*Strengthening Health Technology Assessment Systems in the Global South: A Comparative Analysis of the HTA journeys of China, India and South Africa.*

**Authors**

Kim MacQuilkan1, Peter Baker2, Laura Downey2, Francis Ruiz2, Kalipso Chalkidou2, Shankar Prinja3, Kun Zhao4, Thomas Wilkinson5, Amanda Glassman6, Karen Hofman7

1. Priority Cost Effective Lessons for System Strengthening South Africa (PRICELESS SA), School of Public Health, University of Witwatersrand, Faculty of Health Sciences, Johannesburg, South Africa.

2. Global Health and Development Group, Institute of Global Health Innovation, Imperial College London, London, United Kingdom.

3. School of Public Health, Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, India

4. Division of Health Technology Assessment and Policy Evaluation, China National Health Development Research Center (CHNHDR), Ministry of Health, Beijing, China

5. School of Public Health and Family Medicine, University of Cape Town, South Africa

6. Center for Global Development, Washington DC, United States of America

7. Priority Cost Effective Lessons for System Strengthening South Africa (PRICELESS SA), School of Public Health, University of Witwatersrand, Faculty of Health Sciences, Johannesburg, South Africa.

**Background**

Resource allocation in health is universally challenging, but especially so in resource-constrained contexts in the Global South. Pursuing a strategy of evidence-based decision-making and using tools such as Health Technology Assessment (HTA), can help address issues relating to both affordability and equity when allocating resources. Three BRICS and Global South countries, China, India and South Africa have committed to strengthening HTA capacity and developing their domestic HTA systems, with the goal of getting evidence translated into policy. Through assessing and comparing the HTA journey of each country it may be possible to identify common problems and shareable insights.

**Aims and objectives**

This collaborative paper aimed to share knowledge on strengthening HTA systems in the Global South to promote evidence-based decision-making by: Identifying common barriers and enablers in three BRICS countries in the Global South; and Exploring how South-South collaboration can strengthen HTA capacity and utilisation.

**Methodology**

A descriptive and explorative comparative analysis was conducted comprising a Within-Case analysis to produce a narrative of the HTA journey in each country and an Across-Case analysis to explore both knowledge that could be shared across the Global South and any potential knowledge gaps. All three countries are part of a global network, the International Decision Support Initiative (iDSI), which provides a platform for knowledge sharing and capacity building to support evidence-based priority-setting and decision-making. The development of the paper involved experts from each country in order to provide the most pragmatic and appropriate insights.

**Results**

Analyses revealed that China, India and South Africa share many barriers to strengthening and developing HTA systems such as: 1) Minimal HTA expertise; 2) Weak health data infrastructure; 3) Rising healthcare costs; 4) fragmented healthcare systems; and 5) significant growth in non-communicable diseases. Stakeholder engagement, and institutionalisation of HTA were identified as two conducive factors for strengthening HTA systems.

**Conclusion**

China, India and South Africa have all committed to establishing robust HTA systems to inform evidence-based priority setting and have experienced similar challenges. Engagement among countries of the Global South can provide a supportive platform to share knowledge on strengthening HTA systems that is more applicable and pragmatic.

**Corresponding Author**

Kim MacQuilkan, +27766422599, kemacq@gmail.com

*The lead author’s time was supported by PRICELESS SA, a core member of the iDSI network.*

This paper was produced as part of iDSI ([www.idsihealth.org](http://www.idsihealth.org/)), a global initiative to support decision makers in priority-setting for UHC. The work received funding from Bill & Melinda Gates Foundation (grant OPP1087363, “Establishing Priority Setting Institutions in Developing Countries”), the UK Department for International Development, and the Rockefeller Foundation. *The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.*