Kanıta Dayalı Tıp Derneği
kdtd
Turkish Evidence Based Medicine Association

T.C. BAŞBAKANLIK TİKA

1ST EURASIAN HEALTH TECHNOLOGY ASSESSMENT FORUM

Avrasya Sağlık Teknolojileri Değerlendirme Girişimi
Eurasian Health Technology Assessment Initiative

1st Eurasian Health Technology Assessment Forum
Birinci Avrasya Sağlık Teknolojileri Değerlendirme Forumu

12-13TH MARCH 2015

ANKARA THE GREENPARK OTEL

1ST EURASIAN HEALTH TECHNOLOGY ASSESSMENT FORUM

12-13TH MARCH 2015

THE GREEN PARK HOTEL

ANKARA, TURKEY

EURASIAN HEALTH TECHNOLOGY ASSESSMENT INITIATIVE

Dear colleagues,

Health technology assessment is a multidisciplinary field of policy analysis, which takes into account medical, economical, social, ethical, legal and organizational aspects of development, distribution or use of medical technology. In the last thirty years in some parts of the world, such as Europe and North America, it has become mandatory in the policy and health decisions. In recent years, HTA has spread rapidly in regions such as Latin America and Asia. Countries are contributing to the development of the field by establishing unity based on cultural and geographical proximity. Turkish Evidence-Based Medicine Association has contributed to the development of field in our country with the HTA forums, trainings and symposia and has been the initiator of many HTA-based activities and discussions. In our recent activities at the national and international level, we deeply felt a need to have an HTA initiative in Eurasia, which we believe will constitute a permanent network and a knowledge-sharing platform in the region. We are happy that our call was well-received by TIKA (Turkısh Cooperatıon And Coordınatıon Agency) which we are happy to receive partial funding from, local HTA doers and users that have supported the idea and the countries we have invited.

In 12-13th March, 2015 we are meeting in Ankara with distinguished and well-recognized names from ülkelerin yazılışlarından emin olalım Azerbaijan, Bosnia Herzegovina, Kazakistan, Kırgızistan, Macedonia, Montenegro and Turkey. This meeting will be the 1st Eurasian HTA Forum, as a part of the Eurasian HTA Initiative.

I would like to personally thank to each participant of Eurasian HTA Forum who has believed the idea and spent time and effort to come over here to discuss future of HTA in the region. I am honored to see you in my country. I also would like to thank TIKA who supported the idea and provided funding to realize it; and to Turkish Ministry of Health who actively supports the meeting by participants and great input.

I look forward to a very fruitful initiative.

Rabia Kahveci, MD, MScHTA&M
President, KDTD

Agenda

12th March, 2015

09:00 - 18:00	Participation in 2nd EBM Symposium and 4th National HTA Forum
18:30 - 19:00	Reception for Eurasian HTA Forum Participants
19:00 - 20:30	Introduction of Countries and Participants, Discussion of Initial Opinions on Collaboration

13th March, 2015

09:00- 15:00	Participation in 2nd EBM Symposium and 4th National HTA Forum
15:00-17:30	Workshop: Identification of Opportunities for Collaborative Activities, Discussion of Challenges for EBM and HTA in Eurasian Countries

PARTICIPANTS

TURKEY

AZERBAIJAN

BOSNIA and HERZEGOVINA

KAZAKHSTAN

KYRGYZSTAN

MACEDONIA

MONTENEGRO

TURKEY

MEHMET RİFAT KÖSE

He was born in 1957. In 1983 he graduated from Atatürk University Faculty of Medicine. He worked in various organizations in Zonguldak between the 1983-1984. In 1984, he was appointed to Istanbul and worked in Beyoglu Health Center, Sisli Etfal Hospital as Deputy Chief Medical Officer and Istanbul Provincial Health and Social Welfare as Deputy Director respectively. He completed his specialization in Public Health in Istanbul Faculty of Medicine of Istanbul University in 1990. He has appointed as Vice President of the General Directorate of the Ministry of Health Care Services in 1991. He was appointed as the General Directorate of Primary Health Care in 1995, as the General Manager of the Mother, Child Health and Family Planning in 1997. He carried out his task of Deputy Undersecretary in conjunction with the General Directorate of the Maternal and Child Health and Family Planning in 2002. He has been the Member of the Board of Health Policy since 2012. He has been working as General Manager of the General Directorate of the Health Research since May 2014. He is married and has 2 children.

NURULLAH ZENGİN

Prof. Dr. Nurullah Zengin was born in Tekirdağ Çerkezköy in 1966. He graduated from Ankara University in 1990. In same year he began to his specialization programme of internal medicine in Hacettepe University and he completed his programme in 1995 as specialist of internal medicine. He contiuned his career in the Oncology Department of Hacettepe University and in 1999 he completed his programme as a medical oncologist. In 2000 he worked as a specialist of Medical Oncology in Ankara Oncology Hospital and in the same year he was appointed as associate professor. In 2001 he began to work in Ankara Numune Training and Research Hospital. He was appointed as clinical chief in 2004. He set the deparment of Medical Oncology in Ankara Numune Training and Research Hospital. He took various active missions in the Ministry of Health. In 2007 he was appointed to Cancer Advisory Board chairman. In 2008 he was appointed as Chief Medical Officer in Ankara Oncology Hospital and continued his mission in this hospital till June 2009. In June 2009 he was appointed as Chief Medical Officer and later as CEO in Ankara Numune Training and Research Hospital. He is married and has 3 children.

RABİA KAHVECİ

Rabia Kahveci is the current and founding Chair of Turkish Evidence Based Medicine Association. She graduated from Hacettepe University Faculty of Medicine in 1999. She completed her family medicine specialization in Ankara Training and Research Hospital, her master's degree of Health Technology Assessment and Management in Rome, Universita Cattolica del Sacro Cuore and her associate degree of Management of Health Care Institutions in Eskisehir Anatolian University. Dr Kahveci, in relation to HTA, completed certificate programs in Epidemiology (Montreal University), Management of Health Care Institutions, Ethics, Law and Sociology (Universita Cattolica del Sacro Cuore), Economic Evaluations and Health Policy Analysis (University of Barcelona) and Clinical Decision-making (University of Ottawa). She represented Turkish young family doctors in European Vasco da Gama Movement in 2006 and was also appointed as PFPS (Patients for Patient Safety) champion by WHO in 2007.

She worked in Ministry of Health, Directorate of Pharmaceuticals and Pharmacies between 2007-2010, as a member of Medical and Economical Evaluation Committee and Reimbursement Committee for Drugs, where she promoted HTA for reimbursement decisions. Dr Kahveci works as an Associate Professor of Family Medicine in Ankara Numune Training and Research Hospital since 2010. She started Hospital-based HTA in the same hospital and has been the founding and current Chair of ANHTA, which is the first hospital based HTA unit in Turkey. She was elected as HTAi (Health Technology Assessment International) Director in 2014. Dr Kahveci is the Chair of Developing Countries Interest Subgroup, steering committee member of HTAi Early Career Network and a member of the Strategic Planning Committee in the same society. She speaks English (advanced) and French (intermediate) and married, with two children.

Evidence Based Medicine and Health Technology Assessment in Turkey

Bilgehan Karadayı, Rabia Kahveci

The health status of people in Turkey has significantly improved in recent years and it is mostly attributable to the successes of Health Transformation Program with socio-economic development in the last decade improving living conditions and wealth. During that period the major achievements can be summarised as follows;

- The fragmentary financing and service delivery system was replaced with strengthened financial and organizational structure. The Ministry of Health (MoH) is the main provider of health care services. The Social Security Institution has become a monopsony on the

purchasing side of healthcare services, financed through payments by employers and employees and government contributions in cases of budget deficit.

- The health services delivery system was expanded and improved through investments in infrastructure, equipment, and supplies as well as through training of staff. The proportion of total health expenditure to GDP was increased (from 5.4 % in 2002 to 6.1 % in 2008).
- The Family Medicine Programme, assigning each patient to a specific doctor, was established throughout the country and Community Health Centers, providing free-of-charge logistical support to family physicians for priority services such as vaccination campaigns, maternal and child health and family planning services, were established.
- A system called performance-based supplementary payment for family physicians and key hospital personnel was implemented in order to reward productivity.
- After the establishment of Public Hospital Unions, legislative changes were made to ensure autonomy of the public hospitals for out-sourcing some medical and non-medical services, such as laboratory and diagnostic imaging services, cleaning, laundry, and food services on a contractual basis.
- New legislation re-structuring the MoH and re-organizing functions of its units aiming to strengthen the stewardship function of the Ministry and enhancing its role in health system policy development, planning, supervision of implementation, monitoring and evaluation.
- The total number of health professionals working in the MoH reached 482.000 in 2011, increasing from 256.000 in 2002.
- The geographic distribution of health care providers also improved with the ratio of best-to-least endowed provinces in terms of human resources for health. The implementation of Health Care Services at Home, aiming medical care for bedridden patients in their homes has been recently started.
- Similar to EU member countries, emergency health care services are being coordinated by 112 Emergency Call Centers. The MoH has started to serve “112 Emergency Health” not only in city centers, but also in villages.
- Major discounts in medicine costs lead the way to lighten the burden of both government and people.
- New policies and programmes to address important public health issues, including but not limited to, mental health and non-communicable diseases, were developed and initiated. To prevent chronic diseases, Turkey has started programmes including the Cardiovascular Diseases Prevention and Control Programme and the Diabetes Prevention and Control Programme. In the fight against tobacco, Turkey has been given the highest implementation grade according to international evaluation criteria of WHO.

As a result of multidimensional efforts major health indicators such as infant mortality and maternal mortality have been improved considerably and average life expectancy reached 72.0 for men and 77.0 for women in 2009. Access to health care has increased in all regions; the rate of full vaccination coverage increased from 78% in 2002 to 97% in 2011. The number of per capita visits to health care facilities was 3.2 in 2002, it was raised to 8.2 in 2011. Similarly, per capita hospital visits increased from 2.0 in 2002 to 4.9 in 2011. Financial risk protection was also improved significantly. The share of households with catastrophic expenditures declined from 0.81% to 0.37% between 2000 and 2008, in part due to a rapid expansion of health insurance coverage, which grew from 69.7% in 2002 to 99,5 % in 2011. There is a significant increase in the general satisfaction with the health sector, which grew from 39.5% in 2003 to 75.9% in 2011.

Having successful improvements in accessibility of health care, now quality and sustainability is the main concern in Turkish health care system.

Following the abovementioned successes and with the concern to increase efficiency in the system an HTA Department was established in MoH, under Directorate of Health Care Researches in 2012. Another HTA Unit under Economic Evaluations Department of Agency for Pharmaceuticals and Medical Devices also started to run in the same year. First Hospital Based HTA Unit was established under Ankara Numune Training and Research Hospital in 2012. Another department in Social Security Institution has followed in 2013. The number of reports from these units jointly reaches to 10 already, but the main issue about collaboration and coordination remains the main issue. MoH is on the way to improve the HTA capacity especially compatible to EUnetHTA (European Network for Health Technology Assesment). HTA is believed to serve as the single most important element in decision making in healthcare policies in the coming decades for Turkey.

In Turkey, guidelines are developed by de novo methods or translated directly (adoption) by the Ministry of Health (MoH) or nongovernmental organizations (NGOs). HTA department under MoH has translated and implemented Finnish Medical Society's (Duodecim) evidence based medicine guidelines (EBMGs) in 2012. EBMGs are published online. Eight different de novo guidelines have also been developed by MoH targeting primary care. Number of guidelines presented by either NGOs or MoH has reached to 376. 327 of them are Turkish guidelines. During implementation of the CPGs a need for adaptation has been deeply felt and that is the current area of focus. Clinical quality indicators and assessment of the outcomes will follow after fully implemented EBMGs. While MoH and NGOs representing professional societies are actually producing guidelines, Turkish EBM Society focuses its work on capacity building and methodological support.

AZERBAIJAN

SHAHLA ISMAYLOVA

Dr. Shahla Ismaylova was born in Baku, capital of Azerbaijan in 1965. She graduated from Azerbaijan State Medical University in 1988 and worked as a paediatrician at the Baku city United Children's Hospital #5 until 2008.

In 2008 she joined Public Health and Reforms Center of Ministry of Health as doctor-methodologist of Medicine Quality Standards Department, where she worked till 2012. In 2012 she was promoted to the position of head of department where she currently leads the work on development of clinical protocols and practice guildeines. Dr. Ismaylova participated in number of trainings and postgraduate education programs, including on Family Physician from Hacettepe University in 2009, on diseases of childhood from WHO in 2004, on evidence-based medicine from Ministry of Health of Azerbaijan in 2008 and on medical education, reproductive health and family planning from Ministry of Health in 2010.

NABIL SEYIDOV

Dr. Nabil Seyidov was born in Ujar region of Azerbaijan in 1979. He graduated with honours from Azerbaijan State Medical University in 2002 and continued his education in clinical residency in cardiovascular surgery at Scientific Center for Cardio-vascular Surgery of Russian Academy of Sciences in Moscow, where he also did his PhD in cardiac surgery and successfully defended his paper in 2008. He authored (and coauthored) 10 scientific publications in peer reviewed journals published in Russian Federation and Azerbaijan.

During the period of 2010-2013, Dr. Seyidov completed the international certificate program on general surgery at University of Washington in Seattle, as well as did his internship in general surgery at University of Washington Medical Center in Seattle.

In 2014 Dr. Seyidov joined Public Health and Reforms Center as acting head of Health Policy and Reforms Department. Since then he has been actively involved in development of evidence-based e-training programs for healthcare professionals and evidence-based medical information for patients. He is also leading the work of team at PHRC on establishment of National Cancer Registry.

In his private capacity, Dr. Seyidov is a founder and content developer for www.uptodate.az evidence-based medical reference for physicians in Azerbaijan.

Evidence Based Medicine and Health Technology Assessment in Azerbaıjan Rebuplic

Shahla Ismaylova, Nabil Seyidov

According to the decree of Ministry of Health #173-S dated as of October 26, 2007, The Public Health and Reforms Center of Ministry of Health was appointed to design the methodology for development of evidence-based clinical protocols and practice guidelines for medical professionals. By the decree #160 dated as of november 24, 2008 the Ministry of Health of Azerbaijan approved the "Guidelines on development of clinical protocols in Azerbaijan Republic". As part of the work aimed at strengthening the application of evidence based medicine standards in Azerbaijan, the specialised department on Standards of Medical Quality was created at Public Health and Reforms Center of Ministry of Health. The staff of department received relevant training on evidence-based medicine and its application in development of clinical guidelines and protocols.

Through the establishment of an extensive collaboration network with several leading European, US and Russian Federation based institutions, including NICE, AHA, ECS, CDC and many others, the Public Health and Reforms Center adopted the levels of grades and recommendations for use in Azerbaijan.

During the 2008-2014, Ministry of Health's Public Health and Reforms Center (PHRC) developed 88 clinical protocols in various fields of medicine, including paediatrics, gynecology, surgery, family medicine, cardiology, anesthesiology, oncology and others. In addition to that number of practice guidelines and methodological recommendations have been developed for healthcare professionals using evidence-based standards. For the development of each clinical practice guideline, PHRC establishes the working group which is usually comprised of leading experts in the field. The composition of each working group is then approved by Ministry of Health.

All clinical protocols and practice guidelines are initially approved by Educational and Methodological Council of Ministry of Health and then by higher board of Ministry of Health. After the approval, clinical protocols are considered valid for 5 years (unless otherwise mentioned in the protocol) and are reviewed/updated when the time is due.

To improve the quality of clinical protocols and guidelines, PHRC constantly uses the translated and adapted AGREE instrument on appraisal of quality of practice guidelines.

Although the evidence-based medicine standards and practice have not been widely used in Azerbaijan, it is however being more and more recognised as the standard of work of healthcare professionals in Azerbaijan. Number of awareness raising activities, training and seminars, conferences are conducted every year to introduce physicians and allied professionals to the importance of evidence-based medicine, importance of use of clinical protocols and guidelines.

Ministry of Health has been working to improve the list of approved medications in Azerbaijan

to comply with the internationally recognised evidence-based data and recommendations found in national clinical protocols.

PHRC of Ministry of Health is planning to expand its capacity related to development of new and updating the existing clinical protocols and practice guidelines. The relevant department is planning to developed e-training course for healthcare professionals on evidence-based medicine. There is also a plan to incorporate the information for patients in each clinical and practice guidelines.

Eurasian initiative could become a venue for exchange of important ideas and best practices in the field. Azerbaijan would be very much interested in learning from experiences of countries with advanced level of development in the field. The most important areas of interest include the feasibility and methods of involvement of patients to the development of protocols, calculation/ estimation of cost-effectiveness of particular recommendations in given country, methods for evaluation and monitoring of application of clinical protocols and others.

BOSNIA and HERZEGOVINA

AHMED NOVO

Ahmed Novo, born in 1964, earned diploma from Medical Faculty University of Sarajevo, BiH. Obtained Master of Science degree and PhD in "Quality Improvement" at Medical Faculty University of Sarajevo. Obtained diploma Top-manager in health from Faculty of economics, Ministry of Health and Public Health Institute FBiH. Additional education in health care systems completed through 15 year work with UNICEF and World Health Organization: Strategic management (Imperial College London), Quality and safety systems (AKAZ), Mid-level management training (WHO), Strengthening capacity in human resources in health of BiH, Effective vaccine management (WHO), Blood safety (WHO), Medical law and ethics (SUPRAM). In 2014 completed course on Health Technology Assessment at Summer School in Public Health Policy, economics, management in Lugano (Switzerland) - Università della Svizzera Italiana. Areas of expertise include: quality improvement, accreditation of health care institutions, clinical guidelines and care pathways, quality and safety indicators, benchmarking in health care and patient satisfaction. Author and editor of over 90 papers and publications in area of health care quality. Presently works as director of Accreditation and Healthcare Quality Improvement Agency for Federation of Bosnia and Herzegovina. Married and has two children.

SINISA STEVIC

Siniša Stevic, born in 1967, completed Medical Faculty in Banjaluka, BiH. Obtained Master of science degree in "Health System Management'" at London School of Hygiene and Tropical Medicine. Additional education in health reform financing and provider payment mechanisms completed at World Bank Institute at Washington DC, USA. Worked as consultant for different consulting firms (Medicare, Bearing Point, Sofreco, EPOS etc.) on number of national and international projects financed by World Bank, EU, CIDA, WHO etc. Areas of expertise include: accreditation of health care institutions, clinical guidelines and care pathways, quality and safety indicators, benchmarking in health care, provider payment mechanisms. Author and editor of number of publications in area of health care quality. Presently works as director of Accreditation and Healthcare Quality Improvement Agency for Republika Srpska. Married and has two children.

Evidence Based Medicine and Health Technology Assessment in Bosnia and Herzegovina

Ahmed Novo, Sinisa Stevic

Bosnia and Herzegovina is a country in South-eastern Europe located on the Balkan Peninsula. Sarajevo is the capital and largest city. Bordered by Croatia to the north, west and south, Serbia to the east, and Montenegro to the southeast, and 20 kilometres (12 miles) of coastline on the Adriatic Sea. Bosnia and Herzegovina declared independence on 3 March 1992 and received international recognition on April 6, 1992.

The Federation of Bosnia and Herzegovina is one of the two political entities that compose Bosnia and Herzegovina. The Federation of Bosnia and Herzegovina consists of 10 autonomous cantons having their own governments. Second political entity is Republika Srpska.

In the Federation of Bosnia and Herzegovina there is number of clinical guidelines developed but only few are evidence based. Last year Federal Minister of Health brought "Book of rules on introducing new health technologies in health institutions and private practise as well as procedure of approval for health technologies use" published in Official Gazette FBiH 84/14.

Book of rules implies that Federal Minister of Health appoints seven members of Committee for Health Technology Assessment. One member is representative from the Agency for Quality Improvement FBiH (AKAZ). Committee for Health Technology Assessment has not been formed yet.

According to the Law on quality improvement, safety and accreditation of health intuitions in FBiH AKAZ … defines, evaluates, and disseminates clinical guidelines based on evidence for efficient clinical practice (Official Gazette FBiH 59/05)… AKAZ has developed several evidence based clinical guidelines supported by WHO and UNFPA. Lack of financial resources is main reason why this job relays on external funding.

Republika Srpska is political entity within Bosnia and Herzegovina with population of 1,3 million with capital in Banjaluka. As such it has responsibility for health care planning, organization, financing and service delivery. Regarding evidence based medicine approach in health system, number of guidelines and care pathways have been developed in previous years and in use. However monitoring of the use of guidelines and pathways is still work in progress, especially at primary health care level. Introduction of new technologies in healthcare is still rather unregulated. Committees or similar professional bodies for Health Technology Assessment have not been formed yet, as it requires significant expertise and financial resources. However, Ministry of Health and Social Welfare has plans to increase the capacity in this area. This Symposium and Forum will be very useful to learn from the experiences in HTA from various country representatives and share existing experiences in evidence based medicine area.

Since we have similar working environment it is very important that we pull together our resources and try to develop clinical guidelines of joint interest and need.

KAZAKHSTAN

TEMIRKHAN KULKHAN

Dr. Temirkhan Kulkhan was born in 24.12.1983. He graduated from Kazakh State Medical Academy, Astana, Republic of Kazakhstan in 2007. He specialised in General Surgery at the Semipalatinsk State Medical Academy, Pavlodar, Republic of Kazakhstan in 2008.

After that he completed his Master of Science with the thesis; "Analysis of medical and social rehabilitation of children with corrected congenital heart diseases" at Medical University Astana in 2008-2010 and international master's degree in Health Technology Assessment and Managementwith the thesis; ''Methodology for Health technology Assessment adopted for circumstances of the Republic of Kazakhstan'' with the provided education and training of Montreal University, Canada; University of Toronto, Canada; Universita Cattolica del Sacro Cuore, Italy; University of Barcelona, Spain in 2011-2013.

He started his work life as a nurse in the Department of Surgery in September 2004- July 2007. After that he worked as a specialist at Medical University Astana, Service for international collaboration in September 2008- December 2009. In February- October 2010, he took the position as the Head of the Department for Methodology, Monitoring and Analysis at Health Development Institute Ministry of Health Republic of Kazakhstan, He is still in the position of the Head of Department for Health Technologies Assessment at Republican Healthcare Development Centre Ministry of Health of the Republic of Kazakhstan since October 2010. He also worked voluntarily as Public assistant Deputy of the Senate of Parliament of the Republic of Kazakhstanin February 2011- December 2013

AINURA SASSYKOVA

She was born in 1986, Kazachstan. She was graduated from International Relations Faculty of Eurasian National University at 2008, between 2011-2013 she completed her trainee on economy from Astana Universty.

She participated in seminars about "Lieder features and motivation", "The human right", "The Woman, family and career", organized by Kazakhstan Fund of cultural, social and educational development supported by Austrian Cooperation Development. She was administrative coordinator of Logistics Company, Astana between March 2008-May 2010.

She was Head of the Division of Global Health at "Republican Center for Health Development" of the Ministry of Health of Republic of Kazakhstan between June 2010- December 2011, she participated in preparation for International Conferences held in Kazakhstan (working on the list of conference participants, preparation of the invitation for participants, conference website development, preparation for workshops with the foreign partners, working with the key foreign speakers of the conference - correspondence, working on the abstracts, visa support, logistics support, preparation of the official letters, acting as interpreter, etc.) She was the Chief Expert

of Division for Health Technology Assessment at "Republican Center for Health Development" of the Ministry of Health of Republic of Kazakhstan since January 2012; till present time. She is fluent in Russian and English and initial in Spanish.

Evidence Based Medicine and Health Technology Assessment in the Republic of Kazakhstan

Since the implementation of the joint project of the Government of the Republic of Kazakhstan, represented by the Ministry of healthcare and social development of the Republic of Kazakhstan and the International Bank for Reconstruction and Development, "Technology Transfer and Institutional Reform in the health sector of the Republic of Kazakhstan" (hereinafter - the Project), within the component B2 "Improving the quality of clinical practice and implementation of assessment medical technology" Republican Center for Health Development of the Republic of Kazakhstan (hereinafter - RCHD) with the support of international consultants in Kazakhstan created the potential for adaptation, dissemination and application of clinical practice guidelines based on evidence-based medicine; conducted development of clinical protocols based on clinical guidelines as a tool for their introduction into clinical practice.

There is the process of development and implementation in medical practice the standards of medical care services is started By national experts, implementation of the principles of evidence-based medicine in the learning process and practical health is actively pursued, resources required for the health technologies assessment are developed that can affect the managerial decision-making, both at the level of the Ministry of Health of the Republic of Kazakhstan, as well as at the regional level.

Within the framework of the Project in Center for health care standardization (established in August 2009) the HTA Department was established in 2010 as the part of RCHD.

Objectives of Center for health care standardization:

- establishing the healthcare standardization system in RK;
- methodology development for healthcare standardization processes according to the international practice;
- establishing the system for adaptation and implementation the clinical practice guidelines, based on principles of evidence-based medicine;
- potential development of Kazakhstani specialists, who are capable to conduct health technology assessment, and to make full HTA report;
- wide implementation principles of evidence-based medicine in educational process;
- implementation programs for diseases control.

HTA Department from 2010 until present time conducted 11 full HTA reports and 71 rapid-HTA reports, Issued Guideline "HTA in Kazakhstan" (2012), "Instructions for conducting HTA-reports", 2013, and "Clinic-Economical Analysis in HTA" (2014). RCHD holds Institutional membership and takes part in annual meetings of HTAi, INAHTA and ISPOR.

Currently the HTA Department has under development the Road Map of HTA Development in Kazakhstan on 2015-2020 years.

KYRGYZSTAN

BERMET BARYKTABASOVA

She graduated from Kyrgyz State Medical Institute, Department of Pediatrics in 1994. She completed her post graduate study at the Kyrgyz Scientific Research Institute of Obstetrics and Pediatrics in 1994-1997. She received her PhD degree in Candidate of Medical Sciences. She was the senior specialist, information coordinator at the Learning Resource Center of the American International Health Alliance (AIHA), Kyrgyz Scientific Research Institute of Obstetrics and Pediatrics, Department of medical-social investigations between 1997 and 2004. She worked as a Physician-Neonatologist at Bishkek City Gynecology Hospital, Department of Obstetrics between the years of 2000 and 2007 and at the Kyrgyz Scientific Center Human Reproduction between 2007 and 2008. She worked as a teacher of Pediatrics in Medical faculty, International University of Kyrgyzstan, International High School of Medicine in the years of 2004-2009. In the years of 2004-2009, she became an assistant professor and methodologist of Evidence based medicine at the Kyrgyz State Medical Institute of Postgraduate Education, Department of obstetrics and gynecology. In the years of 2007-2009 she was the information technology consultant for Central Asia EBM specialists site, ZDRAV PLUS Medical Programs Project (USAID) and then in 2009-2010 she was the Head of Department of evidence based medicine at the Republic Center of Healthcare and Information technology Development, Ministry of Health, Kyrgyz Republic. She worked as an information consultant, EBM specialist of "Healthcare Quality improving" project USAID in Kyrgyzstan between the years of 2013 and 2014.She has been the national expert of EBM guidelines and protocols methodology quality assessment, evidence based medicine methodologist, evidence based medicine guidelines and protocols developer, member of Expert Committee MOH KG since 2005 and the national consultant of evidence based medicine and development national clinical guidelines and protocols of Ministry of Health, Kyrgyz Republic since 2010.

Bermet Baryktabasova has over 130 published national clinical guidelines and clinical protocols, standards (EBM) approved by the Ministry of health, Kyrgyz Republic.

She is the member of Guidelines international network (GIN) and member (President) of ISPOR/HTA (International Society for Pharmacoeconomics and Outcomes Research).

Her other memberships of public and experts bodies are: National expert, member of Expert Council Ministry of Health of EBM guidelines and protocols methodology quality assessment, Kyrgyz Republic; National expert-specialist, member of Medical Accreditation Committee's Supervisory Board, Kyrgyz Republic; National expert of Coordinating experts committee for revising National drugs Politics 2014-2020 y.y. , Kyrgyz Republic; National expert of

Coordinating committee for revising Essential drugs list (EDL) KG and member of National drugs Committee, Kyrgyz Republic**;** Member of Association of Kyrgyzstan's EBM specialists.

Evidence Based Medicine and Health Technology Assessment in Kyrgyzstan

Kyrgyzstan

- 44% of population are below poverty level; and 70% out of them under the extreme poverty line
- Increasing role of religion, on one hand, and economic crisis in the country, which led to decrease of quality of medical service on the other have changed peoples attitude (particularly in rural areas) to modern medicine
- High level of unemployment among people
- High level of labor migration among people

The New Health Care reform" Den Sooluk" 20012-2016 is currently being developed by an MOH working group in which tuberculosis, HIV/AIDS, heart diseases, reproductive, maternal and child health care will be a priority issues.

The National Health Care System Reform Program for the period from 2012 to 2016, will be called "Den Sooluk" as a logical continuation of the preceding National Health Care System Reform Programs, called "Manas" (1996 – 2005) and "Manas Taalimi" (2006 – 2011), which were carried out in the Kyrgyz Republic

In 2006 the Ministry of Health of the KR adopted EBM development strategy that aimed at creating a sustainable system of development, implementation and monitoring of clinical guidelines and protocols (CG/CP) and further promotion of EBM principles into health care and education systems of Kyrgyzstan

Measures on quality reconstruction and undergraduate and postgraduate education systems, revision of curricula in accordance to reforms realized in health care system have become a key element of health services quality improvement. A coordinating role on these measures is played by Kyrgyz State Institute of Retraining and Continuous Medical Education (KSIRCME).

One of the components of quality health care is patients access to basic, effective drugs. For this purpose beneficial drug supply programs (Mandatory Health Insurance Additional Program, State Benefit Package) have been developed and implemented in the primary health care level. This has served as an additional mechanism on encouraging of patients visits to these organizations.

Department of evidence-based medicine (DEBM), Ministry of Health

- Creation, approval and practical implementation of the regulatory document called "The strategy of development of the evidence-based medicine in the Kyrgyz Republic" in accordance with the objectives and tasks of the National programme for healthcare

system reforming “Manas Taalimi” for 2006-2010 and “Den-Sooluk” for 2014-2016yy is the unique phenomenon in CIS and CAR states.

- Formal adoption of the new for the Kyrgyz healthcare system yet generally accepted international terminology in the EBM, clinical protocols/guidelines (CG/CP)and its integration into the routine clinical and research practice for the purpose of a uniform understanding of the concept of creation of clinical guidelines/clinical protocols, of their role in improvement of medical aid quality.
- DEBM keeps its active educational and information activity (workshops, trainings, conferences, information campaigns, professional websites, mass media, etc.) among specialists of all levels for the purpose of promotion of the Concept of EBM into the educational, research and practical spheres of public health. For the most part, services provided by the department are the first in the country and are the tool of adaptation and introduction of international effective practice into the public health of Kyrgyzstan.

Thus, despite the existing objective and subjective obstacles and restrictions, the Strategy of development of EBM in Kyrgyzstan has been successfully implemented by the department of EBM through achieving the unified terminology, creating the unified methodology of development and quality evaluation, creating the organizing system of CG/CP development process, providing the access to necessary information, and, finally, developing CG/CP, which methodological and clinical quality complies with international requirements.

Quality Improvement in Kyrgyzstan is feasible: a lot has been already achieved. All support the necessity to introduce necessary changes. Results based management shoes the way («learn through practice»).

MACEDONIA

ELIZABETA ZISOVSKA

She was born 1959 in Prilep. She is married with two children. She has graduated from Medical Sciences, Faculty and specialized in Pediatrics. She is director of the Agency for Quality and Acreditation of the health care institutions since June 2014. Between1983-2014, she was chief of the neonatal department-Univeristy Obs&Gyn, she was chief of Institute for Clinical Pharmacology and Toxicology in Skopje at 1983. She worked on some studies; such as HQ Geneva-Rational use of medicines in neonates; Guidelines for essential newborn care; Performing systematic reviews for Neonatal siezures, Handling breast milk, Anaesthesia in neonates; with WHO Euro,strengthening capacities for Improving maternal and neonatal health; With WHO CO: Good governance of medicines; Health care systems, Selfassessment of PH services. She is director of the First School for Evidence Based Medicine Pracitce in Stip and professor at the Faculty for Medical sciences in Stip, and Faculty for Dentistry in Skopje.

She took tasks in some projects; such as; OBSQUID computer program,Global SIDS strategy, Global strategy for promoting optimal fetal development, Public health approach to the Maternal, Neonatal, Infant and Adolescent health, Guidelines for Guidelines, WHO HQ, Geneva ,WHO Growth Charts for children-Expert, Safe motherhood Project -Expert.

MERJEM HADJIHAMZA

Education: MPharm, Pharmaconiformatics specialist (SS. Saint Cyril and Methodius" University, Skopje, Republic of Macedonia)
Position held: Head of Pharmacoinformatics Unit, Agency for Medicines, Ministry of Health, Skopje, Republic of Macedonia.

Main activities: 2004 to 2009 Coordinator of Health Sector Management Project, responsible for pharmaceutical component (The project of World bank and the Ministry of Health of Macedonia) During this period have actively participated in preparing the most relevant documents related to Health policies in the Country**:** Health strategy of Republic of Macedonia, the Law on medicines and medical devices as well as many by laws related to pharmaceutical procedures. For three years was Head of the Committee for selection of drugs for positive list. Since 2008 - member of the Expert Committee for classification of medicines as regards their supply – coordinated by EDQM, Council of Europe. Since 2007 Member of the working group for the World Health Organization sponsored program"Good Governance of Medicines; Republic of Macedonia" – associate researcher for the segments of selection of medicines. 2014 –member of The National Body for improving the rational use of drugs and coordinator of activities within the working group for implementation of the project.

Evidence Based Medicine and Health Technology Assessment in Macedonia

Elizabeta Zisovska

It is difficult defining the entire phrase "Evidence based medicine", and in the same time to cover all components of this overused sentence. The widely used definition is David Sackett's[1]: „Integration of the best evidence of the research together with the clinical expertise, and the preference of the patient". And still there isn't much changes in the definition.

The issue of practicing EBM in Republic of Macedonia became top priority in 2005, and many Clinical EB Guidelines were recognized, adopted and adapted to the national specificities. In that period were identified plenty of Guidelines approved by the professional associations and published as the first edition of Evidence Based Guidelines.Currently, there is existing working group nominated by the MoH, having TORs to follow all changes and all relevant EB web sites are consulted (including NICE, NCG, EBM Guidelines, etc.).

For the purpose of clear understanding of the meaning of evidence based medicine practice, there was established the First Macedonian School for EBM practice in Stip in 2012, presenting the basic understanding of the level of evidence, and strength of recommendations. Also, very useful was found the Workshop on Clinical Guidelines development held under the support of UNFPA.

Currently, there is very strong system of implementation of EBM in the medical practice. All Clinical Guidelines are mandatory (the professionals are obliged to follow the recommendations because this process has got a legal framework within the "Official Gazette of the republic of Macedonia). All exceptions within the practice should be justified in written form. As great achievement could be considered that the medicines recommended within the Clinical Guidelines are adjusted with the National criteria for selection of medicines, and also, in accordance to the recommendations of the Expert Committee working under the umbrella of the World Health Organization generating the Essential Medicines List.

The current Eurasian imitative could be very successful and effective, because level of evidence and strength of recommendations are strongly dependent on overall efforts in improving clinical practice, thus saving time and costs. The Eurasian initiative should be part of the international initiative in spreading out widely the results of systematic reviews and evidence based recommenations. Espeacially it si useful and helpful for the countries which has started laterr this process and are not able to conduct by themselves systematic reviews.

1 David Sackett, et al. Evidence-based Medicine. How to Practice and Teach EBM, 2000

Merjem Hadjihamza

The main aim of Health strategy of Republic of Macedonia is establishing SAFE, EFFICIENT AND JUST HEALTH CARE SYSTEM. This strategy gives priority to those health services that are most needed and most efficient, as well as most appreciated by the population, reflecting the views of both the experts and the public. The maintenance and improvement of health must be the main instrument for improving the health status of the population, especially of the vulnerable groups. The health is priceless but health services cost money. Living within a defined budget means that balance must be established between the needs within the possibilities that are available. Evidence Based Medicine Guidelines (EMBG) and Health Technology Assesment are the best tools that can assist in the realization of the above objectives. In this regard in Republic of Macedonia first EBMG were published in 2006 and since then properly updated and used by health professionals.

In terms of rational behavior in decision-making related to various diseases including prescription of dugs Ministry of Health initiated the establishment of Drug and Therapeutics Committees (DTC)within all clinics .

The main objectives of DTC are to develop and manage a hospital essential drugs list, to develop standard treatment guidelines, to provide prescribers with objective drug information, to monitor drug expenditure, to monitor medication errors and act to prevent their recurrence. In 2012, under the WHO project on Good Governance for Medicines Program „ A Framework for Good Governance in the Public Pharmaceutical Sector in Republic of Macedonia"was published. This publication contains very useful recommendations for all stakeholders involved in procedures related to pharmaceuticals. Currently in the Country is active International Society of Pharmacoeconomics and Outcomes Research Macedonia Chapter. The main goal of this organization is to provide an environment where researchers, health care practitioners, and decision-makers interested in pharmacoeconomics and outcomes research can share knowledge at a country level.In the very near future establishment of Pharmacoeconomics sector within the Agency for medicines is planned. This sector will be in charge with relevant pharmacoeconimics and HTA issues. The Eurasian initiative may be a good opportunity for all interested countries in exchanging experiences related to good health policies and projects that have been usefully implemented and contributed to improvement of public health and rationality in decision making related to all procedures within the health system.

MONTENEGRO

SANJA SIMOVIC

Sanja Simović, M.D. medical sciences, a physician, specialist of Occupational Medicine, was born on 13th Jun 1958 in Bosanski Novi, Bosnia and Herzegovina. Since 2013 she works as General Director of the Directorate for improvement and quality control at Ministry of Health of Montenegro.

She graduated in 1982, and specialized in occupational medicine in 1991 at the Medical Faculty University of Belgrade. She attended postgraduate study in occupational medicine at the Medical Faculty in Beograd in 2010, MD medical sciences. She started her career in the Health Care Center Bos. Novi (BiH) since 1982-1986, and in the Health Care Center in Nikšić 1987-1990, she works as doctor of medicine. Since 1991-2003 she works as a specialist in the Health Care Center in Nikšić. 2004-2013 she worked at Montenegrian Health Insurance Fund as chief for control.

Sanja is president the National Commission for the Quality and Safety of health care and president the National Commission for the intrahospital infections at the Ministry of Health. She is the first president of the Montenegrian Society for quality and safety of healthcare which is a part of European Society quality healthcare - ESQH.

She was member of many projects in Montenegro: project of the IS of the Health Insurance Fund of Montenegro – "Migration of IS of the Fund on on-line operation"; the IS of the primary health care – "Information system as the support to the reform of the primary health care''; groups assigned to resolve key issues of the PHC reform; the reform ofSHC-Optimizationsecondarylevels of care (WorkingGroup onQuality ofHealth Care Member of the WorkingGroup for thedesignandimplementation ofpayment models).

ALMA BAJRAMSPAHIC

She is specialist of Occupational Medicine and specialist of Family medicine at the Health Care Center, in Bijelo Polje. She is a lecturer Medical College in Berane (for nurses). Her work experience was from 1985.- ongoing. She has been graduated from Medical University of Sarajevo.She had "Master of Science" degree at Medical University,Belgrade and she had "Doctor of Philosophy" degrees from Medical University, Belgrade. She is a President of the Commission for the control of quality of work at the Health Care Center in Bijelo Polje. She is a member of Coordinational body for realization and implementation of the project: „Developing the partnership and promoting the quality and security program through researching the satisfaction of the patients and of those who work in healthcare" She is a member of Consulting team for examining and following the implementation of National guidelines.She is a member of „Society for quality and security of healthcare protection of Monenegro" which is a part of European society for quality (ESQH).

Evidence Based Medicine and Health Technology Assessment in Montenegro

Sanja Simovic, Alma Bajramspahic

Compulsory health insurance system in Montenegro is based on Bismarck's model and the Government guarantees equal access to health care for prevention and treatment. Also, finance healthcare and other entitlements from health insurance of the insured persons have the principles of solidarity, equality, availability, and obligatory quality. Improvement of healthcare Quality and Patient Safety is one of the key objectives in order to improve the health system.

Vision of the state in the field of quality and safety – introduction of changes leading to more secure and high quality healthcare system through deliver high quality healthcare services and establishing partnership among patients, healthcare services providers, healthcare administration, services payers, and healthcare policy holders.

The mission of Ministry of Health for improvement quality in Montenegro, towards quality healthcare and continuous improvement in the Patient safety of healthcare, defined law framework in national documents: Master Plan for the Health Care System Development in Montenegro 2010-2013; Law on Health Care (2004) and amendments to it (2010) (Republic of Montenegro Official Gazette No.39/04 and 14/10); Law on the Rights of Patients (Montenegro Official Gazette No.40/2010); Law on Patient Care (Montenegro Official Gazette No.025/10); Strategy for the Optimisation of Secondary and Tertiary Level of Healthcare with the AP (2011).

National Strategy for the Improvement of Quality of the Healthcare and Safety of Patients (Strategy) was adopted 2012, in compliance with the Master Plan for the Health Care System Development in Montenegro, other national documents, the EU documents, the Council of Europe ones, and other countries' documents, as well as scientific proofs in the fields of quality and safety of medical procedures. Implementation of the system of measures of the Strategy is divided into three stages: short-term measures in the period until 2013; mid-term measures until 2017 and long-term measures after 2017. Ministry of Health of Montenegro gives significant priority to the Strategy implementation so as to meet the expectations of patients and citizens with regards to ensuring high quality and safe healthcare.

In the Ministry of Health there is a general directorate for quality and improvement which is in charge of development of a system of ensuring quality in Montenegro. Ministry of Health appointed a multidisciplinary the National Commission for the Quality and Safety of health care. The Commission comprised of acknowledged experts in their respective specialities and has defined tasks in the area of strategic and institutional process of quality and safety improvement in health, and clinical guidelines and protocols development and implementation.

Law on Health Care defined that safe and high quality healthcare protection becomes a priority of each sector and each individual implementing the healthcare protection. Every employee in the health sector, in his day-to-day work, will actively seek possibilities and areas for quality improvement and decrease of adverse events that may be risky for the patient. Appointed Commission for the quality control and the Commission for intrahospital infections in all healthcare facilities should work on the improvement of quality and prevention adverse events. Appointment of protectors for patients rights in all health facilities is based on the Law on Protection of Patient's Rights.

The project of improvement of Montenegro health system start in 2010, financed by the World Bank. In the project the Committee for development of clinical protocols and guidelines

selected topics and appointed working groups to develop protocols and guidelines for illnesses and states which are most relevant ones in our country. Strategy include part to the continuously development the National guidelines or clinical protocols. Initially, twelve guidelines were developed in 2012 (Acute cerebral ischaemia, Arterial hypertension, Hand Hygiene, Clinical examination of medicines in paediatrics, Laboratory diagnostics in clinical bacteriology, Medicamentous therapy of cronical cancer pain, Prevention of cardiovascular diseases, Rational use of antibiotics, Sepsis and septic shock, Schizophrenia, Therapy of acute myocardial infarction with ST elevation-STEMI), and activities are continuously and nine guidelines were developed in 2014 (Healthcare during childbirth, Routine postnatal care of woman and her baby, Infant jaundice, Breastfeeding, Antimicrobial prophylaxis, Tonsillopharyngitis - diagnostics treatment, Implementation of active monitoring on AFP, Decubitus, Caesarean section). There are activities to raise awareness of the guidelines and protocols in order to healthcare providers. (http://www.mzdravlja.gov.me-nacionalne-smjernice). In future will be developed clinical pathways, standard operating procedures, and those will be communicated to staff members who will use them actively.

Strategy include the part related to the development of systematic evaluation of properties, effects, and/or impacts of health care technology and involved definition of health technology assessment (or HTA) in Montenegro. Action plan of Strategy is defined because it is important to establish methodology for health technology assessment for innovation in healthcare, new medication and procedures. HTA is conducted by interdisciplinary teams and to multidisciplinary activities and government institutions included in this process (Ministry of Health, Institute of Public Health, CALIMS - Agency for Medicines and Medical Devices, Health insurance Fund). This aim is defined in Action plan (AP) for 2014. However, that is not yet implemented.

Quality and safety are one of the priorities of the health system reform in Montenegro as in all countries in SEE region. We are at the beginning of a demanding and complex process. It is necessary to develop capacity building (institutional, human, financial) and exchange of knowledge and experiences, especially from the countries of the region.

Globally, we are faced with an ageing population and an epidemic of chronic diseases. At the same time, healthcare costs have increased more than economic growth, and austerity times require strict management of public budgets. Healthcare is a key component of human economic progress and development. If we want to provide greater access to high quality healthcare, we need innovative solutions, but more fundamentally we need to take a fresh look at healthcare and its value for our societies.

Kanıta Dayalı Tıp Derneği

kdtd

Turkish Evidence Based Medicine Association

www.kanitadayalitip.org

www.facebook.com/groups/kanitadayalitip

twitter.com/kanitadayalitip

www.linkedin.com/company/kanıta-dayalı-tıp-derneği