**Title** Health technology assessment capacity at national level in sub-Saharan Africa: a survey of stakeholders

**Presenting author** Dr Samantha Hollingworth

Address School of Pharmacy, University of Queensland, Australia

Phone 61 7 3346 1981 Email s.hollingworth@uq.edu.au

**Co authors** (author order: Hollingworth S, Gad M, Winch A, Fraser J, Ruiz F & Chalkidou K)

Mohamed Gad iDSI, Imperial College London m.gad@imperial.ac.uk

Alex Winch iDSI, Imperial College London a.winch@imperial.ac.uk

Jessica Fraser iDSI, Imperial College London jessica.fraser@imperial.ac.uk

Francis Ruiz iDSI, Imperial College London f.ruiz@imperial.ac.uk

Kalipso Chalkidou iDSI, Imperial College London k.chalkidou@imperial.ac.uk

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**Background**

Health technology assessment (HTA) is an effective tool to support priority setting (PS) in health at multiple decision-making levels. Stakeholder groups need to understand HTA appropriate to their role and to interpret and critique the evidence produced. The International Decision Support Initiative (iDSI) has been working in sub-Saharan Africa (SSA) since 2013 to develop local capacity and support countries to implement robust HTA processes

**Aim**

To assess the current health system priorities and policy areas of demand for HTA, and identify gaps in data and skills to improve the targeting of capacity-building in SSA.

**Methods**

We revised an existing iDSI cross-sectional survey and delivered it to 357 recipients through existing networks in SSA (e.g. iDSI, AfHEA). We targeted policy makers and those who inform policy decisions at national and sub-national levels; and also those who have an interest in how HTA can improve priority setting in health, including potential suppliers of HTA-relevant data. We analysed responses and explored key themes.

**Key findings**

There were 51 respondents (response rate 14%) working in mostly universities and ministries of health across 14 countries. HTA was considered an important and valuable PS tool with a key role in the design of health benefits packages (HBP), clinical guideline development, and service improvement. Medicines were the technology most identified as being a critical area for undertaking HTA (followed by vaccines and public health programs). especially because of their high costs and ability to address major disease burdens. The use of HTA to address safety issues (e.g. low quality medicines) and value for money concerns was seen as particularly important, perhaps reflecting problems in SSA relating to service quality and efficiency. The perceived availability and accessibility of suitable local data to support HTA varied widely but in many instances was considered inadequate and limited. Respondents noted a strong need for training support in research methodology and data gathering for HTA evidence. The main limitations were a low response rate (most responses from Ghana and Nigeria) and that respondents were self-selected.

**Conclusions**
The initial survey across the sub-Saharan African region was successful in raising awareness of HTA as a tool for priority setting and identifying key gaps in data and capacity. A more tailored and expansive survey can now be developed by iDSI around the key themes identified in this initial survey to tailor engagement strategies and target capacity building.

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