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Institutional Capacity Building Of The Health Technology Assessment Committee Indonesian In The Implementation Of The National Health Insurance Program

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ABSTRAK

Kelembagaan Komite Penilaian Teknologi Kesehatan Indonesia atau InaHTAC belum dapat sepenuhnya efektif dan menjamin pelayanan penilaian dan rekomendasi penggunaan teknologi kesehatan dalam implementasi program Jaminan Kesehatan nasional atau JKN. Tujuan penelitian ini yaitu untuk mengetahui bagaimana pengembangan kapasitas kelembagaan InaHTAC dalam melaksanakan program JKN. Kerangka teoritis yang digunakan berdasarkan konsep achievement of goals and institutional systems (Lusthaus, Adrien, and Perstinger 1999; Bakhtiari et al, 2023), institutional process and evaluation (Kristensen et al, 2019); productivity (Wagner & Hollenbeck, 2010) dan Sustainabilty (Horton et al 2003 dan Hawkes et al, 2016). Metode penelitian menggunakan studi kasus kualitatif. Teknik Pengumpulan data melalui wawancara dan observasi. Analisis Data menggunakan analisis data kualitatif sistematis yaitu proses klasifikasi data, penyusunan kategori dan proses klasifikasi data. Hasil dan implikasi penelitian menunjukkan bahwa pengembangan kapasitas kelembagaan InaHTAC dalam implementasi program JKN perlu menyoroti pentingnya menerapkan target, kendali mutu dan pengendalian biaya melalui pendekatan dan menyiapkan peta jalan pengembangan InaHTAC. Temuan penelitian menunjukkan pentingnya pengambilan keputusan kolaboratif, penguatan regulasi mengenai kewenangan lembaga InaHTAC, pengukuran kinerja dan literasi stakeholder tentang HTA melalui edukasi, sosialisasi dan diseminasi berkelanjutan.

ABSTRACT

The institutional Indonesian Health Technology Assessment Committee or InaHTAC has not yet been fully effective and guaranteeing assessment services and recommendations for the use of health technology in the implementation of the National Health Insurance. This research aims to find out how InaHTAC institutional capacity is developed in implementing the JKN program. The theoretical framework used to analyze InaHTAC capacity building is based on the concepts of achievement of goals and institutional systems; institutional process and evaluation; productivity and sustainability. The research method applies a qualitative case study. Data collection techniques through interviews and observation. Data analysis uses systematic qualitative data analysis, namely the data classification process, categorization, and data classification process. The results and implications of the research show that developing InaHTAC's institutional capacity in implementing the JKN program needs to highlight the importance of implementing targets, quality control, and controlling costs through a strategic health casing approach. Research findings show the importance of collaborative decision-making, strengthening regulations regarding the authority of the InaHTAC institution, performance measurement, and stakeholder literacy regarding HTA through education, outreach, and continuous dissemination.

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INTRODUCTION

Every human being and community around the world should be able to access basic health services as a fundamental right (Ghebreyesus 2017; Behera, Prasad, dan Shyambhavee 2021; Hone, Macinko, dan Millett 2018). On the other hand, low- and lower-middle-income countries (LMICs) need competent and credible health institutions to promote Universal Health Coverage (UHC) policies, such as benefit coverage, quality improvement interventions, and quality standards, all of which purpose to improve well-being. Society, efficiency, and health care systems. Therefore, it is important for every health institution to continuously develop its institutional capacity.

Institutional capacity Building is an important part of the health system because it is the main driving factor for sustainable public health development and is an important indicator for every country to support efforts to strengthen primary health services, which are often known as fundamental health services. By concentrating on the requirements of people for a healthy, sustainable existence, primary health services (PHC) aim to ensure the level of health and well-being (Behera, Prasad, dan Shyambhavee 2021).

Li et. al. (2017) stated that capacity building encompasses a “spectrum of activities” that recognizes the roles and skills of all stakeholders involved in HTA and should be flexibly employed fit for purpose. Health Technology Assessment International (HTAi) has included capacity building for HTA as one of the key strategic objectives for the development and use of HTA worldwide. According to Gleeson et al (2009), capacity building is not a goal, but it is a means. The ultimate goal of capacity development is human resources. The fundamental purpose of capacity building is to enable society to optimize the use of its resources to meet its current and future needs. Capacity building is characterized by three main activities: improving skills, both general and specific; procedural improvements; and organizational strengthening.

Indonesia has proven to be one of the countries that views the importance of developing the capacity of health institutions through the Health Technology Assessment Committee better known as InaHTAC which was founded in 2014 with the main purpose of carrying out Health Technology Assessments (HTA) and fulfilling quality health service guarantees for the community, especially for quality and cost control of medicines, procedures, medical devices, and programs in the public health sector. Health technology assessment (HTA) is a multidisciplinary method for examining the social, economic, organizational, and ethical elements of health interventions. This also requires a methodical evaluation of the nature, implications, and/or outcomes of health technologies (WHO 2015).

InaHTAC was formed by the Minister of Health through a Decree of the Minister of Health of the Republic of Indonesia (KMK) Number HK.02.02/Menkes/422/2016 as an effort to support and implement National Health Insurance (JKN) which is a government and community program to provide guaranteed comprehensive health insurance. For every Indonesian resident (Academic Text of the 2004 National Social Security System Law), a locally designed and collaborative capacity-building approach provides a model for targeted capacity development in HTA and is being adapted by other low- and middle-income countries. Successful and sustainable development of InaHTCA capacity requires a long-term commitment to building supply and demand side capacity in generation and utilization (Downey et al. 2020)

This research focuses on InaHTAC and in the context of this research, developing the capacity of InaHTAC is a strategic effort because it has an important role in providing public services in the health sector effectively and in providing HTA recommendations based on analysis of the effectiveness of tools or technology used in efforts to efficiency health financing to the Minister

of Health. Thus, the formulation of this research problem revolves around InaHTAC's capacity in implementing the JKN program which is still not by the expected objectives due to various challenges and obstacles in developing institutional capacity. This research aims to find out how InaHTAC's institutional capacity is developed in implementing the JKN program.

Literature Review

Several previous studies on institutional capacity building have been published. Research conducted by (MacQuilkan et al. 2018; Mueller et al. 2016) showed the importance of developing HTA institutional capacity in several countries such as China, India, Africa, and developing countries even though there are several obstacles in strengthening and developing systems, such as low expertise of HTA personnel, minimal health data infrastructure, high health costs, a fragmented health service system, and significant growth of non-communicable diseases. However, Al Rabayah, Al Froukh, and Sawalha (2018) in their research concluded that countries with limited resources are capable of developing and implementing a systematic program to build HTA capacity.

Kaló et al (Kaló et al. 2013) in their research results state the importance of institutional capacity in the perspective of strengthening organizations, especially for middle-income and developing countries, this is because middle-income countries often do not have a clear road map for implementing health technology assessment in supporting decision-making or policy. In line with this research, Novaes & Soárez, (2016) in their research on the institutional dimensions and political approaches of HTA in Brazil stated the importance of strengthening PTK institutions through adequate budgets in encouraging scientific, technological, and innovation policies, so that they effectively influence overall health policy.

Brownson et al (2018) in their research concluded the importance of developing health institutional capacity by prioritizing an evidence-based approach to health principles and a combination of science consisting of epidemiology, behavior, and policy on public health issues. Meanwhile, Downey et al (2020) explained that the development approach must be by local values and collaborative to be able to present a capacity development model in line with HTA targets and can be adopted by other low-middle-income countries.

Capacity Building is dynamic, as concluded in research by Pichler et al (2019) which states that the development of the definition of capacity development related to HTA is very dynamic depending on the context, needs, the relevance of the organization, and the specific needs where HTA is applied. This research is reinforced by Hollingworth et al (2020) who emphasize HTA as a key and important instrument in implementing health benefits packages, and clinical guidelines and developing health services, especially the use of medicines that will receive HTA implementation policies.

Furthermore, Tantivess et al (2017) in their research analyzed the capacity of HTA to encourage capacity building in the context of systems, supporting factors, and challenges faced by five countries, namely India, Colombia, Myanmar, the Philippines, and Vietnam. The research results show that building the technical, management, and communication capacity of individuals and organizations that support the creation and use of HTA evidence requires long-term political commitment and support from influential politicians and health officials. On the other hand, stakeholder participation and community support in conducting research and supporting policy decisions are positive practices in supporting PTK institutions.

The results of this research are by research Novaes & Soárez (2016), which concludes that technical and political strengthening of the institutionalization of HTA in Brazil can encourage science, technology, and innovation policies, which effectively impact health policy. Therefore, according to Li et al (2017), research revealed that there is no single approach to capacity building; rather it is a spectrum of activities that recognizes the roles and skills of all stakeholders. A variety of methods, including formal and informal training, networking and engagement, and support through collaboration on projects, should be applied flexibly (and adapted to each country's specific needs) to support the institutionalization of evidence-based priority setting. Finally, capacity building must be a two-way process; those building capacity must also pay attention to developing their capacity to maintain and increase impact.

According to Lusthaus, Adrien, and Perstinger (1999) in their research results, capacity building can be divided into four perspectives, namely organizational, institutional, system, and participatory. Meanwhile, Bakhtiari (2023) sees capacity building as any activity that can improve a person's, an organization's, a network's, or a system's effectiveness—including services and organizational and financial stability. Hope (2009) explains that the definition of capacity building is the process of making people, public sector organizations, private sector companies, civil society groups, and local communities more capable of carrying out tasks in a sustainable way and having positive development benefits.

Literature on capacity development cannot be separated from the results of research by Grindle, M.S & Hilderbrand (1995) which states that capacity building is increasing the capacity of public organizations to carry out specific tasks on their own or in conjunction with other organizations. It is further explained that the capacity development context can consist of three dimensions, namely: first, the dimension of human resource development; second, the dimension of organizational strengthening; and third, the dimension of institutional reform. In line with this view, Fukuda-Parr, Lopes, and Malik (2013) explain that The capability of actors (individuals, groups, organizations, institutions, countries) to carry out specific functions or certain goals effectively, efficiently, and sustainably is known as capacity development.

Comprehensively, institutional capacity building is the process by which an organization establishes its goals, produces the material and immaterial resources required to carry them out, and effectively allocates those resources (Kibbe et al. 2004; Andersson, Faulk, and Stewart 2016). However, since it was first employed to boost public administration's capability and the private sector's competitiveness, the term "institutional capacity development" is not new (Magalhães, Healey, dan Madanipour 2002).

In the context of an institutional development approach, HTA should focus on process, structure, and governance including good practices for defining organizational aspects, using deliberative procedures, and assessing HTA's effects (Kristensen et al. 2019). This is related to the requirements for developing institutional capacity, which are situation-specific and cannot be established universally (Magalhães, Healey, dan Madanipour 2017) so HTA needs to be able to determine indicators of institutional effectiveness.

The research results of Wagner & Hollenbeck (2010) and Contente et al (2019) show that institutional effectiveness can be measured through the level of achievement of goals and targets productively and sustainably by organizational needs, as emphasized by Ivancevich, Konopaske, and Matteson (2013) that to know the level of institutional effectiveness, it is necessary to know several effectiveness indicators based on systems

theory which includes input, process, and output. The sustainability aspect of HTA is an important part of developing institutional capacity and supporting individual and organizational capacity ((Hawkes et al. 2016) and in line with this view Horton et al (2003) is an ongoing process that helps organizations become more capable of setting and achieving pertinent objectives. Through the use of organizational resources—which can be enhanced with outside support and resources—operational capacities and adaptive processes

According to Kaló et al (2013) the lack of a clear implementation roadmap for HTA, particularly in supporting policy-making, is one of the barriers to developing HTA institutional capacity in middle-income and developing countries. Therefore (Brownson, Fielding, and Green 2018; Hollingworth et al. 2020) explain that support for developing HTA institutional capacity can be carried out through the use of budget incentives, technology and innovation, availability and accessibility of local data, training, use of tools, assessment, feedback, and network.

Some of the literature and research results above have discussed the conceptual definition of institutional capacity building, HTA institutions from various perspectives; however, in-depth research has never been conducted on HTA institutions in Indonesia, especially InaHTAC, from the perspective of institutional capacity building and JKN program. Therefore, the novelty of this research lies in its emphasis on developing InaHTAC's institutional capacity, especially in implementing the JKN program. Furthermore, developing InaHTAC institutional capacity in implementing the JKN program is important to research because HTA institutions in developing and middle-income countries, such as Indonesia, often face various challenges that are difficult to resolve. Thus, it can be explained that the development of InaHTAC institutional capacity in implementing the JKN program is analyzed based on dimensions that include achieving targets and institutional systems, processes and evaluation, productivity, and sustainability.

RESEARCH METHODS

This study used a qualitative descriptive. Given the necessity to comprehend complicated social phenomena through our primary research question, "how" to develop institutional capacity, it makes sense that this research method was chosen (Yin 2014).

Sampling procedure

The process of sampling was completed using one of the main characteristics that set qualitative research through purposeful sampling. The selection of cases with a wealth of information for in-depth analysis is the rationale and power of sampling (Patto 2002). The research case—that is, the InaHTAC institution, the Ministry of Health, and the Social Security Administering Agency—was the basis for choosing the location (BPJS). Eight informants, comprising both InaHTAC and non-InaHTAC elements with a range of distinct roles, participated in the study: three were from the InaHTAC elements, two from the Ministry of Health, two from JKN elements, and one from BPJS elements.

Method of data analysis

The qualitative data analysis suggested by Miles, Huberman, and Saldaña (2014) was used to analyze the data. Data classification (also known as data coding) was used to analyze the interview data. Then, labels (also known as labeling) were created from the data classification results, and categories were organized. We built the data classification procedure with the research questions as a guide. The original interview transcript—which was originally written in Indonesian—was translated into English, and the English-language translation served as a source

for us as we compiled the data classification. The data was categorized, and coded, and themes were created. The themes are arranged by the interview data that was used. The themes are then annotated for construction and description to extract the essential information from the data.

RESULTS AND DISCUSSIONS

Achievement of Goals and Institutional Systems

The research results show that achieving targets and institutional systems are quite effective, especially in implementing quality control and cost control through a strategic health casing approach (health spending strategy). This shows that InaHTAC has prioritized the importance of organizational goals as a strategic instrument for institutional management to obtain the desired output and provide various benefits in determining organizational performance standards (Geetha 2022) as well as confirming Daft's (2010) view which says that organizational or institutional effectiveness should be measured the extent to which an organization's ability can realize goals, understand organizational goals and strategies, as well as design concepts to understand organizational effectiveness.

According to Scott and Davis (2016), institutional objectives provide a framework for assessing participant behavior or the behavior of the entire organization. It also offers standards for recognizing and evaluating certain aspects of institutional functioning. This is in line with the aim of HTA, namely to produce data that can be used to improve health system problems and foster a deeper understanding of the impact of policies on the use of health technology (Mueller et al. 2016).

InaHTAC institutional goals and systems through quality control and cost control are in line with the views of Grindle & Hilderbrand (1995) and Rainey (2014) who say that institutional capacity can function if the goals, objectives, and organizational systems have been established to achieve mission and commitment among the apparatus. On the other hand, unclear goals and organizational systems often occur in government agencies and are indeed one of the characteristics that differentiate public organizations from private organizations.

However, the results of research on institutional systems that are still not effective and provide optimal output and outcomes are confirmed by Li et al (Li et al. 2017) that there is no one correct method to develop capacity; instead, different approaches should be used, including networking, engagement, formal and informal training, and support through project collaboration. These should be implemented flexibly (by the unique requirements of each country) to support evidence-based priority setting. Therefore, according to the view of Mueller et al (2016), effective decision-making is essential for InaHTAC, which also needs to take into account several factors, including medical, economic, technical, ethical, social, legal, and cultural ones. On the other hand, to create assessment objectives, a multidisciplinary team of experts is needed.

According to Daft (2010), there are several approaches to measuring organizational effectiveness, namely the first is the traditional approach which aims to measure effectiveness through various parts of the organization and indicators connected to the output, input, or internal activities. The resource-based approach that examines the input side of organizational transformation is the second process. The third approach is the internal process approach, which bases effectiveness on the organization's ability to acquire and manage valuable resources

Based on the research results and discussions that have been described, it can be concluded that InaHTAC has implemented quality control and cost control through a strategic health casing approach (health spending strategy). Meanwhile, InaHTAC needs to be able to collaborate with different multidisciplinary experts covering multiple criteria including medical, economic, technical, ethical, social, legal, and cultural to overcome the issue of an organizational system that is still ineffective and affects output and outcomes.

Institutional Process and Evaluation

The research results show that institutional capacity development based on process and evaluation is still not effective. Several indicators of problems include the lack of prioritization of rationality in the use of health technology, regulatory problems that have not been able to have an impact on the governance and strengthening of InaHTAC, and the absence of measurement of InaHTAC organizational performance indicators.

To overcome the lack of prioritization of the rationality of using health technology, Li et al (Li et al. 2017) stated the importance of taking two approaches, namely: first, leadership, management, and administration; and second technical skills. In addition, according to Brownson, Fielding, and Green (2018), every public health organization needs adequate capacity (The ability to plan, carry out, and assess the preventive dose of evidence-based interventions; availability of resources, organizational structure, and labor force).

The results of further research are regulatory problems that have not been able to have an impact on the governance and strengthening of InaHTAC as a whole. According to O'Brien, Lumsden, and Macdonald (2021), Every institution should strive to improve future evidence-based regulatory frameworks and medicine regulatory frameworks, especially in developing countries. By this view, Guzman (2020) emphasized that to increase organizational capacity, effective medical product regulation is very important to ensure access to medical products that are safe, effective, and of guaranteed quality.

Regulations affect every aspect of organizational life in the public sector. (Daft 2010). As confirmed by Sari (2017) through regulations, as long as organizations establish reasonable and logical goals for improving quality, the government can support in doing so. Therefore, Brennan (1998) stated that for regulations to be improved and maintained, it is necessary to make sure that strategies for measurement and quality improvement are applied consistently and cohesively.

According to Latham & Watkins (2022), HTA regulations aim to harmonize clinical and scientific aspects and to create innovative health technology. On the other hand, according to Bertram, et al (2021), clear regulations or norms must be drawn up to ensure that administrative decisions are not canceled or requalified due to inappropriate regulatory drafting. Therefore, according to researchers, in an attempt to fulfill the demands of the development of health technology and the increasing dynamics of society, regulations are needed that are responsive and able to fulfill InaHTAC performance and can have an impact on strengthening InaHTAC, and support InaHTAC performance in carrying out systematic policy analysis, and multidisciplinary approaches to the use of health technology.

As of right now, the only regulations that control HTA and InaHTAC are Ministry of Health Regulation Number 51 of 2017 regarding HTA and JKN and Presidential Regulation Number 82 of 2018 concerning health insurance (listed in Article 85) which controls the position of HTA, and the formation of InaHTCA. However, these two regulations do not contain the strategic position,

rights, and authority of InaHTAC. Therefore, changes are needed to these two regulations by regulating the position of HTA and the formation of InaHTAC.

The change in question is the removal of Article 85 which discusses the position of HTA and the circumstances surrounding the establishment of InaHTAC. Then, elevate the Minister of Health HTA Regulation to the level of Presidential Regulation on HTA which is made by the President himself and regulates the roles, rights, and responsibilities as well as strategic authority for budget management and ensures that HTA policy recommendations are implemented.

Thus, in the future, the Presidential Decree on HTA will become a separate regulation from JKN, and structurally the InaHTAC institution is directly responsible to the president through the Minister of Health, however, as a health technology assessment institution, InaHTAC will continue to the asses impact of the use health technology in the JKN program.

About the lack of measurement indicators and performance indicators for the InaHTAC organization, Millar et al (2021) in the results of their research through interviews with nine key informants from international HTA community experts from Australia, Canada, Thailand, and the United Kingdom put forward several indicators for measuring the performance of HTA institutions, namely: 1). The use of HTA is carried out effectively both in the process of agenda and formulating policies; 2). Engaging effectively and communicating with all stakeholders; 3). Institutional reputation appropriate to the creation of policies and the health care system health; 4). The efficient application of HTA recommendations as a weapon for negotiating health technology prices; 5). Effective implementation of each recommendation results in policy changes regarding health technology.

According to Wanke et al (2006), measurement of institutional performance can be measured through the number of products and implementation of HTA studies. Meanwhile, Hailey and Juzwishin (2006) said that performance measurement can be measured through aspects of objectives, constituencies, open systems, and competitive value models. Then Lafortune et al (2008) proposed four dimensions for measuring HTA performance: production, goal achievement, preservation of cultural values, and environment adaptation.

By the previous results and discussion, it can be said that InaHTAC's institutional capacity development in implementing the JKN program based on institutional processes and evaluation is still not effective. Several problems include the lack of prioritization of rational use of health technology, regulatory issues that have not been able to have an impact on the governance and strengthening of InaHTAC, and the absence of measurement of InaHTAC organizational performance indicators. Therefore, to ensure the effectiveness of InaHTAC, it is crucial to establish a policy that prioritizes rationality in the use of health technology and to strengthen regulations about the institution's authority, which are governed by a Presidential Regulation that specifies InaHTAC's position, and performance measurement.

Productivity

Based on research results, the productivity dimension is still not effective. Several indicators of problems include low HTA productivity based on the output produced, low stakeholder understanding of the benefits of PTK, and minimal funding for HTA studies. The problem of low HTA productivity is caused by two strategic factors, namely the lack of HTA agent personnel and the lack of budget for HTA activities. Apart from that, there are often delays in studies that exceed the budget year which affects study funders, for example, BPJS. Informants from BPJS expressed disappointment with the slowness of the results of the InaHTAC study, making it difficult to prepare reports on budget use at BPJS. The cause of the delay in the study was due

to the slow process and granting of permits for InaHTAC agents to collect data, which caused delays in producing the HTA study report.

The research results of the low productivity of HTA produced so far by InaHTAC, if confirmed according to Drummond (2008) mention that, historically, the majority of HTA institutions have continued to concentrate on producing high-quality reports that are utilized to inform different choices. Less organizations, nevertheless, publish guidelines on the use of health technologies in the healthcare system and offer information on decisions made regarding the allocation of resources.

According to Lensberg et al (2013), often the aspect of measurement and the lack of productivity remains a topic that is widely debated by HTA institutions due to restrictions on productivity costs in middle-class countries. Therefore, according to Chen (2022) to demand health services, it is necessary to use health resources and policy strategies that are appropriate and cost-effective in the context of health services as well as to increase HTA productivity. Meanwhile Chi Junior (2020) said that productivity growth shows the organization's ability to fulfill its obligations to workers to remain competitive, therefore, organizations need to develop and maintain increased employee productivity to achieve maximum performance results. On the other hand, Yuasa (2022) explains the two methods that are frequently used to measure HTA productivity: the cost approach and the human resources approach.

Hogervorst's (2022) research results reveal that one of the causes of health technology problems is an inadequate data management system that affects the quality and validity of health evidence. Therefore, according to Nestler-Parr et al (2018), new methods and regulations must be put in place as the amount of complex health technologies rises to direct HTA decision-making. In addition to collaborative efforts involving various personnel from multi-stakeholders in overcoming various health technology challenges.

The problem of low stakeholder understanding of the benefits of PTK and minimal funding for HTA studies is due to the public's limited understanding of health technology so the information provided to the public regarding the assessment results from InaHTAC cannot be understood effectively. Besides that, the existence of community cultural factors in understanding the development of health technology in developing countries like Indonesia which is full of paradoxes and conditions with conflicts of interest. Therefore, according to Novaes & Soárez (2016), HTA institutions must be able to ensure methodological rigor and use input from various multi-disciplinary scientific fields to provide literacy and dissemination of HTA research to the entire community.

The research and discussion described above conclude that InaHTAC institutional capacity development in implementing the productivity-based JKN program is still not effective. Several problems include low study productivity based on the output produced, low stakeholder understanding of the benefits, and minimal funding for HTA studies. Therefore, increasing the number of resources, namely, HTA personnel or agents, InaHTAC funding, and stakeholder literacy about HTA through education, outreach, and continuous dissemination is very important and is a priority for InaHTAC policy in the future.

Sustainability

InaHTAC institutional capacity development in implementing the JKN program based on sustainability dimensions has been quite effective. Several indicators show that InaHTAC sustainability is represented through a roadmap as a road map for InaHTAC development in the future, in addition to the strategy of encouraging collaboration with several similar institutions

in the health sector while still prioritizing quality and cost control. This shows that InaHTAC already can be an organization that is adaptive to its environment and able to survive for a long time (Iqbal, Mirna, dan Susanti 2021).

According to Bayoumi & Krahn (2014) to develop sustainable HTA, there are seven important issues to be considered by stakeholders involved in implementing HTA, First: review of future technology; Second, affordability in the context of HTA; Third, the Context of 'Value Based Pricing; Fourth, research and development of guidelines focusing on aspects of effectiveness, ineffectiveness, harm, and benefits incorporate disinvestment; Fifth, the right resources and expertise; sixth, operating in a partnership environment; Seventh, the use of mini-HTA as a tool for management and tool of decision support.

In connection with the research results which mention quality and cost control and the importance of having resources in the concept of economic evaluation, the application of sustainable social principles and political economy is the methodological basis for assessing technological innovation in the health sector qIandolo et al (2018). In line with this opinion, Belfiore, Sorrentini, and Ascione (2020) emphasized that HTA represents a powerful tool for connecting technical-scientific and decision fields and combining health innovation and system sustainability.

Based on the results of the research and discussion that have been described, it can be concluded that the development of InaHTAC's institutional capacity in implementing the JKN program based on the sustainable dimension has been effective. This is represented through several indicators such as the existence of a roadmap as a road map for InaHTAC development in the future, a strategy to encourage collaboration with several similar institutions in the health sector while still prioritizing quality and cost control. Apart from that, InaHTAC has applied the principles of social, economic, and political sustainability as a methodological basis for assessing technological innovation in health care and HTA is a powerful tool for connecting technical-scientific fields, decision-making, health innovation needs, and system sustainability.

CONCLUSIONS

The research findings highlight several important points, firstly, developing InaHTCA institutional capacity requires collaborative decision-making involving various multidisciplinary sciences and rational use of health technology in implementing the JKN program. Second, there is a need to encourage strengthening regulations regarding the authority of the InaHTAC institution which is regulated through a Presidential Decree which contains and regulates the position of InaHTAC. This aims to ensure that InaHTCA's capacity can be further developed and more effective in carrying out its duties and responsibilities. Third, InaHTCA capacity building must have effective institutional performance measurements and priority needs to encourage an increase in the number of HTA personnel and agents as well as funding for HTA studies. Fourth, it is important to carry out literacy activities about HTA through education and outreach to all stakeholders and the community. In conclusion, this research emphasizes the importance of collaborative decision-making, encouraging the strengthening of regulations regarding the authority of InaHTAC institutions, effective measurement of InaHTAC institutional performance and priority needs, literacy activities about HTA through education and outreach to all stakeholders and the community to building InaHTAC capacity in implementation JKN program.

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