**Select the theme that your submission is most relevant to:**

**Theme 4:** Priority setting and economic evaluation

**Title**

Institutional arrangements for priority-setting: what are the key factors countries must consider when institutionalising HTA?

**Abstract (Presentation 3)**

*Dr. Mardiati Nadjib; University of Indonesia*

Title: Developments in institutionalising priority-setting in Indonesia

* The Government of Indonesia has committed to introducing UHC through a single National Health Insurance Program for its 250m citizens by 2019. To realize this commitment, the Ministry of Health (MoH) recognised the necessity for formal priority-setting mechanisms and created an inter-institutional HTA Committee in Indonesia by a decree. This displays both political will and for large scale impact of priority-setting, particularly as Indonesia faces graduation from Gavi support.

The HTA Committee does not yet have a clear organizational structure, but the Secretariat is provided by a Ministry of Health department. Work towards institutionalising HTA in Indonesia has included acknowledging that evidence-based priority-setting in health goes beyond the analytical components of HTA. Priority-setting requires clear and inclusive processes and governance arrangements to ensure it meets the expectations of all stakeholders including patients, health professionals, providers, manufacturers and ultimately the government and the public.

The newly established HTA committee must balance its independence and its degree of delegation. It must also support convergence of stakeholders, including the health insurer BPJS, the MOH, patient organisations and the general public, health professionals and manufacturers. A high-level roadmap from the HTA committee has identified strategic areas for its future work, and partners in the international Decision Support Initiative (iDSI) are supporting implementation of this roadmap.