iDSI Guide and Reporting Template for HTA Situational Analyses

Francis Ruiz,[1] Sophie Gulliver,[2] and Pete Baker[2]

Author affiliations:

(1) London School of Hygiene and Tropical Medicine

(2) Center for Global Development

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1 Introduction

Health systems worldwide aim to provide quality healthcare but are constrained by limited resources. Priority setting through health technology assessment (HTA) is a tool that can help decision makers make evidence-informed choices of what health priorities to fund to ensure value for money within the health sector. To improve the institutionalisation of HTA, we first need to analyse and understand the current state of the HTA system – who is involved and how it functions – so we can diagnose key entry points for improvements. This is the primary goal of situational analysis.

This situational analysis guidance first sets out the definitions of HTA and situational analysis and the purposes of this guidance. Second, the guidance discusses the aims and process for developing a situational analysis and the links between situational analysis and baseline assessments, monitoring, and evaluation. The guidance then provides both annotated guidance and a clean template that sets out the structure for a situational analysis report, including content requirements in each section.

1.1 What is HTA?

The International Network of Agencies for HTA (INAHTA) and HTA International (HTAi) define HTA as:

*"… a **multidisciplinary process** that uses explicit methods to determine the value of a health technology at different points in its lifecycle. The purpose is to **inform decision-making** in order to **promote an equitable, efficient, and high-quality health system**"* (O'Rourke et al. 2020).

This definition of HTA highlights what has been long recognised, that HTA is not a purely technical exercise. It also implies some form of integration (and coordination) with a number of health-system actors, and the authors make clear that decision support contexts could include "formulary coverage or reimbursement decisions (including disinvestment); clinical practice guideline development; defining emergency kits, disaster planning, (basic) benefit packages, and essential medicine lists; medical device and equipment procurement planning; negotiating prices for health technologies, and other decision contexts at the national, regional, or local levels, including hospitals" (O'Rourke et al. 2020, #).

1.2 What is a situational analysis?

The overarching goal of a situational analysis (sometimes called a landscape analysis) is to understand the current situation in a given setting – particularly how healthcare priorities are set, how priority setting is undertaken (e.g., the extent to which "evidence" is considered), who is involved, and how any priority-setting decisions are implemented through an organised institutional approach (if one exists). Such an analysis requires a relatively comprehensive (though not exhaustive) account of how the health system is currently organised and financed and, crucially, how healthcare services are selected and provided. Such information provides (or at least can help inform) a "baseline" that can help identify appropriate modalities of engagement and support.

1.3 Purpose of this guidance document

This document provides guidance on the process for developing HTA situational analyses for a nation, particularly for low- and middle-income (LMIC) countries. It also provides templates for the content of any reports that are produced. The aim of this guidance is to support greater consistency in the approaches and content of individual HTA situational analyses by taking into account of the definition of HTA and, importantly, by drawing on extensive iDSI experience in this area in order to facilitate the more efficient and effective production of documents to support planning within countries and learning across nations.

The guidance and reporting template aims to standardise how countries, technical assistance providers, and donors undertake HTA situational analyses. It is designed to be flexible, reflecting the different contexts that such analyses will be exploring.

The key audiences for this guidance are national HTA policymakers and practitioners, technical assistance providers, and donors and funders working alongside countries' policymakers who wish to improve their priority-setting systems.

2 Approach to undertaking situational analyses

2.1 Aims of the HTA situational analysis

The development of institutionalised HTA systems depends on the coordination of multiple stakeholders in any health system. As such, an HTA situational analysis can play an important role in:

- **identifying areas in the priority-setting ecosystem that countries and technical assistance providers should focus on (e.g., governance and fragmentation of priority-setting systems),** which could also include an assessment of the potential role of HTA partners in providing specific technical support;
- **ensuring technical assistance partners provide well-informed, context-specific support;**
- **establishing a baseline** to enable country practitioners, policymakers, and technical assistance providers to monitor progress, which could, for example, be linked to specific progress tracking tools like iProSE (the iDSI Progression Scale for Implementing Evidence Informed Priority Setting (EIPS); see section 4 for more details on iProSE); and
- **catalysing local networks**, reaching a common stakeholder understanding of the national priority-setting process and its challenges, and sensitising policymakers to HTA and its role through participation in this process (whenever possible).

Situational analyses can take various forms, depending on their contexts and the stages of engagement in any country. There are broadly three types of related reports that national policymakers and practitioners (and their partners) might want to undertake in a target country:

(i) A **rapid desk review** of the country's health system, as well as current policymaking and governance structures. This review will rely entirely on secondary data sources. The aim of this type of report is to quickly assess the suitability of technical assistance and support.

(ii) To support project planning in a country, a **more detailed situational analysis can be developed to better understand the context** and identify more clearly the role and nature of technical assistance and support, as well as the possible contributions of technical assistance providers. Such work could involve stakeholder participation and key informant interviews.

(iii) **Targeted assessments on specific issues** (e.g., more detailed capacity assessments based on dedicated surveys or legislative reviews) may follow (ii) and may be part of the package of support technical assistance provided as part of institution building.

This document will provide details on how to conduct a situational analysis that is suitable following initial agreement to engage in a country and involving country partners – i.e., a report consistent with type (ii) as set out above. However, it can also be used to support other types of reports on landscaping.

2.2 Undertaking the situational analysis

This section sets out the overall process that developers should follow when conducting a situational analysis.

To ensure that the final report contains as much relevant information as possible, it is necessary to carefully plan the approach and to liaise with relevant delivery partners as necessary. The figure below illustrates the five key steps in the process of developing a situational analysis.

How to Conduct a
Situational analysis

1

CHECK IF A SITUATIONAL ANALYSIS HAS BEEN DONE BEFORE

Other partners like WHO, SPARC, World Bank may have completed work before. This is a good opportunity to harmonise plans.

2

DEVELOP A CONCEPT NOTE AND AGREE TIMELINES

Agree on the purpose of your situational analysis, the team needed, the time required and the governance processes. Get sign-off from senior policy makers.

3

DEVELOP A PROTOCOL WITH APPROPRIATE METHODS

Identify the information you need for your analysis, the methods you will use to collect this information, and your data sources. Identify if you need an ethics review.

4

COLLECT DATA AND WRITE UP FINDINGS

Collect your data using the methods detailed in your protocol. Write up your findings. Consider if a validation workshop would be helpful to boost the rigor of your work.

5

DISSEMINATE REPORT AND AGREE NEXT STEPS

Plan for how and to whom you will disseminate your report. Make clear recommendations alongside clear timeframes. Provide actionable next steps.

2.2.1 Check if a situational analysis has been done or is being developed

Before beginning, check if another organisation has completed a situational analysis recently or has plans to do one soon. Reach out to in-country partners, including iDSI partners, World Bank, SPARC (Strategic Purchasing Africa Resource Centre), and WHO, among others. This step will reduce duplication of effort and enable better harmonisation. It is a useful opportunity to consider the workplans of these organisations when they are available and to explore the potential for partnering and collaboration.

2.2.2 Develop a concept note and agree on timelines

A concept note provides a brief outline of your planned situational analysis. The aim of a concept note is to get early buy-in from partners and senior leadership for your planned analysis.

An early step in developing your concept note is engaging with potential partners and stakeholders to determine what expertise you need on your project team and what roles and responsibilities each individual/organisation will play.

The following stakeholders are useful to approach when conducting a situational analysis:

- Key policymakers in the Ministry of Health and other relevant ministries
- Policymakers and practitioners in relevant health-system agencies, including health insurance agencies, pharmaceutical companies, and food and drug bodies, among other local organisations
- Academic partners from local universities
- Civil society organisations, including thinks tanks, institutes, and NGOs
- International experts in HTA and health systems
- WHO and other technical assistance partners in the country in question

Following consultation, it is important to create a core project team made up of relevant experts who will be responsible for completing and disseminating the analysis and a list of stakeholders who will be consulted as part of the process. From iDSI's previous experience, the core team usually contains 5–10 experts – a sufficient but manageable number to complete the technical requirements of the work. It is important to clearly define the roles and responsibilities between partners, with the goal of seeking equitable relationships and co-leadership with local partners. Remember to consider what expertise you will need to deliver the project and how any gaps in knowledge will be addressed. This step may have budget implications if you choose, for example, to hire consultants.

Once the core project team is established, a concept note should be drafted, detailing:

- the **purpose** of the situational analysis and its key audiences;
- the **timeline** of the analysis, including stakeholder identification, the role of consultation, the production of drafts and final reports, and dissemination events, all of which can take around six months, depending on the purpose and type of analysis undertaken;
- the **governance arrangements** and approval processes for sharing information with partners/stakeholders and changing the report scope, as well as the report review and finalisation process;
- the **dissemination and publication strategy** outlining how you will communicate the report findings effectively to your key audiences; and

- the **budget** (if applicable) for the situational analysis, including costs for personnel, consultants, and any travel or equipment for data collection and/or validation workshops.

Before proceeding to the next step, ensure that your concept note is approved by a senior public official and all partners to secure buy-in.

2.2.3 Develop a protocol with appropriate methods

Once your concept note is approved, the next step is designing a short protocol. A protocol outlines the methodological framework you will use to conduct the situational analysis.

Analytical framework

The first step when designing your protocol is articulating the analytical framework. The analytical framework identifies, describes, and interrelates the processes and components that make up the system that you will analyse. For example, a commonly used analytical framing for the HTA system is iDSI's Supply, Demand, and Need Framework.

Once an analytical framework is in place, the next step is to consider what data you will need to inform your situational analysis. As per the guidance template, you could expect to collect data on the following topics:

- Basic country facts and statistics – national statistics on demographics and disease burden, total health expenditure, government health expenditure, percentage paid by donor funding, and percentage paid out-of-pocket (OOP)
- Health financing flows, including processes for procurement, reimbursement, and standard treatment guidelines
- Information on how existing priority-setting mechanisms function (e.g., health benefit packages, essential medicine lists) and how HTA processes work
- HTA stakeholders and their involvement in HTA processes
- Capacity for HTA in the country and HTA data sources
- Institutionalisation and governance structures

You should identify your specific information needs based on the purposes and audience of your situational analysis.

Methodology

Your protocol must clearly outline the methodology and methods you will use to collect data. The methodology is the overarching approach to your research (e.g., mixed methods), and the methods are the specific tools and procedures used to collect and analyse data (e.g., surveys). There are many methods that you could use as part of your situational analysis. Below is a short list of common methods:

- Literature/document reviews
- Key informant interviews
- Surveys
- Group discussions

Your protocol should explain in sufficient detail how you will manage, collect, and analyse your data, including your data sources and sampling strategy. It is also helpful to give a timeline of how your data collection and analysis will unfold.

Remember to consider if you will require ethical approval for your proposed methodology and to seek approval or a waiver as needed from the relevant Institutional Review Board.

Your final protocol should be approved by the governance structure for your situational analysis before you proceed to data collection and analysis.

2.2.4 Collect data and write up findings

As you collect and analyse your data as per your protocol, it is helpful to provide updates to your partners and the applicable governance structure for the analysis.

When writing up findings, we suggest following iDSI's situational analysis guidance and template (see section below). The guidance and template provide key section headings and subheadings alongside guidance on what information should be included in each section and how this information can best be presented.

As part of the report drafting and finalisation process, it is advisable to obtain review and feedback from partners, stakeholders, and/or outside experts. Ideally this review process was already detailed in your concept note. You may want to consider convening a validation meeting to validate your draft findings and obtain buy-in from stakeholders for the analysis. If you hold a validation meeting, remember to consider the implications for your budget and timeline.

Once you have incorporated any revisions, your situational analysis should be approved for publication following the governance processes outlined in your concept note.

2.2.5 Disseminate report and provide actionable next steps

As you finalise the report, you will also begin planning dissemination actions and next steps. Dissemination can consist of many different activities, including stakeholder workshops, meetings, events, conference presentations, social media posts, and written summaries like blogs and policy briefs. You will also want to publish your situational analysis, and also consider producing a peer-reviewed publication, to enable other countries to learn from your experience. Ideally, your plan for dissemination and publication has already been outlined in your concept note.

While the intention is that the report itself provides a key guide in defining next steps (see below), the process of undertaking the situational analysis may also highlight the need for technical assistance partners or funders to further develop their understanding of the local context to provide better support. For example, an HTA situational analysis report may recommend a detailed legislative review or capacity survey.

3 Linking situational analyses to measuring country progress

Completing a situational analysis can be a great opportunity to collect baseline data to inform future efforts to track progression in terms of institutionalising evidence-informed priority setting. One tool countries may consider using is the iProSE scale – iDSI Progression Scale for Implementing Evidence-Informed Priority Setting (EIPS).

iProSE is a self-assessment scale that helps countries map and score the extent to which they use evidence to inform priority setting and resource allocation. It tracks progress on the implementation of key "enabling factors" for generating evidence and assesses the use of evidence to inform two key decisions: what services to reimburse and at what price to procure commodities.

The iProSE scale was designed to enable independent self-assessment without external involvement. It relies on documentary evidence and observable milestones to minimise extensive stakeholder consultations, making it useful in lower resource settings. It uses observable milestones of EIPS institutionalisation that are common to most countries, thereby facilitating cross-country comparison of institutionalisation processes.

We encourage countries to use the situational analysis as an opportunity to consider using an iProSE self-assessment as well. To do this we recommend that you:

- **familiarise yourself with the iProSE scale**, the how-to guide, and bespoke excel worksheet; review the preliminary considerations in the how-to guide and examples of evidence required; and determine if the iProSE scale is right for your needs;
- **integrate identified data collection needs for the iProSE scale into your protocol** for the situational analysis to reduce duplication of efforts (you can understand the data collection needs by reviewing the assessment statements and evidence requirements in the how-to guide);
- **complete your situational analysis**, and once finished, complete the iProSE self-assessment using the evidence already collected and supplemented as needed (the self-assessment may be completed by one knowledgeable expert with validation from the situational analysis team); and
- **monitor and evaluate progress** by completing a new iteration of iProSE every one to two years or another time interval to track progress and identify any gaps and opportunities for improvement (this can be a great way to sustain political commitment and motivation, to adjust plans in real time, and to evaluate the extent to which HTAs are actually influencing procurement and reimbursement decisions).

4 Situational analysis contents – a reporting template

This section sets out a template for a detailed landscaping analysis report. It aims to provide a coherent report structure with brief explanations for the purpose of including information on specific areas.

This structure could be used in the preparation of slide sets or other materials to support stakeholder engagement both during and after report development, as well as dissemination.

The following describes in (approximate) order the sections that should be included in a standard situational analysis report. Note that your own report may have more, fewer, or different (sub)sections depending on your needs and audience.

Reporting Template Section Overview

Executive summary	Summarise the report, including key findings and recommendations.
Background to the situational analysis	Detail the purpose of the analysis and the process/methods for the analysis.
Background to priority setting, HTA, and the role of technical assistance providers	Define and describe HTA and priority-setting processes and how they are used. Detail the role of TA providers in the country.
Background of the country	Provide national health/population facts.
Overview of health financing and service provision	Describe health-system financing, including strategic purchasing, procurement, and reimbursement.
Current priority-setting mechanisms	Describe all the priority-setting mechanisms and the current HTA process in the country
Relevant stakeholders for HTA	Describe the main stakeholders for HTA, their roles, and how they link together.
Capacity for HTA	Describe the strength and weaknesses of stakeholders to generate and use HTA as well as any soft infrastructure that supports HTA.
Data sources for HTA	List data sources typically required for HTA.
Summary of existing situation for building a sustainable HTA system	Provide a summary of the challenges/threats and opportunities/strengths of the current HTA system.
Recommendations and next steps	Provide recommendations to improve the HTA system in the short-, medium- and long-term, and include immediate next steps.
Appendix	List relevant documents.

Detailed guidance

4.1 Executive summary

Include a one- to two-page engaging executive summary highlighting the aims of the analysis, your process, main findings, key recommendations, and immediate next steps.

4.2 Background to the situational analysis

Purpose

Summarise the purpose and reasons for the analysis, as well as the identities of the key audience(s) and the authors. Acknowledge key inputs from individuals and organisations.

Outline how this report fits into a broader package of (potential) support/engagement.

Methods

Document the process followed in collecting and analysing data and developing the report. Your protocol should provide most of the content for this section.

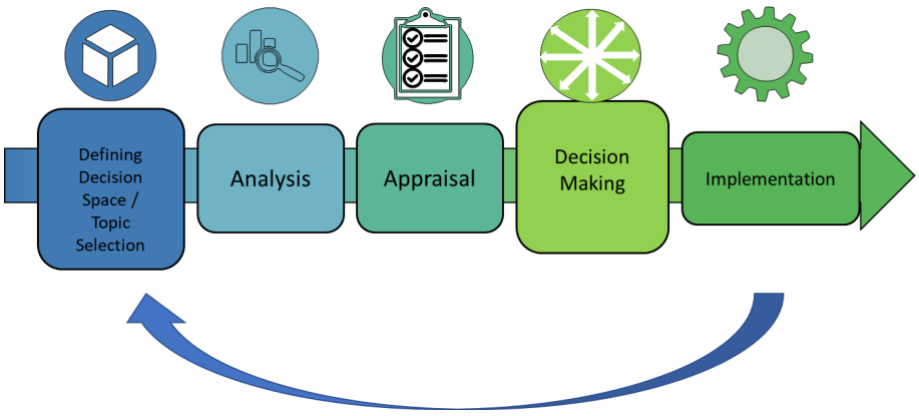
4.3 Background to priority setting, HTA, and the role of technical assistance partners

Priority setting and Health Technology Assessment

Define HTA and summarise the role of HTA in supporting explicit priority setting.

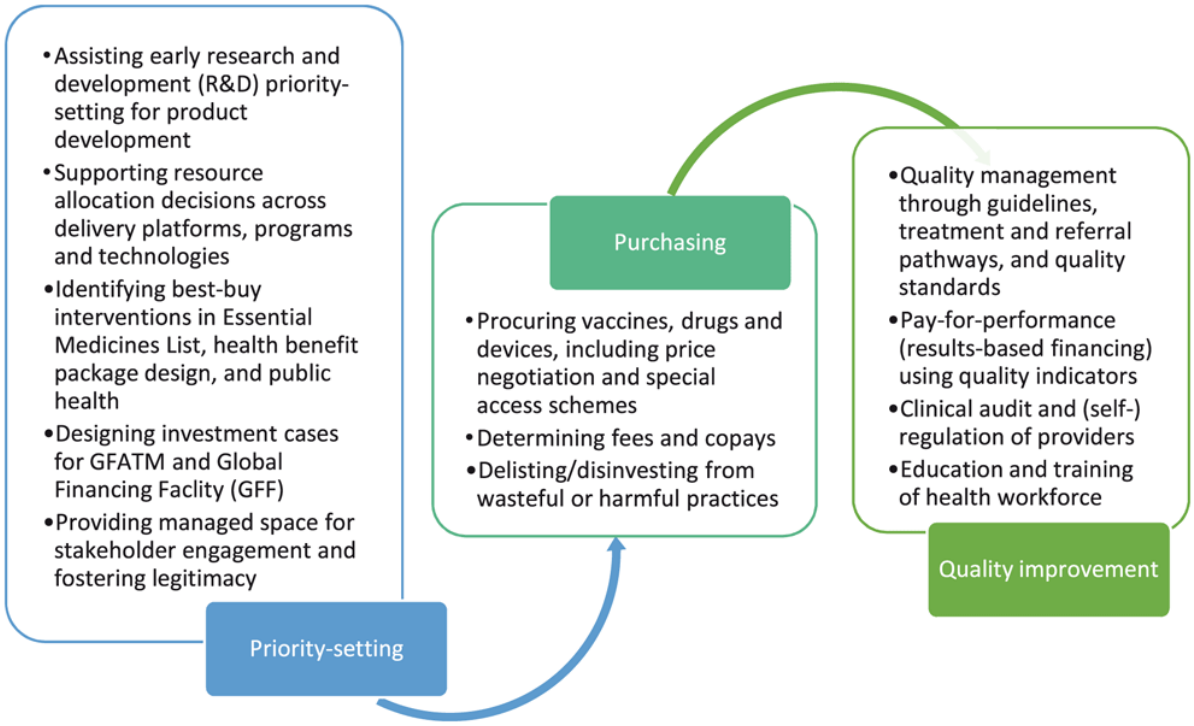
Describe the five main steps in the HTA process, including: (1) defining the decision space and topic selection, (2) analysis, (3) appraisal, (4) decision making, and (5) implementation.

Figure 2: The HTA Process
Source: Siegfried et al. 2017.



Describe the key elements for achieving a successful, institutionalised HTA system. Note particularly how HTA can support a variety of priority-setting activities, including procurement, the development/revision of essential medicine lists and health benefit packages, and guideline development.

Figure 3: How HTA Can Be Used to Inform Resource Allocation and the Purchasing of Health Services Interventions
Source: O'Brien et al. 2020, 3.



It is important to highlight the importance of identifying a strategy for implementing HTA findings, and how implementation itself can generate information for future HTAs.

Role of technical assistance partners

Explain how the country and technical assistance partners approached this situational analysis and why a technical assistance partner is involved. Is this involvement based on the country's request to engage, and if so, what is the reason for this? Common reasons include: the sustainability of insurance scheme, a lack of confidence in previous HBP efforts, the need of an expanding NHI scheme for an HBP, and fiscal crises leading to a necessary reduction in services.

4.4 Background to the country

Provide a brief overview of the country, including population and other important national information and statistics (e.g., GDP).

Health-system organisation

Describe the health sector in the country, including key health policy priorities, especially in relation to priority setting, key actors and organisations within the health system, and planned health policy reforms and key health actors.

4.5 Overview of health financing and service provision

Describe basic facts about the country's health system, including total health expenditure, government health expenditure, the percentage that is donor funded, and the percentage of out-of-pocket costs. Summarise the areas of high disease burden in the country, including current and anticipated health challenges.

Health-system funding

Describe where funding comes from in the health system, how it is pooled and spent, and what institution controls the funding (e.g., taxes/Ministry of Health, National Health Insurance premiums/agency, and bilateral and multilateral donors such as the Global Fund to Fight AIDS, Tuberculosis and Malaria). Consider any recent fiscal space analyses.

Describe what level of government has a mandate over health expenditure and priorities. To what extent do public funds support organisational structures that produce and/or use evidence on health technologies to inform resource allocation decisions? How decentralised are these?

Strategic purchasing

Describe who purchases services for different financing streams and on what basis (block grants, diagnostic related groups (DRGs) or the equivalent, etc.).

Procurement

Summarise commodity procurement processes – who procures the bulk of commodities for the country and on what basis (e.g., do they follow an essential medicines list and/or standard treatment guidelines)?

Standard treatment guidelines

Summarise the standard treatment guideline process – who produces these and on what basis?

4.6 Current priority-setting mechanisms

Priority setting is a valuable and decisive component of the situational analysis. We encourage authors to spend considerable time understanding each priority-setting activity, how it works, and its ability to genuinely influence health services and health expenditure.

This section aims to capture information on existing priority-setting processes, including HTA, and to explore institutional design, policy context, and the capacity available to undertake priority setting.

The key areas that need to be covered for each type of priority-setting activity (health benefit package design, Global Fund concept notes, Global Financing Facility (GFF) investment cases, etc.), are as follows (these areas can be used as subheadings):

1. The **overall mandate** for the priority-setting process and its source (e.g., policy, regulation, law)
2. The **scope** of the priority-setting process (e.g., primary and secondary care, all disease areas or those defined by a donor, all health technologies or those focused on specific intervention types, such as vaccines, etc.)
3. The **decisions** that the priority-setting process seeks to influence (e.g., services that will be funded, purchased, or reimbursed; price negotiations; the development of clinical guidelines and/or quality standards, etc.)
4. The **governance structure** linked to the priority-setting process; here it is necessary to outline where possible:
    a. the relevant policymaker(s) reaching the final decision;
    b. high-level governance: describe the ministry, for example, ultimately accountable for the priority-setting process;
    c. the functions of the governance structure (e.g., ensuring that the process is suitable for its purpose and overseeing the implementation of decisions); and
    d. the components of the governance structure (e.g., relevant committees, working groups, secretariat, or coordinating unit).
5. The **technical/methodological approaches** adopted in support of the priority-setting process (e.g., systematic reviews and evidence synthesis, cost-effectiveness, etc.)
6. **Scale and financing:** What are the approximate levels of resourcing/staffing required for the priority-setting process? Where is capacity drawn from? It will be important to set out where possible the extent to which public funds support organisational structures that produce and/or use evidence.
7. **Stakeholder and citizen involvement** in the priority-setting process: Outside of the main evidence producers and users (e.g., the Ministry of Health), to what extent are other stakeholders involved (patient organisations, product developers, other government agencies or departments, etc.)? What provisions have been made for engagement in the process, including opportunities for appeal?

Where an HTA process has been implemented in the country (and described as such), authors should additionally refer to how the process used links to recommendations on implementing evidence-informed deliberative processes. This section would include the key steps involved from topic selection/prioritisation to the monitoring and evaluation of any implemented recommendations. Authors should articulate how the assessment/appraisal steps operate, including the use of decision criteria.

4.7 Relevant stakeholders for HTA

Describe the main stakeholders that could be involved in a relevant HTA process. The expectation is not to give a full and detailed account of all stakeholders, their power, and interests – such an account may demand a follow-up stakeholder analysis project – but it should identify the key actors, particularly those who may support or obstruct it.

You could use a table like the one below to illustrate your findings. Consider a variety of stakeholders following the 7Ps framework: patients and the public, health service providers, purchasers, payers, policymakers, and product makers.

Consider the extent to which these stakeholders participate in decision making, their views on previous priority-setting efforts and need for future support, and the likelihood that they will be allies or detractors.

Consider whether there are any formal linkages between stakeholders. It may not be possible to address all these questions, and judgement will be needed.

Stakeholder	**Organisation type/level**	**Role in HTA (e.g., producer or user of evidence)**	**Views on priority-setting efforts (positive and negative)**

Given there can be fragmentation within the health system in different countries, it may be helpful to explore the issue of key stakeholders by sector/disease (particularly in relation to HIV, TB, and malaria) or by technology, specifically the development of essential medicines lists or standard treatment guidelines.

4.8 Capacity for HTA

Describe the current strengths and weaknesses of existing stakeholders in the supply/generation and the demand/use for HTA.

As described by Oortwijn et al. (2021) and by Li et al. (2017) (see appendix), we need to consider capacity in terms of:

- relevant organisations' capacities to carry out and use HTA findings:
    - Specific capacities will differ according to the role of the organisation and are not purely technical. For example, is there adequate capacity for suppliers of evidence to review and critically appraise evidence? Do end users (e.g., policymakers) have sufficient capacity to interpret the evidence and/or implement any related recommendations?
- the availability of domestic training opportunities in relevant HTA disciplines,
- access to international databases of scientific articles, and
- the opportunities for networking domestically and internationally to support collaboration and institutional development.

Describe any existing soft infrastructure for HTA to support existing actors and stakeholders. This section could include a healthcare delivery cost database, an economic evaluation or HTA methods guide, and/or a rules-based decision threshold. Details on available data sources (important as a capacity constraint) should be provided in section 4.9.

The content for this section could be supported by dedicated surveys or questionnaires, if time and resources allow; see the appendix for further resources.

4.9 Data sources for HTA

Document the types of data typically required for HTA and what national sources may provide this information. Data sources may include disease surveillance programs, census data, health and household surveys, and billing/price information.

You may consider presenting data sources as per the table below. Add rows as required.

Type of HTA information	**Data source**	**Institution**	**Collection method**
1. Epidemiological data (demographics, burden of disease, mortality statistics)			
2. Health and service use/utilisation			
3. Health expenditure (including out-of-pocket costs)			
4. Safety and efficacy			
5. Health-related quality of life			
6. Equity			

4.10 Summary of the existing situation for building a sustainable HTA system

Provide a narrative summary of the challenges/threats and opportunities/strengths of the current HTA system, with particular consideration for the relative strengths of the existing implementation mechanisms, including insights from the iProSE assessment (if carried out).

Consider to what extent HTAs are actually informing guidelines and decisions regarding procurement/strategic purchasing/reimbursement. If they are not currently informing these guidelines, this is likely an important priority area.

4.11 Recommendations and next steps

Recommendations

In this section, you should outline key actions to strengthen evidence-informed priority setting and to build HTA-like systems.

Below are some types of recommendations that commonly follow a situational analysis, based on iDSI's experience. This is not an exhaustive list, so you may have recommendations outside this list.

Type of recommendation	Description
1) Establish governance arrangements to support HTA	This could include recommendations regarding how to secure ministry or government commitment/sign-off, and/or how to establish an HTA steering committee or technical working group.
2) Develop an HTA Framework or Strategy	An HTA Framework represents a national agreement on the mandate, scope, functions, and roles and responsibilities of the HTA system. See iDSI guidance here.
3) Develop implementation plans	This could include an HTA Roadmap or other plans on aspects such as capacity building.
4) Pilot assessments/ evaluations	This could include an HTA or similar project to demonstrate the value of HTA.

For each recommendation, explain why it is important, how it will lead to impact, and how technical assistance providers will support this action. It may also be helpful to group your recommendations according to short-, medium- and long-term actions.

Next steps

Considering your above recommendations, outline the immediate next steps to put these into action or establish a foundation for action. You may consider using the table below to clarify the actions, timelines, and responsible leads or policy champions.

Recommended action	Timeline	Responsible lead/ policy champion

4.12 Appendices

Include here relevant documents, such as copies of national policies, lists of interviewees, or data collection protocols.

4.13 References

Include any references to literature from your situational analysis document.

5 Appendix

Evidence-informed deliberative decision making

Oortwijn, W., M. Jansen, and R. Baltussen. 2021. *Evidence-Informed Deliberative Processes: A Practical Guide for HTA Bodies for Legitimate Benefit Package Design.* Version 2.0. Nijmegen: Radboud University Medical Center. https://www.radboudumc.nl/getmedia/17a96fdb-553b-4e68-81ab-4d8d9a7f9ff1/UMCRadboud_Guide_17x24_inside_DEF_WEB.aspx.

Situational analysis in Romania

Lopert, R et al. 2017: Technical Assistance for institution building of Health Technology Assessment structure, including training for the National Agency for Medicines & Medical Devices. https://oldsite.ms.ro/wp-content/uploads/2017/12/HTA_Deliverable-2.pdf

Situational analysis in Ethiopia

Bogale, F., D. Ararso, E. Woldie, et al. 2022. *Situational Analysis of Health Technology Assessment in Ethiopia*. https://ephi.gov.et/wp-content/uploads/2022/06/Situational-Analysis-of-Health-Technology-Assessment.pdf .

Situational analysis in Mexico *(Note: the focus here was on healthcare quality)*

Ruiz, F., S. Campbell, L. Morris, and K. Chalkidou. 2016. *Technical Assistance "Assessment, Design and Implementation of a National System for Monitoring the Quality of Health Care" in Mexico: Situational Analysis*. *NICE International*. https://idsihealth.org/wp-content/uploads/2016/05/Mexico-indicators-situational-analysis-post-consultation.pdf.

Need, Demand, and Supply for HTA – questionnaires and examples of applications

India

Dabak, S.V., S. Pilasant, A. Mehndiratta, L.E. Downey, F. Cluzeau, K. Chalkidou, A. Luz, S. Youngkong, and Y. Teerawattananon. "Budgeting for a Billion: Applying Health Technology Assessment (HTA) for Universal Health Coverage in India." *Health Research Policy and Systems* 16, no. 1 (November 2018): 115. https://doi.org/10.1186/s12961-018-0378-x.

Sub-Saharan Africa

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Nigeria

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