

Question 1: *How have systems thinking approaches and tools been incorporated in activities to improve health equity? Were these approaches useful in achieving health equity goals? If so, what are the pathways by which these approaches helped to address the root causes of inequity?*



Eliciting Indonesian HTA Topic Selection Criteria to Help Addressing Disparities in Access

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Context

Describe the context in which the activity takes place. What is the health equity problem that you are trying to solve? What are the root causes of this equity problem, from your understanding? Why did you decide to apply a health systems approach to this problem? Why did you choose this approach over others?

Universal health coverage (UHC) aims to improve access to various essential health services, driving more efforts to ensure the goals of UHC worldwide. The main challenge that UHC is to address access disparities to healthcare services, specifically in low- and middle-income countries. Multiple underlying causes have been correlated with the availability and affordability of services; Health technology assessment potentially contributes to ensure that effective and appropriate technologies are made available to all populations. Health technology assessment (HTA) is a systematic evaluation of health technologies and interventions to inform health care decision-making, especially to help policy makers determine how to best allocate their limited healthcare resources. This type of decision-making is crucial in Indonesia, where the National Social Health Insurance payer (BPJS-K), which provides health insurance (called Jaminan Kesehatan Nasional/JKN) for 94% of the Indonesian population of over 274 million (2021), has, at times, run at a deficit.

Recognizing the importance of HTA in helping the National Social Health Insurance Agency set policies that maximize access to quality health care while reining in costs, the MOH established the Indonesian Health Technology Assessment Committee (InaHTAC) in 2014. InaHTAC brings together representatives from academia and relevant government units to assess health technologies, such as medicines, vaccines, devices, procedures, and programs. Since April 2021, the USAID Medicines, Technologies, and Pharmaceutical Services (MTaPS) program has supported InaHTAC in strengthening its HTA infrastructure and processes, specifically in improving the topic identification, selection, and prioritization (TISP) process.

In the recent five years, TISP in Indonesia has applied eight topic selection criteria but utilized overlapping definitions and ambiguity in the terms. Varying interpretations of the criteria definitions and indicators initiated long debates and put the focus of selecting prioritized topics that potentially address health inequity in risk. By having the criteria selection to prioritize topics that focus on assessing the effectiveness, safety, and cost-effectiveness of health technologies that are relevant to expand, HTA has a higher chance to address disparities in access, especially the access issues that related to the diseases prioritized by Indonesian government such as cancer, cardiovascular diseases, diabetes mellitus, etc.

Using multi-criteria decision analysis (MCDA), InaHTAC conducted the reformulation of criteria definitions, criteria weighing, and to optimize the deliberative processes in topic prioritization discussion. This approach resulted in reformulating the eight criteria into six simplified criteria, from twenty indicators to eight measurable indicators. The newly proposed criteria including its assigned weight are (1) volume, 14%; (2) impact of technology on health, 26%; (3) cost of technology, 11%; (4) compliance with policy priorities, 22%; (5) potential cost savings, 20%; and (6) acceptance, 7%. These criteria were then applied to prioritize topics submitted to the 2023 topic selection process and resulted three selected topics affiliated with the disease that closely related to a high inequity issue, which is cancer.

Activity Description

Please describe what you are doing to address this health system challenge, and how your approach explicitly focuses on improving health equity. What steps did you take to implement this activity? What system-thinking approaches or tools did you use? What government agencies or other stakeholders did you work with and how did you engage them? It may be useful to describe your theory of change.

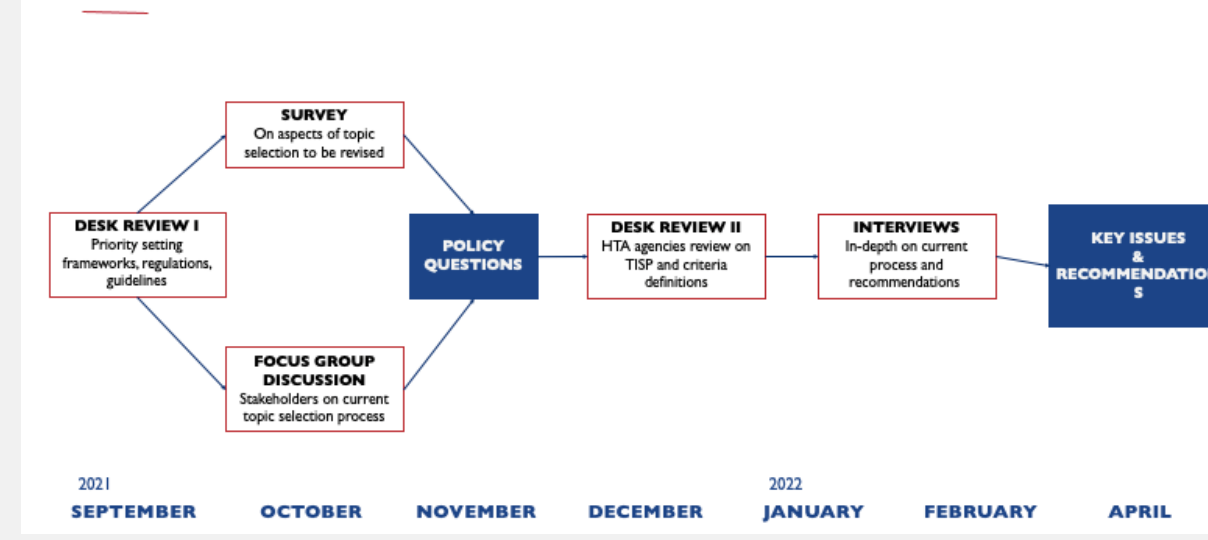
Firstly, a collaborative process with stakeholders was done to initially collect information about the role of stakeholders in TISP. This was conducted through inquiry to synthesize the information and develop recommendations for improvement. Through the series of inquiries involving surveys, FGDs and interviews, MTAps and Pusjisk PDK captured key stakeholders' perspectives and aspirations for an improved HTA. Our inquiry on the latest rendition of the topic selection cycles identified several key issues from topic nomination, prioritization, and information management of the entire process. One of the important issues is the eligible topics selected by means of scoring them in the face of 8 criteria by the InaHTAC members were not optimally implemented due to lack of consensus on criteria operational definition and set of scoring of indicators.

MTaPS assessment and recommendation attempted to strengthen the topic selection process through systematic and significant improvements a process in Indonesia across three pillars: (1) process improvements, (2) submission improvements, and (3) publicity and transparency. Process improvements focused on the use of Multi-Criteria Decision Analysis (MCDA) through MCDA priority-setting tool to guide the scoring mechanism - a process that will determine a topic to be selected.

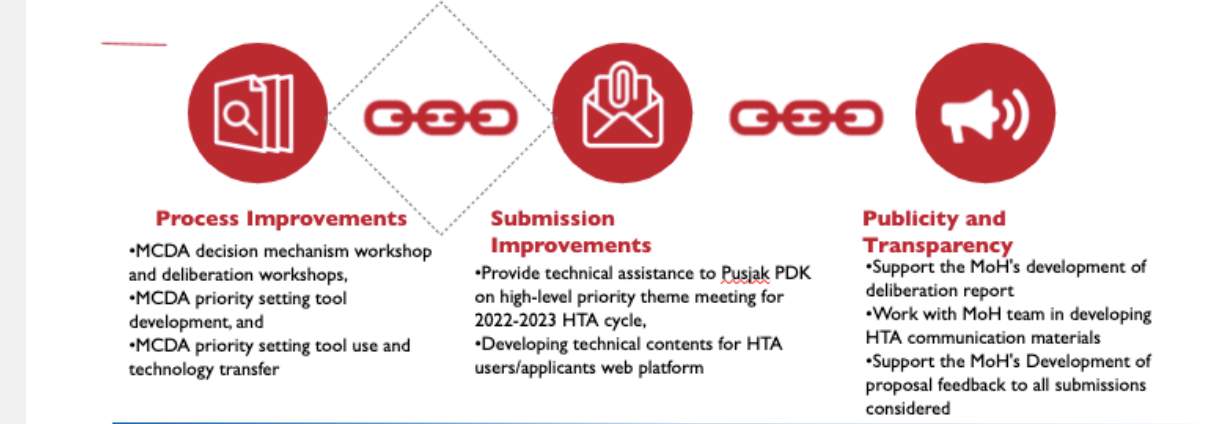
MCDA is known as an umbrella term to describe a collection of techniques in exploring different decisions or options under different criteria to make the process more rational, systematic, rigorous, and transparent. The exercise included redefining the criteria indicators and criteria weighting using Analytical Hierarchy Process (AHP) technique. The refined criteria were then applied to the 2023 topic selection criteria to ensure whether they are feasible and aligned with the objective of improving health equity.

Knowing that HTA is a multidisciplinary & collaborative effort that demands the meaningful engagement of key stakeholders, stakeholder engagement is the essential element in implementing the series of this approach. Stakeholder engagement played an important role in the identification of relevant stakeholders (both internal & external) and their effective contribution in the decision-making process, including in HTA topic identification, topic selection, and in refining the process itself. The key players involved were InaHTAC members, InaHTAC secretariat, the related units in the Ministry of Health, the Indonesian FDA, the national procurement agency (KPP), Social Security Agency of Health (BPJS-K), the national health insurance (payer), the national formulary (Formas), academia/researchers, patient groups, clinicians, and industries (pharmaceutical & medical devices manufacturers), World Bank, UNDP and WHO, and civil society. This engagement successfully fostered the transparency and comprehensibility of the topic selection process, leading to greater acceptance and support from stakeholders towards the HTA process and the resulting refined and more denied topic selection criteria

MTaPS Topic Selection Inquiry Process



Inquiry results: MTAps recommends improving Indonesia's HTA topic selection processes across three interconnected pillars



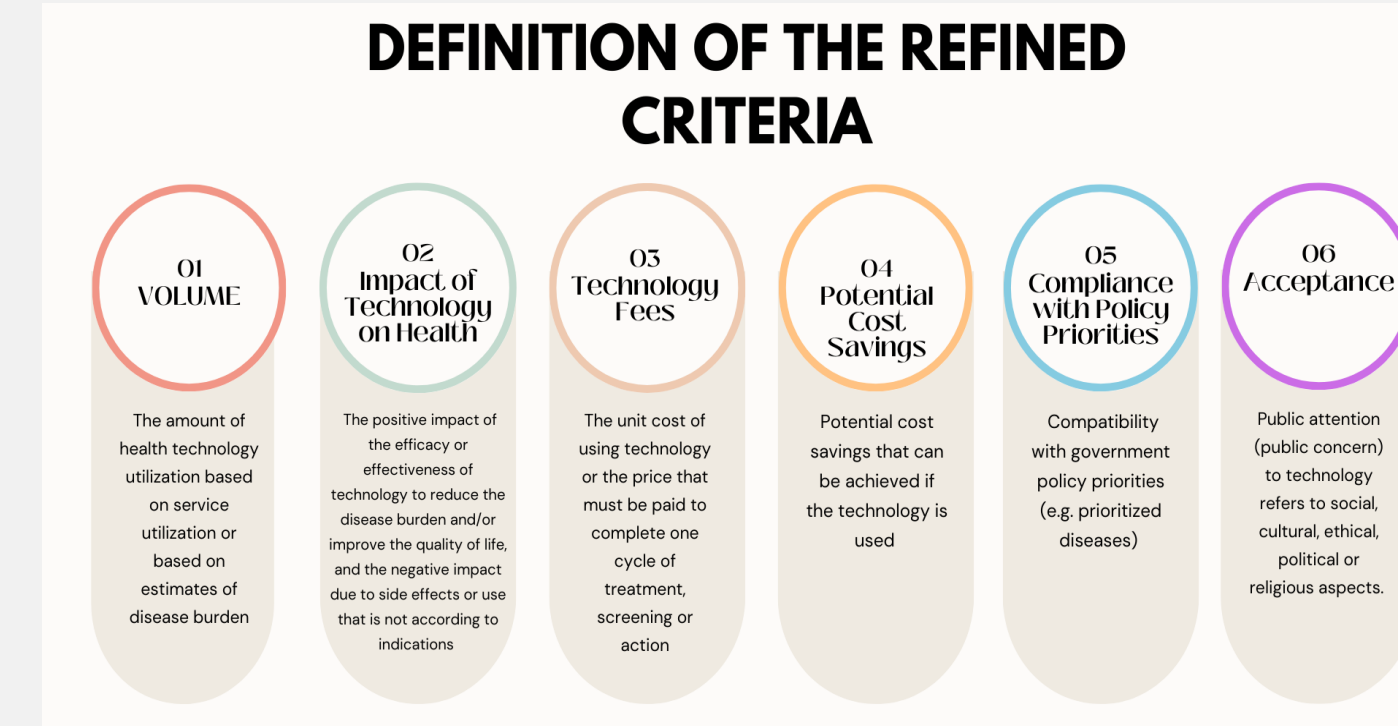
Topic selection criteria elicitation Delphi & MCDA
 Step 1 – Refining criteria definitions, sub-criteria, attributes
 Step 2 – Scoring indicators & source of information / validation
 Step 3 – Choosing MCDA technique, weighting the criteria

Activity Impact

How did this activity improve health equity, or intermediate health system outcomes likely to lead to improvements in health equity? Which components of the health system did you act on (for example, did you support improvements in financing, cross-sectoral coordination, governance, local ownership, information, human resources, behavior of health system actors, service delivery, or medical products, vaccines, or technologies)? How did this approach address the root causes of inequity?

Series of activities that focused on the topic criteria elicitation have provided various impacts, below are the essential impacts that potentially address one of the inequity issue, which is access to technology

- Clearer Selection Criteria**
The criteria for topic selection were refined, reducing the number of criteria from eight to six, with simpler indicators. This clarity allowed stakeholders to better understand the expectations and align their submissions accordingly. In terms of addressing the inequity issues, these criteria allow these criteria selection to identify which topics that are most impactful to JKN and possess information or data do be assessed. Definition of each criterion below reflects the value of presented information in the topic selection process:



Apart from the essential impact as mentioned above, the conducted activities allowed the topic selection process to be more structured, systematic, and transparent. It was indicated by a higher number of submitted topics as well as the agreement made with InaHTAC and MoH to form a topic selection manual that will sustain the utilization of refined criteria on the 2024 topic selection process and onwards.

- Simplified Topic Submission:** The process was simplified after having a clearer selection criterion, making it easier to tailor the justification to the need of JKN. The refinements doubled the topics submission by the stakeholders from the previous cycle from 19 to 41 topics.
- Enhanced Information Management:** An operational manual was co-developed to effectively manage the influx of suggestions from stakeholders, ensuring proper documentation and organization of relevant information.

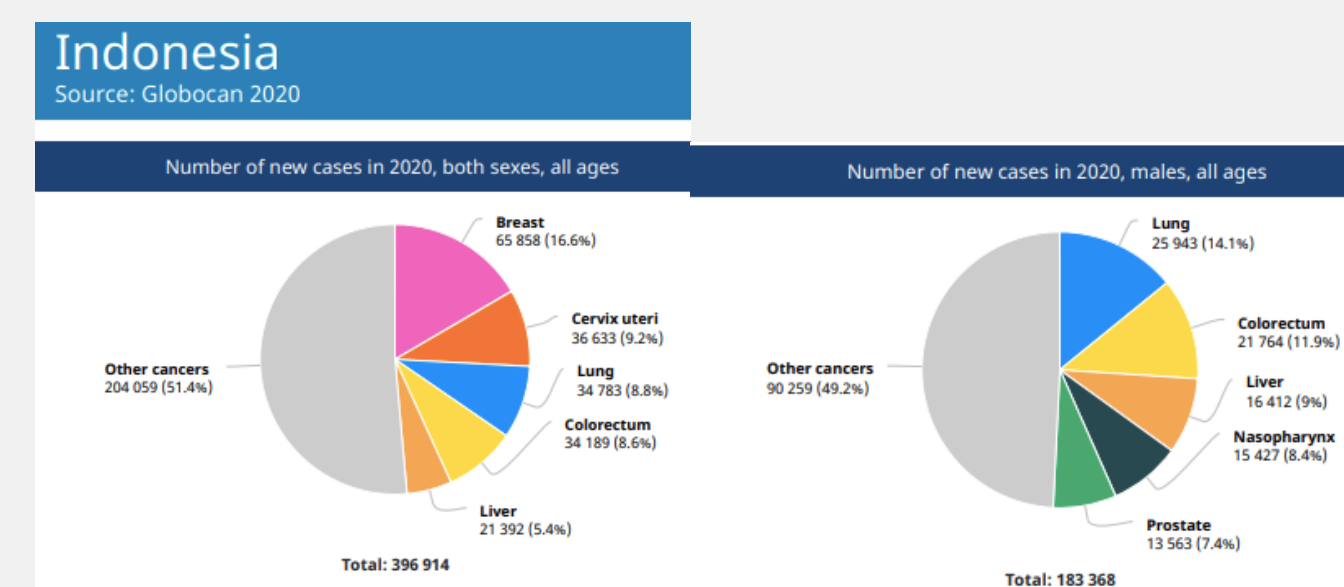
Evidence

What **evidence** do you have of your activity's impact on health equity or intermediate outcomes, as listed above? How can you best show what your activity accomplished? How do you know that you met your goals? Is the evidence able to be measured? Graphs or charts may be useful here to show this evidence.



The proposed lung drug was referred by the Directorate General of Pharmaceutical Services, Ministry of Health. InaHTAC concluded that drug options for lung cancer were still limited, and the availability of relevant data could support the assessment of this drug.

Both selected drugs that are indicated for colorectal and prostate cancers have the similar justification to be selected. Colorectal cancer is on the 4th rank of cancer with high number of incidences in both sexes and all ages, and on the 2nd rank of male cancer with high incidence. Meanwhile, based on various literatures, prostate cancer in Indonesia on the 5th rank of male cancer with high number of new cases in 2020. The available drugs for both cancers have never been evaluated before. The refined topic selection criteria have highlighted the urgency of this drug based on the number of prostate cancer cases and the potential impacts of this drug.



Facilitators

What aspects and pathways of the health system, context, or external partner support helped make this successful? For example, were there existing working groups in place that enabled efficient coordination between stakeholders on this activity? Did you use a tool or knowledge resource from a global partner like WHO or UNICEF to help inform your activity?

Engagement of various stakeholders. A country's HTA arrangements are defined by the consensus of the stakeholders involved in the health system, including academia, professional organizations, hospitals, and the industry. Having the HTA stakeholders involved in refining the topic selection criteria is important to ensure their support towards the HTA committee's decision and policy recommendations. The active engagement of stakeholders is possible through the shared goals of establishing an accountable and transparent decision-making in the HTA process.

Challenges

What were some problems or challenges that you faced during your activity implementation? Did you expect these challenges or were they unanticipated? How did you respond to these challenges? What made it difficult to achieve health equity goals?

MCDA method limitations. MCDA housed a plethora of techniques spanning from the simple additive formula to the advanced mathematics. In choosing the right MCDA technique, stakeholder's understanding of their inner mechanics must be considered; such will guarantee the quality of the calculation results and the acceptance towards the result. The flexibility in applying MCDA relies both on the capacity and creativity of the users to perform the analysis and manage stakeholder's expectations. AHP may offer an equal amount of rigor and ease of use. However, continuous experimentation with the approach is needed for the community to maximize its potential.

Lessons Learned

What lessons have you learned while you implemented this activity? How will this impact future activities or approaches? What advice would you give to other implementers and health systems actors in other countries that might want to adapt your approach? What advice do you have for those working towards achieving health equity goals?

Topic selection process as the entry step of the HTA potentially addresses the health inequity issues by ensuring the criteria used to prioritize the topics represent the JKN goals. By focusing the topic selection process on health equity, the prioritized technologies can address the related health challenges and minimize disparities in access to effective and appropriate technologies. By incorporating health equity considerations in the topic selection process, HTA agencies can demonstrate a commitment to transparency and accountability. It ensures that HTA processes consider the needs and perspectives of diverse populations and promotes inclusive decision-making. Moreover, it is important for HTA agencies to involve diverse stakeholders, including representatives from marginalized communities, in the topic selection process. Their input can help ensure that topics are selected based on the health needs and priorities of disadvantaged populations, and that the evaluation of health technologies incorporates their perspectives and experiences.

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