

Health Technology Assessment/Health Benefit Package Survey 2020

Dear Respondent,

In response to the World Health Assembly Resolution 67.23, a baseline Global Survey was completed in 2015 which enabled the WHO Secretariat to assess the status of Health Technology Assessment (HTA) in Member States. The results of the 2015 Global Survey can be accessed in the Global Report (https://www.who.int/health-technology-assessment/MD_HTA_oct2015_final_web2.pdf?ua=1). WHO is now seeking to update the results of this survey, by collecting current information about the status of HTA and health benefits package (HBP) selection processes in Member States. Additionally, we are collecting information on the contents of Health Benefit Packages. **For background information about the WHA resolution and the framework underlying this survey, please review this presentation - [Introduction - CLICK HERE (<https://www.slideshare.net/secret/L6IUSguXHpY9T>)].**

Filling out this survey is estimated to take approximately 60-90 minutes of your valuable time. This survey has a total of 8 content sections asking about: health financing and health benefit package arrangements, HTA processes and barriers, and information on the contents of the HBP. At the very end we also ask for your authorization to use the information you have provided.

The questions can all be answered by the same person or answered in a group. We recommend that you utilize multiple people for these responses if you don't feel like you can address a section accurately. You can stop the survey at any time and save your answers at which time you'll be asked to create a log-in. If needed, you may forward the link and log-in information to other respondents who might be better suited to respond to a section. For instance, you may need to do this to answer the "*Contents of Health Benefit Package*" section relating to a specific health financing scheme. Please note that once the survey has been submitted it is no longer possible to modify the answers unless you contact us directly. **A more detailed presentation on completing this survey is available here [How to Answer - CLICK HERE (<https://www.slideshare.net/secret/HOkV42IG9W0osj>)].**

Your effort is very important to guide the WHO Secretariat and other partners regarding future planning and development of HTA/HBP guidelines and benchmarks, as well as to ensure that current information is available in your country's profile (<https://www.who.int/health-technology-assessment/country-profile/en/>). A synthesis of the responses to this survey will also be made available in the survey report.

If you need assistance or have any concerns, you can contact htechassessment@who.int (<mailto:htechassessment@who.int>). The deadline to submit the survey is 15th November 2020.

Thank you very much!

[1] NOTE: For the purpose of this survey medical devices include: in-vitro diagnostics and laboratory equipment, imaging equipment, single use devices, and assistive devices.

There are 184 questions in this survey.

Respondent Information

1 Please provide the following information - *

First Name -

Last Name -

Country -

2 What is your primary professional background?Please choose **all** that apply:

- ☐ Economist
- ☐ Statistician
- ☐ Public Health Specialist
- ☐ Medical Degree
- ☐ Other clinical qualification
- ☐ Epidemiologist
- ☐ Administration/Planning

☐ Other:

- You may select a maximum of 2 options.

3

What is your primary organization or affiliation?

Please choose all that apply and provide a comment:

☐ Government - Ministry of Health☐ Other Government Ministry/Agency☐ International not-for-profit organization (iNGO)☐ National or Sub-national not-for-profit organization (NGO)☐ International Organization (incl. United Nations)☐ Consultancy firm/consultant☐ Academic Institution☐ Other**You MUST specify/give full name of your organisation.**

4

If we should want to contact you after the survey has been completed, what is your preferred method of contact?

Please choose all that apply and provide a comment:

☐ E-mail

☐ Phone

☐ Skype

- *Please provide a response in the box accompanying the option selected*

5

If you have collaborated with other people to answer this survey, please list below the contact information and affiliation of all individuals who contributed.

	First Name	Last Name	Organization	Position	Email	Survey Sections Filled
Contributor 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contributor 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contributor 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contributor 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contributor 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contributor 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The space available is limited but please feel free to write outside the boxes and utilise any empty space.

HTA Institutions and Governance

6 Does your country have a systematic formal process by which information is gathered to support healthcare decision-making? *

Please choose **all** that apply:

- ☐ Yes, at the national level
- ☐ Yes, at the subnational level
- ☐ None

- **NOTE:** The process can be within a committee, unit, department or an established HTA organization at a national or subnational level.
- Decision-making here refers to a process for inclusion in Health benefit packages for provision or for reimbursement of health services
- Please answer the remainder of the survey for the national level process. If you do not have a national level process, only then answer for the subnational level process. If you selected None, please proceed to the next question.
- Subnational Scheme refers to a regional or state level scheme.

7 Since you answered 'No' to having a systematic formal process for information gathering to support healthcare decision-making, we will now ask a few questions about any processes that you do have in place (please note, that you only need to answer to the best degree possible. If there are no processes in place at all, please say so).

Only answer this question if the following conditions are met:

Answer was 'None' at question '6 [HTAIG1]' (Does your country have a systematic formal process by which information is gathered to support healthcare decision-making?)

8 Please describe your health-care decision making process in the box below.

Only answer this question if the following conditions are met:

Answer was 'None' at question '6 [HTAIG1]' (Does your country have a systematic formal process by which information is gathered to support healthcare decision-making?)

Please write your answer here:

9

Can you indicate whether there are plans for implementing a systematic formal process and if so, what that time-frame is?

Only answer this question if the following conditions are met:

Answer was 'None' at question '6 [HTAIG1]' (Does your country have a systematic formal process by which information is gathered to support healthcare decision-making?)

Please choose **only one** of the following:

- ☐ There is no plan to implement such a process
- ☐ There will be a process in place in less than 1 year
- ☐ There will be a process in place in 1-2 years
- ☐ There will be a process in place in 3-5 years
- ☐ There will be a process in place in more than 5 years.

10

What entities(e.g. organizations/individuals/officials) are involved in any decisions regarding inclusion or exclusion of health technologies and interventions? For each, please state what functions they perform? Functions could include: identifying interventions, assessing evidence, appraising evidence, and making recommendations.

Only answer this question if the following conditions are met:

Answer was 'None' at question '6 [HTAIG1]' (Does your country have a systematic formal process by which information is gathered to support healthcare decision-making?)

	Title of Entity	Functions Performed
Entity1	<input type="text"/>	<input type="text"/>
Entity 2	<input type="text"/>	<input type="text"/>
Entity 3	<input type="text"/>	<input type="text"/>
Entity 4	<input type="text"/>	<input type="text"/>
Entity 5	<input type="text"/>	<input type="text"/>

The space available is limited but please feel free to write outside the boxes and utilise any empty space.

11

Are any prioritization criteria used to determine which health technologies and interventions are considered in government health schemes in the country? If yes, please describe them in the box.

Only answer this question if the following conditions are met:

Answer was 'None' at question '6 [HTAIG1]' (Does your country have a systematic formal process by which information is gathered to support healthcare decision-making?)

Please choose **only one** of the following:

☐ Yes

☐ No

Make a comment on your choice here:

12

Is evidence collected for making decisions about the inclusion or exclusion of health technologies and interventions? Please note, this could include translating evidence from other settings. If yes, please provide details in the comment box.

Only answer this question if the following conditions are met:

Answer was at question '6 [HTAIG1]' (Does your country have a systematic formal process by which information is gathered to support healthcare decision-making?)

Please choose **only one** of the following:

☐ Yes

☐ No

Make a comment on your choice here:

13

Are there any formal or informal procedures, rules, thresholds, or laws that factor in to the decision-making related to health technologies and interventions? If yes, please provide details in the comment box.

Only answer this question if the following conditions are met:

Answer was 'None' at question '6 [HTAIG1]' (Does your country have a systematic formal process by which information is gathered to support healthcare decision-making?)

Please choose **only one** of the following:

☐ Yes

☐ No

Make a comment on your choice here:

14

Are there any provisions for revising decisions about health technologies and interventions once they are made? If yes, please provide details in the comment box.

Only answer this question if the following conditions are met:

Answer was 'None' at question '6 [HTAIG1]' (Does your country have a systematic formal process by which information is gathered to support healthcare decision-making?)

Please choose **only one** of the following:

☐ Yes

☐ No

Make a comment on your choice here:

15 For which of the following functions is information gathered in your setting?

Please choose **all** that apply:

- ☐ Clinical practice guidelines
- ☐ Planning and budgeting
- ☐ Pricing/pricing negotiations of medical technologies
- ☐ Indicators of quality of care
- ☐ To determine objectives for pay-for-performance schemes
- ☐ Design of Health Benefit Packages
- ☐ Public Procurement of Medicines
- ☐ Protocols for public health programmes

☐ Other:

16 Do you refer to this process as Health Technology Assessment (HTA)?

Only answer this question if the following conditions are met:

Answer was 'Yes, at the subnational level' or 'Yes, at the national level' at question '6 [HTAIG1]' (Does your country have a systematic formal process by which information is gathered to support healthcare decision-making?)

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

17 Do you have a standard methodology or process guideline for conducting HTA or decision-making process? If yes, please provide a link to the document in the comment box or upload the document in the following question.

Only answer this question if the following conditions are met:

Answer was 'Yes, at the subnational level' or 'Yes, at the national level' at question '6 [HTAIG1]' (Does your country have a systematic formal process by which information is gathered to support healthcare decision-making?)

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

Make a comment on your choice here:

We refer to the broader HTA process and specific questions about methods for economic evaluation (e.g. cost-effectiveness) will be asked later.

18 If possible, please upload the standard HTA methodology/guidance document here.

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '17 [HTAIG4a]' (Do you have a standard methodology or process guideline for conducting HTA or decision-making process? If yes, please provide a link to the document in the comment box or upload the document in the following question.)

Kindly attach the aforementioned documents along with the survey

19

For each of the following areas of the HTA or decision-making process, please list the organisation(s) or entity(ies) responsible for the components of assessment, appraisal and recommendation for each category of interventions?

Only answer this question if the following conditions are met:

Answer was 'Yes, at the national level' or 'Yes, at the subnational level' at question '6 [HTAIG1]' (Does your country have a systematic formal process by which information is gathered to support healthcare decision-making?)

	Pharmace Medicines	Medical Procedure	Medical Devices	Diagnostic Tests	Population Level Health Interventions
Assessment (Data)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Appraisal (Dialogue)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Recommendation (Decision)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please add multiple entities to each box as needed.

Population Level Health Interventions - (i.e. large scale screening/vaccination programs)

20 Is there a legislative and/or regulatory requirement to consider the results of HTA or decision-making process while making coverage decisions or inclusion of an intervention in the health benefits package?

Only answer this question if the following conditions are met:

Answer was 'Yes, at the subnational level' or 'Yes, at the national level' at question '6 [HTAIG1]' (Does your country have a systematic formal process by which information is gathered to support healthcare decision-making?)

Please choose **only one** of the following:

- ☐ Yes
- ☐ No
- ☐ I don't know

21

Please specify the institutional mechanisms (e.g. law, or regulation) and/or provide a link to the appropriate document.

You may also upload any relevant documents in the following question.

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '20 [HTAIG5]' (Is there a legislative and/or regulatory requirement to consider the results of HTA or decision-making process while making coverage decisions or inclusion of an intervention in the health benefits package?)

Please write your answer here:

22 Please upload any relevant documents if you wish to do so

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '20 [HTAIG5]' (Is there a legislative and/or regulatory requirement to consider the results of HTA or decision-making process while making coverage decisions or inclusion of an intervention in the health benefits package?)

Kindly attach the aforementioned documents along with the survey

23**Are the results of the HTA or decision-making process considered binding by law?**

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '20 [HTAIG5]' (Is there a legislative and/or regulatory requirement to consider the results of HTA or decision-making process while making coverage decisions or inclusion of an intervention in the health benefits package?)

Please choose **only one** of the following:

- ☐ Yes
- ☐ No
- ☐ I don't know

24 Has your organization formally collaborated with or is it currently collaborating with other organizations on the HTA or decision-making process?

Please choose **only one** of the following:

- ☐ Yes, with organizations within our country
- ☐ Yes, with organization from other countries
- ☐ Both
- ☐ No

***Formal Collaboration**

25 Which kind of organizations from YOUR COUNTRY have you been collaborating with?

Only answer this question if the following conditions are met:

Answer was 'Yes, with organizations within our country' or 'Both' at question '24 [HTAIG10]' (Has your organization formally collaborated with or is it currently collaborating with other organizations on the HTA or decision-making process?)

Please choose all that apply and provide a comment:

☐ Ministries or other Government Institutions

☐ Academia/University

☐ Professional associations

☐ Hospital

☐ Industry

☐ Patient Associations

☐ Other, please specify

- Please refer to only formal collaborations
- Please give name/details of the Organisation(s) that you select
- If you have a website with a list of institutions, please provide the link in the Other box
- You can select multiple options

26 Which kind of organizations from OTHER COUNTRIES have you been collaborating with?

Only answer this question if the following conditions are met:

Answer was 'Both' or 'Yes, with organization from other countries' at question '24 [HTAIG10]' (Has your organization formally collaborated with or is it currently collaborating with other organizations on the HTA or decision-making process?)

Please choose all that apply and provide a comment:

☐ Ministries or other Government Institutions

☐ Academia/University

☐ Professional associations

☐ Hospital

☐ Industry

☐ Patient Associations

☐ Other, please specify

- Please refer to only formal collaborations
- Please give name/details of the Organisation(s) that you select
- If you have a website with a list of institutions, please provide the link in the Other box
- You can select multiple options

27 Who is responsible for nominating interventions to be reviewed and selecting the scope of priorities for the assessment and appraisal stages?

Only answer this question if the following conditions are met:

Answer was 'Yes, at the national level' or 'Yes, at the subnational level' at question '6 [HTAIG1]' (Does your country have a systematic formal process by which information is gathered to support healthcare decision-making?)

Please choose **all** that apply:

- ☐ Scientific Committee of the HTA or decision-making body
- ☐ Executive Board of the HTA or decision-making body
- ☐ Director of the HTA or decision-making body
- ☐ Department/Ministry of Health
- ☐ National Health Service
- ☐ Patient Organizations
- ☐ Civil Society

☐ Other:

- **Please specify the entity in the box if selecting Other**
- **You can select multiple options**

28 Does your HTA or decision-making process include mechanisms for translation and/or contextualization of evidence from other settings? If Yes, can you please describe this process further in the comment box?

Please choose **only one** of the following:

☐ Yes

☐ No

Make a comment on your choice here:

29 Does your HTA or health decision-making process include any provisions for rapidly assessing evidence, appraising evidence, and making decisions in a non-emergency context?

Please choose **only one** of the following:

☐ Yes

☐ No

30 Can you please describe what criteria are used to qualify something for this “rapid” process?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '29 [HTAA5]' (Does your HTA or health decision-making process include any provisions for rapidly assessing evidence, appraising evidence, and making decisions in a non-emergency context?)

Please write your answer here:

31 Could you please describe this process further in terms of the evidence used for the appraisal and recommendation processes?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '29 [HTAA5]' (Does your HTA or health decision-making process include any provisions for rapidly assessing evidence, appraising evidence, and making decisions in a non-emergency context?)

Please write your answer here:

32 Does your HTA or health decision-making process include any provisions for rapidly assessing evidence, appraising evidence, and making decisions in the case of a disaster or emergency (e.g. Covid-19 pandemic)?

Please choose **only one** of the following:

☐ Yes

☐ No

33 Can you please describe this process further?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '32 [HTAA6]' (Does your HTA or health decision-making process include any provisions for rapidly assessing evidence, appraising evidence, and making decisions in the case of a disaster or emergency (e.g. Covid-19 pandemic?))

Please write your answer here:

34 Does your HTA or decision-making body include indicators to assess the impact of its own products?

Only answer this question if the following conditions are met:

Answer was 'Yes, at the subnational level' or 'Yes, at the national level' at question '6 [HTAIG1]' (Does your country have a systematic formal process by which information is gathered to support healthcare decision-making?)

Please choose **only one** of the following:

☐ Yes

☐ No

35 Which of the following criteria are used by your organization to assess the impact of its recommendations?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '34 [HTAIG13]' (Does your HTA or decision-making body include indicators to assess the impact of its own products?)

Please choose **all** that apply:

- ☐ Changes within organization or facilities (training staff, buying materials, etc.)
- ☐ Variation in practice before and after recommendation
- ☐ Variation between current practice and recommended practice over time
- ☐ Level of technology diffusion over time
- ☐ Change in health outcomes over time (clinical changes)
- ☐ Changes in the cost of the medical practice over time
- ☐ Changes in the law
- ☐ Changes in health from the point of view of the patients (perceived health, satisfaction, others)

☐ Other:

- **You can select multiple options**

HTA Available Resources

The section below asks about resources available for HTA and health care decision making in your country. Please answer with regards to the organization(s)/entity(ies) that you have referenced above.

36 Does the HTA or decision making body/bodies in your setting have an allocated budget from the public sector?

Please choose **only one** of the following:

- ☐ Yes
- ☐ No
- ☐ I don't know

37 From the overall budget, are any resources received through PRIVATE funding?

Please choose **only one** of the following:

- ☐ Yes
- ☐ No Private Funding

38 What percentage of the overall budget is received through Private Funding?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '37 [HTAIG9]' (From the overall budget, are any resources received through PRIVATE funding?)

Please write your answer(s) here:

Percentage of Private Funding

39 Out of the percentage provided above, please select the different sources of sponsorship funding received by your organization from the following categories of PRIVATE institutions?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '37 [HTAIG9]' (From the overall budget, are any resources received through PRIVATE funding?)

Please choose **all** that apply:

- ☐ Industry
- ☐ Research funding bodies
- ☐ Health care providers
- ☐ Academia/University
- ☐ Donor Agency
- ☐ Medical Insurance

☐ Other:

- If there is any funding received from a given source, please check the accompanying box.
- You can select multiple options

40 How are the commissions/committees of the HTA or decision-making body funded?

Please choose **all** that apply:

☐ Public Budgets

☐ Application Fees

☐ Other:

41 Please estimate the number of professional staff involved in the HTA unit/agency/committee (in full-time equivalents).

Please choose **only one** of the following:

☐ Less than 1

☐ 1-5

☐ 6-20

☐ 21-50

☐ 51-100

☐ >100

HTA Assessment (or Data)

The following questions refer to the “Assessment” process of HTA, also linked to “Data” in the 3Ds decision framework. Assessment is defined as: A scientific process used to describe and analyse the properties of a health technology—its safety, efficacy, feasibility and indications for use, cost and cost-effectiveness, as well as social, economic and ethical consequences. Please answer the following questions with regards to this specific process. The assessment process normally consists of evidence collection, analysis of the quality of the evidence, synthesizing the evidence, and reporting the findings and implications.

42 How long does the assessment process take on average for any given health intervention or technology?

Please choose **only one** of the following:

- ☐ <1 month
- ☐ 1-3 months
- ☐ 3-6 month
- ☐ 6-12 months
- ☐ >1 year

43 In the last 12 months, approximately, how many assessments were performed?

Please write your answer here:

44 Of the number provided above, please provide the total number of assessments performed in the last 12 months under each of the following categories:

	Number of Assessments
Pharmaceuticals/Medicine	<input type="text"/>
Medical Procedure	<input type="text"/>
Medical devices	<input type="text"/>
Diagnostic Tests	<input type="text"/>
Population Level Health Interventions	<input type="text"/>
Others (Please Specify)	<input type="text"/>

To the best degree possible, the total should match the answer provided in previous question.

Population Level Health Interventions(i.e. large scale screening/vaccination programs)

45 Other HTAIG18a:

Please write your answer here:

HTA Appraisal (or Dialogue)

The following questions refer to the “Appraisal” process of HTA, also linked to “Dialogue” in the 3Ds decision framework. In the Appraisal phase, the evidence that is provided from the previous assessment is scrutinized and deliberated on. Please answer the following questions with regards to this specific process. In the appraisal step, the HTA organization interprets the results of the assessment and formulates a recommendation or guidance to inform decision makers.

46 Please list which of the following aspects are covered in the appraisal phase for the categories of interventions?

	Pharmaceutical Medicines	Medical Procedures	Medical Devices	Diagnostic Tests	Population Level Health Interventions
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost-Effectiveness Analysis (Economic Evaluations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budget Impact Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equity issues (e.g. Socioeconomic considerations, Gender)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severity of Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Risk Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Ethical issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feasibility (e.g. availability of budget and human resources)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptability to providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptability to patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Population Level Health Interventions - i.e. large scale screening/vaccination programs

47 Other 1

Please write your answer here:

48 Are there national guidelines for the preparation of economic evaluations?

Please choose **only one** of the following:

- ☐ Yes, Please provide a link in the box or upload a file in the next question
- ☐ No

Make a comment on your choice here:

If yes, please provide a link in the box or upload a file in the next question (an upload button will appear once you click yes here)

49 If necessary, please upload a file of national guidelines for the preparation of economic evaluations

Only answer this question if the following conditions are met:

Answer was 'Yes, Please provide a link in the box or upload a file in the next question' at question '48 [HTAA1a]' (Are there national guidelines for the preparation of economic evaluations?)

Kindly attach the aforementioned documents along with the survey

50 Are there other relevant guidelines for the preparation of evidence for the appraisal process?

Please choose **only one** of the following:

- ☐ Yes, Please provide a link in the box or upload a file in the next question
- ☐ No

Make a comment on your choice here:

If yes, please provide a link in the box or upload a file in the next question (an upload button will appear once you click yes here)

51 If necessary, please upload a file of other relevant guidelines for the preparation of evidence

Only answer this question if the following conditions are met:

Answer was 'Yes, Please provide a link in the box or upload a file in the next question' at question '50 [HTAA1]' (Are there other relevant guidelines for the preparation of evidence for the appraisal process?)

Kindly attach the aforementioned documents along with the survey

52 Does your country have a public and updated database of health technology costs or prices?

Please choose **only one** of the following:

- ☐ Yes, Please provide a link in the box or upload a file in the next question
- ☐ No

Make a comment on your choice here:

If yes, please provide a link in the box or upload a file in the next question (an upload button will appear once you click yes here)

53 If necessary, please upload a file of your database of health technology costs or prices

Only answer this question if the following conditions are met:

Answer was 'Yes, Please provide a link in the box or upload a file in the next question' at question '52 [HTAIG11]' (Does your country have a public and updated database of health technology costs or prices?)

Kindly attach the aforementioned documents along with the survey

54

If cost-effectiveness or cost-utility analysis is used for decision-making (i.e. if an incremental cost effectiveness ratio is computed), is there an officially endorsed threshold used to assess whether a new procedure, a new medicine, or a new device will be funded?

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

55**Does the threshold vary across different categories of patients, diseases or interventions?**

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '54 [HTAR7]' (If cost-effectiveness or cost-utility analysis is used for decision-making (i.e. if an incremental cost effectiveness ratio is computed), is there an officially endorsed threshold used to assess whether a new procedure, a new medicine, or a new device will be funded?)

Please choose **only one** of the following:

☐ Yes

☐ No

56 What is the basis for the variation?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '55 [HTAR7a]' (Does the threshold vary across different categories of patients, diseases or interventions?)

Please write your answer here:

57

Please specify the cost-effectiveness threshold(s) used. Also, please specify since when the threshold(s) have been in use and how often are they reviewed.

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '54 [HTAR7]' (If cost-effectiveness or cost-utility analysis is used for decision-making (i.e. if an incremental cost effectiveness ratio is computed), is there an officially endorsed threshold used to assess whether a new procedure, a new medicine, or a new device will be funded?)

Please write your answer here:

58 Please explain the rationale for using this threshold value in your country?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '54 [HTAR7]' (If cost-effectiveness or cost-utility analysis is used for decision-making (i.e. if an incremental cost effectiveness ratio is computed), is there an officially endorsed threshold used to assess whether a new procedure, a new medicine, or a new device will be funded?)

Please write your answer here:

You can also provide a link to a document explaining the rationale in the comment box or upload the relevant document in the following question

59 If necessary, please upload a file of explaining the rationale for using specific values for cost-effectiveness.

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '54 [HTAR7]' (If cost-effectiveness or cost-utility analysis is used for decision-making (i.e. if an incremental cost effectiveness ratio is computed), is there an officially endorsed threshold used to assess whether a new procedure, a new medicine, or a new device will be funded?)

Kindly attach the aforementioned documents along with the survey

60 Please fill in the following table regarding the appraisal organization for each category of health intervention.

	Who appoints the members of each appraisal commission/committee?	How often does each appraisal commission/committee meet?
Pharmaceuticals/Medicine	<input type="text"/>	<input type="text"/>
Medical Procedures	<input type="text"/>	<input type="text"/>
Medical Devices	<input type="text"/>	<input type="text"/>
Diagnostic Tests	<input type="text"/>	<input type="text"/>
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	<input type="text"/>	<input type="text"/>
Others(Please Specify)	<input type="text"/>	<input type="text"/>

Kindly refer back to the organizations that you mentioned in question 19 of the Institutions and Governance section.

61 Other

Please write your answer here:

62 Which of the stakeholders below (see table) are represented in the body (Commission, Committee, etc.) responsible for the appraisal of applications?

	Pharmaceutical / Medicine	Medical Procedure	Medical Device	Diagnostic Tests	Population Level Health Interventions
Medical professionals (doctors, pharmacists, dentists...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public health specialists, epidemiologists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statisticians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialists in social science (ethics, philosophy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private insurers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical association/chamber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharma/medical industry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of citizens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Pharmaceutical / Medicine	Medical Procedure	Medical Device	Diagnostic Tests	Population Level Health Interventions
Vulnerable and marginalized groups (e.g. religious minorities, migrants, rural populations, women's' groups, youth groups etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Population Level Health Interventions - i.e. large scale screening/vaccination programs

63 Other

Please write your answer here:

64 Do all the stakeholders represented in these bodies have equal voice in the appraisal process (e.g. by vote, allocated time, or other mode of input)?

Please choose **only one** of the following:

☐ Yes

☐ No

65 Which of the following are the stakeholders who have less voice in the appraisal process (e.g. by less voting power, allocated time, or other mode of input)?

Only answer this question if the following conditions are met:

Answer was 'No' at question '64 [HTAAP1c]' (Do all the stakeholders represented in these bodies have equal voice in the appraisal process (e.g. by vote, allocated time, or other mode of input)?)

Please choose the appropriate response for each item:

	Have less voice
Medical professionals (doctors, pharmacists, dentists...)	<input type="radio"/>
Public health specialists, epidemiologists	<input type="radio"/>
Statisticians	<input type="radio"/>
Economists	<input type="radio"/>
Specialists in social science (ethics, philosophy, etc.)	<input type="radio"/>
Government	<input type="radio"/>
Social health insurance	<input type="radio"/>
Private insurers	<input type="radio"/>
Medical association/chamber	<input type="radio"/>
Medical Union	<input type="radio"/>
Hospital association	<input type="radio"/>
Pharma/medical industry	<input type="radio"/>
Patient association	<input type="radio"/>
Consumer association	<input type="radio"/>
Representative of citizens	<input type="radio"/>

	Have less voice
Vulnerable and marginalized groups (e.g. religious minorities, migrants, rural populations, women's' groups, youth groups etc)	<input type="radio"/>
Other members:	<input type="radio"/>

66 Are stakeholders not represented in the body responsible for the appraisal of applications invited to react/comment during the whole process?

Please choose **only one** of the following:

☐ Yes

☐ No

67

Referring to the question above, How is this done?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '66 [HTAAP1e]' (Are stakeholders not represented in the body responsible for the appraisal of applications invited to react/comment during the whole process?)

Please choose **all** that apply:

☐ Through public consultations

☐ Through specific hearings

☐ Through online submissions

☐ Other:

Please specify if "Other" in the accompanying box

68 Are members of the appraisal body required to provide a declaration of conflict of interest?

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

HTA Recommendation (or Decision)

The following questions refer to the “Recommendation” process of HTA, also linked to “Decision” in the 3Ds decision framework. In this phase, recommendations are developed based on the appraisal. Please answer the following questions with regards to this specific phase.

69 Is there a separate committee or entity responsible for recommendation (or decision) after the appraisal process has been conducted? *

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

It is possible for the appraisal committee to have a decision role as well - If that is the case in your setting please select No as we have already asked questions about this entity in the previous section.

70

Please fill in the following table regarding the recommendation process for each category of health intervention.

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '69 [HTAAP1]' (Is there a separate committee or entity responsible for recommendation (or decision) after the appraisal process has been conducted?)

	Who appoints the members of each commission/committee involved in the recommendation process?
Pharmaceuticals / Medicines	<input type="text"/>
Medical Procedures	<input type="text"/>
Medical Devices	<input type="text"/>
Diagnostic Tests	<input type="text"/>
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	<input type="text"/>
Others(Please Specify)	<input type="text"/>

Kindly refer back to the organization that you mentioned in question 19 of the Institutions and Governance section.

71 OtherHTAR1aa

Please write your answer here:

72 Which of the stakeholders below are represented in the body (Commission, Committee, etc.) which provides the final decision?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '69 [HTAAP1]' (Is there a separate committee or entity responsible for recommendation (or decision) after the appraisal process has been conducted?)

	Pharmaceutical Medicine	Medical Procedure	Medical Device	Diagnostic Tests	Population Level Health Interventions
Medical professionals (doctors, pharmacists, dentists...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public health specialists, epidemiologists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statisticians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialists in social science (ethics, philosophy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private insurers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical association/chamber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharma/medical industry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of citizens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Pharmaceutical Medicine	Medical Procedure	Medical Device	Diagnostic Tests	Population Level Health Interventions
Vulnerable and marginalized groups (e.g. religious minorities, migrants, rural populations, women's' groups, youth groups etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Population Level Health Interventions - i.e. large-scale screening/vaccination programs

73 OtherHTAR1b

Please write your answer here:

74 Are members of the recommendation body required to provide a declaration of conflict of interest?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '69 [HTAAP1]' (Is there a separate committee or entity responsible for recommendation (or decision) after the appraisal process has been conducted?)

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

75 Do all the stakeholders represented in these bodies have equal voice in the process (e.g. by vote, allocated time, or other mode of input)?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '69 [HTAAP1]' (Is there a separate committee or entity responsible for recommendation (or decision) after the appraisal process has been conducted?)

Please choose **only one** of the following:

☐ Yes

☐ No

76

Which of the following are the stakeholders who have less voice in this process (e.g. by less voting power, allocated time, or other mode of input)?

Only answer this question if the following conditions are met:

Answer was 'No' at question '75 [HTAR1c]' (Do all the stakeholders represented in these bodies have equal voice in the process (e.g. by vote, allocated time, or other mode of input)?)

Please choose the appropriate response for each item:

	Have less voice
Medical professionals (doctors, pharmacists, dentists...)	<input type="radio"/>
Public health specialists, epidemiologists	<input type="radio"/>
Statisticians	<input type="radio"/>
Economists	<input type="radio"/>
Specialists in social science (ethics, philosophy, etc.)	<input type="radio"/>
Government	<input type="radio"/>
Social health insurance	<input type="radio"/>
Private insurers	<input type="radio"/>
Medical association/chamber	<input type="radio"/>
Medical Union	<input type="radio"/>
Hospital association	<input type="radio"/>
Pharma/medical industry	<input type="radio"/>
Patient association	<input type="radio"/>
Consumer association	<input type="radio"/>
Representative of citizens	<input type="radio"/>

	Have less voice
Vulnerable and marginalized groups (e.g. religious minorities, migrants, rural populations, women's' groups, youth groups etc)	<input type="radio"/>
Other members:	<input type="radio"/>

77 Is there a possibility to appeal against the decision?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '69 [HTAAP1]' (Is there a separate committee or entity responsible for recommendation (or decision) after the appraisal process has been conducted?)

Please choose **only one** of the following:

☐ Yes

☐ No

78 Before which body can the decision be challenged?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '77 [HTAR4]' (Is there a possibility to appeal against the decision?)

Please choose **all** that apply:

☐ HTA Body

☐ Judicial Court

☐ Other:

Please specify if "Other" in the accompanying box

79 Are the following published and readily available? Please provide links with your answers

Please choose all that apply and provide a comment:

☐ Minutes of the meetings

☐ Assessment reports

☐ Recommendations (or decisions where relevant)

☐ Rationale for the decision

☐ Other, Please specify

☐ No outputs from the recommendation process are published

- Please provide links in the box
- You can select multiple options

Barriers to Health Technology Assessment

80

Please select and rank, from the list below, which barriers are most prominent at the country level to the use of HTA (or related decision-making processes) in health care policy decision-making. The lack of:

Please number each box in order of preference from 1 to 6

Awareness/Advocacy of the importance of HTA

Institutionalization of HTA

Mandate from Policy Authority

Political support

Qualified human resources

Other Issues

Please drag or double click the options in order of priority, with the highest priority being on the top.

81

Please select and rank in order of priority, from the list below, which barriers are most prominent at the level of the HTA (or related decision-making processes) organization in terms of production capabilities. The lack of:

Please number each box in order of preference from 1 to 5

Budget availability

Data Availability

Knowledge of methods

Dedicated human resources

Other Issues

Please drag or double click the options in order of priority, with the highest priority being on the top.

82

Which of the following academic or training programs in your country to support HTA and health decision-making require further development? Please rank in order of priority:

Please number each box in order of preference from 1 to 4

Courses/seminars/workshops

Higher education/Masters

Internal staff training sessions or workshops

Other

Please drag or double click the options in order of priority, with the highest priority being on the top.

83 Which of the following areas would benefit most from HTA capacity building activities from WHO or other organizations?

Please choose **all** that apply:

☐

Mandate Development

☐

Legal Framework

☐

Institutionalization

☐

Assessment Methodology

☐

Appraisal Process

☐

Stakeholder Engagement

☐

Monitoring & Evaluation Process

☐

Economic Evaluation & Budget Impact Analysis

☐

Other:

84 If you would like to mention any further barriers related to HTA in your setting, please describe them here.

Please write your answer here:

If you would like to specify any of the "Other Issues" that may have been ranked above, please do so here.

END OF PART 1 (HTA Section)

THIS IS THE END OF THE HEALTH TECHNOLOGY ASSESSMENT SECTION OF THE SURVEY. WE WOULD LIKE TO THANK YOU FOR TAKING VALUABLE TIME OUT TO RESPOND TO OUR DETAILED QUESTIONS. WE APPRECIATE YOUR EFFORT IN HELPING US IN THIS IMPORTANT EXERCISE.

THE FOLLOWING QUESTIONS ARE ON HEALTH BENEFIT PACKAGES. IF YOU FEEL YOU CAN RESPOND TO THE QUESTIONS, PLEASE PROCEED FURTHER. HOWEVER, IF YOU FEEL THAT ANOTEHR PERSON OR MEMBER OF YOUR TEAM MAY BE BETTER SUITED TO RESPONDING TO OUR QUESTIONS THEN, NOW WOULD BE THE TIME TO SAVE AND SHARE THIS SURVEY WITH THEM.

THANK YOU FOR YOUR TIME AND CONSIDERATION.

85 PLEASE TICK THE BOX TO PROCEED TO THE HEALTH BENEFIT PACKAGE SECTION. *

Please choose **all** that apply:

☐ I WOULD LIKE TO PROCEED TO THE NEXT SECTION

Health Financing System and Health Benefit Package

86

In terms of coverage, what are the five largest, in terms of population covered, government health financing schemes in your country? Please name the schemes and rank them in order of size, 1 being the largest. (Largest here refers to the scheme which has the highest total population eligible to receive services).

- Government Health Financing Schemes can include any public sector scheme for health insurance or service provision which includes coverage for groups such as the general population, public sector employees and the military.
- To the degree possible, please try to answer for schemes that cover a range of services rather than vertical schemes focussed on one disease or intervention.
- **For the remainder of the survey, we would like you to reference the largest scheme when answering questions about the health benefit package (HBP) in your country or setting.**
- **We would be interested to obtain information for the second largest scheme in a separate set of survey responses. If you or your team are willing to answer this survey a second time, please request another token for the survey from htechassessment@who.int**
- **If this is the second time you are answering this survey, please refer to the second largest scheme for the remainder of the questions.**

87

Is this a national or a subnational level scheme?

Please choose **only one** of the following:

- ☐ National
- ☐ Subnational

Subnational Scheme refers to a regional or state level scheme

88 What percentage of the national or associated subnational population does the above scheme cover?

Please write your answer(s) here:

Largest scheme as listed above

89

How is coverage determined for the scheme above? Please select the most appropriate option(s).

Please choose **all** that apply:

- ☐ Automatic coverage (e.g. based on residence)
- ☐ Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)
- ☐ Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)

☐ Other:

- Please specify the coverage mechanism if "Other" is selected in the accompanying box
- You can select multiple options

90

Are there any legal provisions pertaining to the benefit package in the specified scheme?

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

91 Please upload any relevant documents if you wish to do so.

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '90 [HFS2a]' (Are there any legal provisions pertaining to the benefit package in the specified scheme?)

Kindly attach the aforementioned documents along with the survey

92

Are decisions around the benefit package linked to a formalized HTA process?

Please choose **only one** of the following:

☐ Yes. Please provide details in the comment box.

☐ No

Make a comment on your choice here:

93 Which actors/organizations internal to your country are involved in the discussions around the benefit package design?

Please write your answer here:

94 Are benefit package decisions or processes conducted in collaboration with organizations external to your country?

Please choose **all** that apply:

- ☐ Yes, with an international consortium or network
- ☐ Yes, with external donors as part of development assistance (including vertical programs for HIV/TB, vaccination, family planning, etc.)
- ☐ No
- ☐ Other:

95 For different categories of interventions, how is the range of covered technologies established by this financing scheme?

	A positive list is established at the central level.	A negative list (of noncovered technologies is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- You may select multiple options for each category, if applicable.
- A 'positive list' contains an enumeration of services that are provided.
- A 'negative list' contains an enumeration of services that are not provided.

96 OtherHFS3a:

Please write your answer here:

97

Which of the following elements are considered as coverage conditions for interventions in the benefit package? Please elaborate in the box upon selecting your choices.

Please choose all that apply and provide a comment:

☐ Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)

☐ Which interventions are available (i.e. only cover generics or low-cost alternatives)

☐ Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)

☐ Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)

☐ Waiting times to receive services

☐ Other

- You can select multiple options
- Please provide details with your selections

98

Are there periodic revisions to the contents of the health benefit package?

Please choose **only one** of the following:

☐ Yes

☐ No

99 Please specify the time period for regular revisions.

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '98 [RHBP1]' (Are there periodic revisions to the contents of the health benefit package?)

Please choose **only one** of the following:

- ☐ In a period under a year (e.g. every 6 months)
- ☐ Between 1 and 3 years
- ☐ Between 3 and 5 years
- ☐ In a period that is over 5 years (e.g. every 10 years)

100 What are the common forms of revisions of the health benefit package?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '98 [RHBP1]' (Are there periodic revisions to the contents of the health benefit package?)

Please choose **all** that apply:

- ☐ Additions to the Benefit Package
- ☐ Withdrawals from the benefit package
- ☐ Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)
- ☐ Change in reimbursement level /cost-sharing requirement.
- ☐ Other:

- **You can select multiple options**

Contents of Health Benefit Package - General Interventions

For the following questions related to the health benefits package, please answer for the largest, national-level, or appropriate sub national level public coverage scheme in your country.

Your answers for what is covered or not covered should be applicable to the related health benefits package regardless of whether you have a positive list, defined by what you do cover, or a negative list, defined by what you exclude.

(i.e. mark not covered if an intervention is included on a negative list)

101 If available, please upload a document listing the interventions covered in the benefit package under the scheme you have answered this survey for.

Kindly attach the aforementioned documents along with the survey

You may upload additional documents detailing the benefit packages of other relevant schemes in your country.

102

For the following general categories, please respond to whether they are covered in the health benefit package for the identified scheme.

Please choose the appropriate response for each item:

	Yes	Uncertain	No
General Outpatient Consultation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialist Outpatient Consultation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ambulance Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency unit care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acute inpatient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critical Care (e.g. Intensive Care Unit)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

103

As indicated by you, the following interventions are covered in the health benefit package for the identified scheme. Hence, kindly indicate the financial arrangements for the selected interventions.

	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Outpatient Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambulance (emergency/non-emergency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency unit care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute inpatient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Care (e.g. Intensive Care Unit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- A copayment is an amount paid by a patient or individual for a particular health service. The copayment may either be set as a fixed number ('fixed copayment'), or as a percentage of the cost of the service ('percentage copayment')
- You can select multiple options.
- Please add any extra information on the financing options in the comment box provided. If you select the Other option, please provide more details in the comment box.

Comment Box -

Comment box is below

104 Please add your comment in the box below

Please write your answer here:

Contents of Health Benefit Package - Condition Specific Interventions

For the following questions that ask about tracer interventions for specific conditions, please answer for the largest, national-level, or appropriate sub national level public coverage scheme in your country.

Your answers for what is covered or not covered should be applicable to the related health benefits package regardless of whether you have a positive list, defined by what you do cover, or a negative list, defined by what you exclude.

(i.e. mark not covered if an intervention is included on a negative list)

105 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

	Medication review and withdrawal of unnecessary or harmful medication	Multimodal exercise programmes including strength resistance training, aerobic training, balance training, flexibility training	Provision of assistive device	Home assessment and environmental adaptations for mobility ease and safety
Older adult health (Condition: limited mobility; Intervention: to improve mobility)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

106 Please add your comment in the box below

Please write your answer here:

107 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

	Antenatal care package	Antenatal Ultrasound	Normal childbirth (delivery in a health facility with skilled attendants)	Caesarean Delivery (for medical indications)
Maternal health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

108

Please add your comment in the box below

Please write your answer here:

109 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

		Immunization (e.g. pneumococcal vaccine, rotavirus and measles vaccines)	Targeted support for families and children at risk of developmental delays	Specialized care for developmental delays and disorders
Childhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

110

Please add your comment in the box below

Please write your answer here:

111 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

	Neonatal resuscitation (e.g. CPAP, oxygen therapy, suction)	Supplementary and parenteral nutrition (e.g. cup-feeding, naso-gastric feeding)	Exanguinotransfusion	Neonatal surgery for complications of prematurity
Newborn health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

112

Please add your comment in the box below

Please write your answer here:

113 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

	Identification stabilization and referral	Repair and counselling of minor birth defects, e.g. Club foot casting	Cleft lip and palate surgery	Congenital heart defects surgery
Congenital malformations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

114

Please add your comment in the box below

Please write your answer here:

115 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

		Provision of orthotics (splints, braces, casts etc) for maintaining range of movement	Botulinum toxin for spasticity management	Provision of a motorized wheelchair (also called, electric wheelchair, electric-powered wheelchair, or powerchair)
Rehabilitation for motor functions and mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

116

Please add your comment in the box below

Please write your answer here:

117 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

	Residual limb and stump care (including skin care, and education on positioning)	Provision of basic mobility devices (e.g. crutches, wheelchair)	Provision and training of lower limb prosthesis	Rehabilitation programs (for amputees with prosthesis) to return to sports and/or work
Rehabilitation after lower limb amputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

118

Please add your comment in the box below

Please write your answer here:

119 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

	Nutrition assessment	Dietician consultation	Multimodal weight loss interventions	Bariatric surgery
Nutrition (Life Course)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

120

Please add your comment in the box below

Please write your answer here:

121 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

	Provision of vitamin A supplementa	Breast feeding support	Nutrition Supplements	Facility-based therapeutic feeding
Nutrition (Infant and Child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

122

Please add your comment in the box below

Please write your answer here:

123 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

	Morphine and other opioids	Home based palliative care	Psychological social and spiritual care including bereavement support	Inpatient hospice care
Palliative care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

124

Please add your comment in the box below

Please write your answer here:

125 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

	Children's vision assessment	Prescription spectacles	Cataract surgery and implantation of intraocular lens	Laser photocoagulation for diabetic eye disease
Decreased visual acuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

126

Please add your comment in the box below

Please write your answer here:

127 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

			Advanced curative oral / dental care (including restorative composite and dental amalgam including x-rays, complex fillings, root canal treatment).	Rehabilitation oral / dental care (including crowns and bridges, dentures, orthodontics, dental implants).
	Routine and preventive oral / dental care	Essential curative oral /dental care (including non- surgical extraction and drainage of abscesses)		
Oral health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

128

Please add your comment in the box below

Please write your answer here:

129 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

	Audiometry	Hearing aid provision	Rehabilitative therapy (eg auditory-verbal therapy)	Cochlear implants
Hearing Deficit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

130

Please add your comment in the box below

Please write your answer here:

131 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

	Gliclazide or other sulfonylurea	Metformin	Insulin, regular and intermediate-acting	Retinopathy screening/treatment
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

132

Please add your comment in the box below

Please write your answer here:

133 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

	Two of the following antihypertensives: a) Amlodipine, b) Enalapril or other angiotensin converting enzyme inhibitor (ACEI), c) hydrochlorothiazide or Chlorthalidone or d) Bisoprolol or alternative betablocker (atenolol or carvedilol or metoprolol only)	Simvastatin or other statin	Percutaneous coronary intervention	Coronary artery bypass graft
Cardiovascular disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

134

Please add your comment in the box below

Please write your answer here:

135 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

		Pulmonary function testing	Salbutamol, Formoterol, theophylline, Ipratropium	Beclometasone or other corticosteroid inhaler
COPD/Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

136

Please add your comment in the box below

Please write your answer here:

137 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

		Erythropoiesis - stimulating agents. One of the following: Epoetin alfa. Darbepoetin alfa	Dialysis (peritoneal or haemodialysis)	Renal transplant
End-stage renal disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

138

Please add your comment in the box below

Please write your answer here:

139 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

	Cervical cancer screening with VIA	Cervical cancer screening with HPV test	Screening mammography for breast cancer	Screening FIT, FOBT or endoscopy for colorectal cancer
Cancer Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

140

Please add your comment in the box below

Please write your answer here:

141 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

		Trastuzumab for adjuvant or metastatic breast cancer, (HER2 testing + treatment)	Radiotherapy for breast conservation	Breast reconstruction after mastectomy
Breast Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

142

Please add your comment in the box below

Please write your answer here:

143 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

		Radiotherapy (including brachytherapy for curative cervical cancer	Advanced radiotherapy technique (IMRT, IGRT, image- guided brachytherapy	PET/CT for staging of cervical cancer
Cervical Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

144

Please add your comment in the box below

Please write your answer here:

145 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

	Surgery for lung cancer (wedge resection, lobectomy)	Adjuvant radiotherapy for lung cancer	Targeted therapy (EGFR mutation inhibitor) for metastatic lung cancer, (EGFR testing + treatment)	Immunotherapy for metastatic lung cancer
Lung Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

146

Please add your comment in the box below

Please write your answer here:

147 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

	Immunohistochemical staining for morphologic diagnosis of childhood cancers	Outpatient (ambulatory) chemotherapy (for less intensive treatment phases), (First line agents for ALL)	Extremity / ocular prostheses, TKI for +Ph ALL, (testing + treatment)	Stem cell transplantation
Acute lymphoid leukemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

148

Please add your comment in the box below

Please write your answer here:

149 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

	Assessment of seizure disorder and provision of oral anti- seizure medications	Management of status epilepticus	Therapeutic drug level monitoring and second- line anti- seizure medicines	Epilepsy surgery
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

150

Please add your comment in the box below

Please write your answer here:

151 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

	Assessment of psychosis and psychoeducation for person and carers	Oral first-line anti-psychotic medication and, if indicated, anticholinergic medication for side effects	Recovery/rehabilitation oriented strategies for psychosis	Multi-disciplinary specialist service for psychosis
Psychosis (in adults)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

152

Please add your comment in the box below

Please write your answer here:

153 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

	Screening, brief interventions and psychosocial treatment in PHC and settings not specialized for treatment of substance use disorders	Opioid agonist (i.e. methadone, buprenorphine) pharmacotherapy for the maintenance treatment of opioid dependence	Specialized outpatient and short-term inpatient treatment for substance use disorders	Specialized long-term inpatient or residential treatment (rehabilitation) for substance use disorders
Substance use disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

154

Please add your comment in the box below

Please write your answer here:

155 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

	Assessment of depression and psychoeducation for person and carers	Brief psychological interventions for depression and provision of first line antidepressant medication (SSRIs or TCAs)	Full course of psychotherapy (e.g., CBT, interpersonal therapy) by a psychologist or psychiatrist	Multi-disciplinary specialist service for depression
Depression (in adults)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

156

Please add your comment in the box below

Please write your answer here:

157 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

	Laceration repair	Casting fracture	Open reduction and internal fixation	Escharotomy
Injury/Burns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

158

Please add your comment in the box below

Please write your answer here:

159 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

		Combination anti-retroviral therapy for first line treatment of HIV. One of the following combinations individually for concomitant use or in fixed-dose combination: Efavirenz + Emtricitabine + Tenofovir disoproxil fumarate. Efavirenz + Lamivudine + Tenofovir disoproxil fumarate		
	HIV drug sensitivity testing		Post-exposure prophylaxis for HIV (PEP)	Pre-exposure prophylaxis for HIV (PREP)
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

160

Please add your comment in the box below

Please write your answer here:

161 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

	TB diagnostics (including sputum smear and chest x- ray)	Isoniazid + pyrazinamide + rifampicin + ethambutol (including directly observed therapy)	GeneXpert/R assay	Lobectomy
TB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

162

Please add your comment in the box below

Please write your answer here:

163 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

				Treatment of severe malaria, with injectable artesunate (intramuscular or intravenous) for at least 24 hours and followed by a complete 3-day course of an artemisinin-based combined therapy (ACT)
	Provision of Insecticide Treated Nets (ITNs) in health facilities	Chemoprevention in high risk groups	ACT for treatment of confirmed uncomplicated malaria	
Malaria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

164

Please add your comment in the box below

Please write your answer here:

165 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

	Hepatitis B three-dose vaccination	Chronic hepatitis C treatment with direct acting antivirals	Liver biopsy and pathology	Liver transplant
Viral hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

166

Please add your comment in the box below

Please write your answer here:

167 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

	Acupuncture	Herbal medicines	Indigenous traditional Medicine	Chiropractic treatments
Traditional and Complimentary Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.
- You may also use the comment box to list any other Traditional and Complimentary Interventions that are covered in your package.

168

Please add your comment in the box below

Please write your answer here:

169 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

	Barrier methods such as condoms, diaphragm	Family planning / using short acting hormonal methods, including injectables	Family planning/ using long-acting methods of contraception (IUDs and implants)	Permanent contraception (voluntary female sterilization or vasectomy)	Emergency contraception (any method)
Sexual and reproductive health - Contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

170

Please add your comment in the box below

Please write your answer here:

171 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

	Screening and treatment for STIs	Management of menstrual disorders and menopause	Treatment for sexual dysfunction	Treatment for infertility
Sexual and reproductive health - Sexual Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

172

Please add your comment in the box below

Please write your answer here:

173 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

	Induced abortion (medical or surgical) up to 12 weeks	Induced abortion (medical or surgical) after 12 weeks	Care for miscarriage or incomplete abortion with medical and/or surgical uterine evacuation	Care for complications of unsafe abortion with medical and/or surgical uterine evacuation
Sexual and reproductive health - Abortion Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

174

Please add your comment in the box below

Please write your answer here:

175 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

	Assessment for FGM status and management of FGM- related health complication	Management of Type III FGM, including deinfibulation	Provision of Information and communicati for FGM prevention	Care for mental health and sexual health complications of FGM by trained providers
Sexual and reproductive health - Female Genital Mutilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

176

Please add your comment in the box below

Please write your answer here:

177 For the listed condition group, kindly indicate which of the interventions are covered in the health benefit package for the identified scheme. Please check all that apply.

	Identification, care and support for IPV	Care and support for sexual violence, including acute post-rape care
Sexual and reproductive health - Gender based violence	<input type="checkbox"/>	<input type="checkbox"/>

- Select all the interventions that are included in your benefit package.
- If possible, please list any relevant coverage conditions/medical indications in the comment box provided.

178

Please add your comment in the box below

Please write your answer here:

Contents of Health Benefit Package - Sexual and Reproductive Health and Rights

The following two questions ask about specific health benefit package issues related to the inclusion of interventions for Sexual and Reproductive Health and Rights (SRHR).

179 Do you use any pre-existing lists or frames of services to inform the coverage of sexual and reproductive health interventions in your benefit package? (e.g. the Minimum Initial Service Package (MISP) for reproductive health in fragile & conflict-affected settings).

Please choose **only one** of the following:

☐ Yes

☐ No

Make a comment on your choice here:

If yes, please list the specific lists or frames.

180 Are any of the following reasons for exclusion of specific sexual and reproductive health services from the health benefits package?

Please choose **all** that apply:

- ☐ Politically contested
- ☐ Insufficient evidence to meet the requirements of the priority setting criteria
- ☐ Insufficient participation or exclusion of relevant stakeholders
- ☐ Excluded because it was funded by donors

☐ Other:

Contents of Health Benefit Package - Medications

For the following question related to medications, please answer for the largest, national-level, or appropriate sub national level public coverage scheme in your country.

Your answers for what is covered or not covered should be applicable to the related health benefits package regardless of whether you have a positive list, defined by what you do cover, or a negative list, defined by what you exclude.

(i.e. mark not covered if an intervention is included on a negative list)

181 Please respond as applicable assessing whether the listed medications are covered, partially covered or not covered by the health benefit package of the scheme in your country.

Please choose the appropriate response for each item:

	Fully Covered	Partially Covered	Not Covered	Uncertain
Acetylsalicylic acid (aspirin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Furosemide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paracetamol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phenytoin or Carbamazepine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gentamicin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amoxicillin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ceftriaxone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Procaine benzylpenicillin injection or Benzathine benzylpenicillin injection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral rehydration salts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Zinc sulphate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oxytocin injection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Magnesium sulphate Injection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Folic acid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ibuprofen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlorhexidine Solution or gel: (digluconate) delivering chlorhexidine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ready-to-use therapeutic food (RUTF), paste or spread or biscuit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One of the following: Epinephrine injection (as hydrochloride or hydrogen tartrate) in Ampoule Dexamethasone injection/Ampoule (as disodium phosphate salt)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mifepristone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Fully Covered	Partially Covered	Not Covered	Uncertain
Misoprostol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Combinations of mifepristone and misoprostol, including individual or combipack presentations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fluconazole and Nystatin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Levothyroxine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cisplatin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asparaginase	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Erlotinib	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nivolumab	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cyclophosphamide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Filgastrim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mercaptopurine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- **Fully Covered** - The medication is covered in the health benefit package and provided free at point of care.
- **Partially Covered** - The medication is covered in the health benefit package with a cost sharing mechanism such as a co-payment* or co-insurance*
- **Not Covered** - The medication is not covered in the health benefit package

Final Comments and Authorization

182 Please add any general comments on the survey:

Please write your answer here:

183

Please tick:

*

Please choose **all** that apply:

- ☐ We consider the information to be true to the best of our knowledge
- ☐ We authorize WHO to use any information submitted in this survey
- ☐ I confirm that I am submitting these responses as the nominated focal point respondent, OR that I have authority delegated from the nominated focal point respondent to provide responses to the questions in this survey.

CHECK ALL BOXES

WHO HQ would like to conduct deep dives with some country respondents to further enrich our understanding of the HTA process. Would you be willing to participate and assist us in this process? Please respond:

Please choose **only one** of the following:

☐ No

Thank you for completing this survey.

[illegible]