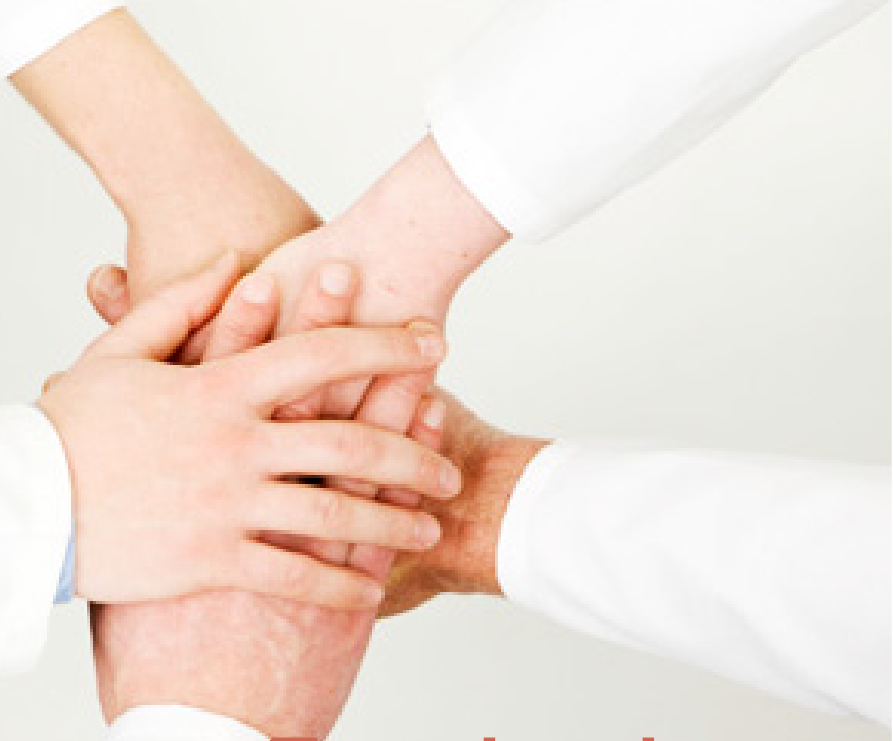

First step
of the HTA collaboration in Asia

Volume 1 : Jan-Apr 2011

HTAsiaLink

NEWSLETTER TO STRENGTHEN COLLABORATION AMONG HTA AGENCIES IN ASIA

EDITORIAL

On September 4, 2010, an agreement to collaborate was reached between three Asian HTA organizations: Health Intervention and Technology Assessment Program (HITAP), Thailand; Universiti Sains Malaysia, Malaysia; and National Evidence-based Healthcare Collaborating Agency (NECA), Korea. The organizations agreed to distribute an HTA newsletter among member agencies in the region in order to strengthen the network and facilitate information exchange among its members. The newsletter combines a range of HTA activities from member organizations, including organizational news, summaries of research reports, and other related areas that will be useful for the network itself and also for those who are interested in HTA in Asia countries.

Apart from this HTA newsletter, collaborateing members have an opportunity to conduct relevant cross-country studies that are of mutual benefit to among member organizations. One such on-going cross-country study focuses on the social value of Quality-Adjusted Life Years (QALYs). (For more information, see column: HTA activities)

The goals of this Asian HTA collaboration are fourfold: first, to enhance HTA capacity in the region; second, to raise awareness and inform health system decision makers and health professionals of the utility of HTA; third, to foster membership growth in the region among those with HTA knowledge and committed to informing HTA policy and practice; and finally, to offer a forum in which to share HTA knowledge and experience to the mutual benefit of member organizations.

Best Wishes,
The Editorial Team

HTA FORUM
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OUR FIRST STEP: A POTENTIAL COLLABORATION AMONG HTA AGENCIES IN ASIA

Even though Health Technology Assessment (HTA) appeared to be applied outside of the United States, it is noteworthy that technology assessment (TA) was first used in the US public sector in 1960s-1970s through the Office of Technology Assessment (OTA), an agency providing evidence to policy makers in the US congress concerning new technologies. Due to the repeal of OTA, TA was not successfully formalized in the US; the term of HTA was coined by other countries in an array of contexts. In the European community, TA was introduced in the late 1980's throughout the health sector due to the escalating cost of technology. By the 1990s, almost all member states of the European Union (EU) had developed national and regional HTA bodies in their healthcare systems[1]. Subsequently, HTA was introduced to Asia countries about 10 years after its formal establishment in Europe, and it has been increasingly popular, especially in Korea, Taiwan and Thailand where HTA yields important evidence to inform policy and practice. In order to enhance HTA knowledge in the region, a new collaboration among HTA agencies has recently been initiated.

HTA: from Europe to Asia

In Europe, the growth of innovative and high-priced health technology has warranted increasing attention to HTA to inform policy decision making bodies. Consequently, HTA was established in many levels across the region. At the local level, for instance; a French HTA unit, *Comité d'Evaluation et de Diffusion des Innovations Technologiques Assistance Publique Hôpitaux de Paris (CEDIT) was established in 1982. Later on, Sweden set up its first national HTA agency, called the Swedish Council on Health Technology Assessment in Health Care (SBU) in 1987 with the aim "to identify interventions that offer the greatest benefits for patients while utilizing resources in the most efficient way"*[2].

[1] Goodman C.(2004), *HTA 101 Introduction* to Health Technology Assessment, [cited May 10 2011]. Available from http://www.nlm.nih.gov/nichsr/hta101/hta101.pdf
[2] Velasco-Garrido M., Busse R., (2005) *Policy brief Health technology assessment An introduction to objectives, role of evidence, and structure in Europe,* [cited April 5 2011] Available from http://www.euro.who.int/_data/assets/pdf_file/0018/90432/E87866.pdf

> "In Europe, the growth of innovative and high-priced health technology has warranted increasing attention to HTA to inform policy decision making bodies. Consequently, HTA was established in many levels across the region."

HTA stepped up to international level in Europe in 1985, when the first HTA international meeting of the International Society for Technology Assessment in Health Care (ISTAHC) took place, which was followed by EUR-ASSESS project in 1994, the European Collaboration for Health Technology Assessment (ECHTA) in 2000 and European network for Health Technology Assessment (EUnetHTA) in 2008.

Apart from collaboration in Europe and other continents, HTA expanded globally, lead by the establishment of the International Network of Agencies for Health Technology Assessment (INAHTA) in 1993. At present, INAHTA comprises of 42 HTA organizations from 21 countries in 5 continents.

HTA has become a popular tool to inform policy decision making in Asia, since its introduction in the past decades. In 2007, Korea was the first nation to develop legal mechanisms to employ HTA evidence to support the allocation of health resources. The Health Insurance Review Agency (HIRA) was an agency requesting phama-coeconomic evidence from industry when drug and medical reimbursement are reviewed under National Health Insurance (NHI). At present, HIRA is responsible for reviewing medical fees and evaluating the cost of healthcare services delivered to beneficiaries as well as supporting government decisions. In 2008, the National Evidence-based Healthcare Collaborating Agency (NECA) was also established as a research organization to provide clinical and economic evidence to consumers, insurers, and healthcare providers regarding the use of health technologies in Korea. **Dr. Heo Dae-Seog**, the president and CEO of NECA, informed our team that *"In Korea, the government has made HTA mandatory since 2007".*

In 2007, a HTA Division was founded under the Centre for Drug Evaluation (CDE) in Taiwan to provide evidence concerning the costs and consequences of new healthcare technologies in order to inform pharmaceutical reimbursement decisions made by Bureau of National Health Insurance (BNHI). **Dr.Jasmine Pwu,** Director of the HTA Division commented that *"at present, HTA is a very popular issue in Taiwan because policy makers gradually acknowledge the strength of evidence-based decision. Therefore, there is increasing demand for HTA information, from Drug Benefit Committee members, health providers, as well as patients. In some cases, policy makers are reluctant to make decisions without HTA data. As a team responsible for setting up HTA systems, we want to strengthen our research capacity in both the assessment and dissemination of our findings".*

Dr.Takashi Fukuda

Dr. Jasmine Pwu

In Thailand, Health Intervention and Technology Assessment (HITAP) was set up in 2007, as non-profit and semi-autonomous organization under the Ministry of Public Health. It is responsible for appraising a wide range of health technologies and programs, including pharmaceuticals, medical devices, interventions, as well as health promotion and disease prevention activities and policies. **Dr.Yot Teerawattanon**, the program leader for HITAP said that *"In Thailand, although it is not mandatory for decision makers to consider HTA information when they adopt a new health technology, decision makers have requested and used HTA evidence to inform their decisions and to justify such decisions to the public".*

Other Asian countries, including China, Japan, Malaysia, the Philippines, Singapore and Indonesia, are showing ever increasing interest in HTA as a framework for health resource allocation. **Dr. Asrul Akmal Shafie**, senior lecturer at School of Pharmaceutical Sciences, Universiti Sains Malaysia said that *"In Malaysia, it is still in an early stage of HTA adoption. We are at the stage where we try to persuade decision makers and clinicians to see the importance of using HTA, and how it may help them in their work. Up until now, there have been less than 10 HTA studies in Malaysia. We are in the process of learning from others. Thus, when the time comes, we will be ready for it".*

Dr.Takashi Fukuda, an Associate Professor in the School of Public Health at the University of Tokyo informed us about the role of HTA in Japan. He said that *HTA is not well-known or well-applied to healthcare processes; there is no formal HTA agency in Japan. Usually, technology, drug and medical devices are approved by the government and these decisions have nothing to do with economic evaluation at all, the approval and coverage for new drugs do not need HTA data for approval. The government is now showing their interest in using HTA to decide what should be covered under public health insurance and how reimbursement is set. So, in 5 years, the government might establish an independent agency that is actively involved in doing HTA".*

Recently, there are many HTA collaborative efforts in Asia, such as the ISPOR Asia consortium and research collaboration among Japan, Korea, Taiwan, Australia, the UK, and the US on the willingness-to-pay (WTP) for one additional QALY gained. However, there is no collaboration with strong objectives of using HTA in health policy decision making. In order to establish the new collaboration that meets the needs of all parties, lessons learnt from other HTA networks is needed.

The emerging of a potential collaboration among Asian HTA agencies

Dr.Yot Teerawattananon

In June 2010, at the Health Technology Assessment International-HTAi Annual Meeting, in Dublin, Dr.Jasmine Pwu, from CDE, Dr. Jeonghoon Ahn from NECA, and Dr.Yot Teerawattananon from HTAP met and agreed that it would be mutually beneficial to have a closer collaboration among active HTA scholars. In order to strengthen individual and institutional capacities for HTA in Asia, it was suggested that the newly-developed network should complement the existing international activities such as the annual Health Technology Assessment International (HTAi) conference and the bi-annual Asia-Pacific International Society for Pharmacoeconomics and Outcomes Research (ISPOR) conference. There is no requirement for members to apply and register to join the group. The network will not organize an annual academic forum but will work on policy relevant issues and support each collaborating agency in their goal to conduct high quality HTA for policy use. In addition, everyone is free to join or opt out of activities initiated by the network. **Dr.Yot Teerawattanon** stated that "*the collaboration does not always need to be in formal terms. It would be much easier, if the network starts with mutual interest among partners who wish to do something together.*"

The first meeting of the group was held in Phuket, Thailand, on September 4th, 2010. Colleagues from Korea, Malaysia and Thailand participated in the meeting and significant progress was made. The group agreed that in order to tighten the network and facilitate information exchange among members, an electronic newsletters was proposed, and the HITAP team agreed to act in a lead role with support from other members. In addition, a cross-country study on the social value of QALYs in Asia was mentioned. This project was not only to produce evidence that could serve policy decisions in each country, but also the way to build up networking capacity in conducting primary research across different settings. NECA from Korea volunteered to host the first meeting in Seoul in early 2011 to discuss and make plans for an inaugural study on the "Value of a QALY" with the supports from global experts (see details in the article on "The Asian Symposium on Value of a QALY").

Apart from the mentioned activities, members agreed that joining this Asian HTA collaboration could bring benefits to them whether their country has formally adopted HTA knowledge in policy making process. For the countries like Japan and Malaysia where HTA has not been institutionalized, **Dr.Takashi Fukuda** said "*We can learn how other international networks use their HTA information for health resource allocation, HTA agencies in Europe, for example, may not fit the Asian context because of different background and cultures. By initiating the collaboration among partners within the same region, members can easily learn more from one another. I think this new network will be a control tower to help develop economic guidelines that are feasible and practical in the country context. The most important part is about working together, so that we could share information.*"

Dr.Janhoon Ahn

In addition, **Dr. Asrul Akmal Shafie** stated *"by establishing the network, I believe it will provoke people's understanding towards HTA. With this collaboration, my university will get a lot of experience and we are hoping that our unit can be strengthened by not only the experience shared by the HTA agencies, but also the expertise in doing assessments. As for my country, I know that Malaysia is still far behind this knowledge and expertise. Joining the research project with the other HTA partners, we are looking forward to improving the standard of HTA in this region."*

Dr.Asrul Akmal

Meanwhile, for the country like Korea, Taiwan and Thailand where HTA activities already inform the policy decision making process, the HTA collaboration will facility information sharing and foster capacity building.

Dr. Jasmine Pwu suggested that *"By collaborating with other agencies, we can see and learn from each other. In our experiences, reviewing how and what other well-established agencies have done helps strengthening our own abilities. CDE is one of the INAHTA member agencies. In the process of working within the association, we understand the merit of collaboration. For example, HTA could require a lot of resource that in some areas not affordable by itself. INAHTA maintains many HTA outputs and regarding policy research papers that all member agencies could share. This could be a good model for our (HTAsiaLink) future application".*

Dr.Heo Dae Song

Dr. Heo Dae-Seoung *concluded that one of the most important things about setting up collaboration among HTA agencies in Asia is information sharing between members. Not only does the sharing on HTA reports aid each agency, it also assists members with insight on drug prices and drug reimbursements policies in each country. For instance, some pharmaceutical companies have potential to sell products to many countries. Having a network might help provide information for making further actions at important decision making levels.*

Dr. Yot Teerawattanon stated that "one of the benefits of *joining the HTA network in Asia is that our organization could improve its capacity building process, for instance, by taking part in a cross-national country survey or participating in other HTA related activities implemented by the members"*

"By initiating the collaboration among partners within the same region, members can easily learn more from one another."

In conclusion, potential collaborations among HTA agencies in Asia have been established. These collaborations are on a voluntary basis with the goal to conduct national and international HTA research that will inform policy decision making. Although this initiative gathering is still at a formative stage of development, members expect that it could potentially uniform HTA units in the region and be a step forward to other activities in the future.

Hatai Limprayoonyong
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MEMBER ORGANIZATIONS

During initial stage of the collaboration, there were 6 founding members from both independent research institutes and universities from 5 countries in Asia: National Evidence-based Healthcare Collaborating Agency (NECA) from Korea; Center for Drug Evaluation (CDE) from Taiwan; Health Intervention and Technology Assessment Program (HITAP) from Thailand; Universiti Sains Malaysia from Malaysia; the University of Tokyo from Japan; and Ritsumeikan University from Japan.

UNIVERSITY UNITS

SCHOOL OF PHARMACEUTICAL SCIENCES, UNIVERSITI SAINS MALAYSIA

Address: 11800 USM, Pulau Pinang, Malaysia
Tel: +604 6 533 888
Email: aakmal@usm.my
Website: http://www.pha.usm.my/index.php

The School of Pharmaceutical Sciences, Universiti Sains Malaysia was established in 1972 as the first pharmacy school in Malaysia. In 2005, a new department called Discipline of Social & Administrative Pharmacy (DSAP) was established in the school to lead teaching and research in socioeconomic aspect of pharmacy. One of the research areas at the DSAP is health economics particularly the use of generalized linear mixed model (GLMM) statistical methods for assessing cost and cost-effectiveness, the use of Markov modelling for making treatment decisions and guiding policy, quality of life assessment, pharmacoepidemiology, and pharmacy practice.

COLLEGE OF LIFE SCIENCE, RITSUMEIKAN UNIVERSITY

Address: 1-1-1 Nojihigashi, Kusatsu, Shiga 525-8577
Tel: +81 77 561 5021
Email: cger-bkc@st.ritsumei.ac.jp
Website: http://www.ritsumei.ac.jp/eng/html/academics/undergrduate/bkc/bkc_06.html/

The College of Life Sciences engages in efforts towards societal needs, not only the natural sciences but also social sciences and humanities by concerning global issues that are related to energy and the environment. The college offers a diverse curriculum and significant research opportunities that are a characteristic of a comprehensive university through collaboration with medical universities, the industrial world and the College of Pharmaceutical Sciences. One of the research areas at the college is health economics particularly on clinical pharmaceutical science, medical sociology, public health and health science.

東京大学大学院 医学系研究科 公共健康医学専攻 臨床疫学・経済学分野
Dpt. Health Economics & Epidemiology Research, School of Public Health, The University of Tokyo

THE DEPARTMENT OF HEALTH ECONOMICS AND EPIDEMIOLOGY RESEARCH, SCHOOL OF PUBLIC HEALTH, UNIVERSITY OF TOKYO

Address: Graduate School of Medicine, University of Tokyo,
Faculty of Medicine Bldg.2, 7-3-1 Hongo, Bunkyo-ku, Tokyo 113-0033, Japan
Tel: +81 3 5841 1887
Email: heer@m.u-tokyo.ac.jp
Website: http://www.heer.m.u-tokyo.ac.jp/English_Access.html

The Department of Health Economics and Epidemiology Research is a new department established in April 2007, as a part of the Master's of Public Health (MPH) program under the new School of Public Health (SPH), University of Tokyo. The Department is also affiliated with the Division of Social Medicine for doctoral education. The mission of the Department is twofold: first, to help health professionals obtain scientifically sound skills and competencies and the development of skills for evidence-based practice; and second, to empirically evaluate the health care system/policy for further improvement in the quality of health care. For this purpose, the Department puts a unique emphasis on quantitative analytic methods and inter-disciplinary theories across economics, epidemiology, and other social sciences. Current activities in this Department cover a broad range of health services research, including clinical studies, economic evaluation of health technology and health policy, quality of life research, hospital administration and quality assurance, and social epidemiology research.



RESEARCH INSTITUTES

NATIONAL EVIDENCE-BASED HEALTHCARE COLLABORATING AGENCY (NECA)

Address: Changkyung B/D 9F, Wonnam-dong 28-7, Chongno-gu, Seoul, Korea
Telephone: +82 2 2174 2700
Email: neca@neca.re.kr
Website: www.neca.re.kr

Mission: NECA presents evidence for rational decision-making in the health care area.

Strategies:

- Drafting social agendas and presenting policies in the area of health care
- Drafting optimum treatment methods for major diseases
- Societal dissemination of research outcomes
- Globalization of health technology assessment
- Establishment of advanced management systems

The National Evidence-based Healthcare Collaborating Agency was established on December 23, 2008 to analyze economic evaluation efficiency and outcomes of healthcare technologies and products produced using these technologies (with the exception of technologies related to foods, cosmetics, and related products). NECA analyzes the clinical effects and economic efficiency of drugs, medical devices, and medical technologies to provide scientific evidence to the people, and ultimately, contribute to enhanced national health care quality.

CENTER FOR DRUG EVALUATION (CDE)

Address: 1F, 15-1, Sec.1, Hangjou S. Rd., Taipei 100, Taiwan
Tel: +886 2 2322 4567
Email: jasmine.pwu@cde.org.tw
Website: http://www.cde.org.tw

Mission: CDE plays a role in enhancing the efficiency and quality of drug evaluation, thus promoting public health and welfare including timely access to innovative medicines.

The Center for Drug Evaluation (CDE) was established by the Department of Health (DOH) of Taiwan on July 13, 1998. In February 2007, DOH made the decision to establish a new division of Health Technology Assessment (HTA) in CDE to provide evidence on the value of new healthcare technologies for decision makers in the Bureau of National Health Insurance (BNHI). BNHI is the body responsible for reimbursement and covers over 99% of the population and contracts with over 90% of healthcare providers in Taiwan. A proposed structure, working model, and responsibilities for the HTA division in relation to BNHI was suggested and communicated with the officers in DOH, BNHI, scholars in related academia, and people in pharmaceutical industries.

HEALTH INTERVENTION AND TECHNOLOGY ASSESSMENT PROGRAM (HITAP)

Address: Department of Health Ministry of Public Health, 6th Floor, 6th Building, Tiwanon Rd., Nonthaburi, 11000, Thailand
Tel: +66 259 0459
Email: hitap@hitap.net
Website: http://www.hitap.net

Missions: HITAP transparently appraises health interventions and technologies, develops systems and mechanisms in order to promote the optimal selection, procurement and management of health technology, distributes research findings, and educates the public in order to make the best use of health interventions and technology assessment results.

Strategies:

- Development of a body knowledge to support Health Technology Assessment (HTA)
- Capacity strengthening for HTA at both individual and organizational levels as well as for the Thai HTA Health systems
- Assesses health technologies and policies in regard to public priority
- Research dissemination to policy makers, medical practitioners, and the general public
- Development of organizational management and encouragement of connections between academics and involved parties at both national and international Health Technology Assessment organizations

The Health Intervention and Technology Assessment Program (HITAP) was established in 2007 as a non-profit organization under the auspices of the International Health Policy Program (IHPP), which itself reports to the Bureau of Policy and Strategy, Office of the Permanent Secretary of the Ministry of Public Health. HITAP's main responsibility is to assess a range of health interventions and technologies, including pharmaceuticals, medical devices, clinical practices, individual and community health promotions and disease prevention programs, as well as social health policy. HITAP places emphasis on systemic and transparent work, in conformity with the current situation of Thailand's health system. HITAP aims to cultivate the public interest and motivate participation from all sectors in society in order to efficiently distribute and allocate the limited resources to fulfil its public objectives.

UPCOMING EVENT

NICE INTERNATIONAL AND BMJ GROUP INTERNATIONAL CONFERENCE

Kalipso Chalkidou
Director, NICE International,
National Institute for Health and Clinical Excellence, United Kingdom

On the 29-30 September 2011 NICE International and the BMJ Group will be hosting a new international conference on Evidence and Policy for Global Health at the British Medical Association (BMA) House in central London. http://www.bmahouse.org.uk/bmahouse.nsf.

The conference will focus on ways of supporting healthcare decision makers operating in resource-constrained settings by:

- Exploring the most cost-effective ways for sharing and adapting evidence and decision-making processes across both rich and poor countries and the role of local decision-making institutions in improving health
- Discussing the challenges in institutionalising evidence-informed policy and practice in healthcare and ways of addressing these in poorer countries
- Sharing experiences and identifying ways in which rich and poorer governments and their institutions, as well as healthcare professionals, academics and multi and bi-lateral agencies can work together to support accountable and legitimate decision-making processes locally

The Conference will bring together major stakeholders who usually operate in separate spheres, from policy, academia and the commercial and third sectors and offer a platform for policy makers to network, share their experience forge links and initiate project to improve the efficiency, equity and quality of healthcare though better decision-making

The two-day programme will combine plenary and parallel sessions led by internationally renowned experts and highly interactive workshops. Speakers and themes include the health Ministers and senior government officials from China, Turkey, Thailand, Vietnam and Latin America; senior managers from the pharmaceutical sector and donor organisations such as the lead of the World Bank for health.

The conference is aimed at governments, International aid givers, NGO's academia and the commercial sector. For more information and to register, please visit: http://globalhealth.bmj.com/

HTAsiaLink network to join NICE International and BMJ Group International conference

Interactive session: Setting national healthcare priorities: experiences from Asia
Venue: British Medical Association (BMA) House, central London
Date: 29th September

PANELISTS:

1. Dr. Heo Dae-Seog
President and CEO of National Evidence-based Healthcare Collaborating Agency (NECA), Korea
2. Dr. Asrul Akmal Shafi
Senior Lecturer, School of Pharmaceutical Sciences, Universiti Sains Malaysia, Malaysia
3. Dr. Ataru Igarashi
Assistant professor, Department of Drug Policy & Management, Graduate School of Pharmaceutical Sciences, University of Tokyo, Japan
4. Dr. Sripen Tantivess
Senior Researcher, Health Intervention and Technology Assessment Program (HITAP), Thailand

Román Pérez Velasco
roman.p@hitap.net

CCEMG - EPPI-CENTRE COST CONVERTER (V.1.2)

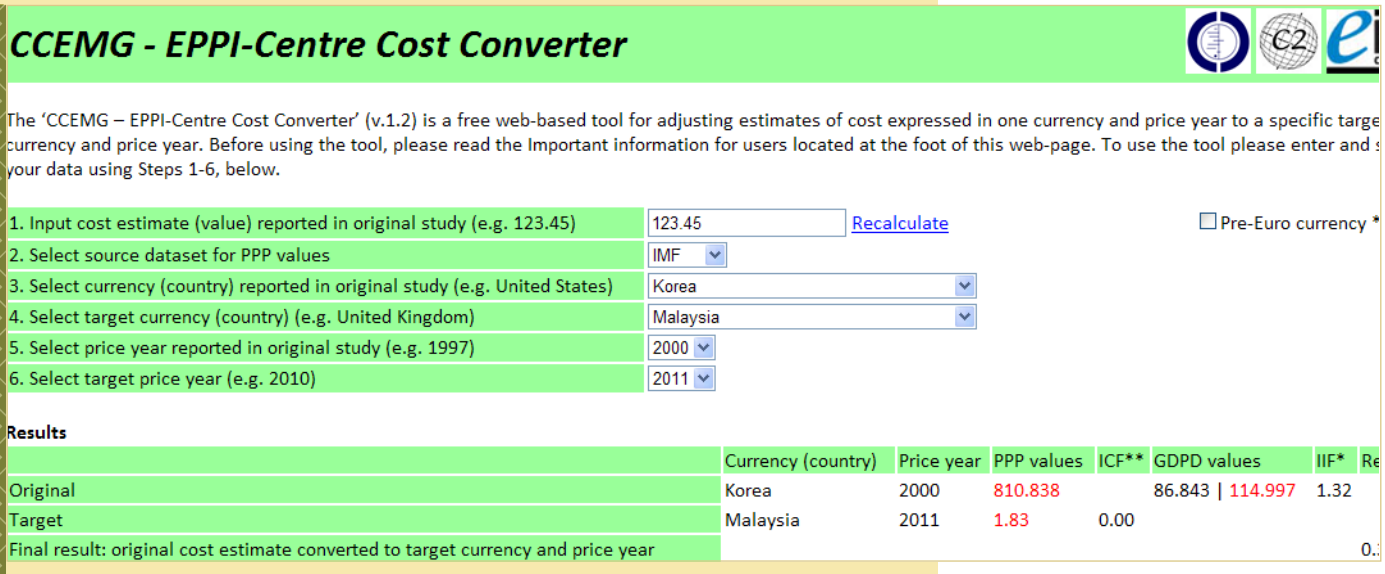
This section is designed as a platform to exchange information and share expertise about processes and methods relevant to HTA in Asia. Reviews of not well-known electronic databases, search filters for databases, online tools or software programs that deal with methods, e-mail listservs, or books or grey literature that deals with any aspect of HTA or related fields will be shared with members of the network. All network members are welcome to suggest reviews or contribute (e-mail: htasialink@hitap.net).

This issue, the protagonist is the CCEMG-EPPI-Centre Cost Converter (v.1.2), a free online tool (http://eppi.ioe.ac.uk/costconversion/default.aspx) developed by the Campbell and Cochrane Economics Methods Group (CCEMG) and the Evidence for Policy and Practice Information and Coordinating Centre (EPPI-Centre), UK.

This tool adjusts costs calculated in one currency and for a particular year and converts such figures for other regions and years in an easy and fast way. This tool can facilitate the work of those conducting systematic reviews of economic evaluations, or any other study where it is necessary to use some standardized cost. However, authors should consider whether they prefer to employ more sophisticated methods, since this tool is based on generic price indexes rather than medical or technology-specific ones. Another setback is the time lag in updating the data offered.

The methods underpinning the tool are clearly explained on the webpage along with links to relevant journal references.

In closing, we also highly recommend that you to have a look at the databases developed by the EPPI-Centre (http://eppi.ioe.ac.uk/cms/Default.aspx?tabid=185). The Centre specializes in health promotion and education interventions.



CCEMG - EPPI-Centre Cost Converter

The 'CCEMG – EPPI-Centre Cost Converter' (v.1.2) is a free web-based tool for adjusting estimates of cost expressed in one currency and price year to a specific targe
currency and price year. Before using the tool, please read the Important information for users located at the foot of this web-page. To use the tool please enter and
your data using Steps 1-6, below.

1. Input cost estimate (value) reported in original study (e.g. 123.45)	123.45	Recalculate
2. Select source dataset for PPP values	IMF	
3. Select currency (country) reported in original study (e.g. United States)	Korea	
4. Select target currency (country) (e.g. United Kingdom)	Malaysia	
5. Select price year reported in original study (e.g. 1997)	2000	
6. Select target price year (e.g. 2010)	2011	

Pre-Euro currency *

Results

	Currency (country)	Price year	PPP values	ICF**	GDPD values	IIF*	Re
Original	Korea	2000	810.838		86.843 | 114.997	1.32	
Target	Malaysia	2011	1.83	0.00			
Final result: original cost estimate converted to target currency and price year							0.

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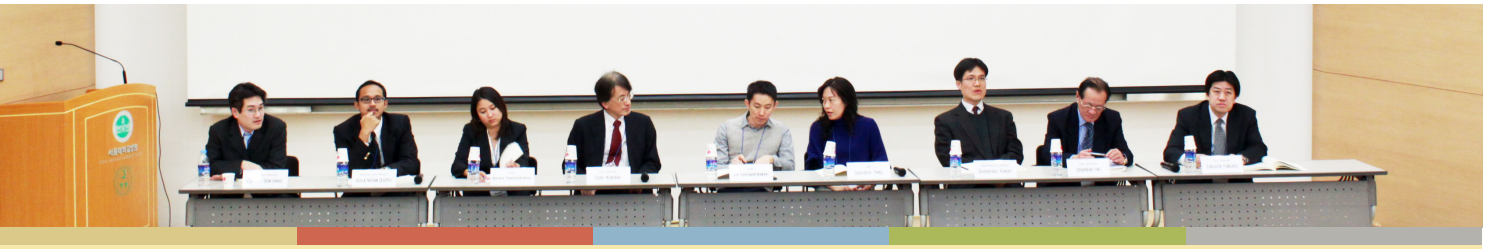
"The Asian Symposium on Value for a QALY"

25-26 January 2011, South Korea

With the purpose of creating 'a better tomorrow through collaboration today' among Asian HTA agencies, "The Asian Symposium on Value for a QALY" was organized as a forum for research scholars and academics to achieve this goal. The objectives of the Symposium were to exchange knowledge on the methods used to value a Quality-Adjusted Life Year (QALY) and to discuss opportunities for collaboration among HTA agencies in Asia. The Symposium was supported by the host agency, the National Evidence-based Healthcare Collaborating Agency (NECA), South Korea, with attendance from HTA agencies and academics from China, Japan, Malaysia, Taiwan and Thailand. The forum focused on three issues: first, the need to establish social values for QALYs; second, the valuation methods that may be used, along with the advantages and disadvantages of these methods; and finally, discussion between attending HTA agencies regarding collaboration.

The need to establish social values

The Symposium's agenda started with the necessity of identifying social values and the importance of research on value for a QALY. **Dr. Kalipso Chalkidou**, an invited expert from the United Kingdom's National Institute for Health and Clinical Excellence (NICE), stressed the need to establish social values in order to determine the cost-effectiveness threshold for the introduction of new interventions into public health schemes. The necessity for transparency was also mentioned since HTA studies are becoming increasingly important. Therefore, it will be imperative for HTA agencies to expound on their decisions regarding the determination of health value outcomes across various populations. NICE's stakeholder engagement has already involved patients, health professionals, academics, researchers, industry representatives, and members of the public in the decision-making process in order to improve its transparency. Despite the initiative taken by NICE, recent UK government policies to provide insurance coverage for some chemotherapy agents that yield a QALY gain at a much higher cost than the preset threshold has undermined this concept as the decision-making process was not revealed. This suggests that the government would like to allow a higher value on QALYs for those with terminal illness over other patients. These perceptions can be rectified by using a more explicit approach to identifying social values.



Determination of social values for a QALY

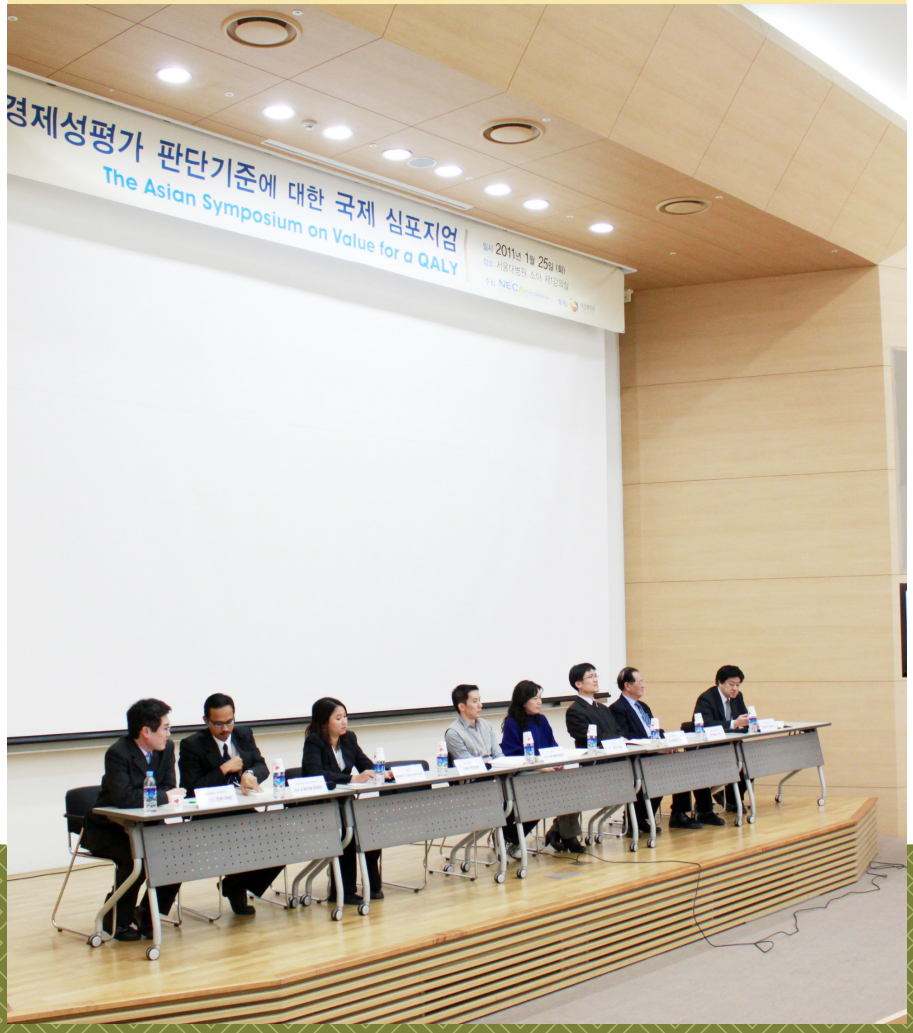
Following the discussion of the need to establish social values, two schools of thought associated with determining these values were advanced: 1) valuation of the consumption benefits of health; and 2) valuation of the opportunity loss associated with the displacement of health care services when a new technology is used. These two concepts were shared by two UK experts, **Dr. Rachel Baker** from Glasgow Caledonian University and **Professor Mark Sculpher** from the University of York.

The first approach, which was advocated by **Dr. Baker**, is based on the consumption value of health for individuals, with its foundation being that health is just another type of good or service. This approach can be applied to insurance systems without budget limits and a good example of this approach is through willingness-to-pay studies, which are widely used and accepted among research scholars and academics. In Europe, a collaborative study among European countries-the EuroVAQ-was initiated to develop more robust methods to determine the monetary value of a QALY across countries[1]. A number of studies on valuing a QALY using willingness-to-pay were also conducted in Asian countries. Although the same approach was employed, the methods used for data collection and the type of data collected varied (see each study for more details).

- Shiroiwa T. International survey on willingness-to-pay (WTP) for one additional QALY gained: What is the threshold of cost-effectiveness?
- Ahn J. Looking for a cost-effectiveness threshold in Korea
- Shafie A.A. Willingness-to-pay (WTP) for a QALY using contingent valuation approach in Malaysia
- Thavorncharoensap M. Estimating the willingness to pay for a QALY in Thailand

1 More details can be found on their website (http://research.ncl.ac.uk/eurovaq/).

An alternative approach to the valuation of a QALY was advanced by **Professor Mark Sculpher**. He suggested that opportunity costs might be used to measure social values in health. With a given resource constraint, the adoption of a new technology displaces other services that are already available in the healthcare market. Therefore, the opportunity cost associated with each new intervention should be used to assess the social value of additional QALYs gained. The methods for valuing the opportunity costs are still at an early stage of development though, and more time is needed before this approach becomes reliable[2].



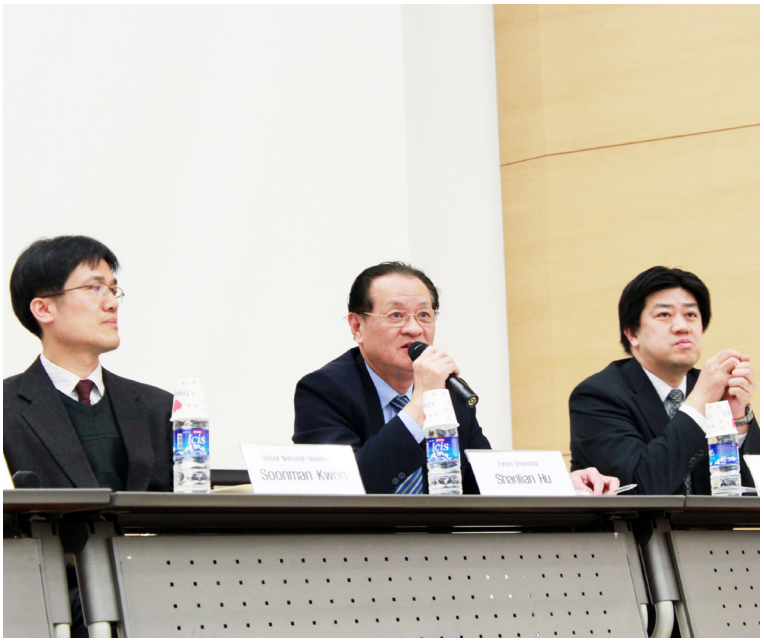
However, the notion of using QALYs as the sole outcome measure in economic evaluation studies was not supported unanimously, with **Professor Isao Kamae**, Keio University, Japan, contributing his thoughts on the matter. He suggested that QALYs have a number of disadvantages, with an example being that QALYs are considered to be a measure that discriminates against elderly patients. Another issue of concern was that a QALY for terminally ill patients might not be worth the same as that for other groups of patients, as mentioned in the UK government case earlier. In order to alleviate these concerns, future research should be directed at these and other issues in order to reduce bias.

2 More details about the presentation are available upon request

Asian collaboration on HTA

The closing session of the Symposium was devoted to the possibility of initiating collaboration among Asian research scholars and academics. All of the participants agreed that collaboration would offer two distinct opportunities: 1) to learn more about how different countries use HTA evidence; and 2) to understand the appropriate use of evaluation tools and techniques. It was suggested that collaboration can be conducted through a simple exchange of data or through discussion among HTA agencies. While seemingly straightforward, there are challenges to the initiation of collaboration, with the main factors being shortage of time, money and human resources; despite interest in collaboration to compare the value for a QALY across countries, only four research units have agreed to conduct this project. These organizations included the Health Intervention and Technology Assessment Program (HITAP) as a representative from Thailand, National Evidence-based Healthcare Collaborating Agency (NECA) as a representative from South Korea and both the University of Tokyo and Ritsumeikan University as representatives from Japan.

The Asian Symposium forum addressed the importance of identifying values for a QALY, determining the methods needed to evaluate these values, and the possibility of collaboration between HTA agencies to share knowledge. The discussions proved to be very productive, with many ideas and dialogues being exchanged. The sharing of existing information is also vital, so as to not waste resources conducting studies that have been already completed elsewhere. This event can be considered a starting point for HTA agencies to face challenging issues head on, and should be organized more frequently in order to take the next step in improving overall quality of life worldwide.



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