In the name of God
Overview of Health Technology Assessment in IRAN
Lessons for the EMR region

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Talk overview

- Development of HTA system in Iran
- Challenges of Iran HTA system
- Iran health system characteristics
- Major characteristics of the region
- Main message – implications for HTA in EMR region
Recent development of HTA system in Iran
Establishment of formal structure for HTA under supervision of Deputy of Treatment (2010), and expansion of this office to provinces (universities of medical sciences) under supervision of Deputy of Treatment.
Education and training programs related to HTA

- HTA MSc program in 4 universities
- MSc in Health Economics in 10 universities
- PhD in Health Economics in 3 universities
- PhD in Pharmaco-economics
- Short time training programs including workshops on HTA, systematic review, meta-analysis, economic evaluation, ...
- Other training programs related to HTA e.g. epidemiology, health policy,...
HTA Financing

- Following formal establishment of HTA structure in 2010, a specific budget was allocated for HTA by MOH.
- A proportion of NIHR budget is spent for funding HTA projects.
- A proportion of medical university research budgets (e.g. for MSc and PhD theses) allocated for HTA.
- HTA project receive budget also from other resources including insurance organizations, research centers, ...
Supporting rules and regulations for HTA

- HTA reflected in Supreme Leader Macro Health Policies
  - ... improved decision-making based on sound scientific findings via development of standards and clinical practice guidelines, health technology assessment, ...

- HTA emphasized in Health Evolution Plan and other national documents, plans and policies

- Mutual agreements with Office of Medical Equipment and NIHR
Supporting projects

- Develop localized HTA CoreModel framework
  - in two categories (medical interventions and diagnostics devices)
  - and three levels (Snapshot, Rapid Review, Full HTA)

- Stakeholder Analysis in HTA Decision Making Process and their role

- Estimate Cost-Effectiveness Threshold Value for IRAN

- Estimate Population-Based Preference Weights for Health States for EQ-5D-3L, SF-6D-new version and EQ-5D-5L

- Priority-setting of health technology assessment topics

- Develop Decision support system for linking HTA to policy
HTA projects conducted via NIHR until 2018

- HTA reports on new technologies (over 120)
  - Drugs: 20
  - Medical devices: 45
  - Procedures: 15
  - Other: 5
  - Rapid reviews: 25
  - Ongoing projects: 15

- A recent search of databases retrieved 34 economic evaluation papers conducted in Iran and published in peer reviewed medical journals
HTA challenges in Iran I

- **HTA seems to have** very limited impact on decision making ... why?

- **Weak governance:**
  - HTA components complete but very fragmented
  - e.g. several HTA offices in MOH, FDO, insurance organizations, ...
  - e.g. several HTA funding bodies e.g. PEN Insulin experience
  - Duplicate projects and efforts potentially leading to different decisions

- **Rules and regulations** very limited and not effectively in place, and available regulations usually voluntarily

- **Even with presence of regulations, health system generally unregulated**
  - Decisions made without using the results of HTAs
  - Use of HTA approved technologies for other purposes e.g. PET scan
HTA challenges in Iran II

- Large number of technologies in place
- Rapid development of new technologies
- Full HTAs are time and resource consuming
- Policy makers normally in rush not waiting for the HTA results
- Limited capacity, knowledge and skills; and not used efficiently
  - e.g. proficiency of MSc graduates in HTA?
  - Capacity for limited number of projects
  - Leading to significant delay in HTA projects
  - Quality of HTAs and their reports?
- Limited fragmented funds
HTA challenges in Iran III

- Technical problems with HTA process
  - Significant delay in funding, contracting, proposal approval, report approval, ...

- HTA results normally not used and implemented by policy makers

- Monitoring systems e.g. HIS inefficient (e.g. use of technology for other groups)

- HTA not linked to benefit package and UHC
Even a comprehensive complete efficient HTA system is not enough without other efficient systems in place: e.g.

- payment system,
- regionalization, supply limit,
- family physician, referral system,
- electronic records, HIS,
- guidelines, protocols, standards, policy briefs, ...
- Monitoring and evaluations
- and other cost containment and cost control mechanisms ...

- E.g. insurance coverage of PEN Insulin
- Ordering PEN Insulin by GPs and specialists
Iran health system selected characteristics

- Insurance coverage very high (about 95%), but via fragmented insurance organizations
- Wide health benefit package includes almost all services
- Insufficient and unstable financial resources (e.g. 34 of 40 million insured by IRAN health insurance organization dependent on government budget)
- Health system fragmented and unregulated
- Payment system dominantly FFS
- Family physician not fully implemented, no referral system
- HIS not efficient, human resources not enough
- Dual practice high
- High induced demand and inappropriate use of services
- High Inefficiency
Major characteristics of EMR region

- Significant variations and diversities
- Transitional health, health system, economy, politics, ...
- Significant uncertainties
- Instability, unrests, wars, conflicts, sanctions
- Natural disasters high
- Oil dependent economy (not sustainable)
- Limited resources, capacity, expertise, ...
- HTA formal national structure in 2 EMR countries
EMR region situation: implications for HTA?

- More important
- Urgent need for expansion and improvement
- More restrictions
- More prioritization e.g. more expensive more costly technologies
- Affordability and CE e.g. hepatitis C treatment in IRAN, Pakistan, ...
Thank you