



**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)**

# Company Portfolio



# HTA Office Team

## Senior Management



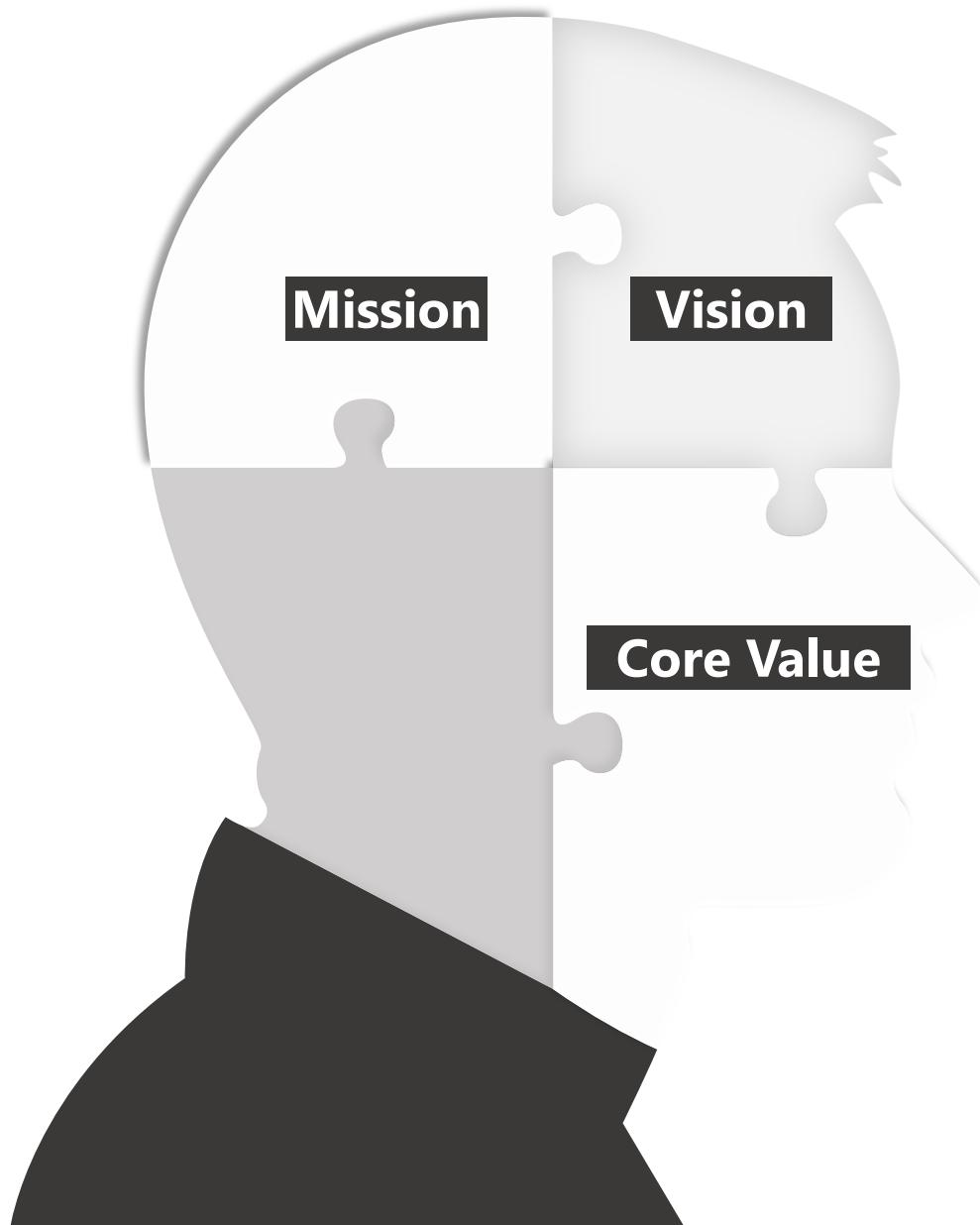
### **Gihan El-sisi, MSc, PhD**

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 Elsis 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.

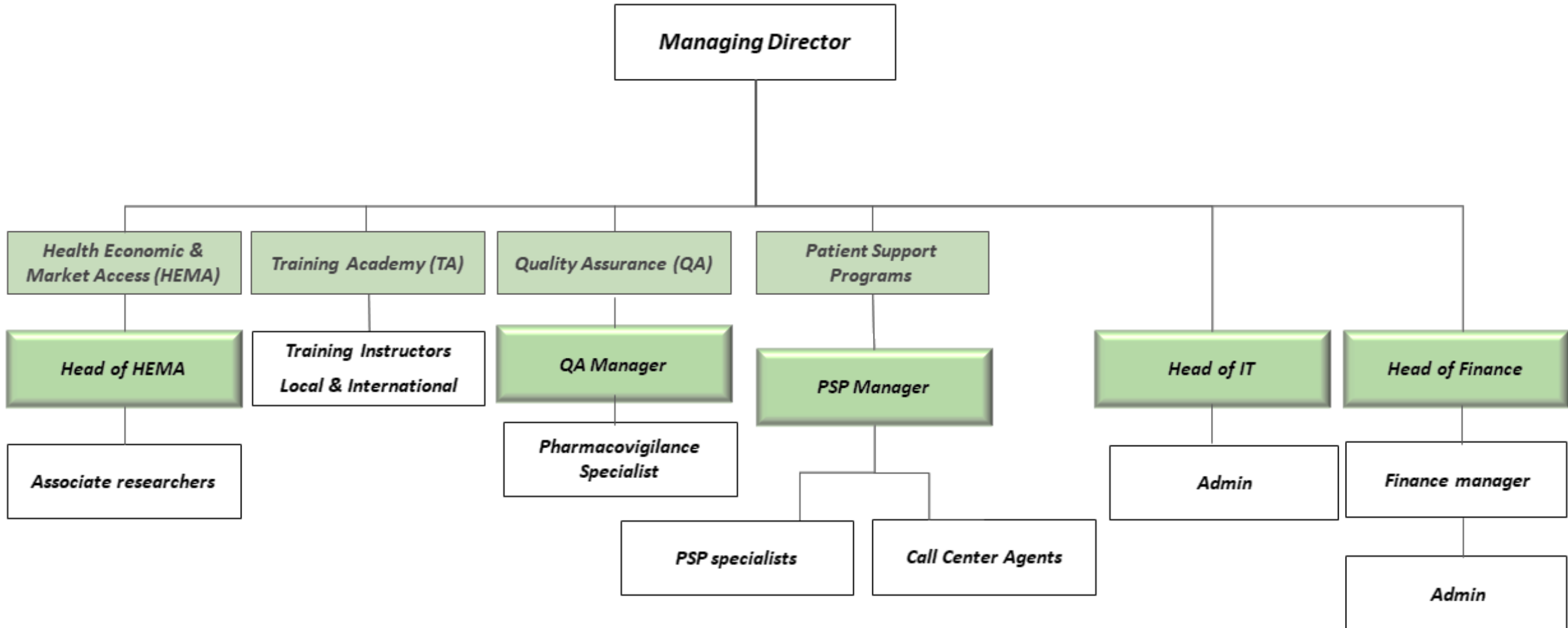


## **Core Value**

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



ISPOR  
Egypt Chapter



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



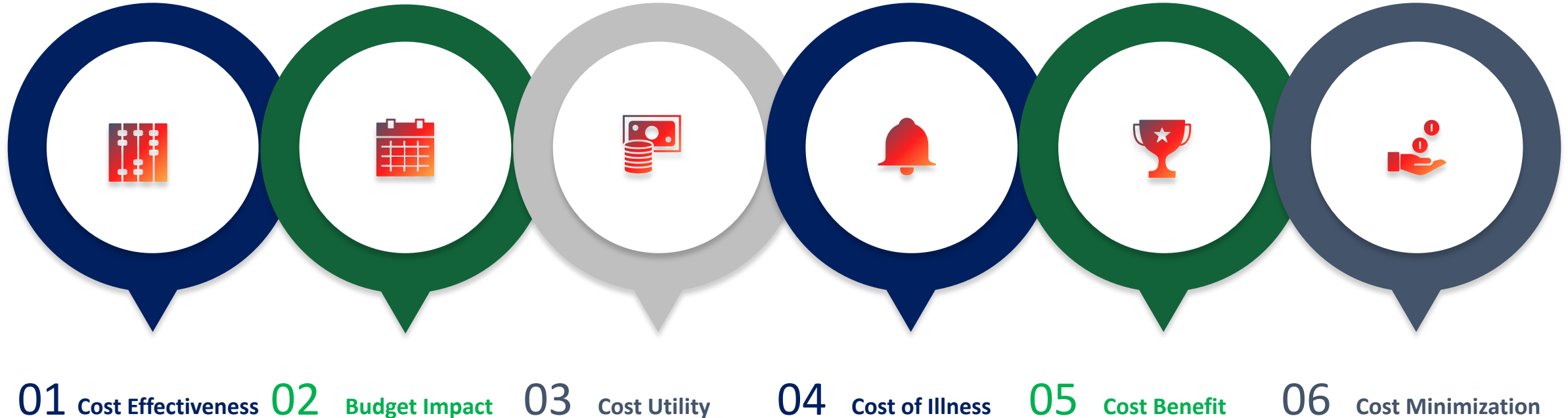
Educational material for patients, HCPs ,Conference materials (abstracts), Medical Advisory Board meetings, Manuscripts, Product website content, Medical marketing reports, Literature reviews,Study Protocols,Standard Operating Procedures (SOPs)





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





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



## The economic burden of systemic lupus erythematosus in United Arab Emirates

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

**To cite this article:** Atheer Alansari, Suad Hannawi, Afra Aldhaheri, Noura Zamani, Gihan Hamdy Elsis, Sara Aldalal, Wael 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 Elsis, PhD, Fayza Ahmed Mohamed Hassanin, BSc, Khaldoun 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.

VALUE HEALTH REG ISSUES. 2022; 28:67–75





## 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.



# Journal of Health Economics and Outcomes Research

Oncology



## Costs of Adverse Event Management Associated with First-Line Cetuximab or Panitumumab in Metastatic Colorectal Cancer Patients in Saudi Arabia

Gihan Hamdy Elsis<sup>1,2\*</sup>, Hana Abdul Kareem<sup>3</sup>, Abdelaziz Alaseiri<sup>4</sup>, Abdullah Alsharm<sup>5</sup>, Mohamed Al Garni<sup>3</sup>, Hajer Al-Mudaiheem<sup>6</sup>, Fouad Alnagar<sup>5</sup>, Hazem Lotfy<sup>7</sup>, Mohamed Ouda<sup>7</sup>, Ahmed Elshehri<sup>3</sup>

<sup>1</sup>HTA Office, LLC, Cairo, Egypt

<sup>2</sup>Economics Department, American University in Cairo, Egypt

<sup>3</sup>National Guard Health Affairs, Riyadh, KSA

<sup>4</sup>Oncology Department, Aseer Central Hospital, Ministry of Health, Riyadh, KSA

<sup>5</sup>Oncology Department, King Fahad Medical City, Ministry of Health, Riyadh, KSA

<sup>6</sup>Drug Policy and Regulation at Therapeutic Affairs, Ministry of Health, Riyadh, KSA

<sup>7</sup>Merck Limited - Saudi Arabia, Riyadh, KSA

### ARTICLE INFORMATION

Accepted February 26, 2025

**Keywords:** cost, adverse events, colorectal cancer, cetuximab, panitumumab

### ABSTRACT

**Introduction:** In Saudi Arabia, patients with metastatic colorectal cancer (mCRC) with wild-type RAS mutations may be treated with either cetuximab plus chemotherapy (CET + CT) or panitumumab plus chemotherapy (PAN + CT), which are epidermal growth factor receptor (EGFR) antibodies. This study calculated the costs of adverse event (AE) management linked to anti-EGFR treatment in Saudi Arabia's national health budget from payer and societal perspectives.



## 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)

To link to this article: <https://doi.org/10.1080/13696998.2023.2174749>



© 2023 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.



Published online: 14 Feb 2023.



Submit your article to this journal [↗](#)



Article views: 245



View related articles [↗](#)



View Crossmark data [↗](#)

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

Anas Hamad<sup>1</sup>, Shereen Al-Azzazy<sup>1</sup>, Ruba Y. Taha<sup>1</sup>, Hani Osman<sup>2</sup>, Sanaa Blooshi<sup>2</sup>, Islam Elkonaissi<sup>3</sup>, Mustaqeem A. Siddiqui<sup>3</sup>, Khalil Al-Farsi<sup>4,5</sup>, Mohammed Al Lamki<sup>4</sup>, Sali Emara<sup>6</sup>, Gihan Hamdy Elsis<sup>7</sup>\*

<sup>1</sup> Hamad Medical Corporation, National Centre for Cancer Care and Research, Doha, Qatar

<sup>2</sup>Tawam Hospital, Abu Dhabi, United Arab Emirates

<sup>3</sup> Sheikh Shakhbout Medical City (SSMC), Abu Dhabi, United Arab Emirates

<sup>4</sup> Royal Hospital - Ministry of Health, Oman

<sup>5</sup> Sultan Qaboos University Hospital, Oman

<sup>6</sup> Janssen Gulf, Dubai, United Arab Emirates

<sup>7</sup> American 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.

Dubai (Emirats arabes unis)  
De notre envoyé spécial

**R**etard dans l'enregistrement de nouvelles molécules, législation contraignante, très peu d'intérêt pour la recherche scientifique et absence de stratégie cohérente pour le développement d'une industrie pharmaceutique nationale forte. Voilà les principaux points faibles de la politique algérienne dans le domaine de l'industrie pharmaceutique, soulignés par le groupe allemand Boehringer Ingelheim dans son livre blanc intitulé *L'industrie pharmaceutique dans la région MENA : défis et recommandations*. Présentée jeudi dernier à Dubai, aux Emirats arabes unis, cette étude a réuni sur cinq pays, en l'occurrence l'Algérie, l'Égypte, le Liban, l'Arabie Saoudite et les Emirats arabes unis. Des pays considérés comme les principaux marchés des produits pharmaceutiques dans la région du Moyen-Orient et de l'Afrique du Nord (MENA).

### LE PROCESSUS D'ENREGISTREMENT : UN HANDICAP POUR LE PATIENT ALGÉRIEN

En plus des atouts, des capacités et des intentions de production, les représentants de Boehringer Ingelheim mettent l'accent sur les contraintes auxquelles font face les opérateurs locaux et étrangers. «Les multinationales veulent investir dans ces pays et procéder au transfert de technologie, mais il faut que les pays concernés les encouragent en mettant en place des législations adéquates», souligne



Karim El Alaoui, directeur exécutif et responsable des médicaments sur ordonnance au Moyen-Orient, en Turquie et en Afrique chez Boehringer Ingelheim. Dans ce sens, il cite le cas de l'Algérie où il y a de véritables freins au développement de cette industrie. Et parmi ces contraintes, Karim El Alaoui cite la fameuse règle des 51/49% mise en place depuis 2009. «Cette règle a causé un grand problème aux multinationales qui veulent s'engager sur le marché algérien mais, depuis quelque temps, les choses commencent à évoluer et nous souhaitons un assouplissement de cette règle», répond-il à une question des journalistes présents qui voulaient savoir pourquoi les multinationales refusent un transfert de savoir-faire aux pays en développement.

La seconde contrainte relevée par cette étude et citée par le responsable de Boehringer concerne les lenteurs 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 partenaire, le Syndicat national des pharmaciens d'officine (SNAPO), nous avons examiné cette situation et nous espérons un assouplissement du processus d'enregistrement», a-t-il déclaré. Outre ces deux difficultés, les conclusions de l'étude en question

exposées par Gihan Hamdy, chef de l'unité pharmaco-économique au ministère égyptien de la Santé, révèlent l'existence de risques majeurs pour l'industrie pharmaceutique : «Le pays fait face à de nombreux risques opérationnels, parmi lesquels un système de réglementation lent, l'absence de motivations d'innovation et un système injuste et inéquitable de tarification qui continuera d'entraver le développement de son plein potentiel jusqu'à ce que les déficiences soient entièrement surmontées.» A cela s'ajoutent une absence de stratégie cohérente pour le développement d'une industrie pharmaceutique forte et le manque d'investissement dans la recherche scientifique et le développement. En effet, le livre blanc de Boehringer définit quatre points faibles de la

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». Pour les rédacteurs de l'enquête, les pénuries de médicaments enregistrés en Algérie sont dues au strict contrôle imposé à l'importation. Et la dernière faiblesse concerne, selon le même document, «la protection inadéquate de brevets et l'adoption de mécanismes inefficaces pour leur renforcement». «De plus, l'Algérie ne garantit pas une protection réglementaire des données», lit-on dans ce document.

### CINQ RECOMMANDATIONS POUR REDRESSER LA BARRE

Afin d'aider le secteur pharmaceutique algérien à surmonter toutes ces contraintes, l'étude suggère cinq recommandations. Les rédacteurs du livre blanc invitent 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'investissement local et l'encouragement des exportations. De plus, l'étude de Boehringer insiste sur la nécessité de renforcer et de mettre en valeur les capacités des professionnels de santé aux fins d'adopter une stratégie et une vision à long terme qui garantirait la stabilité des activités industrielles. *Madjid Makedhi*

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-Hamasy<sup>1</sup> · Gihan H. Elsis<sup>2,3</sup> · Randa Eldessouki<sup>4</sup> · Mohamed M. Elmazar<sup>5</sup> · Ahmed S. Taha<sup>6,7</sup> · Basma F. Awad<sup>6,7</sup> · Hossam Elmansy<sup>8</sup>

© Springer International Publishing Switzerland 2016

### 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-

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

VALUE IN HEALTH REGIONAL ISSUES 4C (2014) 24–30



ELSEVIER

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/locate/vhri

## 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. Elsis<sup>1,2,\*</sup>, Randa Eldessouki, MD<sup>2,3</sup>, Zoltan Kalo, MSc, MD, PhD<sup>4</sup>, Mohamed M. Elmazar, PhD<sup>5</sup>, Ahmed S. Taha, MD<sup>6,7</sup>, Basma F. Awad, MD<sup>6,7</sup>, Hossam Elmansy, PhD<sup>8</sup>

<sup>1</sup>Pharmacoeconomic Unit, Central Administration for Pharmaceutical Affairs, Cairo, Egypt; <sup>2</sup>Scientific and Health Policy Initiatives, International Society for Pharmacoeconomics and Outcomes Research, NJ, USA; <sup>3</sup>Faculty of Medicine, Fayoum University, Al Fayoum, Egypt; <sup>4</sup>Health Economics Research Centre, Eötvös Loránd University, Budapest, Hungary; <sup>5</sup>Faculty of Pharmacy, The British University in Egypt (BUE), El Sherouk, Cairo, Egypt; <sup>6</sup>Faculty of Medicine, Ain Shams University, Cairo, Egypt; <sup>7</sup>Cardiothoracic Surgery Unit, Ain Shams University Hospitals, Cairo, Egypt; <sup>8</sup>Faculty of Pharmacy, Ain Shams University, Cairo, Egypt

### ABSTRACT

**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. **Methods:** 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-analyses 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 derived from 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 1.1616 and 1.1199 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 \$307.23 and US \$315.25, respectively (the difference was US \$7.92), which yielded an incremental cost-effectiveness ratio of −190.38 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 effects 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.

Copyright © 2014, International Society for Pharmacoeconomics and Outcomes Research (ISPOR). Published by Elsevier Inc.

# 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

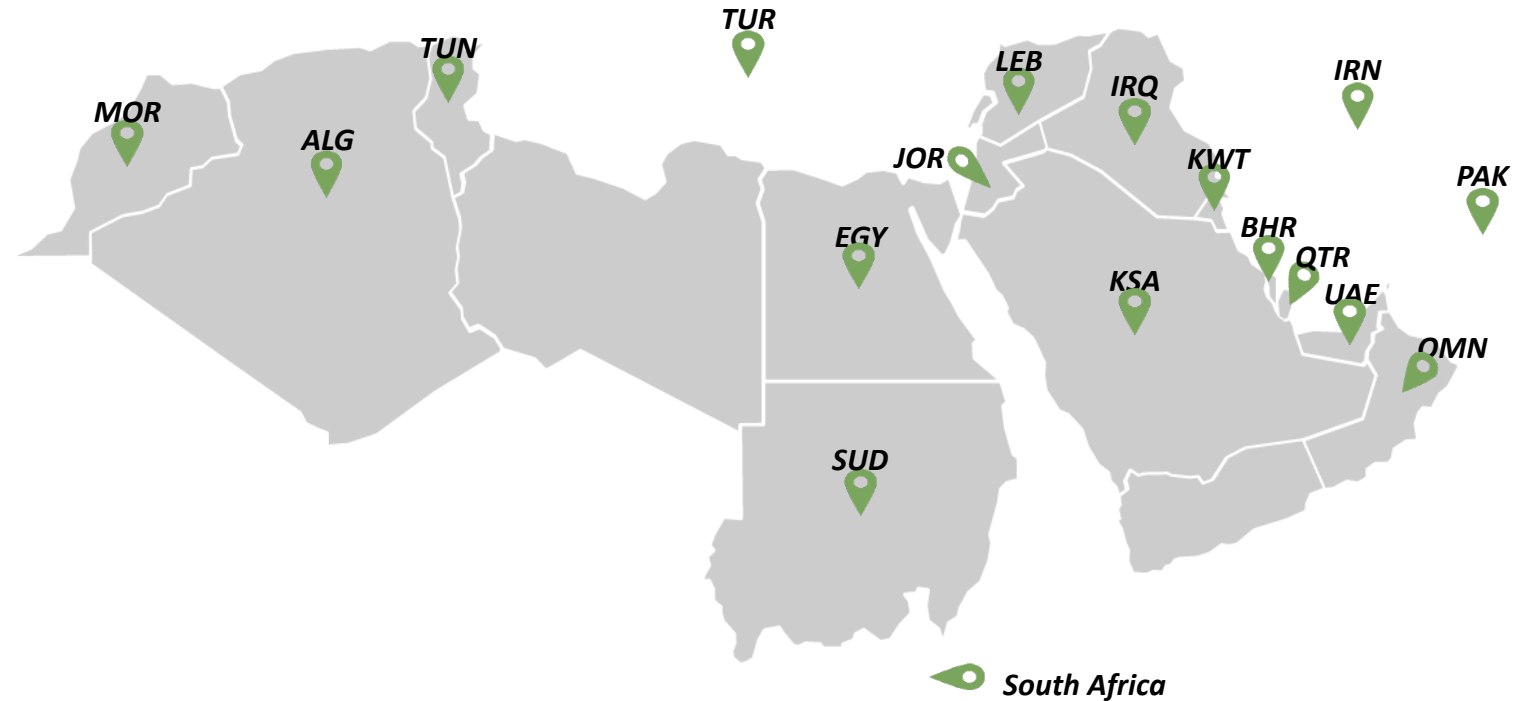
Extensive on Ground Field Experience in the MENA Region

## 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





# Public Insurance Payers Meeting in Egypt



**HTA OFFICE**  
TECHNOLOGY APPRAISAL



# Private Insurance Payers Meeting in Egypt





# NGOs and Charity Organizations Meeting





# Moderating & Organizing Mega Payers Events (HOPE)





# Moderating & Organizing Mega Payers Events (ISPOR)







**Arab Health  
Economics Society**

## Board of Directors



**Louis P. Garrison, Ph.D**

Professor Emeritus The Comparative Health Outcomes, Policy, and Economics (CHOICE) Institute Department of Pharmacy, Washington, USA



**Prof Heba Nassar, PhD**

Professor of Economics, Director of Review of Economics and Political Science & The Master's Program in Health Economics Former Vice President, Cairo University, Egypt



**Prof Abdelrahman Jazieh, MD**

Director of Innovation and Research Director of International Program Cincinnati Cancer Advisors Editor in Chief, Global Journal on Quality and Safety in Healthcare (JQSH.ORG) Cincinnati, OH USA



**Dr Mohamed Farghaly,**

Director of Health Insurance Policies, Dubai Health Authority, UAE



**Rita Karam, PharmD, PhD.**

Professor - Lebanese University - Faculty of Sciences and Medical Sciences Quality Assurance of Pharmaceutical Products Program Director - Ministry of Public Health National Pharmacovigilance System Coordinator, Lebanon ISPOR Arabic Network - Chair



**Dr Hana Abdel Kareem**

Drug Policy and Economic Center, National Guard Health Affairs, KSA



## Board of Directors



**Ass. Prof. Randa Eldessouki, MD**  
 Ass Prof. of Public Health & Outcomes Research,  
 Faculty of Medicine, Fayoum University, Egypt



**Dr Sara Aldalal, MSc**  
 President of Emirates Health Economics Society  
 at Emirates Medical Association



**Prof Ahmed Alghamdi, PhD**  
 Associate Professor of Health Economics &  
 Outcomes Research, King Saud University Presid. of  
 the Saudi PE Experts Gp, KSA



**Dr Deena Alasfour**  
 Health Systems Consultant, Ministry of Health,  
 Oman World Health Organization Consultant



**Dr Mohamed Asklani, PhD**  
 ID and ICU consultant, Ministry of Health, Kuwait



**Dr Mohamed Hamed,**  
 Case Manager, Metlife, Egypt

# Cost of Illness studies

Presenting the economic burden of MS in Saudi Arabia





# Building internal capabilities Program to Pharma & Diagnostic Companies

for [#Servier](#) Market access team, and the Medical Department, Gulf region





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



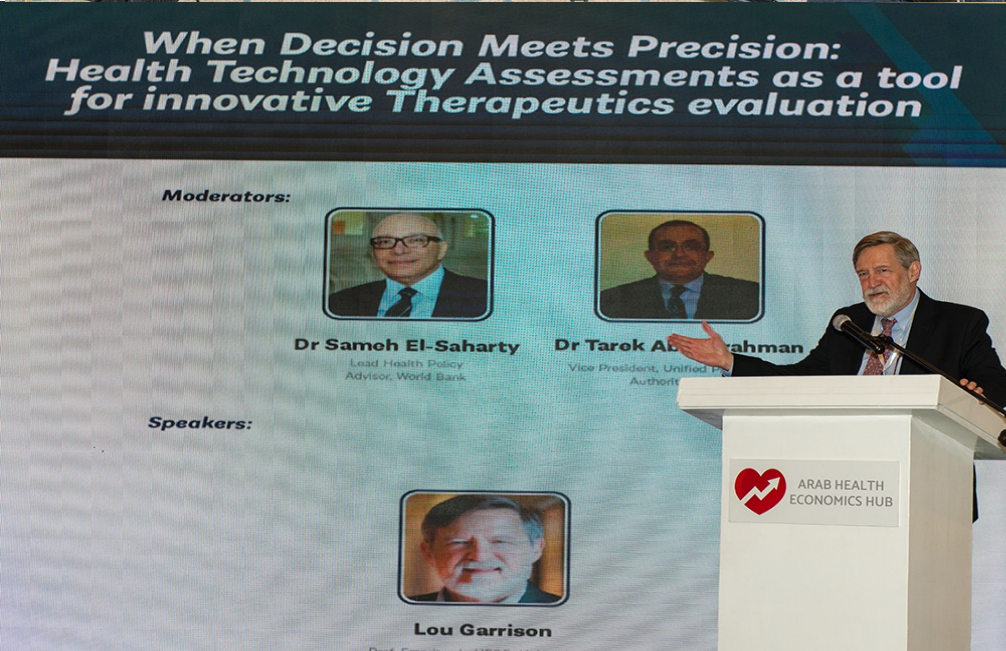






# 1st Annual Arab Health Economics Meeting... where only the experts meet

## 25-27 Feb 2023





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





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



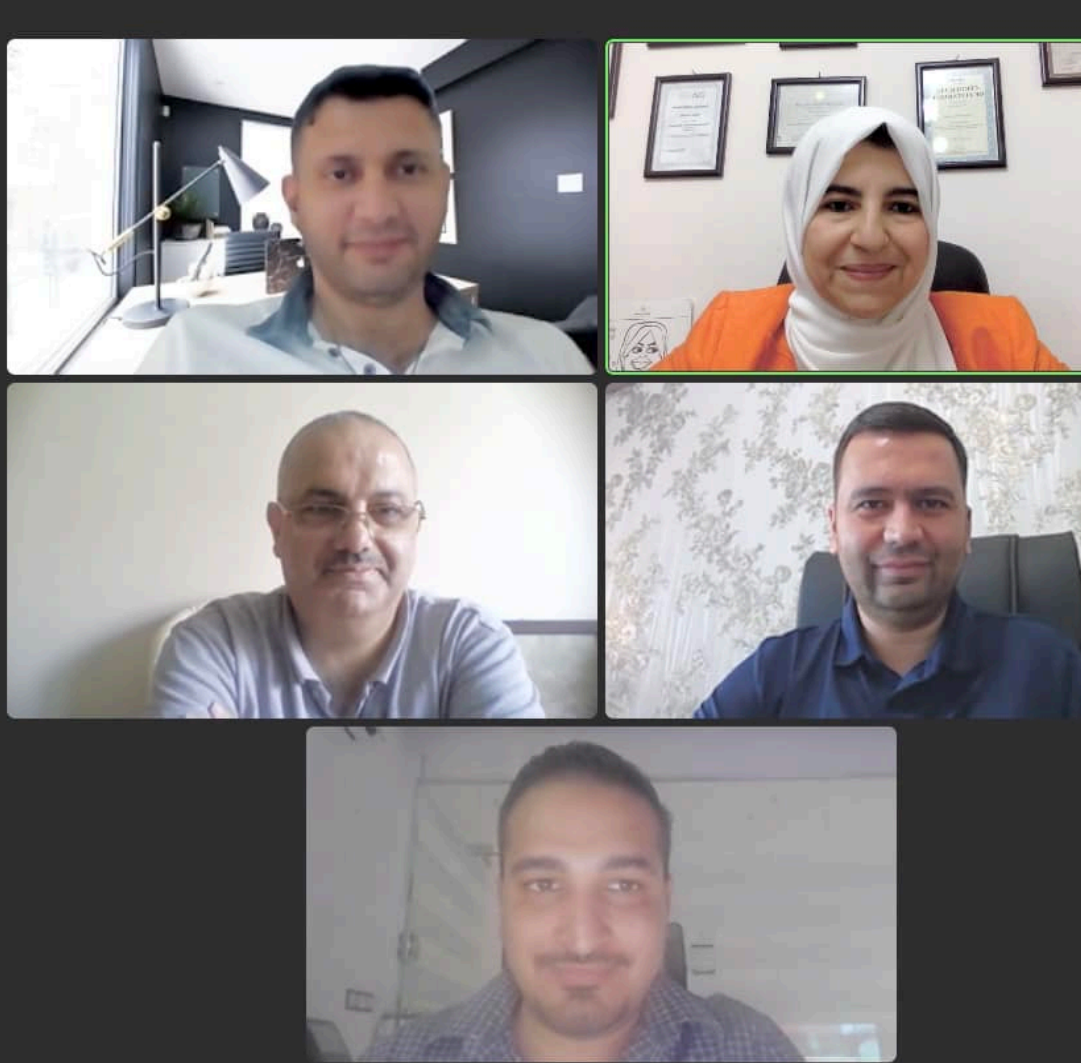


## Different Health Economics Programs between Jordan, Emirates and Egypt





# 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 <sup>1,2</sup>, Mary Gergis <sup>3</sup>, Amal Samir <sup>3,4</sup>, Ahmed Elagamy <sup>3</sup>, Ahmed Seyam <sup>5</sup>, Mariam Eldebeiky <sup>3</sup>, Randa Eldessouki <sup>6</sup>

<sup>1</sup>HTA Office, LLC, Cairo, Egypt, <sup>2</sup>Department of Economics, American University in Cairo, Cairo, Egypt, <sup>3</sup>Health Technology Assessment Department, Egyptian Authority for Unified Procurement, Medical Supply and Management of Medical Technology (UPA), Egypt, <sup>4</sup>Faculty of Medicine, Cairo University, <sup>5</sup>Universal Health Insurance Authority, Cairo, Egypt, <sup>6</sup>Faculty of Medicine, EE260

ISPOR Europe 2023  
November 13<sup>th</sup> 2023, Copenhagen, Denmark

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

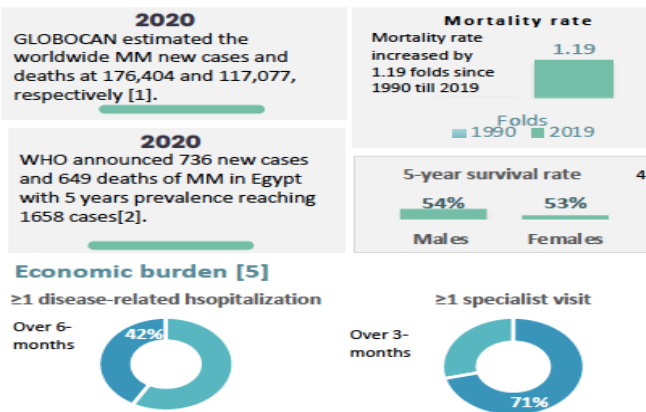
Gihan Elsisi<sup>1,2</sup>, Mariam Elattar<sup>2</sup>, Noran Eldesouky<sup>3</sup>

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

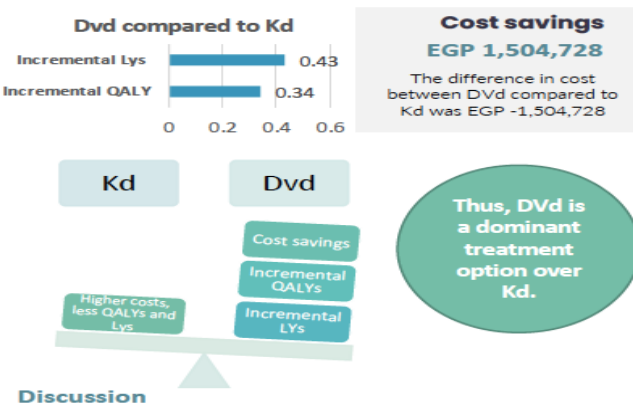
#### Background

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



#### Results



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 <sup>1,2</sup>, Ahmed Aljedai <sup>3</sup>, Hajer Almudaiheem <sup>4</sup>, Mansour AlHowimel <sup>5</sup>, Hana Abdul kareem <sup>6</sup>, Meriem Hedibel <sup>7</sup>

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

#### Introduction:

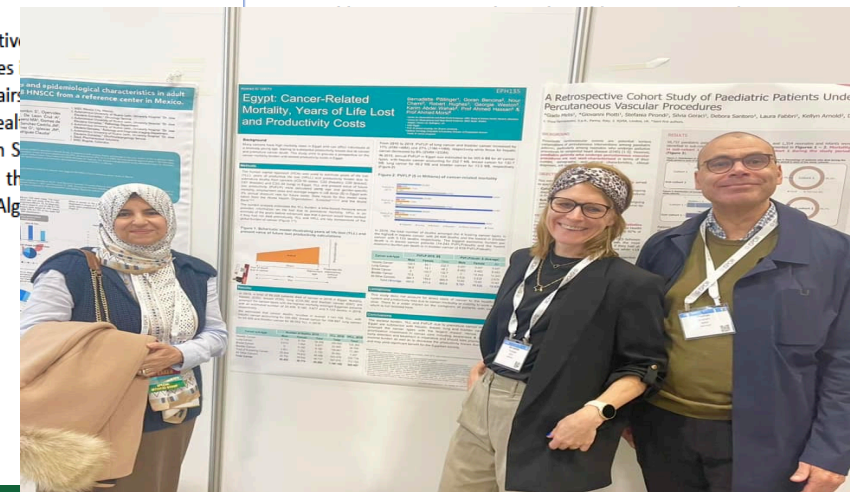
One of the major policy tasks of the Algerian National vision 2030 is enhanced quality of life for Algerians through reform in the public health sector. Outcomes based agreements (OBAs) use is a core element of any public health care reform. Algerian payers need actionable OBAs to stratify populations 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 Algeria.

#### Outcome based contracting methodologies and analytics platform : <sup>2</sup>

- 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 1<sup>st</sup> 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





# 6<sup>th</sup> Annual ISPOR Egypt Chapter Meeting 23 Nov 2023

6<sup>th</sup> 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



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 StrategicAlliances & Partnerships, Eva Pharma, Egypt





# Patient Support Programs

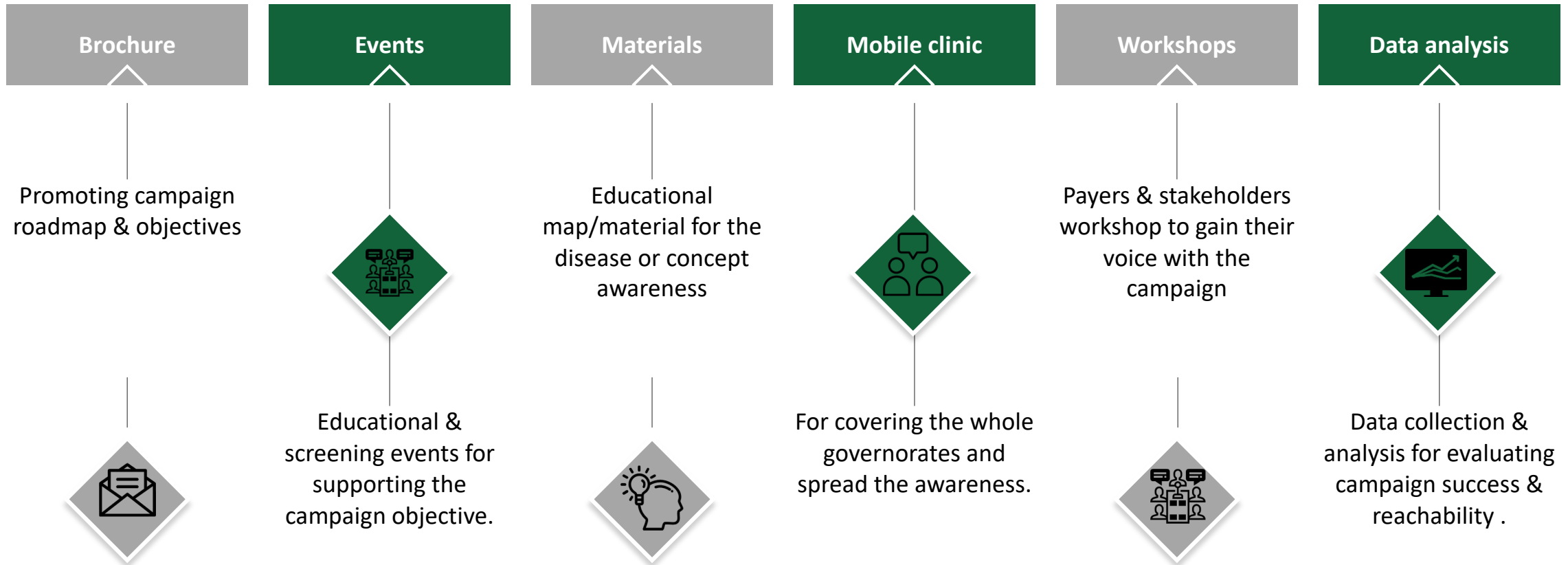
we customize the patient support program (PSP) because no one size fits all. Our programs are patient-centric and provide meaningful support to the patients. Any or all the following services and supports can be a part of your company's customized PSP under strict process management and high quality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






# Example of PSP program flow

Awareness campaign (road map design according to campaign)



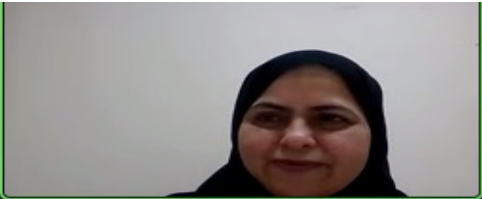








# HTA Fellowship HEOR Dual Program

Sherif Darwish		Mohamed khamis	Menna Ayman	Ahmed Ahmed
Razan Eskandrani	Wael Iskandarani	Naela Ararawi	Alzahrani, Sarah /...	
Menatallah Fikry	Hossam Elsayed	Salma Ayman Al...	Mohammed	
Omnia Gamal	m.Afifi	Waleed!	Abdulmoniem Ra...	
	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 كمتحدث ضمن نخبة الخبراء والمختصين الذين أثروا بمشاركتهم المميزة أعمال هذه الفعالية.

لقد ساهمت خبرتكم المميزة ومشاركتكم الفاعلة في إثراء المحتوى وتحقيق النجاح اللافت لهذه الفعالية والتي كانت محل استحسان وتقدير جميع من حضروا 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. مسألين الله أن ينعم عليكم بموفقات الصحة والسعادة. و متمنين لكم دوام التوفيق والنجاح.

وتفضلوا بقبول فائق التحية والاحترام ...

  
د. عائشة مبارك بو عنق  
رئيسة اللجنة المنظمة ورئيسة اللجنة الوطنية  
للشراء الموحد للأدوية والمستلزمات الطبية

Bahrain Financial Harbor, East Tower, 20th Floor, Tel.: +973 17101777, Fax: +973 17101787, Email: sch@sch.org.bh







# 4<sup>th</sup> MIDDLE EAST PHARMACOECONOMICS AND DRUG POLICY SUMMIT

23-24 February 2024

JW Marriott Hotel Marina, Dubai, UAE

CME  
ACCREDITED

Meet Some Of Our Renowned Speakers



**Prof. Ahmed Aljedai**  
Founding President,  
Saudi Society of Clinical Pharmacy,  
KSA



**Dr. Tomasz Kluszczynski**  
Frankfurt University, Germany;  
Warsaw University of Technology and  
Goethe Business School, Poland



**Dr. Suliman Alghnam**  
Executive Director of Surveillance,  
Saudi Public Health Authority,  
KSA



**Dr. Gihan Hamdy Elsisy**  
Managing Director,  
HTA Office, Egypt



**Dr. Khuloud Bin Rafeea**  
Director of Drugs and Medical  
Products,  
DOH, Abu Dhabi, UAE



**Dr. Ahmed Seyam**  
Director, Health Economics & Health  
Systems Research  
UHIA, Cairo, Egypt



**Dr. Mohamed Farghaly**  
Consultant DHIC, Head of Insurance  
Policies and Health Economics,  
Dubai Health Authority, UAE



**Dr. Wael Al Naem**  
Clinical Pharmacy Manager, SKMC;  
Director, Pharmacy Residency Program,  
SEHA, UAE



**DR. GIHAN HAMDY ELSISY**



[www.mepdps.com](http://www.mepdps.com)

REGISTER NOW

+971 4 361 9616

HTA Office (Technology Appraisal)

# Why we are different?

- HTA office team is made up of a multidisciplinary network of field specialists and leading policy analysts, economists, epidemiologists, clinicians, academics & marketing.
- +30 full text research studies & posters published.
- Conducted trainings to more than **5000** HCPs with well experienced passionate speakers.
- **Cost-effective** health care solutions are done for better Healthcare products penetration to the market.



650+

workshops conducted



45850

applicants trained



105

market research projects  
completed



410

health economic studies  
reported



26

countries served



# Strong Partnership with Top Pharma in the MENA region

Unique Service solutions with high Quality Standards made HTA office Preferred Supplier to many Partners



Many more to come

# Thank You

**For any details regarding HTA Office (Technology Appraisal) services kindly contact**

Gihan Elsis, Msc, PhD  
Managing Director – MENA  
[Gihan.elsisi@htaoffice.com](mailto:Gihan.elsisi@htaoffice.com)

Address: P.O. Box No. 118962, Dubai, United Arab Emirates.  
Building 4B, Office 219, Business District, Hyde park, New Cairo, Egypt  
51 Helmy Hassan Aly St., Mostafa Elnahas, Nasr City, Cairo Egypt  
+201227366018

Website: [www.htaoffice.com](http://www.htaoffice.com)  
[Youtube](#), [Facebook](#), [LinkedIn](#)