International Decision Support Initiative (iDSI): Supporting Priority-Setting for Universal Health Coverage

NICE International

*iDSI is funded by the Bill & Melinda Gates Foundation (BMGF) and the Department for International Development (DFID)*
Overview of the International Decision Support Initiative (iDSI)

1. **Growing need**: Increasing demand for priority-setting, limited supply

2. **Priority-setting**: Generate more health and equity for the money, essential for universal health coverage

3. **iDSI mechanism**: Connect policymakers to global capacity, tap economies of scale

4. **Unique to iDSI**: Demand-driven, peer-to-peer learning, global public goods

5. **Impact**: iDSI will benefit stakeholders at all levels
Why does the world need an international mechanism to support priority-setting?

<table>
<thead>
<tr>
<th>Demand</th>
<th>Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>• As low and middle income countries (LMICs) move towards universal</td>
<td>• Few agencies (NICE International, UK; HITAP, Thailand) provide such</td>
</tr>
<tr>
<td>health coverage (UHC) and public spending increases, the need and</td>
<td>support</td>
</tr>
<tr>
<td>demand for <strong>priority-setting</strong> will skyrocket</td>
<td>• Supply of technical capacity for priority-setting increasing</td>
</tr>
<tr>
<td>• <strong>Growing international markets for healthcare industry</strong> with</td>
<td>worldwide, but not well-coordinated to tap <strong>economies of scale</strong></td>
</tr>
<tr>
<td>new and expensive technologies, yet local budgets and regulatory</td>
<td>• NICE International and HITAP are small, and need a <strong>sustainable</strong></td>
</tr>
<tr>
<td>capacities</td>
<td><strong>model for scaling up</strong> operations to meet growing demand</td>
</tr>
<tr>
<td>• Few LMICs have priority-setting institutions, and therefore need</td>
<td></td>
</tr>
<tr>
<td><strong>international support for decision-making</strong></td>
<td></td>
</tr>
</tbody>
</table>
What is iDSI?

iDSI is a sustainable, adaptable, international mechanism, to provide policymakers (at sub-national, national, regional and international levels) with co-ordinated support in priority-setting, as a means to UHC.
Rational mechanisms for maximising efficient, equitable and ethical use of resources are essential for UHC

**Technical tools**
- HTA in broadest sense: including guidelines, pathways, quality standards, etc.
- Defining affordable package of cost-effective interventions to maximise coverage and health gains, and minimise out-of-pocket payments
- Redistributional objectives (e.g. targeting diseases that disproportionally burden the poor)

**Process tools**
- Institutional foundation with deliberative process
- Procedural principles, e.g., transparency, independence from vested interests
- Localised decision-making with stakeholder participation

**UHC**
- Financial protection
- Better health
- Social redistribution

Priority-setting can maximise horizontal and vertical health gains for any given budget, even with low public spending.

*Horizontal programmes* e.g.

| Rational health benefits package to minimise disease burden and catastrophic spending |
| ‘Best buy’ public health and primary care interventions to minimise burden of NCDs |

**Vertical programmes** e.g.

<table>
<thead>
<tr>
<th>HIV</th>
<th>Diabetes</th>
<th>Stroke</th>
<th>Maternal care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rationally allocating donor funding between second-line ARVs and expanding coverage of first-line ARVs</td>
<td>Reallocating public spending from insulin analogues to human insulin, to expand coverage and effectiveness of diabetes programmes</td>
<td>Adapting clinical guidelines to local context, to define cost-effective diagnostic and treatment practices across care pathway</td>
<td>Quality statements and indicators based on guidelines, to reduce variation in care and maternal deaths</td>
</tr>
</tbody>
</table>
Priority-setting can identify ‘best buys’ with substantial efficiency gains across LMICs

<table>
<thead>
<tr>
<th>Possible best-buys</th>
<th>% Efficiency gains switching from sub-optimal to optimal mix</th>
<th>Metrics used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease prevention in Thailand</td>
<td>99</td>
<td>Cost of obtaining one additional year of healthy life</td>
</tr>
<tr>
<td>Nevirapine to prevent mother-to-child HIV transmission in Tanzania</td>
<td>82</td>
<td>Cost per DALY avoided/ 2774 annual infant HIV infections averted</td>
</tr>
<tr>
<td>Combine older antipsychotics with psychosocial treatment for schizophrenia in Nigeria</td>
<td>68</td>
<td>Cost per DALY avoided</td>
</tr>
<tr>
<td>Alcohol and smoking control through increased excise taxes in Estonia</td>
<td>66</td>
<td>Cost per DALY avoided</td>
</tr>
<tr>
<td>Population-based cancer screening in Chinese women</td>
<td>59</td>
<td>Cost per DALY avoided</td>
</tr>
<tr>
<td>Road-side breath-testing in Nigeria to prevent alcohol abuse</td>
<td>56</td>
<td>Cost per DALY avoided</td>
</tr>
<tr>
<td>Treating patients on human insulin instead of analogues in Kyrgyzstan</td>
<td>52</td>
<td>Cost savings per patient</td>
</tr>
<tr>
<td>Comprehensive HIV approach worldwide</td>
<td>51</td>
<td>Cost per new HIV infection and AIDS death averted</td>
</tr>
</tbody>
</table>

Our vision: iDSI will draw on global capacity to deliver technical support in priority-setting

Policymakers and payers
Ministries of Health, State governments, public health insurers

Articulate demand
Deliver peer-to-peer support and build capacity

International funders
BMGF, DFID, World Bank, Global Fund, Rockefeller...

Add value to funder operations

Priority-setting institutions
NICE, HITAP...

Co-ordinate collaborative problem-solving

Academic, research and consultancy institutions
CGD, York University, Imperial, OHE...

Regional and international priority-setting networks
HTAsiaLink, PAHO, EUNetHTA...

LMIC policymakers with priority-setting experience
DoHFW (Kerala), MinSal AUGE (Chile)...

Funding

Articulate demand
Deliver peer-to-peer support and build capacity

NICE
iDSI’s Unique Selling Points

Demand-driven
Focused on client countries’ priorities

Systems approach to priority-setting
- Comprehensive package of ‘tools’: HTA, guidelines, pathways, quality standards...
- Build institutional capacity: training, demonstration projects, process manuals

Leverage NICE/HITAP networks to drive economies of scale
- Engage clinicians, academics, technicians and industry with policymakers around the world
- Engage LMIC stakeholders in South-South partnerships

Generate and disseminate global public goods

No-one has done all of the above
How will iDSI add value?

- Peer-to-peer learning and collaborative problem-solving through hands-on support
- Draw on deep and diverse expertise from policy and research entities around the world
- All countries can benefit from global public goods
- Apply priority-setting to both horizontal and vertical healthcare programmes
- Adapt evidence and policy to countries’ local contexts

All countries can benefit from global public goods

Apply priority-setting to both horizontal and vertical healthcare programmes

Adapt evidence and policy to countries’ local contexts

Draw on deep and diverse expertise from policy and research entities around the world

Peer-to-peer learning and collaborative problem-solving through hands-on support
### Impact on all stakeholders

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Outcomes</th>
</tr>
</thead>
</table>
| **International and domestic funders** | • Ensure value (maximum health gains) for money  
• Increase accountability  
• Reach the 1bn of the world’s poor living in MICs |
| **Policymakers**                     | • Leverage global capacity (including from other LMICs)  
• Deliver effective, equitable and sustainable UHC  
• Foster global health diplomacy |
| **Delivery partners**                | • Direct access to policymakers  
• Encourage stakeholder participation  
• Achieve real impact  
• Sustainable capacity for priority-setting at the local level |

*Financial protection and better health for the public*