



**Working on Clinical Practice Guidelines and  
HTA in resource limited settings: experience  
from Eurasian Countries**

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# I N T R O D U C T I O N

- ***„Health care systems in Europe are largely based on the principles of health as a human right, on equitable access to health and health services, quality of health care, on solidarity, and on the active participation of society as a whole. Because of the difficulties associated with rising costs, it is today vital to translate those ideals into achievements which are quantifiable both in terms of health and of expenditure; only with the help of such exact information can one hope to develop defensible policies which balance initiatives against resources.(Drugs and money-WHO)”***



- **Rapid development in health technologies affects health policies of countries. Thus Governments try to provide high quality, equal and accessible health care to public while managing health care budgets.**
- **Countries also contributed to the regional/global development of HTA by establishing networks according to their mutual interest.**



# **I N T R O D U C T I O N**

- **HTA helps evidence-informed policy decisions where we aim to gain more value with limited resources.**
- **Clinical practice guidelines are the knowledge tools that help clinicians and patients make evidence-based health care decisions.**
- **Both needs to be developed in order to ensure an evidence informed decision making ecosystem.**



# **THE STRUCTURE OF THE PANEL DISCUSSION**

- **short presentation of the outcomes and objectives of the joint activities of the countries belonging to the Euroasian Initiative**
- **background of the Initiative**
- **sharing experience between the panelists and audience**
- **coming to some common impressions and conclusions**

## **OUTCOMES AND OBJECTIVES**

- **This panel will create a platform where experiences in Eurasian countries can be shared with the HTA society, especially important that some countries will have their first opportunity to attend HTAi annual meeting.**
- **The panel will also allow audience to actively participate in the discussions which will increase interaction between different settings.**

# **B A C K G R O U N D**

**Development of HTA in the last few decades has not been limited to Europe and North America. Latin American and Asian countries have invested in HTA and these countries also contributed to the regional/global development of HTA by establishing networks according to their cultural and geographical proximity, or the commonality of systems.**



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**Considering the actual global situation regarding permanent growth of health care expenditures especially in developing countries, Eurasian HTA Forum note the importance of HTA as a multidisciplinary activity that systematically examines the safety, clinical efficacy and effectiveness, cost-effectiveness, organizational implications, social consequences as well as legal and ethical considerations of the application of a health technology, no matter if it is related to a drug, medical device, clinical or surgical procedure.**





# **B A C K G R O U N D**

**Similarly, in 2015, Eurasian HTA Initiative was established with the leadership of Turkish Society of Evidence Based Medicine and included the countries ranging from Balkans to Central Asia that are thought to be new, but promising for development of HTA. There are 9 membercountries**



# **B A C K G R O U N D**

- **Interventions to improve use of HTA and guidelines in the region became a priority during members' discussions.**
- **Both needs to be developed in order to ensure an evidence informed decision-making ecosystem.**
- **To what extent are these needs, was identified by deep analysis of the situation.**





# THE AIM OF THE INITIATIVE

- **To improve HTA in the member countries.**
- **The members conducted SWOT (strengths, weaknesses, opportunities, and threats) analysis in enhancement of evidence-informed decision making for the members, where infrastructure, legal framework and lack of capacity were found to be three of the major common weaknesses for evidence based decision-making.**



# **S T R E N G T H S**

- **National/Regional interest in multinational collaboration of advancing EBM practices**
- **Genuine interest to capacity building in EBM practices**
- **Availability of web-based resources**
- **World Health Assembly resolution on promoting HTA in the countries**
- **Existence of public health system (varying degree),**
- **Introduction of clinical practice guidelines (to at least some degree) into the healthcare system,**
- **Existing cross-border cooperation between most of the member-countries of Eurasian network.**
- **Interest of Governments to provide targeted funding of the cheapest possible services/technologies with highest impact and durable results. Interventions to improve use of HTA and guidelines in the region became a priority in members' discussions.**



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- **Low number of educated health personnel with adequate knowledge on critical appraisal and EBM**
- **Lack of adequate number of certified/licensed EBM/HTA courses across the countries**
- **Absence/scarcity of EBM-related courses**
- **Lack of regional expertise in the field**
- **Language barrier- the need for translations to local languages of common regional documents and vice versa.**
- **Lack of legal framework for advancing EBM**
- **Lack of enough willingness and use of HTA in decision making by relevant stakeholders**
- **Lack of patients' awareness of EBM practices and reluctance to take self-responsibility to participate in their treatment decisions**



# **O P P O R T U N I T I E S**

- **Interest in capacity building**
- **Possibility of joint activities in terms of improving EBM practices, with particular emphasis on HTAs**
- **Growing interest on EBM among health professionals**
- **Growing health expenditures, with a need to optimize use of available resources**
- **Potential for relevant information**
- **Possibility to organize webinars, open to all countries to selected EBM topics**
- **Global support from countries with well-established EBM systems**
- **Existence of EBM associations in some countries in the region, as a triggering factor for the others**
- **All partners are members of World Health Organization-Euro**
- **WHO supporting HTA to be involved in universal health coverage**
- **Increasing demand of evidence on health technologies by patient organizations**



# **T H R E A T S**

- **Limited funding to be used for EBM development in the Region**
- **Low level of understanding of EBM among policy/decision makers, academia and general public**
- **Industry influence on medical decision making**
- **Mismatch between demands and available resources to fulfill EBM requirements**
- **No incentives for EBM practices, beyond physicians' self-consciousness**
- **Hard-core cultural beliefs of some senior physicians for a cultural change favoring EBM practices**
- **Discontinuation of people and efforts, tendency to give up**
- **Political influence to the health policies**





# **C H A L L E N G E**

**The resource-limited settings, such as members of this initiative, need to align these activities to make sure that the resources are used efficiently, decisions made are evidence-informed and the existing capacity collaborates to have a communicative system.**



**They will provide information on activities in their respective countries and will lay out challenges they are facing.**

- **Ahmed Novo (Federation of Bosnia and Herzegovina)**
- **Temirkhan Kulkhan (Kazakhstan)**
- **Khaled Zghal (Tunisia)**
- **Rabia Kahveci (Turkey)**



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**All other participants who have participated to design this panel session are mentioned bellow, and are invited to express their examples about experiences in their respective countries, and give some ideas for improvement**

- **Sinisa Stevic (Republika Srpska),**
- **Merjem Hadzihamza (Macedonia)**
- **Sanja Simovic (Montenegro),**
- **Alma Bajram spahic (Montenegro)**
- **Bermet Baryktabasova (Kyrgyzstan),**
- **Mirela Cela (Albania),**



# **AUDIENCE-YOU ARE WELCOME**

**All other participants are more than welcomed  
to join the panel discussion to extend the  
opportunities to learn from each others.**





**Thank you for your attention**

