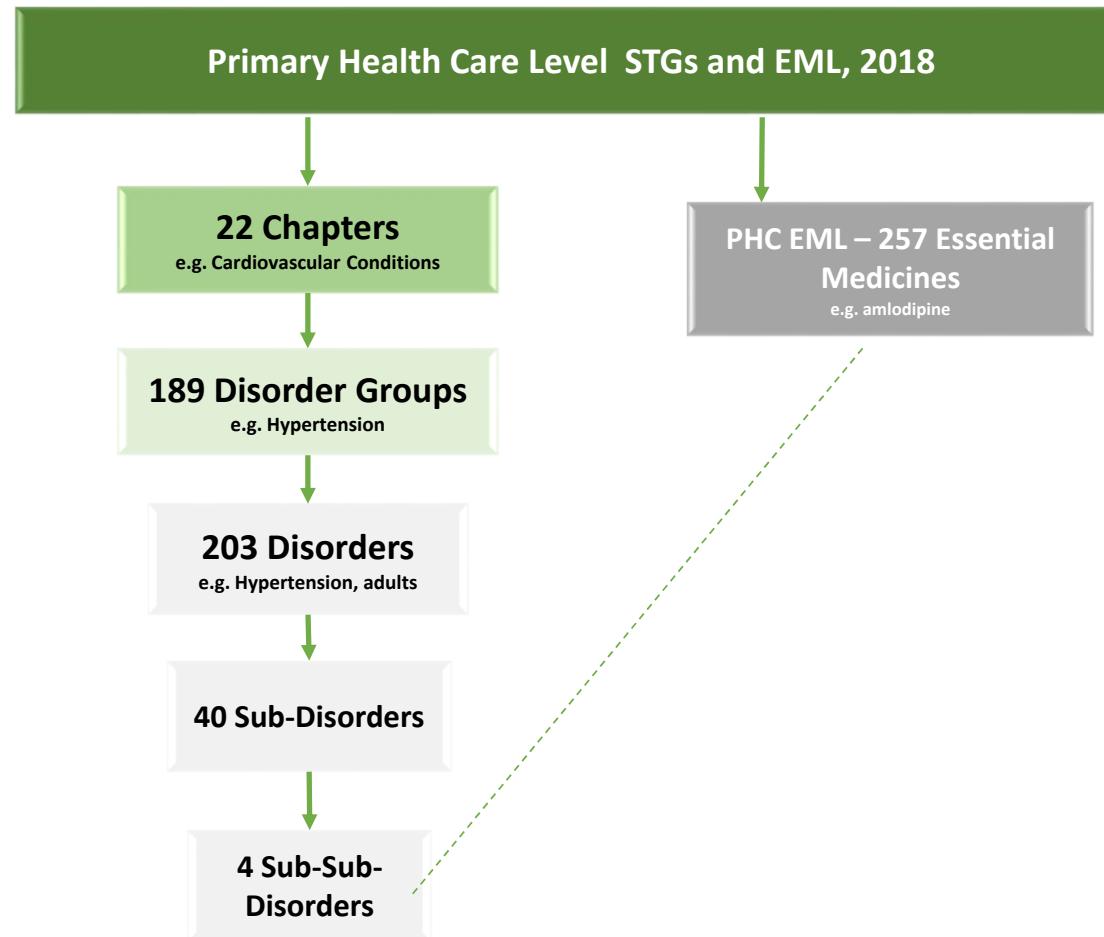
Challenge: HTA which is to inform decision-making is complex and resource-intensive

It is impractical to use HTA for all aspects of the full PHC package of services

Intervention: Topic prioritisation is required

(avoid parallel review streams, time high priority reviews effectively, decommission HTA as required)

Primary Health Care STGs and EML, 2018



Challenges and uncertainties I Real-World Data



Scenario:

- *Cost-effectiveness model for influenza vaccination*: generally poor uptake, varies across facilities and quantification of unused supplies unknown
- Generalisability when extrapolating from international HTAs may be a concern
- Evidence derived from the analysis of real world data is preferred - *observational* (e.g. research data) or *administrative* (e.g. registries, electronic health records, claims/billing datasets, mobile health applications)

Challenge: Model parameters using real-world data may incorrectly inform decisions (uncertainties in models will be commonplace)

Intervention: Health systems strengthening is key – quality, standardised and efficient health care delivery platforms needed to provide robust real-world data. Research required for the cost of implementation barriers and quality care?



Challenges and uncertainties I Disinvestment

Scenario:

Kanamycin: Previous DR-TB programme was ineffective: 30% pre-XDR incidence rate

Improved treatment success rate with non-injectable DR-TB regimen vs previous kanamycin-containing regimen

- Healthcare systems with scarce resources and increasing demands requires “disinvestment” from low-value services and reinvestment in high-value ones – supported by HTAs
- Reassessment of technologies already in use within health system may also identify opportunities for disinvestment
- But, identifying these technologies requires a structured methodology – yet to be established

Challenge: Infectious diseases guidelines are tools to implement a new antimicrobial, with the simultaneous disposal of the current alternative. However, the cost of the disposed intervention should be considered.

Intervention: HTAs for new innovations where implementation may result in fruitless expenditure should cost in the additional financial burden

Challenges and uncertainties I Implementation

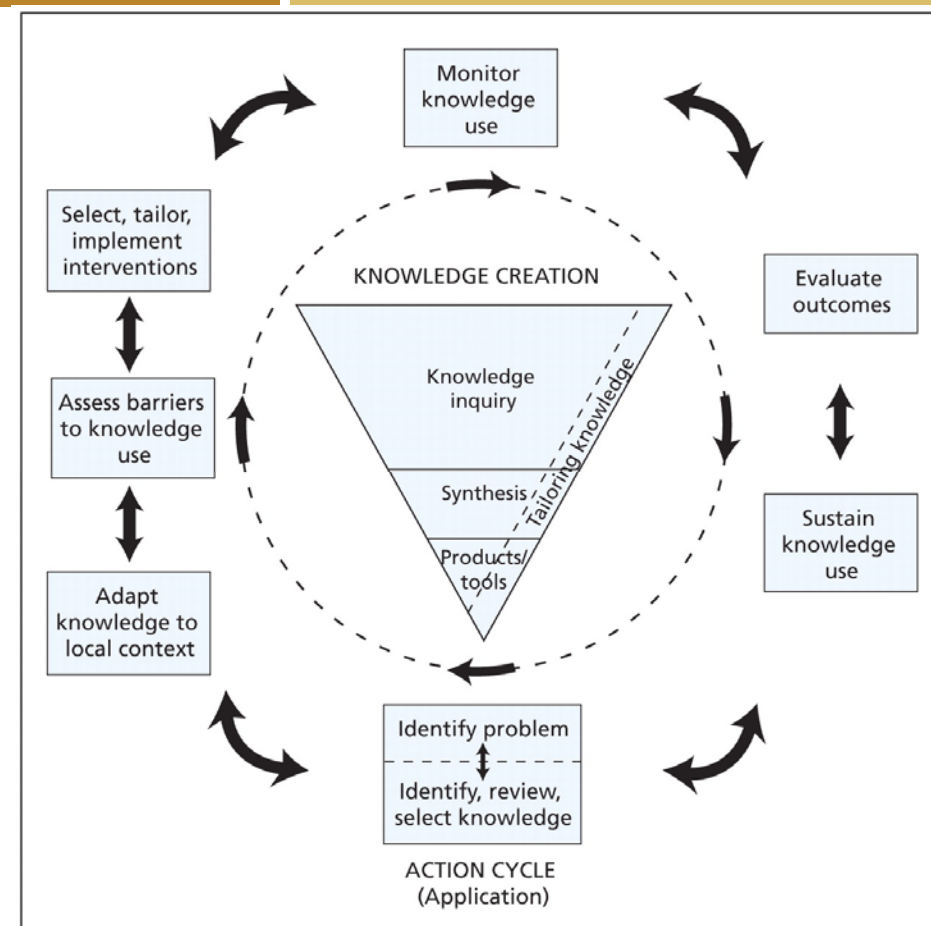


Knowledge translation strengthening

- Putting knowledge into action:
 - Awareness
 - Acceptability
 - Applicability
 - Ability
 - Acted upon
 - Agreed to
 - Adhered to

Louis Pasteur

"To him who devotes his life to science, nothing can give more happiness than increasing the number of discoveries, but his cup of joy is full when the results of his studies immediately find practical implications"



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References



- Henshall C et al. Understanding the Role and Evidence Expectations of Health Technology Assessment and Coverage/Payer Bodies: What Are They Looking for, and How and Why Does This Differ From What Regulators Require? Ther Innov Regul Sci. 2014 May;48(3):341-346.
- South African Government: Strengthening the South African health system towards an integrated and unified health system, Presidential Health Summit Compact, 25 July 2019.
- Health Technology Assessment and Health Policy-Making in Europe: Current status, challenges and potential, 2008.
http://www.euro.who.int/_data/assets/pdf_file/0003/90426/E91922.pdf
- Ebell MH, Siwek J, Weiss BD, Woolf SH, Susman J, Ewigman B, Bowman M. Strength of recommendation taxonomy (SORT): a patient-centered approach to grading evidence in the medical literature. Am Fam Physician. 2004 Feb 1;69(3):548-56.
- Makady, A., de Boer, A., Hillege, H. et al. What Is Real-World Data? A Review of Definitions Based on Literature and Stakeholder Interviews' Value in Health, 2017; 20(7): 858-865
- Pereira VC, Barreto JOM, Neves FADR. Health technology reassessment in the Brazilian public health system: Analysis of the current status. PLoS One. 2019 Jul 29;14(7):e0220131.
- Straus SE, Tetroe J, Graham I. Defining knowledge translation. CMAJ. 2009 Aug 4;181(3-4):165-8.
- National Health Insurance Bill (Government Gazette No. 42598 of 26 July 2019)

Essential Drugs Programme Team



- Janine Jugathpal- Deputy Director: Essential Drugs Programme
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- Jane Ridden – Selection (Paediatric Hospital Level, Tertiary & Quaternary)
- Ruth Lancaster – Rational Medicine Use
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THANK YOU