

# Nebesa

- 13% govt expenditure on health
- 4% of health budget from overseas sources
- GDP/capita \$3,400
- Life expectancy 68 (F), 63 (M)
- High burden of infectious disease
  - HIV-related (31% of DALY burden)
  - Lower respiratory (3.8%)
  - TB (5.2%)
  - Diarrheal (3.7)
- Increasing NCDs
  - Diabetes (3.6%)
  - IHD (2.5%)
  - COPD and asthma (3.4%)

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- Government objective to provide accessible, high-quality, affordable health services
- Health benefits package introduced in 2012 as part of 5-year Strategic Plan
- HBP to be made free of charge to all population, tax-based funding
- Aim of the HBP:
  - To provide a standard package of basic services that forms the core of service delivery in all healthcare facilities.
  - To promote equitable access, especially in underserved areas.

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**Table 1: Costs Disaggregated by Program Area for 2016, in US\$ millions**

<b>Program Area</b>	<b>Cost</b>
Maternal, newborn and reproductive health	72.1
Child health	2.8
Immunization	38.3
Malaria	117.5
TB	285.0
HIV/AIDS	572.3
Non-communicable diseases	301.9
Mental, Neurological, and Substance Abuse Disorders	2.9
<b>Total costs (all program areas)</b>	<b>1392.8</b>

# Module 2: Methods exercise

1. Newbivir – add to the HBP?
2. WHO guidelines on Hep B – adopt?
3. Arthrimumab – how to improve access?
4. Inbatofen – add to the HBP?
5. Catamaxid – remove from the HBP?
6. P-1050 – continue funding vertical programme?

# Module 2: Methods exercise

1. For each of the above, assess the information needed to inform the recommendations for the committee, and the extent to which consideration of issues other than cost-effectiveness may require analysis.
2. Beyond simple cost-effectiveness, what do you consider to be the principal evaluation criteria that the Bureau should apply when developing its recommendations?
3. More generally, what would you consider to be the main priorities for the HTA Bureau to improve its impact on the choice of the HBP?