

Company Credentials



Presented by Gihan Elsisí MSc, PhD
Managing Director, HTA Office, Middle East & North Africa
Ass Prof, Faculty of Economics and Political Science, Cairo University & AUC
Health Science Policy Council Advisor, International Society for Pharmacoeconomics and Outcomes Research (ISPOR)

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Senior Management



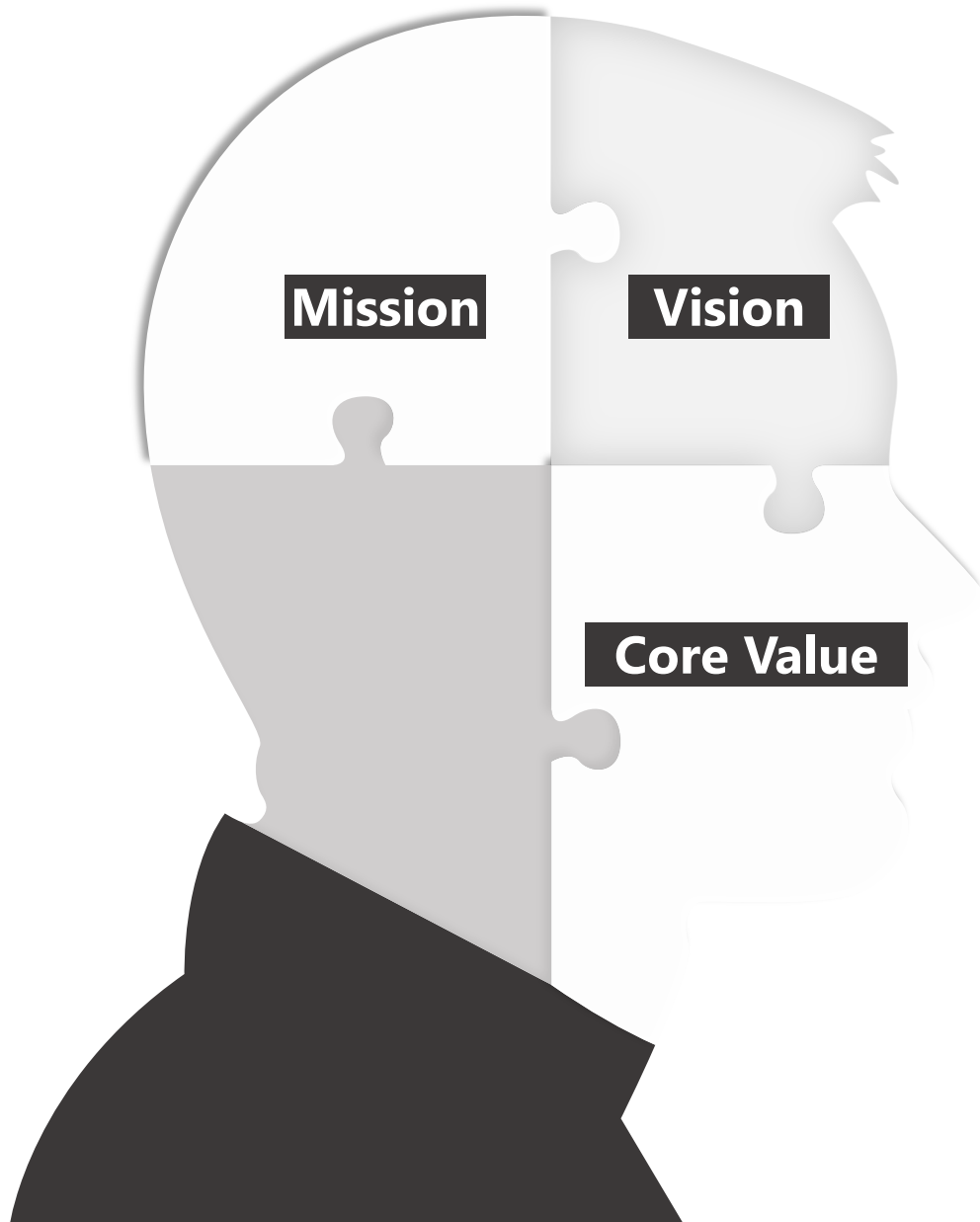
Gihan El-sisi, MSc, PhD

Managing Director, HTA Office L.L.C
Ass Prof, Health Economics, American University in Cairo
Founder & Former Head of Pharmacoeconomic Unit, MoH
Faculty of Economics and Political Science, Cairo University
Health Science Policy Council Advisor, International Society for Pharmacoeconomics and Outcomes Research (ISPOR)
Health Economics Consultant, World Health Organization EMR Office & USAID

Through the MoH, she was able to successfully incorporate Pharmacoeconomics and Outcomes Research into the coverage decisions of treatments and produce Health technology assessment reports by ensuring full compliance with quality standards.

Gihan El-sisi is World Health Organization (WHO) Consultant/Expert, EMR Office region and Market access consultant at many international companies. She was the principal and author of both Health Care Systems Roadmap for Pharmaceutical pricing and reimbursement and the Pharmacoeconomic Guidelines for Egypt at International Society for Pharmacoeconomics and Outcomes Research (ISPOR). She is an advisory board member for both ISPOR Travel Grant Committee and “Availability and Affordability of Cancer Medicines”, WHO Head Office, Geneva, Switzerland.

She holds a PhD in pharmaceutical sciences(Pharmacoeconomics) from Ain Shams University and a diploma in Health Economics and Outcomes Research from the University of Washington, Seattle, WA- USA. She is the former part-time lecturer at Faculty of Pharmacy, German University in Cairo and Helwan University. She had several publications and also managed a lot of clinical research, projects and surveys. She was a special guest speaker at many international consultancy companies for achieving market access and maximizing commercial performance in Turkey & Middle East.



Vision

providing innovative and, cost-effective strategic solutions to improve health outcomes.



Mission

Share a passion for improving the world by providing an exceptional service to our clients.

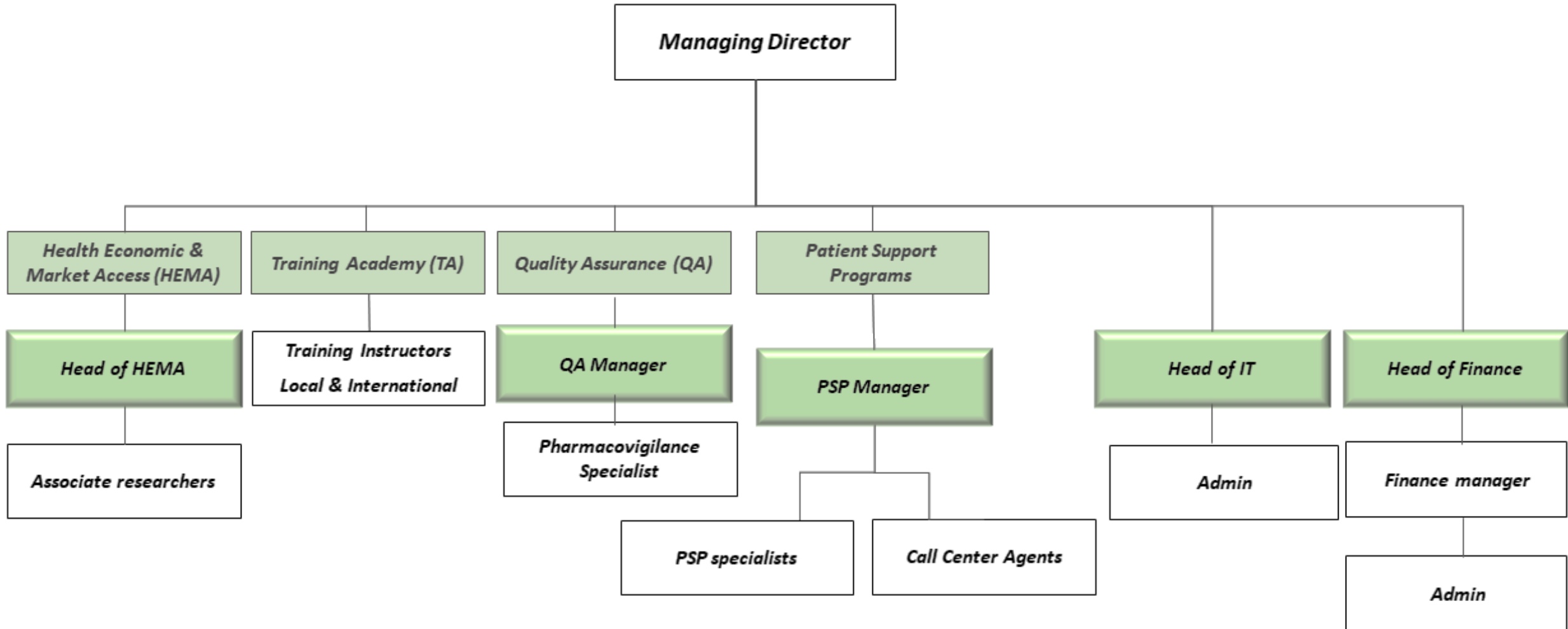


Core Value

Demonstrating integrity and discipline in all communication

Best Talents in the Region from Different Backgrounds

(12-50) Employees leading Different Services in the Region



HTA Office combines academic and operational insights with proven **commercial know-how to deliver innovative and integrated solutions** for healthcare clients & help key stakeholders in MENA markets walk the talk of **cost effectiveness and cost saving**.

Working with **leaders from across the healthcare landscape** to deliver innovative insights and services to clients, from guiding healthcare institutions and setting priorities, to **improving daily operations and securing data confidentiality**.

HTA Office Training Spec

Example of HTA office training programs



Arab Health
Economics Society



HTA OFFICE
TECHNOLOGY APPRAISAL

HEOR courses accredited from Arab health economic society and ISPOR Egypt

Health Economics & survival Modelling



Types of pharmacoeconomic studies , Determination of Costs, Measuring the Health Related Quality of Life/outcomes , Decision tree modeling , Markov modeling/survival analysis , Case studies on excel sheets, Sensitivity analysis 5,Criticism of pharmacoeconomic studies ,Budget impact analysis , Health survey,

Market Access & risk sharing agreement



The increasing costs of bringing products to the market, as well as increased utilization of pharmaceuticals contribute to increased pharmaceutical expenditure; however, appropriate pharmaceutical use can, in certain cases, reduce total healthcare costs.

Healthcare systems & policy



Healthcare policy process ,Structure of Health system and complexities in the region ,the universality concept , Health policy advocacy ,

Health Technology Assessment (HTA)



Assessment of properties, effects, and/or impacts of health care technology from various perspectives (clinical, economic, organizational, ethical) to inform health policy

Real world evidence



Explore the use of RWE in HTA in the region , how to collect RWD in MENA countries, Best practices of RWE.

Clinical Evidence



Clinical evidence synthesis ,Assessment of Quality of evidence , Case studies on Market Research

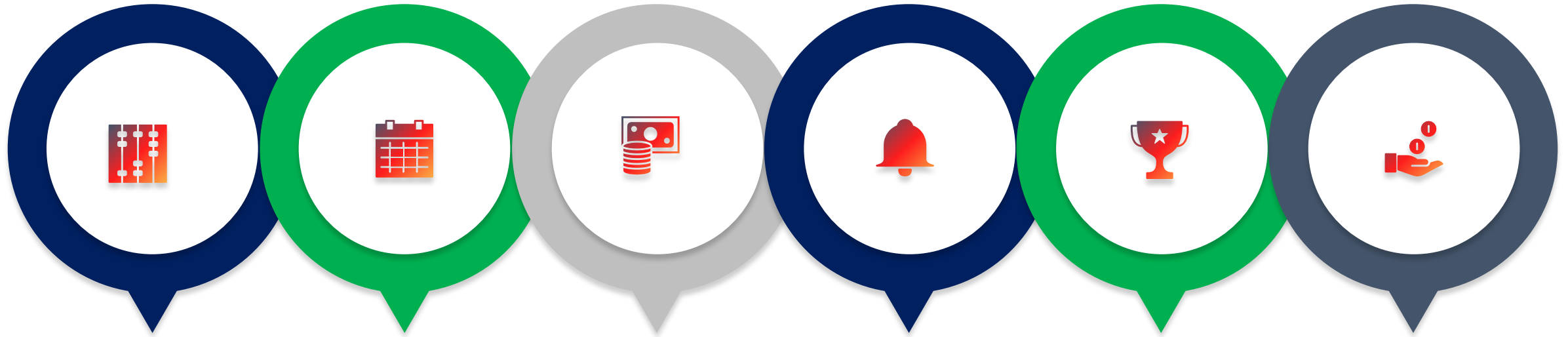
Literature review, Medical writing



Educational material for patients, HCPs ,Conference materials (abstracts), Medical Advisory Board meetings, Manuscripts, Product website content, Medical marketing reports, Literature reviews,Study Protocols,Standard Operating Procedures (SOPs)

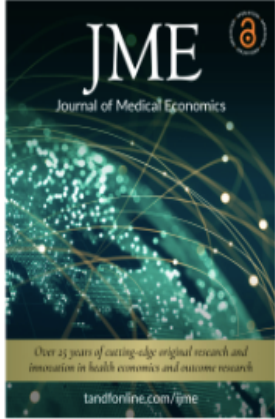


MENA HPF Meeting, 17-18 September 2018, in Dubai Emirates



- 01 Cost Effectiveness
- 02 Budget Impact
- 03 Cost Utility
- 04 Cost of Illness
- 05 Cost Benefit
- 06 Cost Minimization

Evidence tells you if it is effective or not but doesn't tell you if it is worth it. HTA Office works hard to design and build the solutions that our clients need today and will need tomorrow



Journal of Medical Economics



ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/ijme20

The economic burden of systemic lupus erythematosus in United Arab Emirates

Atheer Alansari, Suad Hannawi, Afra Aldhaheri, Noura Zamani, Gihan Hamdy Elsis, Sara Aldalal, Waiel Al Naeem & Mohamed Farghaly

To cite this article: Atheer Alansari, Suad Hannawi, Afra Aldhaheri, Noura Zamani, Gihan Hamdy Elsis, Sara Aldalal, Waiel Al Naeem & Mohamed Farghaly (2024) The economic burden of systemic lupus erythematosus in United Arab Emirates, Journal of Medical Economics, 27:sup1, 35-45, DOI: [10.1080/13696998.2024.2318996](https://doi.org/10.1080/13696998.2024.2318996)

To link to this article: <https://doi.org/10.1080/13696998.2024.2318996>

Economic Evaluation

Cost-Effectiveness of First-Line Cetuximab in Metastatic Colorectal Cancer in Saudi Arabia



Shereef Elsamany, MD, Gihan Hamdy Elsisy, PhD, Fayza Ahmed Mohamed Hassanin, BSc, Khaldoon Saleh, BSc, Emad Tashkandi, MD

ABSTRACT

Objectives: Our objective was to evaluate the cost-effectiveness of first-line cetuximab in relation to primary tumor location and after resection from the perspective of the Saudi healthcare system over a lifetime horizon.

Methods: Two standard partitioned survival models were developed in this study comprising 3 health states in each model. The first model was to simulate outcomes and costs of folinic acid, fluorouracil, and irinotecan (FOLFIRI) plus cetuximab compared with FOLFIRI alone in 2 target groups—first, in RAS wild-type left-sided metastatic colorectal cancer (mCRC) and second, in patients administered with 4 cycles of FOLFIRI plus cetuximab, who underwent a resection of liver metastases. The second model compared FOLFIRI plus cetuximab with FOLFIRI plus bevacizumab in wild-type left-sided mCRC and after resection. All cost data and utilities were extracted from published data.

Results: FOLFIRI plus cetuximab in RAS wild-type left-sided mCRC compared with FOLFIRI alone resulted in an incremental cost-effectiveness ratio of Saudi Riyal (SAR) 180880 per quality-adjusted life-year (QALY) gained (\$102 019; cost-effective). After resection of liver metastases, it resulted in SAR140442 (\$79 211) per QALY gained (cost-effective). When comparing FOLFIRI plus cetuximab with FOLFIRI plus bevacizumab, it resulted in SAR35818 (\$20 201) per QALY gained (highly cost-effective). After resection, it resulted in SAR109612 (\$61822) per QALY gained (highly cost-effective). Thus, FOLFIRI plus cetuximab improved QALYs compared with FOLFIRI plus bevacizumab at the minimized difference in costs in left-sided mCRC and patients with unresectable metastases.

Conclusion: FOLFIRI plus cetuximab is cost-effective compared with FOLFIRI plus bevacizumab or FOLFIRI alone in RAS wild-type left-sided mCRC and patients who undergo resection.

Keywords: bevacizumab, cetuximab, cost-effectiveness, metastatic colorectal cancer, target therapy.



Expert Review of Pharmacoeconomics & Outcomes Research



ISSN: (Print) (Online) Journal homepage: <https://www.tandfonline.com/loi/ierp20>

Budget impact analysis of subcutaneous trastuzumab compared to intravenous trastuzumab in Saudi HER2-positive breast cancer patients.

Shereef Elsamany , Gihan Hamdy Elsisy , Fayza Hassanin & Mohamed Jafal

To cite this article: Shereef Elsamany , Gihan Hamdy Elsisy , Fayza Hassanin & Mohamed Jafal (2020): Budget impact analysis of subcutaneous trastuzumab compared to intravenous trastuzumab in Saudi HER2-positive breast cancer patients., Expert Review of Pharmacoeconomics & Outcomes Research, DOI: [10.1080/14737167.2021.1860024](https://doi.org/10.1080/14737167.2021.1860024)

To link to this article: <https://doi.org/10.1080/14737167.2021.1860024>



Published online: 22 Dec 2020.

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Cardiovascular

Dapagliflozin cost-effectiveness analysis in heart failure patients in Egypt

Magdy Abdelhamid, **Gihan Hamdy Elsisy**  , Ahmed Seyam, Ahmed Shafie, Mary Kirolos, Sandy Emad, Shady Mansy & Mohamed Sobhy ...show less

Received 12 Jan 2022, Accepted 14 Mar 2022, Accepted author version posted online: 16 Mar 2022

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Accepted author version

Abstract

Aims

In Egypt, cardiovascular (CV) diseases are not only the cause of 33% of disability-adjusted life years, but are also a leading cause of death. This study aimed to evaluate dapagliflozin's cost-effectiveness as an add-on to standard of care (SOC) for the treatment of heart failure with

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In this article

Abstract

Introduction

Methods

Results



Projecting the potential cost-effectiveness of dapagliflozin for chronic kidney disease in Kuwait

Ahmed Swidan, Gihan Hamdy Elsis, Mohamed M. Ibrahim, Mohammad Aljazzar & Hossameldin Tawfik Sallam

To cite this article: Ahmed Swidan, Gihan Hamdy Elsis, Mohamed M. Ibrahim, Mohammad Aljazzar & Hossameldin Tawfik Sallam (2023) Projecting the potential cost-effectiveness of dapagliflozin for chronic kidney disease in Kuwait, Journal of Medical Economics, 26:1, 271-282, DOI: [10.1080/13696998.2023.2174749](https://doi.org/10.1080/13696998.2023.2174749)

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Cost-Minimization Analysis for Subcutaneous Daratumumab in the Treatment of Newly Diagnosed Multiple Myeloma in Three Gulf Countries

Anas Hamad¹, Shereen Al-Azzazy¹, Ruba Y. Taha¹, Hani Osman², Sanaa Blooshi², Islam Elkonaissi³, Mustaqeem A. Siddiqui³, Khalil Al-Farsi^{4,5}, Mohammed Al Lamki⁴, Sali Emara⁶, Gihan Hamdy Elsis^{7*}

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⁵ Sultan Qaboos University Hospital, Oman

⁶ Janssen Gulf, Dubai, United Arab Emirates

⁷American University in Cairo, Cairo Egypt

A glance on Publications

BOEHRINGER INGELHEIM PRÉSENTE SON ÉTUDE SUR L'INDUSTRIE PHARMACEUTIQUE DANS LA ZONE MENA

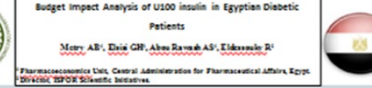
«La règle des 51/49% n'encourage pas les multinationales à investir en Algérie»

● L'Algérie est invitée à développer la recherche afin de doubler la production locale.



politique algérienne en la matière. Il y a d'abord la dépendance à hauteur de 70% des importations et l'insuffisance de la production nationale. Ensuite, l'étude pointe du doigt l'absence de transparence dans les procédures d'achat des médicaments enregistrés en Algérie sont dues au strict contrôle imposé à l'importation. Et la dernière faiblesse constatée dans ce document, «la protection inadéquate de brevets et l'adoption de mécanismes incitatifs pour leur renforcement». «Et plus, l'Algérie ne garantit pas une protection réglementaire des données», lit-on dans ce document.

CING RECOMMANDATIONS POUR REDRESSER LA BASSE
Afin d'aider le secteur pharmaceutique algérien à surmonter toutes ces contraintes, l'étude suggère cinq recommandations. Les réductions du libre blanc invitant les autorités algériennes à investir dans des industries de recherche et de développement afin de doubler la production et la distribution locales de médicaments génériques et de développer de nouveaux produits. Ils recommandent également plus de partenariats solides avec des compagnies pharmaceutiques afin d'accroître les niveaux d'innovation locale, l'accompagnement des exportations. De plus, les déficiences sont entièrement surmontables. A cela s'ajoutent une pharmacovigilance renforcée et nous espérons un tel processus d'avis d'expert.



18POR 18th Annual European Congress
2nd 4th November 2013, Dublin, Ireland

Cost-effectiveness of Drug-eluting Stents versus Bare Metal Stents in Egyptian Diabetic Patients

Oihan H. Elaissi¹, Samah Ragab², Rania Ashraf³, Mahmoud D. Elmahdy⁴
¹Pharmacoeconomic Unit, Central Administration for Pharmaceutical Affairs, Ministry of Health, Egypt
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³Pharmacoeconomic Unit, Central Administration for Pharmaceutical Affairs, Ministry of Health, Egypt
⁴Pharmacoeconomic Unit, Central Administration for Pharmaceutical Affairs, Ministry of Health, Egypt

Objective
Chronic coronary artery remains the leading cause of morbidity and mortality among Egyptian patients. Cost-effectiveness of Drug-eluting stents (DES) versus bare metal stents (BMS) in Egyptian diabetic patients with chronic coronary artery disease from a patient perspective was evaluated over a time horizon of 3 years.

Results
In the overall population, total costs for DES and BMS were LE 20,564 and LE 11,587 respectively. One QALYs for DES and BMS were 2.26 and 2.05 respectively. The incremental cost-effectiveness ratio (ICER) for DES versus BMS was LE 41,616/QALY. DES is cost-effective compared to BMS.



Conclusion
World Health Organization recommends that interventions that cost more than 3 times (DALY) avoided should not be reimbursed. Despite the difference between DALY and QALY, one can assume they are similar to be able to put a value on the outcome. Sapropterin doesn't represent a good value for money compared to PHE free diet in the Egyptian PKU patients.



Conclusion
World Health Organization recommends that interventions that cost more than 3 times (DALY) avoided should not be reimbursed. Despite the difference between DALY and QALY, one can assume they are similar to be able to put a value on the outcome. Sapropterin doesn't represent a good value for money compared to PHE free diet in the Egyptian PKU patients.



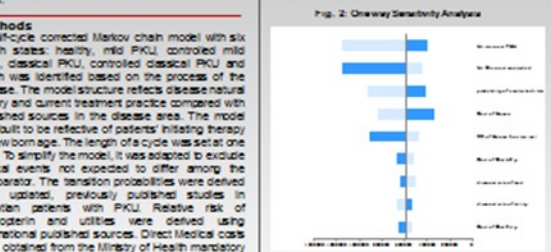
18POR 18th Annual European Congress
2nd 4th November 2013, Dublin, Ireland

Cost-effectiveness Of Sapropterin Versus Phenylalanine Free Diet Inpatients With Phenyl-ketouria In Egypt

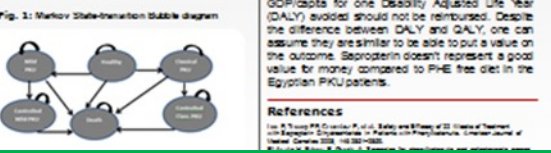
Oihan H. Elaissi¹, Rania Ashraf², Mahmoud D. Elmahdy³, Sherif Abaza⁴, Amr M. Elshakshaki⁵, Tarek Barakat⁶
¹Pharmacoeconomic Unit, Central Administration for Pharmaceutical Affairs, Ministry of Health, Egypt
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³Pharmacoeconomic Unit, Central Administration for Pharmaceutical Affairs, Ministry of Health, Egypt
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⁵Pharmacoeconomic Unit, Central Administration for Pharmaceutical Affairs, Ministry of Health, Egypt
⁶Pharmacoeconomic Unit, Central Administration for Pharmaceutical Affairs, Ministry of Health, Egypt

Objective
Phenylketonuria (PKU) is an orphan disease with incidence rate 1:3000 in Egypt. Sapropterin dihydrochloride, an FDA-approved synthetic formulation of tetrahydropterin is effective in reducing plasma Phenylalanine (Phe) concentration in patients with hyperphenylalaninemia due to BH4-responsive PKU, offering potential for improved metabolic control. Cost-effectiveness of Sapropterin versus Phe free diet in PKU patients from the insurer perspective was evaluated over a time horizon of 10 years.

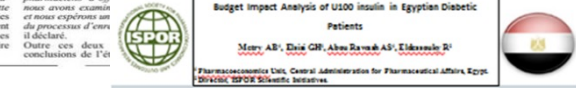
Results
Total costs for Sapropterin and Phe free diet were EGP 304,116 and EGP 188,64 respectively. QALYs for Sapropterin and Phe free diet were 0.00566 and 0.00547 respectively. The incremental cost-effectiveness ratio (ICER) for Sapropterin versus Phe free diet was EGP 602,933/QALY. Sapropterin is not cost effective because it is more than 3 times (QALY) avoided in Egypt. The ICER was most sensitive to the utility of the states 'classical PKU' and 'controlled classical PKU'.



Conclusion
World Health Organization recommends that interventions that cost more than 3 times (DALY) avoided should not be reimbursed. Despite the difference between DALY and QALY, one can assume they are similar to be able to put a value on the outcome. Sapropterin doesn't represent a good value for money compared to PHE free diet in the Egyptian PKU patients.



La seconde contrainte relevée par cette étude et citée par le responsable de Boehringer concerne les nouvelles dans l'enregistrement des nouvelles molécules et l'octroi des autorisations de mise sur le marché (AMM). Alors que le délai légal pour cet enregistrement est de trois mois, les laboratoires étrangers sont parfois contraints d'attendre indéfiniment l'obtention de l'AMM. «Cela devient un sérieux handicap pour l'accès des Algériens aux soins et aux nouveaux médicaments. Avec notre partenariat, le Syndicat national des pharmaciens d'officine avertit les autorités et nous espérons un tel processus d'avis d'expert. Outre ces deux conclusions de l'étude...

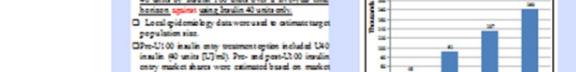


Background
Worldwide the growth in expenditure on diabetes therapy has been identified as a serious. Diabetes is one of the most common non-communicable diseases globally. Insulin contains the primary treatment for this type of diabetes.

Objective
To estimate the budget impact of the gradual reduction of insulin 40 units by insulin 30 units over a time horizon of 4 years.

Methodology
A simplified basic Budget Impact Analysis was conducted from the payer perspective to estimate the budget impact of the gradual reduction of insulin 40 units by insulin 30 units over a 4-year time horizon.

Results
The total budget for insulin following 1100 insulin use was decreasing in comparison to 1400 insulin. Cost-savings in 1100 insulin would result in lower overall treatment costs patients with diabetes in the healthcare system perspective. An intensive education campaign providing detailed advice for patients, physicians and pharmacists is essential to the prevention of medication errors and reduction of a total costs.



Conclusion
The following equation was used to calculate insulin annual use per patient.

$$\text{Only dose (in units/day)} \times \text{price of a single unit (in LE)} \times \text{total population number of patients}$$

Appl Health Econ Health Policy
DOI 10.1007/s40258-016-0238-1

ORIGINAL RESEARCH ARTICLE

Economic Evaluation of the Combined Use of Warfarin and Low-dose Aspirin Versus Warfarin Alone in Mechanical Valve Prostheses

Manal H. El-Hamamy¹, Gihan H. Elaissi^{2,3}, Randa Edessouk⁴, Mohamed M. Elmazar⁵, Ahmed S. Taha^{6,7}, Basma F. Awad^{6,7}, Hossam Elmansy⁸

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Abstract
Background The use of combined therapy of antiplatelet and anticoagulant versus anticoagulant alone to reduce instances of thromboembolic events in patients with heart valve prostheses is an established standard of care in many countries but not in Egypt. A previous Markov model cost-effectiveness study on Egyptian patients aged 50–60 years demonstrated that the combined therapy reduces the overall treatment cost. However, due to the lack of actual real-world data on cost-effectiveness and the limitation of the warfarin alone in patients with mechanical heart valve prostheses who began therapy between the age of 15 and 50 years.

Methods An economic evaluation was conducted alongside a randomized, controlled trial to assess the cost-effectiveness of the combined therapy in patients with mechanical valve prostheses. A total of 316 patients aged between 15 and 50 years were included in the study and randomly assigned to a group treated with both warfarin and aspirin or a group treated with warfarin alone.

Cost-Effectiveness of the Combined Use of Warfarin and Low-Dose Aspirin versus Warfarin Alone in Egyptian Patients with Aortic Valve Replacements: A Markov Model

Gihan H. Elaissi, MS^{1,2}, Randa Edessouk, MD^{3,4}, Zoltan Kalo, MS, MD, PhD⁵, Mohamed M. Elmazar, PhD⁶, Ahmed S. Taha, MD^{7,8}, Basma F. Awad, MD^{6,7}, Manal H. El-Hamamy, PhD⁹
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Background: The combination of antiplatelet and anticoagulant therapy significantly reduces the rate of thromboembolic events in patients with heart valves compared with anticoagulant therapy alone. Cost-effectiveness of this therapy in Egypt, however, has not yet been established. **Objective:** The aim of the present study was to evaluate the cost-effectiveness of the combined use of warfarin and low-dose aspirin (100 mg) versus warfarin alone in patients with mechanical aortic heart valve prostheses who began therapy at the age of 50 to 60 years over a 5-year period from the perspective of the medical providers. **Method:** A cohort Markov process model with five health states (recovery, reoperation, bleeding, thromboembolism, and death) based on Egyptian clinical practice was derived from published sources. The clinical parameters were derived from meta-analysis of randomized controlled trials of patients with mechanical valve prostheses. The quality of life of the health states was derived using the available published data. Direct medical costs were obtained from four top-rated governmental cardiology hospitals in Egypt. All costs and effects were discounted at 3.5% annually. All costs were converted using the purchasing power parity rate and are reported in US\$ for the financial year of 2013. **Results:** The total quality-adjusted life-years (QALYs) were estimated to be 1.016 and 1.119 for the warfarin plus aspirin group and the warfarin group, respectively, which resulted in a difference of 0.0416 QALYs. The total costs for the warfarin plus aspirin group and the warfarin group were US\$ 3407.33 and US\$ 3153.25, respectively (the difference was US\$ 254), which yielded an incremental cost-effectiveness ratio of ~190.18 for the warfarin plus aspirin group. Thus, the combined therapy was dominant. Various one-way sensitivity analyses indicated that probabilities of reoperation and bleeding in the recovery state had the greatest effect on incremental costs. The model parameters that had the greatest effects on incremental QALYs were the relative risk reduction of death and the utility value in the recovery state. **Conclusions:** The present study is the first cost-utility analysis to conclude that, from the perspective of Egyptian medical providers, combined therapy is more effective and less costly than warfarin alone for patients with mechanical aortic valve prostheses. For clinicians and patients who choose to focus on minimizing thromboembolic risk, these results suggest that combined therapy offers the best protection. This study helps to inform decisions about the allocation of health care system resources and to achieve better health in the Egyptian population. **Keywords:** aortic valve replacement, aspirin, cost-effectiveness, Egypt, warfarin

Payers Meetings

A discussion between **different stakeholders from different perspectives** is important to explore the benefits of innovative medications in ensuring sustainability of the health care services provided to the patient, **especially in chronic diseases and rare diseases** e.g. cancer, post transplantation events, multiple myeloma and multiple sclerosis and how we can improve the access of the optimum medications in chronic diseases than imposes a burden on our health care systems.

Insights and recommendations from payers are concluded to reshape the different policies.

Wide Coverage and Experience

Extensive on Ground Field Experience in the MENA Region

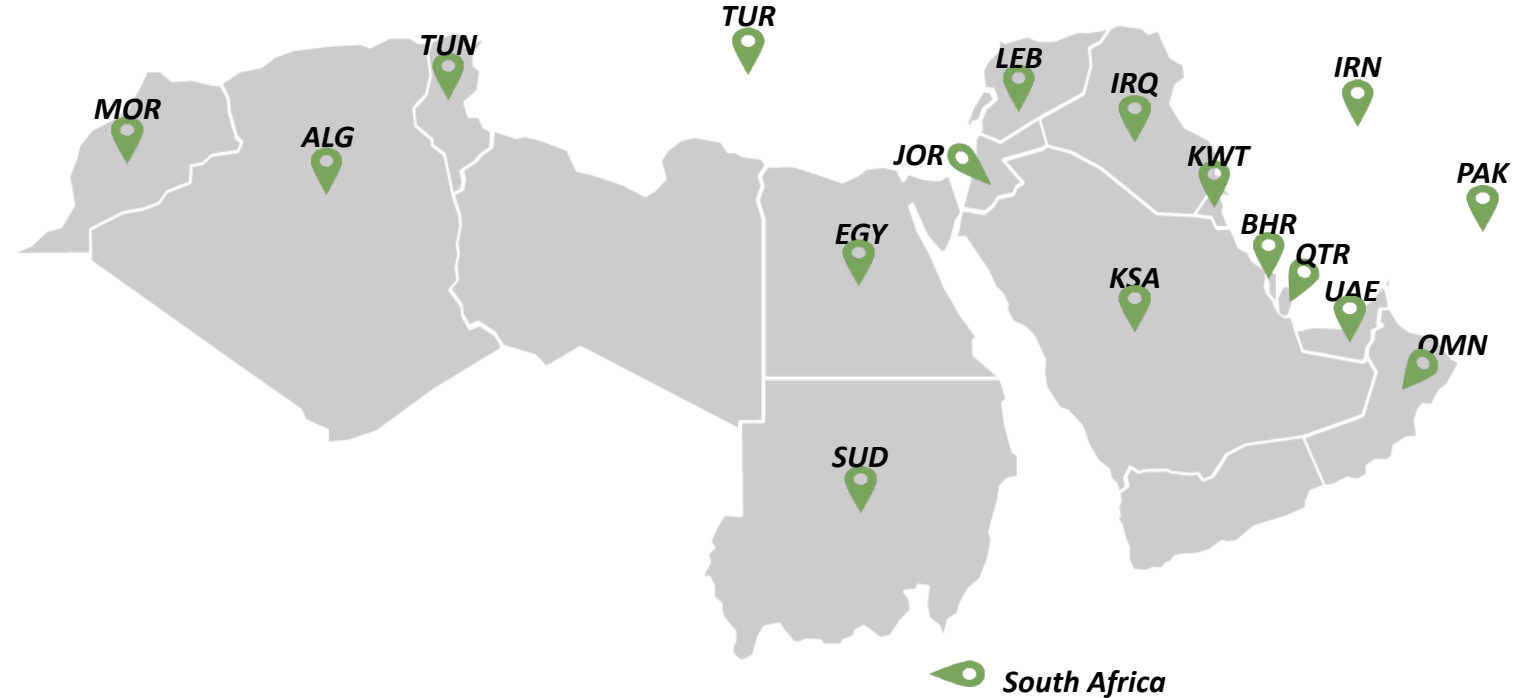


Stakeholders Approached:

- Physicians
- Pharmacists
- Nurses
- Payors
- Patient Associations

Disease Areas Covered:

- Oncology
- Vaccines
- Dermatology
- Cardiology
- Rheumatology
- Hepatology
- Ophthalmology
- Nephrology
- Respirology
- Endocrinology
- Immune diseases
- Infectious diseases
- Women's health
- Medical devices
- Diagnostics



Egyptian Payers & Dubai Health Authority Meeting in Emirates



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Public Insurance Payers Meeting in Egypt



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Private Insurance Payers Meeting in Egypt



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NGOs and Charity Organizations Meeting



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Moderating & Organizing Mega Payers Events (HOPE)



Moderating & Organizing Mega Payers Events (ISPOR)





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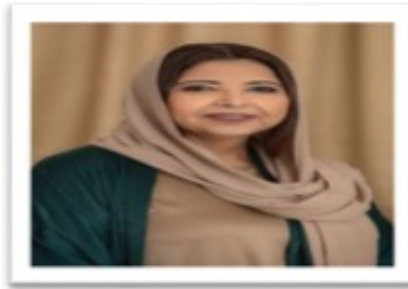
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Cost of Illness studies

Presenting the economic burden of MS in Saudi Arabia



**Decision makers in KSA and Egypt discussed how to balance
between equity and affordability**






1st Annual Arab Health Economics Meeting... where only the experts meet
25-27 Feb 2023




When Decision Meets Precision: Health Technology Assessments as a tool for innovative Therapeutics evaluation

Moderators:




Dr Samoh El-Saharty
Lead Health Policy Advisor, World Bank




Dr Tarek Al-Ghazwan
Vice President, Unified Health Authority

Speakers:



Lou Garrison
Prof. Emeritus in NEOR, University of Michigan



HTA for diagnostics (POCT) in Cleveland Clinic Abu Dhabi, Emirates



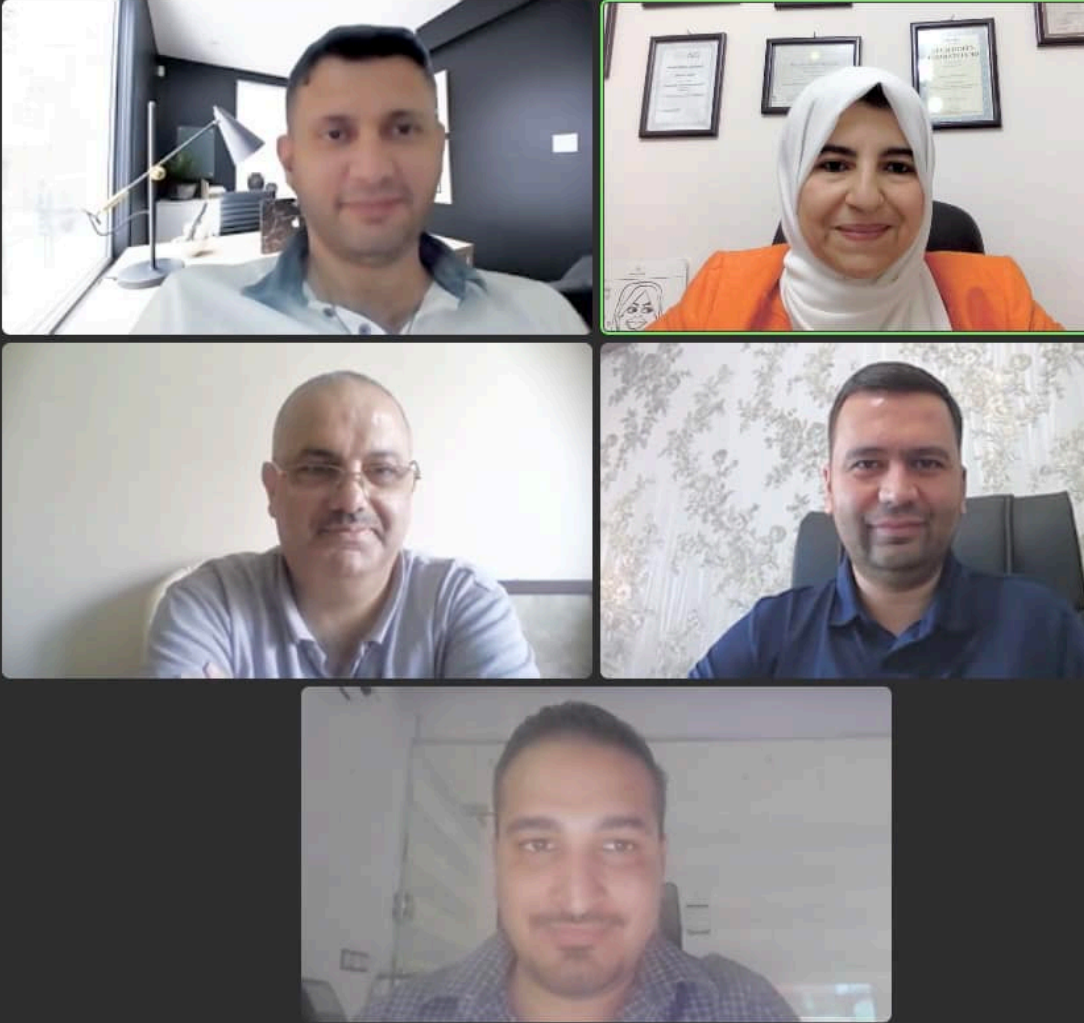
Sharing experiences of outcomes based agreements between Algeria and KSA 28 May 2023



Different Health Economics Programs between Jordan, Emirates and Egypt



Different Health Economics Programs between Iraq and Saudi Arabia



HTA341

ISPOR Europe 2023

November 12-15 2023, Copenhagen, Denmark

Egyptian Guidelines for Pharmacoeconomic Evaluations: toward Standardization of Drug Reimbursement Applications

Gihan Hamdy Elsisi ^{1,2}, Mary Gergis ³, Amal Samir ^{3,4}, Ahmed Elagamy ³, Ahmed Seyam⁵, Mariam Eldebeiky ³, Randa Eldessouki ⁶

¹HTA Office, LLC, Cairo, Egypt, ²Department of Economics, American University in Cairo, Cairo, Egypt, ³Health Technology Assessment Department, Egyptian Authority for Unified Procurement, Medical Supply and Management of Medical Technology (UPA), Egypt, ⁴Faculty of Medicine, Cairo University, ⁵Universal Health Insurance Authority, Cairo, Egypt, ⁶Faculty of Medicine, Elfayoum University

Introduction

To improve resource allocation within our health care system, the Egyptian Authority for Unified Procurement, Medical Supply and the Management of Medical Technology (UPA) and Universal Health Insurance Authority (UHIA) established a

EE260

ISPOR Europe 2023

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Cost-Effectiveness Analysis of Daratumumab Triplet Therapy vs Carfilzomib Duplet Therapy in Patients with Relapsed or Refractory Multiple Myeloma in Egypt from Payer Perspective

Gihan Elsisi^{1,2}, Mariam Elattar², Noran Eldesouky³

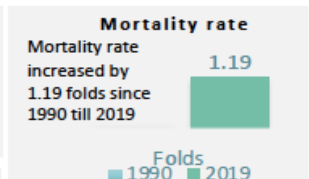
1 The American University in Cairo, Egypt, 2 HTA Office, Middle East and North Africa, 3 Egyptian Health Authority, Cairo, Egypt

Background

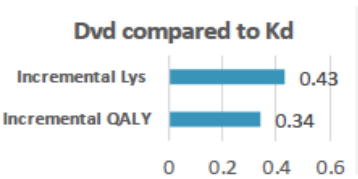
Our model was conducted from payer perspective to assess the cost-effectiveness of daratumumab triplet therapy (Dvd) to carfilzomib doublet regimen (Kd) for patients with Relapsed or Refractory Multiple Myeloma (RRMM) who received at least one prior therapy over time horizon of 20 years.

Epidemiology

2020
GLOBOCAN estimated the worldwide MM new cases and deaths at 176,404 and 117,077, respectively [1].



Results



Cost savings
EGP 1,504,728
The difference in cost between Dvd compared to Kd was EGP -1,504,728

HPR207

ISPOR Europe 2023

November 12-15, 2023, Copenhagen, Denmark

Moving to Outcomes-based Agreements in Algeria: Sharing Experiences between Saudi Arabia and Algeria

Gihan Elsisi ^{1,2}, Ahmed Aljedai ³, Hajer Almudaiheem ⁴, Mansour AlHowimel ⁵, Hana Abdul kareem ⁶, Meriem Hedibel ⁷

¹ HTA Office, LLC, Cairo, Egypt, ² Economics Department, American University in Cairo, Egypt, ³ Ass. Dep. Minister of therapeutic affairs, KSA, ⁴ Director of Drug Policy and regulation, Ministry of health, KSA, ⁵ Pharmacoeconomic Senior Manager, National Unified Procurement Company "NUPCO", ⁶ Drug Policy and economic center, National Guard Health Affairs, KSA, ⁷ Ass. Professor, Health Economics, University of Algeria.

Introduction:

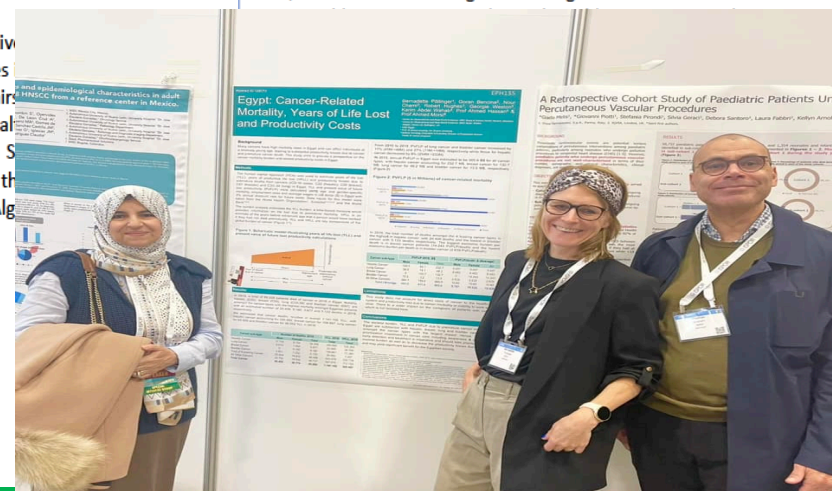
One of the major policy tasks of the Algerian National vision 2030 is enhanced quality of life for Algerians through reform in the public health sector. Outcomes based agreements (OBAs) use is a core element of any public health care reform. Algerian payers need actionable OBAs to stratify populations and identify specific interventions that can improve patient outcomes. In Kingdom of Saudi Arabia (KSA), the use of OBAs is expanding (22 ongoing OBAs for 6 years). The OBAs conducted in KSA by MOH and renewed every 3 years after settling the financial based agreements controlled by NUPCO. Algeria is eager to learn from Saudi development experience. The aim of this study was to identify the challenges and the recommendations for implementation of OBAs in Algeria.

Methods

A focus group was formed as a national initiative government and three representative authorities (MoH), NUPCO and National Guard Health Affairs various policy makers with experience in health research, public health, and health policy. Both S held in-depth discussions and identified the recommendations for OBAs implementation in Alg

Outcome based contracting methodologies and analytics platform :

- CEA/CUA based pricing:** the widely used CEA and CUA are integrated with methods to estimate price based on PSA estimated of ICER and ICUR.
- WTP:** based on base case CUA estimates of QALY from 1st method, and considers 4 WTP scenarios based on GDP per QALY gained.
- Reference based pricing:** not directly related to OBAs, but it is considered a comparative method that compares the price in the country with other countries that use OBAs
- Safety based pricing:** payback amount is based on the undesirable risk, which is the risk margin exceeding the risk difference between two



6th Annual ISPOR Egypt Chapter Meeting 23 Nov 2023

6th Annual ISPOR Egypt Chapter Meeting
Health Technology Assessment in Action

Innovation and Investments: Where we are now and where we are going?



Dr Said Alrashdy, Ministry of Health, Oman
 Dr Anas Hamad, National center for cancer care and research, Qatar
 Dr Ahmed Aljedai, Ministry of Health, KSA
 Dr Mohamed Farghaly, Dubai Health Authority, Emirates
 Dr Hatem Dawood, Janssen, Egypt



Towards unifying HTA in Egypt



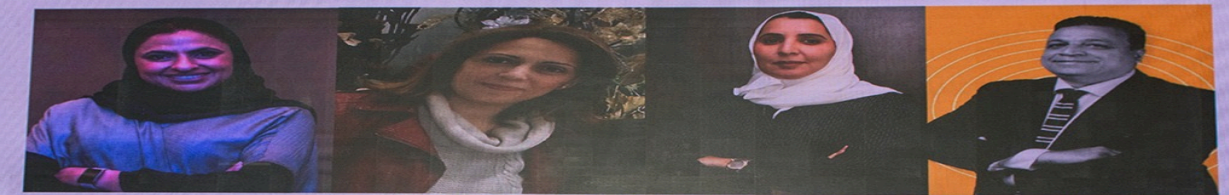
Dr Noha Alraes, Head of Medical Supply, Health Insurance Organization, Egypt
 Dr Ahmed Elagamy, Head of economic evaluation, Central Department of HTA, UPA Egypt
 Dr Asmaa Abo Rawash, Head of Pharmacoeconomic Unit, EDA, Egypt
 Dr Ahmed Seyam, Director of Health Economics and Health Systems Research, UHIA Egypt



6th Annual ISPOR Egypt Chapter Meeting
Health Technology Assessment in Action



Real world evidence practices and patient centered research: how to combine and start?



Dr Hajer Almudaiheem, Ministry of Health, KSA
 Dr Amal Samir, Head of Training, UPA, Egypt
 Dr Nada Al Aqil, Council of Health Insurance, KSA
 Dr Amgad Talaat, Director Strategic Alliances & Partnerships, Eva Pharma, Egypt



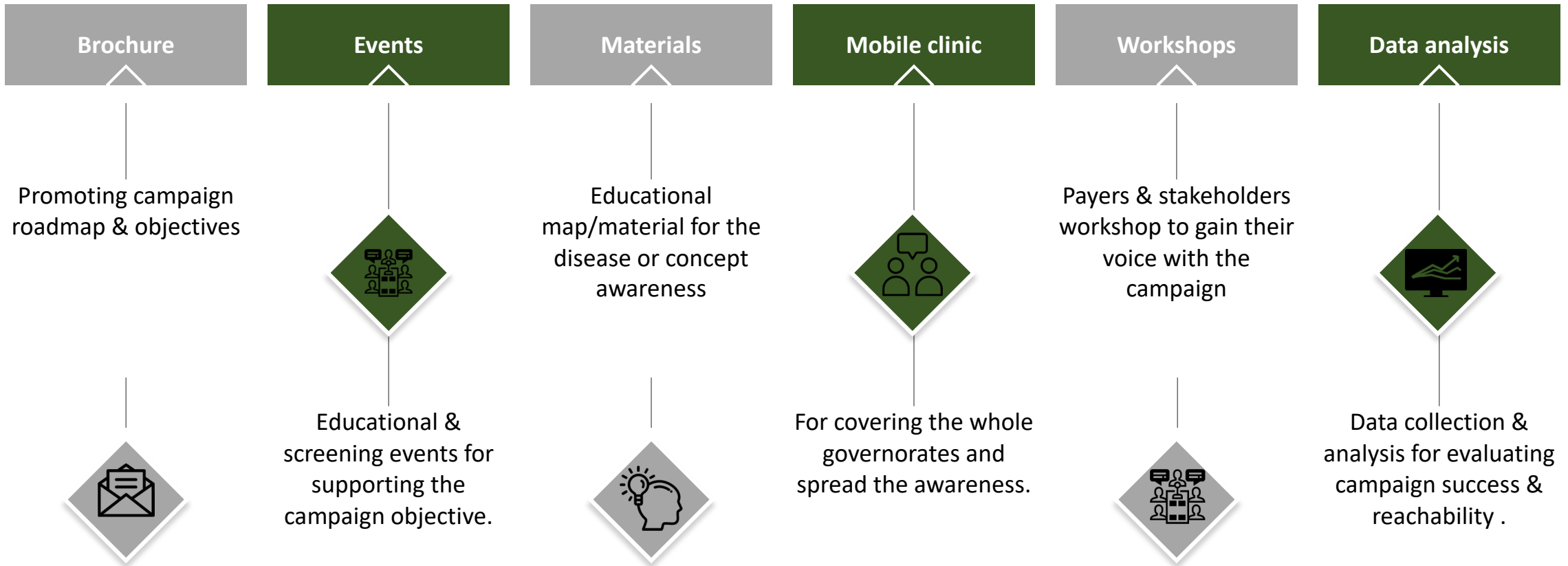
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we customize the patient support program (PSP) because no one size fits all. Our programs are patient-centric and provide meaningful support to the patients. Any or all the following services and supports can be a part of your company's customized PSP under strict process management and high quality standards upon our SOP.




Example of PSP program flow

Awareness campaign (road map design according to campaign)



HTA Fellowship HEOR Dual Program



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Razan Eskandrani	Wael Iskandarani	Naela Ararawi	Alzahrani, Sarah /...	Mohamad Elgamal
Menatallah Fikry	Hossam Elsayed	Salma Ayman Al...	Mohammed	Mostafa Nawar
Omnia Gamal	m.Afifi	Waleed!	Abdulmoniem Ra...	Reem Mohamed
	Mohamed Fathy	Samar Kabeel	البراء الامين	



Cost-effectiveness Threshold Program in Oman



		Alia		zuhair
	Nadiya AL Bulushi	MANAL(moh) oman	ASIYA ALKINDI	Suha Al Lawati
Ask to Unmute ... Omar Abou Hussein	Safiya	Amal Alfarsi	kmpw061	Nadheer
		Mardheya Alkhrusi		

Different pricing methodologies with deep diving on [Emirates](#), [KSA](#) and [Egypt](#) systems using the health economic tools with [Julphar](#) Gulf team.



Health economic Program to build the cost effectiveness threshold and evaluate different health economic studies on a case based learning for **MoH, Oman**



Collaboration with Supreme Council of Health: Shiekh Mohamed Ibn Abdullah,
Dr Aisha Bu Onk, and Dr Rehab Alnoeimy, **Bahrein**



Kingdom of Bahrain
Supreme Council of Health



مملكة البحرين
المجلس الأعلى للصحة

الرقم: SCH/SG/0124/SSA041
التاريخ: 28 يناير 2024م

الدكتورة جيهان حمدي عبدالفتاح .. المحترمة
أستاذة اقتصاديات الصحة - جمهورية مصر العربية

السلام عليكم ورحمة الله وبركاته وبعد.

الموضوع: شكر وتقدير

بعد أن تكثفت الجهود الكبيرة والعمل الدؤوب المثمر الذي بذل بالنجاح المميز الذي تحقق بتنظيم الندوة المتخصصة Formulary Management Update Symposium . والتي عقدت في يوم الأحد الموافق 21 يناير 2024م بفندق الخليج، وبحضور كريم من معالي الفريق طبيب الشيخ محمد بن عبدالله آل خليفة رئيس المجلس الأعلى للصحة، يسعدني أن أقدم لكم باسمي ونيابة عن اللجنة المنظمة بخالص الشكر وافر التقدير على مشاركتكم القيمة معنا في أعمال هذه الندوة كمنحدث ضمن نخبة الخبراء والمختصين الذين أثروا بمشاركتهم المميزة أعمال هذه الفعالية.

لقد ساهمت خبرتكم المميزة ومشاركتكم الفاعلة في الثراء المحتوى وتحقيق النجاح اللافت لهذه الفعالية والتي كانت محل استحسان وتقدير جميع من حضروها وشارك فيها.

ونحن إذ نكرر لكم خالص شكرنا وتقديرنا لما أسهمتتم به في هذه الفعالية، نتطلع إلى الفرص المستقبلية التي تجمعنا بكم في مناسبات وفعاليات قادمة. سائلين الله أن ينعم عليكم بموفور الصحة والسعادة، وتمنين لكم دوام التوفيق والنجاح.

وتفضلوا بقبول فائق التحية والاحترام ...


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Dr. Suliman Alghnam
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