



**health**

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



## **HEALTH TECHNOLOGY ASSESSMENT SYMPOSIUM “Shaping the Future of Health Technology Assessment in South Africa”**

**21 to 22 October 2025  
Emperors Palace, Johannesburg**

### **Report**

#### **Abbreviations**

E2D	Evidence to Decision
EIDM	Evidence-Informed Decision-Making
HITAP	Health Intervention and Technology Assessment Program Foundation (Thailand)
HTA	Health Technology Assessment
MAC	Ministerial Advisory Committee
NDoH	National Department of Health
NICE	National Institute for Health and Care Excellence (United Kingdom)
NEMLC	National Essential Medicines List Committee
NHI	National Health Insurance
NHLS	National Health Laboratory Service
SAMRC	South African Medical Research Council
UHC	Universal Health Coverage
WHO	World Health Organization

# 1. Executive Summary

## Overview

The National Health Technology Assessment (HTA) Symposium, held on 21 - 22 October 2025 in Johannesburg, was convened by the National Department of Health (NDoH) in partnership with the South African Medical Research Council (SAMRC). Bringing together over 160 stakeholders across government, academia, civil society, industry, funders and international partners, the Symposium advanced national dialogue on institutionalising HTA as a core pillar for Universal Health Coverage (UHC) and National Health Insurance (NHI).

## Purpose and Focus

The Symposium aimed to communicate the evolving national HTA process, strengthen multi-sectoral engagement, refine the National HTA Strategic Plan and build consensus on governance, roles and priorities. Sessions highlighted the importance of transparent, evidence-informed decision-making (EIDM) to ensure fair, efficient and sustainable allocation of health resources.

## Key Discussions and Insights

International partners shared lessons on governance, independence, stakeholder engagement and capacity-building. Local stakeholders demonstrated how HTA principles are already applied across medicines, devices, diagnostics, laboratory services and medical schemes. Delegates emphasised the need to reduce fragmentation, strengthen coordination, incorporate patient voices, build national capacity and expand data and digital systems to support HTA.

Breakaway sessions focused on defining HTA values, clarifying stakeholder roles, setting objectives under NHI and outlining a coherent, trustworthy HTA process rooted in existing systems such as the NEMLC. The launch of the Evidence to Decision (E2D) Collaboration further solidified commitment to strengthening national EIDM capacity.

## Key Recommendations

The key recommendations included:

- Updating, finalising and adopting the National HTA Strategic Plan;
- Defining clear roles, governance, and engagement mechanisms;
- Developing shared data and evidence systems;
- Investing in multidisciplinary HTA skills and training;
- Ensuring structured patient participation;
- Leveraging existing national processes;
- Securing sustainable funding; and
- Maintaining strong international partnerships to align with global best practice.

## Next Steps

Priority next steps include establishing the Ministerial Advisory Committee (MAC) on HTA, finalising the National HTA Strategic Plan, integrating workshop outputs into national processes and maintaining ongoing stakeholder engagement. The Symposium reaffirmed HTA as a cornerstone for an equitable, efficient and sustainable health system, strengthening South Africa's journey towards UHC and NHI.



## 2. Background and Rationale

South Africa is committed to achieving UHC. This is in line with the Sustainable Development Goals, including ensuring access to safe, effective, quality and affordable health services, medicines, and technologies. In terms of the National Health Act (No. 61 of 2003), one of the objectives is to “establish a health system based on decentralised management, principles of equity, efficiency, sound governance, internationally recognised standards of research and a spirit of enquiry and advocacy which encourage participation.”<sup>1</sup> Central to this commitment is the NHI Act (No. 20 of 2023), which states that “a treatment must not be funded if a health care service provider demonstrates that no cost-effective intervention exists for the health care service as determined by a health technology assessment.”<sup>2</sup> The success of such HTA will be measured by its contribution to improved healthcare outcomes, equitable access, and sustainable financing for the health system.

HTA requires a systematic, evidence-informed, and multidisciplinary approach, incorporating multiple dimensions including safety, efficacy, equity, cost-effectiveness, budgetary impact as well as organisational, ethical, and societal perspectives. It aims to optimise health outcomes, access, equity, and affordability while ensuring fiscally responsible use of limited resources.

South Africa has already advanced HTA application and has shifted decision-making from subjective expert consensus to structured, evidence-informed processes in some sectors. As the country progresses towards strategic purchasing under NHI, the need for a reliable, coordinated, and nationally endorsed HTA framework is greater than ever.

In 2022, the Director-General of Health appointed an HTA Technical Working Group to develop a strategy to strengthen HTA. This led to the first version of the National HTA Strategic Plan in 2023, updated in March 2025 by the NDoH's NHI Branch to align with evolving NHI implementation plans.

The HTA Strategic Plan provides guidance on formalising HTA in South Africa, strengthening existing EIDM processes, and ensuring that decisions on funding, costs, and use of health interventions are transparent, accountable, and aligned with national health priorities.

### **3. Purpose of the HTA Symposium**

The HTA Symposium: "Shaping the Future of HTA in South Africa", was convened by the NDoH in collaboration with the SAMRC. The symposium served as a platform for national dialogue to communicate the evolving NDoH HTA process, foster collaboration among stakeholders across sectors, build consensus on a coordinated National HTA Strategy, as well as strengthen and streamline HTA and EIDM systems at the national level. The event also leveraged international best practices and local expertise to enable the formal adoption of HTA in South Africa.

### **4. Objectives of the Symposium**

The objectives of the Symposium were to:

- Share international and local best practices on EIDM and its application to the South African context to inform and strengthen transparent, inclusive and credible processes;
- Strengthen HTA stakeholder engagement across the health system;
- Engage on the National HTA Strategic Plan;
- Agree on the roles and responsibilities of stakeholders in the coordination of processes within the HTA ecosystem; and
- Collaborate on a process to define methods of engagement for a multi-sectoral think tank.

A Post-Symposium Workshop on 23 October 2025 provided further technical engagement with stakeholders on draft National Standards for EIDM to Develop Trustworthy Guidance.<sup>3</sup>

### **5. Programme Overview**

Held over two days at Emperors Palace in Johannesburg, the Symposium attracted 160 delegates from the National and Provincial Departments of Health, other national entities, regulators and statutory councils, health partners and donors, academic and research institutions, private sector and industry, advocacy and civil society, HTA and professional organisations, as well as international partners. The Symposium was supported by the SAMRC under its Memorandum of Agreement with the NDoH for the development and implementation of a framework for formalising HTA in South Africa. The NDoH's Local Organising Committee coordinated logistics, including venue compliance, information and communication technology, communications, emergency and security support, and traffic management.

**Day One** featured the opening addresses by the Minister and Director-General of Health, plenary discussions on the HTA Strategic Plan, and panel sessions with international and local experts including representatives from the National Institute for Health and Care Excellence (NICE), the Health Intervention and Technology Assessment Program Foundation (HITAP), the World Health Organization (WHO), the SAMRC, the National Health Laboratory Service (NHLS), and industry stakeholders. **Day Two** focused on technical breakaway sessions addressing HTA values, stakeholder roles, objectives under NHI, and stages of the HTA process, followed by the launch of

the E2D Collaboration. The event concluded with a commitment to strengthen capacity, formalise processes, and ensure that HTA underpins equitable, efficient and transparent decision-making in South Africa.

## Day 1 Highlights

### Opening and Welcome

#### Opening Address by the Director-General of Health, Dr Sandile Buthelezi

The Director-General welcomed delegates and outlined the crucial role of HTA in guiding evidence-informed, transparent decision-making for UHC. He stressed that government must lead in institutionalising HTA to prevent fragmentation, duplication and inequity. The Director-General referenced the updated National HTA Strategic Plan, which provides a framework for embedding HTA under NHI, and emphasised building on progress made through the Essential Drugs Programme and the National Essential Medicines List Committee (NEMLC). He highlighted that collaboration among policymakers, researchers, clinicians, industry, and civil society is key to a legitimate and trusted HTA system. The symposium, he noted, marks an important step toward aligning stakeholders and catalysing collective action.

#### Keynote Address by the Minister of Health, Dr Aaron Motsoaledi

The Minister emphasised that HTA is central to achieving equitable, efficient and evidence-based healthcare under NHI. The Minister highlighted that no health system can fund everything, making HTA vital for setting transparent priorities. Drawing on examples such as the antiretroviral rollout, GeneXpert for tuberculosis and COVID-19 vaccine decisions, he illustrated the power of evidence to guide impactful policy. He called for an HTA system that reflects South Africa's realities, applies an equity lens, and builds public trust through transparency. The Minister concluded that HTA is about fairness and justice, ensuring that scarce resources are used to save lives and advance the constitutional right to health.

#### Presentation by Prof Nicholas Crisp: The Role of HTA in Achieving the NHI Vision and Standards for EIDM

Prof Crisp outlined how HTA underpins the NHI vision of equitable, efficient and value-based healthcare. He described HTA as an evidence-informed process that guides which medicines, devices and other health interventions should be funded to achieve the greatest health impact. Under the NHI Act, cost-effectiveness informs funding decisions, and HTA is important for priority-setting and accountability. He highlighted the forthcoming establishment of the MAC on HTA, and stressed the importance of strong governance, sustainable funding and stakeholder coordination. By institutionalising HTA and EIDM, South Africa can ensure transparent, fair and trustworthy health coverage decisions.

#### Presentation by Prof Andy Parrish: Introducing the National HTA Strategic Plan

Prof Parrish presented the updated National HTA Strategic Plan, developed by the HTA Technical Working Group and the NDoH to formalise and coordinate HTA processes across South Africa. He outlined that HTA is vital for determining which new and existing technologies should be funded under limited resources, and that the NHI provides a critical opportunity to embed HTA into all funding decisions. The National HTA Strategic Plan establishes principles of transparency, consistency, inclusivity and flexibility, supported by strong leadership and stakeholder collaboration. It proposes a phased approach to establishing an independent HTA agency and calls for establishing a culture of HTA through training, stakeholder engagement and monitoring systems. The next steps include



refinement of the National HTA Strategic Plan by the MAC on HTA and incorporation of feedback from the Symposium to strengthen implementation under NHI.

## Panel Discussion:

### International Stakeholder Perspectives: Opportunities, Roles and Lessons Learned

#### Presentation by NICE (United Kingdom): HTA Institutionalisation – Ms Pilar Pinilla-Dominguez

Ms Pilar Pinilla-Dominguez from the NICE outlined how transparent, evidence-based and inclusive HTA processes can ensure fair, accountable health decisions. She described NICE's role in producing rigorous guidance, assessing new technologies and driving innovation across the United Kingdom's health system. She emphasised the importance of prioritising activities. Key lessons included the importance of independence in decision-making, clear governance structures and government support, supporting with implementation challenges and strong stakeholder engagement, such as through its citizens' council, to promote trust and equitable outcomes.

#### Presentation by HITAP (Thailand): Strengthening Health Systems through HTA – Mr Ryan Sitanggang and Ms Saudamini Dabak

Mr Ryan Sitanggang and Ms Saudamini Dabak from Thailand's HITAP shared their 15 years of experience institutionalising HTA as a bridge between technical knowledge and UHC. They highlighted how Thailand uses HTA to guide its essential medicines and benefits package, supported by strong networks, training and stakeholder collaboration. Key lessons included embedding HTA in legal frameworks, using a multi-level approach to building technical capacity, linking evidence to policy and fostering programmatic as well as *ad hoc* South-South partnerships to strengthen regional HTA ecosystems. Stakeholders, including patients, are engaged throughout the HTA process, such as through topic nomination and public consultations, to strengthen transparency, build trust, and encourage their active role as champions of HTA. HITAP also emphasised the importance of producing high-quality knowledge products to support EIDM.

#### Presentation by WHO: WHO Perspective on Health Intervention and Technology Assessment and Priority-Setting – Ms Altea Sitruk

Ms Altea Sitruk illustrated that HTA operates within a wider UHC ecosystem, influencing how health benefits are defined and financed. HTA supports fair and efficient resource allocation by informing which interventions should be covered, thereby advancing UHC objectives such as equity, efficiency, transparency and accountability. HTA contributes to improved service quality, financial protection, and equitable access to care within a well-governed health financing system. The presentation highlighted how HTA influences purchasing and quality monitoring. She highlighted the importance of HTA for WHO, noting examples such as the periodic updating of guidance and the strengthened global mandate for HTA, reflected in WHO's recent restructuring, which retained HTA and priority setting as core functions. The need for effective HTA institutionalisation was explained, including an enabling environment of political support with a legal framework, technical skills, funding, governance and data availability, established processes (including for prioritisation) and the resulting publication of quality reports and decisions. She further explained that WHO is working to define standards for assessing HTA institutionalisation, develop benchmarks, and monitor global progress, including the practical aspects of implementation.

#### Additional General Discussion

Delegates raised several questions related to the practical aspects of priority-setting, transparency, and stakeholder management. One participant asked how to bridge the investment gap between primary and tertiary levels of care. In response, Ms Pinilla-Dominguez (NICE, United Kingdom)

emphasised the importance of assessing budget impact and using service-assessment tools to ensure that decisions are both realistic and implementable within existing resource constraints. Another delegate, noting the panel's focus on transparency and methodological rigour, inquired about the role of patients and citizens in decision-making. There was broad agreement on the need for structured stakeholder engagement, with particular emphasis on including patients and citizens. The discussion concluded that although meaningful engagement requires resources, the long-term value, including sustainability of the process justifies the investment.

## Panel Discussion:

### Local Stakeholder Perspectives – Opportunities, Roles and Lessons Learned

#### **Part 1**

##### Essential Drugs Programme (NDoH) – Dr Janine Jugathpal

Dr Janine Jugathpal highlighted how the Essential Drugs Programme integrates EIDM into the development of the National Standard Treatment Guidelines and the Essential Medicines List. Through collaborations with partners such as NICE International and the SAMRC, and a strong relationship with academia, the Essential Drugs Programme has strengthened methodology, transparency and stakeholder engagement while also building capacity to respond to the Essential Drugs Programme's large review load. A phased and context-specific approach to HTA was encouraged, building on South Africa's existing systems while aligning with international best practice, to ensure credible, feasible and sustainable processes under NHI.

##### Medical Devices Unit (NDoH) – Mr Fundile Gebremedhin

Mr Fundile Gebremedhin outlined the work of the Medical Devices Unit in developing the Essential Medical Devices List and ensuring alignment with HTA principles. The presentation emphasised the importance of clearly defining user needs, ensuring device performance and lifecycle suitability, and identifying mechanisms to account for batch-to-batch variation. It also highlighted the need for an unbiased assessment process, supported by horizon scanning and calls for submissions, while encouraging the uptake of local technologies where feasible, noting that these too must undergo HTA. Additionally, the incorporation of real-world evidence into decision-making was underscored as a critical component. He also remarked that the learning curve for competency in using medical devices can be long, and that some manufacturers intentionally include training as a revenue component. Insights included the need for collaboration across stakeholders and data-driven, context-appropriate assessments to support efficient procurement, performance monitoring and equitable access to medical technologies under NHI.

##### National Health Laboratory Service (NHLS) – Prof Elise Schapkaitz

Prof Elise Schapkaitz provided insights into applying HTA principles for laboratory technologies, focusing on *in vitro* diagnostics and point-of-care assays such as for tuberculosis, HIV and COVID-19. She highlighted the importance of the availability of data on performance, capacity and cost-effectiveness across provinces and tiers of care. Strengthening HTA capacity within laboratory services was identified as key to ensuring that new technologies are appropriate, cost-effective and responsive to national health priorities.

##### South African Health Technologies Advocacy Coalition – Ms Lauren Pretorius

Representing patient and civil society perspectives, Ms Lauren Pretorius stressed the importance of formalising patient involvement in HTA processes. She called for the development of capacity-building frameworks, better coordination among advocacy groups and integration of lived experiences into health decision-making. Meaningful patient involvement was positioned as essential to improving

transparency, legitimacy and equity within South Africa's evolving HTA framework, and she called for overcoming barriers, e.g. willingness, knowledge and resource constraints, to ensure that patients are capacitated to participate in the process. She also argued that equity must be an explicit criterion in all HTA processes.

#### South African Medical Research Council (SAMRC) – Prof Tamara Kredo

Prof Tamara Kredo underscored the need to overcome fragmentation in South Africa's evidence ecosystem through a unified, collaborative approach that connects regulators, policymakers, clinicians and researchers, thereby building trust and minimising duplication of effort. The presentation called for stronger academic-government partnerships to produce timely, coordinated and transparent evidence to inform HTA and policy. She emphasised the need to collaborate, capacitate and coordinate, building an evidence ecosystem by drawing on existing national architectures, to ensure health decisions are equitable, efficient and evidence-based.

#### Additional General Discussion

During the discussion, it was noted that beyond the availability of data, contextual factors and the presence of strong implementation champions are critical in determining whether evidence is ultimately acted upon. Participants also highlighted the persistent gap between guidance and implementation, raising concerns about the risk of undue influence when oversight mechanisms are weak. It was emphasised that evidence-informed recommendations must be supported by feedback and accountability structures to ensure effective implementation and continuous learning. Delegates further stressed the importance of including patients who are often under-represented, particularly in prioritisation processes and equity considerations.

## **Part 2**

#### Council for Medical Schemes – Mr Percy Daames

Mr Percy Daames highlighted how HTA can support consistent, evidence-based clinical and financial decision-making across both public and private health sectors. By embedding HTA principles into medical scheme governance, pricing and benefit design, the Council for Medical Schemes aims to improve efficiency, equity and value for money. HTA provides a systematic approach for assessing technologies, informing minimum benefit packages and strengthening the alignment between public and private sector purchasing, thereby reducing perceptions of inefficiency and inequity. He advocated for establishing a legally binding HTA framework that clearly defines accountability, scope, and governance.

#### South African Laboratory Diagnostics Association – Ms Sarah Cohen

Ms Sarah Cohen underscored the essential role of in vitro diagnostics in expanding UHC and called for stronger collaboration between industry, laboratories and policymakers. The presentation highlighted the need for structured, transparent HTA processes supported by local data generation and capacity building. Ms Cohen advocated for an independent and accountable HTA body that includes both public and private sector expertise to effectively evaluate emerging diagnostic technologies.

#### Discovery Health (Pty Ltd) – Dr Noluthando Nematswerani

Dr Noluthando Nematswerani emphasised the role of HTA in ensuring sustainable and equitable allocation of limited healthcare resources within the private sector. The presentation highlighted key challenges including limited evaluation capacity, the rapid introduction of high-cost or low-value technologies, deciding whether technologies are substitutive or additive, poor public awareness and pressure from both providers and the public. Conditional funding mechanisms were noted as useful



for technologies with potential but limited evidence. Opportunities identified included collaboration across sectors, capacity building through training and digital tools, leveraging artificial intelligence to optimise HTA and greater use of local data and public engagement to strengthen evidence-based decisions.

#### Medscheme - Dr Nkateko Msimeki

Dr Nkateko Msimeki shared how funders apply HTA principles to determine coverage, pricing and accreditation standards within a decentralised private-sector environment. The presentation emphasised the importance of transparent governance, reducing fragmentation through national data access and inclusion of patient and provider perspectives to ensure credible decisions. Insights included the need to harmonise HTA models, share evidence and methodologies, and leverage technology for more efficient assessments.

#### Government Employees Medical Scheme– Dr Stan Moloabi

Dr Stan Moloabi demonstrated how HTA is embedded across from topic prioritisation and evidence evaluation to benefit design and implementation. The Government Employees Medical Scheme uses HTA to ensure that decisions are clinically appropriate, cost-effective, and financially sustainable. Challenges include limited data sharing and rapid technological change, but opportunities include greater collaboration, standardisation, and alignment with national HTA structures.

#### South African Medical Technology Industry Association– Ms Bulelwa Maponya

Ms Bulelwa Maponya presented the South African Medical Technology Industry Association's perspective on strengthening HTA for medical technologies, calling for an independent, transparent and inclusive HTA agency. She emphasised that the medical technologies sector requires bespoke assessment methods reflecting rapid innovation, operator dependence and reliance on real-world data rather than traditional trials. She also remarked that not all technologies require a full HTA and that a rapid review would be appropriate in some cases. Key recommendations included leveraging public-private capacity, establishing strong legislative frameworks, integrating real-world evidence, establishing a dispute mechanism and ensuring separation of regulatory and HTA functions to maintain objectivity and support equitable patient access to innovation.

#### Additional General Discussion

The discussions focused on governance, institutional mandates, the flexibility of HTA processes, and the practical conditions needed for effective implementation across the health system. Delegates emphasised the need for an adaptive, collaborative, inclusive, and well-coordinated approach.

## Day 2 Highlights

### Breakaway Sessions: Updates to the Draft HTA Strategic Plan

#### Shared Vision and Values for HTA

Participants reaffirmed that HTA is fundamental to achieving UHC and implementing NHI. The need to distinguish between principles and values was highlighted.

Core values identified were:

- Transparency, accountability, and independence, ensuring credibility and public trust.
- Equity, inclusivity and patient-centredness, ensuring decisions reflect lived experiences and diverse needs.
- Evidence-informed, ethical and fair decision-making, grounded in scientific rigour and integrity.
- Collaboration and respect across all voices, including government, academia, private sector, civil society and patients.
- Capacity, governance, and resources, building a sustainable and skilled HTA system. Barriers included fragmentation, limited resources and risks of political or institutional interference, while enablers included strong governance, clear legislative frameworks, and structured stakeholder communication.

#### Defining Stakeholder Roles and Responsibilities

Stakeholders agreed that HTA is a shared national function that depends on coordinated roles across government, regulators, academia, private sector and users.

Action points identified were to:

- Establish a clear stakeholder map and engagement plan with defined terms of reference;
- Align processes between NDoH, South African Health Products Regulatory Authority, NEMLC, funders and academic HTA units to avoid duplication.
- Develop national standards for compliance, quality assurance and data governance.
- Create a centralised, transparent information and communication technology system for sharing HTA evidence and outputs.
- Embed continuous stakeholder engagement through feedback loops, professionalised patient advocacy and open communication platforms.
- Establish a glossary with consistent definitions.

The overarching message was: “We are stronger together - collaboration is key to an accountable HTA system.”

#### Clarifying the Objectives of HTA under NHI

Participants called for clear, SMART (Specific, Measurable, Achievable, Relevant, Time-bound) objectives that define HTA's purpose and application under NHI.

Consensus areas included:

- HTA must inform benefit design, reimbursement and prioritisation decisions.
- HTA should support both public and private sectors to enable a common, transparent process.
- The framework must differentiate between strategic objectives and supporting activities, such as capacity building.
- There is a need to establish consistent definitions for words such as “technology”, “framework” and “mandatory” as well as to provide conceptual clarity.

- There is a need to strengthen coordination, governance and communication to avoid duplication and enhance trust.
- HTA must be positioned as a tool for health system strengthening, not only as a requirement of NHI, but as a mechanism supporting UHC.
- Defined roles and relationships are needed between the HTA Agency, NHI Fund and other national bodies.

### Building an Inclusive and Trustworthy HTA Process

Discussions emphasised developing a robust, context-specific South African HTA process that builds on existing systems, such as the NEMLC process for the development of the Essential Medicines List.

Action points identified were to:

- Leverage existing tools and frameworks, avoiding reinventing the wheel.
- Define core competencies and training pathways for all stakeholder groups.
- Invest in data systems, interoperability and digital tools to enable evidence generation and monitoring.
- Build a central HTA coordination structure or “hub-and-spoke” model linking national, provincial and sectoral actors.
- Integrate financial, clinical and ethical considerations into decision-making, with mechanisms for evaluation and feedback.
- Develop a methodology framework for standardised application to streamline HTA activities and enable sharing of results, ensuring HTA for the health system as a whole, not only for public or private sectors in isolation.

## **Launch of Evidence to Decision (E2D) Collaboration between NDoH and SAMRC**

### Launch of E2D Collaboration by Prof Liesl Zühlke, Vice President, SAMRC

The E2D Collaboration represents a strategic partnership between the SAMRC, the University of Stellenbosch and the NDoH to strengthen EIDM across the health sector. Building on longstanding collaboration between the two institutions, the E2D Collaboration aims to bridge the gap between research and policy by providing a structured mechanism to translate high-quality evidence into actionable health policy and clinical decisions. It supports the development and implementation of national standards, methodologies, and tools for evidence appraisal and synthesis, aligned with the evolving National HTA Strategy and the goals of UHC under NHI. Through this partnership, the SAMRC provides technical and research expertise while the NDoH ensures policy alignment and integration within health system decision-making processes, together creating a sustainable platform that advances transparency, consistency and the practical use of evidence to improve health outcomes in South Africa.

## **Closing**

### **Closing Address by the Deputy Minister of Health, Dr Joe Phaahla**

In his closing remarks, the Deputy Minister of Health highlighted HTA as a constitutional and moral imperative for UHC, calling for government stewardship, stronger coordination and inclusive multi-sectoral participation to overcome fragmentation and duplication. He noted that a well-functioning HTA framework will ensure that South Africa remains accountable to the public. It also ensures that the same standards of evidence guide both the public and private sectors, fostering greater alignment, collaboration and fairness across our fragmented health system. He called on all stakeholders to

remember that HTA is not a mere academic exercise, but an important and crucial policy instrument that affects real people, in both public and private sector. The Symposium concluded with a shared commitment to develop a coherent, nationally coordinated HTA system that embeds EIDM at every level of the health system, ensuring equity, efficiency and sustainability for all South Africans.

## Overarching Consensus

Across all sessions, there was alignment on the need for:

- A clear, coordinated HTA governance framework with defined mandates.
- Standardised processes and transparent communication of decisions and evidence.
- Capacity-building and institutional strengthening at multiple levels.
- Structured patient and public engagement to ensure legitimacy and trust.
- Collaboration with international and local partners to align with best practices while remaining locally relevant.

## 6. Key Discussion Points

### HTA as a Pillar for UHC and NHI

HTA was consistently framed as essential, not optional, for achieving equitable, efficient and sustainable UHC. The Minister, Director-General, and Deputy Minister all underscored that HTA enables transparent, evidence-based allocation of resources under NHI, ensuring that interventions are cost-effective, equitable and aligned to national priorities.

### Governance and Leadership

Speakers emphasised the NDoH's stewardship role to institutionalise HTA through a clear legal, organisational and governance framework, anchored in the NHI Act (No. 20 of 2023) and National Health Act (No. 61 of 2003). The NDoH must lead boldly but inclusively, ensuring standards, transparency and accountability across public and private sectors while preventing duplication and fragmentation.

### Integration and Coordination Across the Health System

A dominant theme was the need to move from fragmented, siloed HTA efforts towards adaptive learning structures and a coordinated national ecosystem that links existing mechanisms across the country through shared frameworks, data repositories, and common methodologies. Integration will require collaboration and a common understanding of purpose and process.

### Shared HTA Values and Principles

Participants stated that the HTA process must be guided by core values and principles, including transparency, accountability, inclusivity, independence, collaboration, equity and EIDM. Breakaway groups at the Symposium agreed that these values and principles underpin both the HTA process and decision-making outcomes, supported by robust governance, stakeholder engagement and adequate resources. The importance of a shared understanding of terminology was also highlighted.

### Defined Roles and Responsibilities of Stakeholders

Clear delineation of roles is needed across government, academia, industry, civil society, funders and regulators. Participants called for a national stakeholder engagement framework, regular communication platforms and harmonised terminology, aligned with global standards. It was noted that each sector brings complementary expertise: government as steward, academia as evidence generator, funders and industry as data providers and patients as lived-experience experts.

### Patients as Key Stakeholders

Embedding patient and public voices throughout the HTA process was a strong and recurring message, led by civil society representatives. Delegates advocated for structured mechanisms for patient input, co-creation of evidence and capacity building for patients and advocacy groups to ensure legitimacy and trust in HTA decisions.

### Capacity Building and Skills Development

Every session highlighted capacity constraints as a major barrier. Priority actions include training across all stakeholder levels, creating multidisciplinary teams, leveraging academic partnerships such as with the SAMRC, NICE and HITAP, and developing a national pipeline of HTA experts. Skills in evidence synthesis, economics, communication, project management and digital tools, including such analyses supported by artificial intelligence, were prioritised.

### Building on Existing Systems and Processes

South Africa's existing HTA-related mechanisms such as the NEMLC could be leveraged for HTA systems and processes going forward. Delegates cautioned against "reinventing the wheel" and instead called for optimising and linking existing evidence systems. The draft National Standards for EIDM to Develop Trustworthy Healthcare Guidance Products<sup>3</sup>, discussed in detail at the workshop held on 23 October, will serve as the foundation for processes. A draft manual applying the National Standards for EIDM has already been developed for the Standard Treatment Guidelines and the Essential Medicines List, and the aim is to expand application of the National Standards to medical devices and other health technologies.

### Institutionalising HTA under NHI

Consensus emerged that a phased, context-appropriate institutionalisation plan is required, starting with strengthening coordination, data infrastructure and governance, and eventually establishing an independent HTA agency. This agency would ensure methodological consistency, manage national databases, and advise the NHI Fund on benefit design and reimbursement. Across all sessions, sustainability emerged as a cross-cutting concern.

### International Lessons and Collaboration

Insights from NICE, HITAP and WHO emphasised the value of clear governance, independence, transparent appraisal processes, and long-term investment in human capacity. Collaboration through South–South and global partnerships was encouraged to accelerate institutionalisation and adaptation to local contexts.

## **7. Outcomes and Recommendations**

The Symposium reached strong consensus that HTA is essential to achieving UHC and implementing the NHI. Delegates agreed on shared values and principles of transparency, accountability, independence, inclusivity, and equity, and confirmed the NDoH as the steward of a coordinated national HTA system. Participants recognised current fragmentation across existing initiatives and committed to building an integrated, transparent, and evidence-informed HTA ecosystem. Stakeholders endorsed the move toward an independent HTA agency, prioritising capacity building, data infrastructure and patient involvement as key enablers.

Key recommendations included:

1. Updating, finalising and adopting the National HTA Strategic Plan;
2. Defining clear roles, governance, and engagement mechanisms;
3. Developing shared data and evidence systems;
4. Investing in multidisciplinary HTA skills and training;
5. Ensuring structured patient participation;
6. Leveraging existing national processes;
7. Securing sustainable funding; and
8. Maintaining strong international partnerships to align with global best practice.

## **8. Next Steps**

1. Establish the MAC on HTA to guide the institutionalisation of HTA under NHI, advise on governance, and ensure transparent EIDM processes.
2. Revise and finalise the National HTA Strategic Plan, integrating inputs from the four breakaway sessions and broader HTA Symposium recommendations on values, roles, governance, transparency and patient engagement.
3. Incorporate workshop outputs into national HTA processes to strengthen standardisation and practical implementation.
4. Maintain ongoing stakeholder communication and follow-up through structured engagement mechanisms.

## **9. Conclusion**

The National HTA Symposium marked a key step toward formalising EIDM in South Africa. Convened by the NDoH and the SAMRC, it united government, academia, civil society, industry and international partners around a shared vision for a coordinated national HTA system.

Delegates agreed that HTA is essential for achieving UHC and implementing NHI. Key outcomes included consensus on strengthening governance and coordination, building capacity, ensuring transparency and stakeholder participation, and progressing toward an independent HTA agency.

The Symposium concluded with a collective call to action: to turn evidence into action and embed HTA as a cornerstone of an equitable, efficient and sustainable health system for all South Africans. The HTA Symposium represented a milestone in South Africa's health system reform journey. Participants reaffirmed a shared vision for HTA as a cornerstone of EIDM under NHI. The Minister of Health underscored fairness and accountability, while the Director-General of Health called for government stewardship and inclusive collaboration. The discussions and Post-Symposium Workshop built confidence in applying HTA methodologies. The Symposium demonstrated strong national and international commitment to embedding HTA within South Africa's governance framework to promote transparency, equity and sustainability.



## 10. Annexures

- Final HTA Symposium Programme
- Invited HTA Stakeholders
- National Standards for EIDM
- Draft HTA Strategic Plan

## 11. References

1. Government of South Africa, 2003. *National Health Act (No. 61 of 2003)*. Pretoria: National Department of Health.
2. Government of South Africa, 2023. *National Health Insurance Act (No. 20 of 2023)*. Pretoria: National Department of Health.
3. National Department of Health, 2025. *National Standards for Evidence-Informed Decision-Making to Develop Trustworthy Health Care Guidance Products (Draft)*. Pretoria: National Department of Health.