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HTAsiaLink

NEWSLETTER TO STRENGTHEN COLLABORATION AMONG HTA AGENCIES IN ASIA

EDITORIAL

The first half of this year has already passed and been filled with great losses and heart-breaking events. On behalf of the HTAsiaLink editorial team, we would like to express our heartfelt condolences for those losses and sincerely wish that while moving forward, all grief and tragedy will be swept away.

Meanwhile, in the Health Technology Assessment field, a breakthrough event happened in the Sixty-seventh World Health Assembly. With the collaboration of many hard-working HTA world experts, the resolution on mandating the use of HTA for supporting universal health coverage has been formally adopted in the World Health Assembly (WHA). Under this global movement on engaging the use of HTA in the health system for universal coverage, the WHO alone cannot make the resolution successful without working with the existing HTA

bodies both at the country and global levels. With the WHO's ability to drive a global health agenda and its formal network together with the hands-on experience and tacit knowledge of the HTA community, both can be crucial factors for driving HTA.

Speaking of experience sharing, in this issue we bring you a story of how HTAsiaLink members benefit from exchanging information within the network. CNHDR and HITAP found a way to answer research questions by asking members to share information that does not exist in journals or publications. [Read more on HTA Forum: Two heads are better than one](#)

Apart from global events like the World Health Assembly 67, the 3rd HTAsiaLink Annual Conference went well in Beijing, focusing on the theme of 'Healthcare reforms in Asia and HTA'. International experts and

senior researchers shared valuable experiences of developing HTA and gaps and areas that are challenging to achieve, while junior researchers prompted excitement about their progress and enthusiasm.

Last but not least, please join us in welcoming a new HTAsiaLink member — the Essential Medicines and Technology Decision (EMTD), Ministry of Health, Bhutan. Ms. Deepika Adhikari — an officiating chief of EMTD — will tell us [why Bhutan needs HTA](#). [Read her story on Member page 16](#).

In the next issue we will bring you an in-depth story of how the Asian region will push forward the issue of HTA for UHC and tell you about the 4th HTAsiaLink Conference in Taiwan. See you there.

Best Wishes,
The Editorial Team

Two Heads are Better Than One

สองหัว ดีกว่า หัวเดียว

三个臭皮匠，胜过诸葛亮

さんになよればもじゅのちえ

The above proverbs come from different languages, but share the same meaning of collaboration. Sharing information in a network is a way of collaborating. There was an interesting story of using a 'crowd-sourcing' method to help a group of ichthyologic researchers identify 5,000 fish species for research on the biodiversity of the Cuyani River in South America. In 2011, these researchers from the University of Toronto Scarborough (UTSC) were scheduled to submit the results of counting fish species caught in two weeks to the government and time was running short. One of them decided to post the pictures of all the fish on Facebook and asked for help from like-minded friends and experts. In less than 24 hours, they received useful feedback from a network of fish experts:

*"...we had a really interesting intellectual debate going on between various world experts on fish, sort of like a real-time peer review that reached across continents and around the world."*¹ They finally delivered the research results to the government on time. This story was viewed as an example of the novel use of social media networking to crowd-source heavy data. It is referred to as the power of networking.



¹ <http://ose.utsc.utoronto.ca/ose/story.php?id=2686>



HTA FORUM

Apinya Mattadech

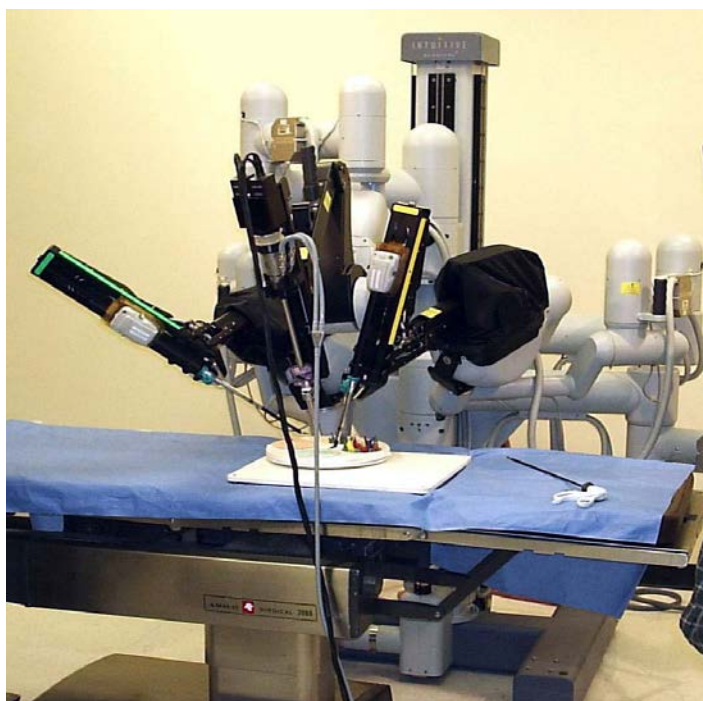
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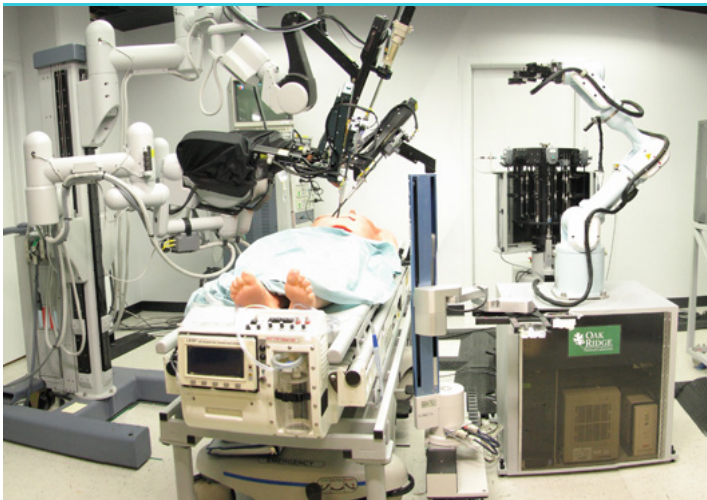
Within our network of HTAsiaLink, similar stories have arisen as the network gets stronger. The first story came from our Chinese colleague, China National Health Development Research Center (CNHDRC) — one of the HTAsiaLink members. There were requests from hospitals in China for high technology equipment such as Da Vinci and Tomotherapy. Meanwhile, the China's central health ministry was developing the 12th five-year health plan (2011-2015), which lays out the development of the healthcare system in China. The Chinese central health ministry planned to allocate a quota for high technologies. However, Dr. Zhu Chen, the Minister of Health, urged for evidence to support the determination of the number. Consequently, the minister asked CNHDR to conduct a rapid review on appropriate high technologies for China.



Dr. Zhao Khun, director of CNHDRC, shared with the HTAsiaLink editorial team the story of rapid review via email.

"After receiving the request, CNHDRC researchers immediately searched for information of the equipment and found few literatures regarding their cost, effectiveness and budget impact in Asian countries in our searched resources. Those few literatures were made in respect to western country settings but our HTA team believed it was necessary for China to know how the application of those high tech health technologies and what the cost-effectiveness and pricing are in Asian countries. So I circulated the request for information to HTAsiaLink members asking for information on hi-tech health technologies with regards to safety, efficacy, cost, cost-effectiveness, and number of adoption in the country as well as the pricing. Within a week, most members replied her with helpful information for the CNHDRC researchers to draw conclusions and give recommendations to related policy decision-making."





Dr. Kun explained further “We delivered the recommendations to the ministers, CNHDRC HTA team leader presented the HTA results in minister meeting. The final decision was made in this minister meeting by adopting the CNHDRC’s recommendations. The number of all five equipment’s including Cyberknif, TrueBeam, TrueBeam STX, TOMO Therapy, and Da Vinci surgical robots will be cut down to 1/4 of the original number required by the local hospitals.” She also added that if they do not have the information provided by the members, China would lose much money for expenditure that is not yet necessary. It can be concluded that the rapid review requires rapid replies that can lead to rapid recommendations.

The other story related to crowd-sourcing information on the reimbursement scheme of the glucosamine – a medicine to cure Osteoarthritis – to support decision making process in Thailand. A few years ago, glucosamine had been prescribed for the cure of Osteoarthritis in Thailand for the patient under the civil servant medical benefit scheme (CSMBS). The estimated cost spent on this medicine under this scheme is approximately 5 billion baht annually!

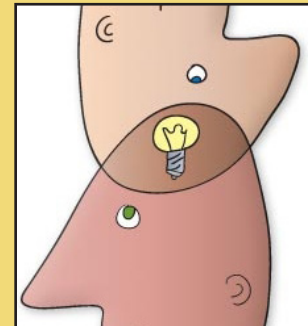
In October 2012, glucosamine was removed from the reimbursement list of CSMBS when the Ministry of Treasury circulated an official letter stating 3 reasons to exclude glucosamine from the reimbursement list. First, it has been found that there was not enough evidence to confirm its efficacy for the cure of osteoarthritis. Second, the National List of Essential Medicine (NLEM) did not include this medicine in the NLEM list. Finally, **the Royal College of Orthopaedic Surgeon of Thailand** could not find any evidence to refute the newfound evidence.



² <http://www.ideaconnection.com/blog/2014/04/how-to-fix-crowdsourcing/>

Outcries from some patients, of course, followed with an argument that this decision had downgraded the benefits for government officers because other countries/regions such as Japan, Korea, China and Taiwan kept the drug in their list. HITAP was asked by many authorities to prove this claim and to learn how Asian countries determine their reimbursement of glucosamine for osteoarthritis patients. In order to get the requested information as soon as possible, HITAP asked for help from all HTAsiaLink members via email and received responses within 48 hours. All replies reaffirmed that none of these countries allow the public reimbursement of glucosamine.

All these stories demonstrate how fast and convenient evidence can be obtained by just a few clicks in this digital era via either using a social network platform or simply sending email messages. Networking offers a lot of benefits. This rapid solution is one of them.



What is 'crowdsourcing'?

The Merriam-Webster website defines 'crowdsourcing' as the practice of obtaining needed services, ideas, or content by soliciting contributions from a large group of people and especially from the online community rather than from traditional employees or suppliers.

It is a combination of two words 'crowd+outsourcing'. 'Crowd' usually means 'users or people of the same interest'.

Crowdsourcing is used in business companies to solve problems or finding new ideas or new products. It gives results in a short period of time and saves cost. It also allows companies and users to engage in participatory actions. It is claimed to have transparency and access to resources. On a large scale it tackles challenges including cost of management and quality control²

Information from patients' side

to support Health Technology Assessment processes



Patient evidence or patient-based evidence¹ is the term that refers to the information obtained from patient experiences in different aspects of care. The information encompasses patient narratives, health-related quality of life, and patient experiences survey data.

Why do we need evidence from patient?

There are three components of evidence which contribute to improve the effectiveness, acceptability, and appropriateness and reach a high-quality patient care: Clinical evidence, economic evidence, and patient evidence. Among these, patient evidence receives substantially less attention in development. Without patient evidence, the model of care that had been developed would be something no-one wants. Moreover, since patients are the ones who really experience what is happening given that they have been treated with the technology or the model of care, they know best what the real-life issues caused by a symptom and also pros and cons of current practice.

How to get patients involve?

Since patients usually concern that they are not capable of presenting the information to decision-makers in a manner that is robust and influential, information and training support provided by a HTA body can be of assistance. The issues that are covered in the information provided by HTA bodies cover the various aspects of the technology of concern. The first focus is on how the health condition and current technology affect patients and caregivers in terms of quality of life and outcomes of the technology. The information on impact of new technology needed is whether and how the new technology works better than the one that is currently

available in regards of effectiveness, side effects and adverse events, convenience of administration and patient dependence on caregiver.

The inclusion of patient evidence into HTA and policy-decision making process requires cooperation between HTA bodies and patients organizations. The models of inclusion range from asking patient organizations for only comments on HTA bodies' review; asking patient organizations for evidence and information submission to be presented to the appraisal committee; and incorporating patient representatives in the appraisal committee.

¹ Karen Facey, Antoine Boivin, Javier Gracia, Helle Ploug Hansen, Alessandra Lo Scalzo, Jean Mossman and Ann Single (2010). Patients' perspectives in health technology assessment: A route to robust evidence and fair deliberation. International Journal of Technology Assessment in Health Care, 26, pp 334-340. doi:10.1017/S0266462310000395.



HTA REVIEW

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HTA is the process that should be transparent and participatory. To achieve these qualities, patients, who are also a stakeholder, should be included in the process. Patient evidence is crucial for HTA because it reflects real-life situation that patients, caregivers and patient family members need to face. There are different model of incorporating patients and patient organizations as a part of HTA process ranging from opening for comments from patients to including patient in appraisal committee. Some HTA organizations provide template for patients and patient organizations to fill and submit along with a training workshop to assist information presentation for submission. With these, patient evidence submission should help increase acceptability and appropriateness of health care.

Countries' experiences in incorporating patient evidence in HTA model

Patient evidence is institutionally introduced in HTA processes in countries with various degree of patient involvement. In Canada, patient organizations are asked to submit patient evidence for drug review using an online template. The information will then be summarized and included in the review report. The final policy-decision will not be directed to patient organizations but announce online, from where patient organizations will be informed.

The role of patient evidence is much more emphasized in England and Wales where patients are involved as a stakeholder in all the processes of National Institute of Health and Care Excellence (NICE) guidance development and HTA, from scoping, evidence submission, being part of appraisal committee to counseling. NICE also provide training course for patient organization evidence submission. In Australia, before a medicine is being assessed, Pharmaceutical Benefits Advisory Committee (PBAC) will provide a 15-day notice. Everyone including patients can submit comments using template provided or free text submission from individual or group point of view. The comments are then presented to the manufacturers and PBAC. Consumer representative identifies and discuss with patient organization that is relevant to the topics and present all comments from consumer side to the appraisal committee. Currently, no training support is provided for patient evidence submission.

Five for five: Celebrating NECA's 5th year Anniversary with 5 exclusive questions



In joining the 5th year anniversary celebrations of the National Evidence-Based Healthcare Collaborating Agency (NECA), I had a great opportunity to conduct an exclusive interview with Dr. Tae-Hwan Lim, the President and Chairman of NECA.

Dr. Tae-Hwan Lim is a radiologist by background. He is one of the group members of practitioners who foresee the importance of initiating HTA in the Korean health system as there are increasing in-country medical expenses, improvements of new technologies, and more patient requirements on healthcare support. These are the turning points which made Dr. Lim shift his position from a medical doctor to the HTA field. He stated that "Coming here means that I am nobody but finally I decided to be here and I think that is my greatest achievement in my life as a medical doctor because HTA research is really important of the future development of our society and medical environment."

1 What is the greatest achievement of NECA over the past 5 years?

For the past 5 years, NECA has conducted many studies that made impacts on the country's health budget spending, for instance, the study on glucosamine and surgery using robots as well as other expensive interventions. Furthermore, NECA has gained more support and has been able to strengthen the relationship with the government and the health practitioners.

2 What are the challenges that NECA has been facing and how does it deal with them?

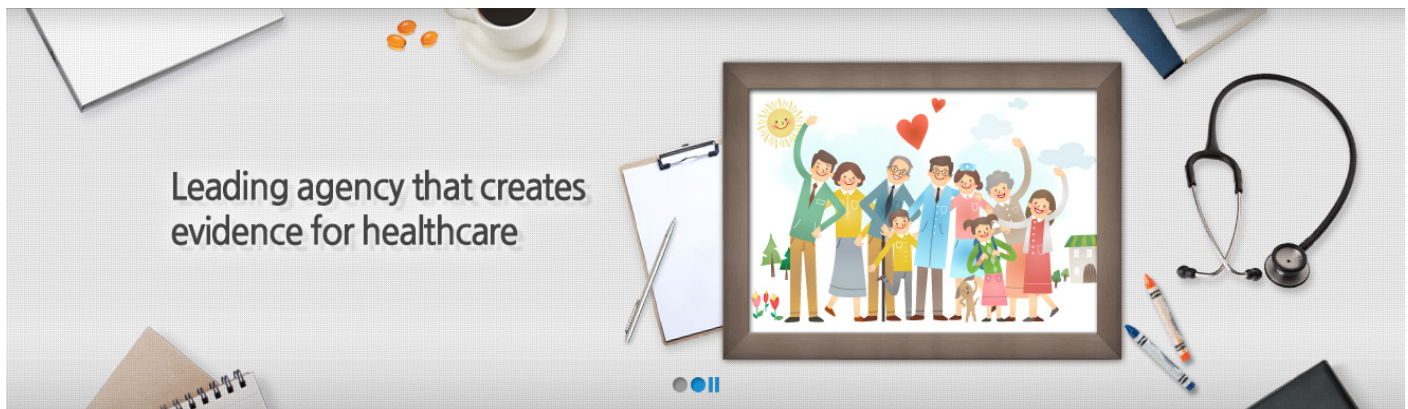
NECA's challenges are similar to other HTA organizations; we faced the conflicts and some resistance from the stakeholders, such as health practitioners, some policy makers, and the industries.

He mentioned that there are two main challenges that NECA is currently facing. Firstly, there is an overlapping of work between existing policy supporting health organizations, which are responsible for evidence generation for health systems in Korea.

Secondly, at present Korea puts high priority on expanding its economy and increasing the amount of investment in the country rather than spending its money on safety and efficacy issues of the health system. Dr. Lim mentions "it is an economic issue that overcomes patient protection issue. They believe that it (HTA process) is a barrier for pushing the medical product into the market."

In order to deal with the challenges, NECA applied 5 strategies to tackle the problems, including

- (1) increasing stakeholder participation in the assessment process,
- (2) making HTA as a formal function in the Korean health system,
- (3) continually informing the policy makers about the importance of evidence-based decision making,
- (4) modifying the assessment process to be concise, fast and simple, and
- (5) improving the quality of their assessment outputs.



3 How do you define the Korean ways of HTA?

Even though NECA started from the bench mark of other well-developed HTA agencies around the world, we finally came up with a unique Korean system of HTA as our healthcare system is different from others. For the research part (research standards and methodologies), it is more or less the same as other HTA organizations, but there are differences in terms of research impact as our recommendations are not legally binding, while NICE's technology appraisal is embedded in the system. NECA's legal functions are more related to procedures than to drugs.

4 Why is NECA interested in expanding its work to nHTA (New Health Technology Assessment), Re-Assessment, and Horizon Scanning services?

NECA started doing nHTA since 2010, aiming to assess the safety and effectiveness of new health technologies for reimbursement. I think it (nHTA) is a natural function for the HTA agencies. In addition, we also need to focus on the re-assessment of the existing technologies, as it will be the only way to make room for introducing more innovative technologies for health insurance.

The reason NECA expanded its work to cover horizon scanning services is that they foresee the importance of using horizon scanning for the early identification and early assessment of new and emerging health-related technologies, and predicting their potential impact on health services and existing technologies.

5 How does NECA see itself in the next 5 years?

In the next 5 years, NECA can do a lot more. At the national level, NECA is aiming for better connections with the decision making bodies, therefore their research studies will have a better impact on the decision making process. Moreover, they will grant some HTA projects to academic institutes instead of doing all the projects by themselves. We will

continue collaborating with international partners, especially HTAsiaLink because international collaboration helps strengthen our domestic position and we gained a lot of benefits from having international collaboration and partners.

Horizon Scanning is a systematic identification of new and emerging health technologies that have the potential to make an impact on health and/or health services.

● Professor David Haslam

Chairman of National Institute for Health and Care Excellence – NICE, UK



As a chairman of NICE, it's been a real honor to be invited to NECA's 5th birthday anniversary. I am astonished at how they managed these achievements within 5 years. The collaboration between NICE and NECA is that we try to achieve very similar things and we both have a lot to learn from each other. One of the very important things is to remember why you are doing it, keeping the focus on the benefit for patients and the public.

● Dr. Brian O'Rourke

President and Chief Executive Officer of the Canadian Agency for Drugs and Technologies in Health (CADTH), Canada

Congratulations to the CEO and all staff of NECA, they should be very proud of what they have accomplished over the 5 years. What I have learned joining this conference is the importance of building your HTA model to meet the needs of your country and system. Based on the experience of CADTH, it is very important not to get too comfortable with the current position because as an HTA organization, you are only as good as you are today. So, continue on that road to always look for getting better or faster or smarter in what you do.



● Dr. Farida Aryani

Pharmaceutical Services Division (PSD), Ministry of Public Health (PSD), Malaysia

I would like to congratulate NECA for their very successful 5th anniversary. In 5 years I think they have achieved a lot and I think they have a lot of support in order for them to achieve this far within 5 years...splendid job!





● **Dr. Fukuda Takashi**
National Institute of Public Health (NIPH),
Ministry of Public Health (NIPH), Japan

I am glad to be here to attend the conference, and I respect the achievement of these 5 years. Just in 5 years and they provide many evaluation results and some techniques and guidelines on HTA. From Japanese perspective, we can learn a lot from this, NECA.



● **Dr. Claire Packer**
Director of Horizon Scanning
Centre, UK

Congratulates NECA for being 5 years old today and I have seen that they have achieved a lot in its five years because it is very difficult to go from a system with no HTA to help supporting decision makers in deciding some of this difficult directions about whether you should fund or reimburse. I think they have done extremely well and probably for horizon scanning...I am very pleased that they take the international experiences from the EuroScan and EuroScan's toolkit to develop and apply it locally within the short period of time.



● **Dr. Jasmine Pwu**
Health Technology Assessment
Division, Centre for Drug
Evaluation (CDE), Taiwan

Happy birthday NECA, as I said we are family and good friends and after 5 years I see your rapid growth. We are so envious of you and we are also in rapid growth ourselves, but I think there is still a lot of room that we can grow up together.

The 3rd HTAsiaLink annual conference in Beijing: Fun facts with No. 3

• 39 presentations in total

Separating into 2 streams—19 abstracts in Economic Evaluation and 20 abstracts in Health Systems and Policies Research

• 3 new HTAsiaLink members joined this conference

- International Health Policy Program (IHPP), Thailand
- National Center for Pharmaceutical Access and Management (NCPAM), the Philippines
- Health Strategy and Policy Institute, Vietnam.

• The conference took place at Sir Ran Ran Shaw Building, Peking University.

There are 30,000 buildings in China named Sir Ran Ran Shaw. He was the philanthropist of the Chinese education sector. He funded many projects aiming for human capacity building, which matched perfectly with the 3rd HTAsiaLink conference's aim to be a platform for building up young researchers' capacity

FUN FACTS
WITH

The top 3 best presenters award for Economic evaluation

1



Anna Melissa Guerrero from National Center for Pharmaceutical Access and Management Department of Health (NCPAM), the Philippines, with the topic of a cost-utility analysis of cervical cancer screening and human papilloma virus vaccination in the Philippines.

2



Wen-Wen Yang from Health Technology Assessment Division, Centre for Drug Evaluation (CDE), Taiwan, with the topic of clinical effectiveness and cost-effectiveness of the current reimbursed stents for lower extremity arterial disease in Taiwan.

3



Pritaporn Kingkaew from the Health Intervention and Technology Assessment Program (HITAP), Thailand, with the topic of a cost-utility and budget impact analysis of screening and treatment for chronic hepatitis C in HIV-infected patient.



• 3 elements of UHC

- Equity in access to health services
- Good quality of health services
- Financial-risk protection - No one will be at risk of financial hardship using the health service.

• 3 capacities for effective HTA

- Institutions: Established processes, legal frameworks
- Human resources: Policymakers, technicians, clinicians
- Evidence and data: Epidemiology, cost-effectiveness

• 3 challenges for the future of HTA

- Dealing with complex interventions, esp. in health promotion/disease prevention
- Incorporating social and ethical consideration in the analysis
- Meeting the increased need for HTA

The top 3 best presenters award for Health Systems and Policy Research stream

1



Grace Hui-Min Wu (CDE, Taiwan)

Cost-effectiveness of a quadrivalent versus trivalent influenza vaccine in the elderly in Taiwan.

2



Phusit Prakongsai (IHPP, Thailand)

Reducing impoverishment health payments: impact of universal health care in Thailand.

3



Jintana Jankhotkaew (IHPP, Thailand)

Alcohol and poverty: alcohol impoverishment and patterns of alcohol consumption among different socio-economic status.

2015. Taiwan. Taipei



The 4th HTAsiaLink Annual Conference
will be held on 13th to 15th of May, 2015 in
Taipei, Taiwan.

Please mark your calendars for this
upcoming event.

The detailed information regarding the
conference will be updated and announced later
at: <http://htasialink.org> or



HTAsiaLink is network to support collaboration between Asian health technology assessment (HTA) agencies.
It focuses on facilitating HTA research by accelerating information and resources sharing and
developing an efficient methodology for HTA in the region.



HTA calendar

July – December 2014

13-14 October 2014

- **Event:** Introduction to Health Technology Assessment (HTA)
- **Place:** Hotel Novotel Paris Charenton 3-5 place des Marseillais 94227
Charenton Le Pont, Paris France

See more at: <http://www.diahome.org/en/Meetings-and-Training/Find-Meetings-and-Training/Meeting-Details.aspx?ProductID=3249710&EventType=Training%20Course#sthash.5ejvAT58.dpuf>

8-12 November 2014

- **Event:** ISPOR 17th Annual European Congress
- **Place:** Amsterdam RAI, Amsterdam, the Netherlands

See more at: <http://www.diahome.org/en/Meetings-and-Training/Find-Meetings-and-Training/Meeting-Details.aspx?ProductID=3249710&EventType=Training%20Course#sthash.5ejvAT58.dpuf>
www.ispor.org/Event/Index/2014Amsterdam

26-31 January 2015

- **Event:** Prince Mahidol Award Conference 2015:
“Global Health Post 2015 Acceleratinh Equity”
- **Place:** Bangkok, Thailand

For more information, please visit : www.pmaconference.mahidol.ac.th/



HTAsiaLink Members

By Deepika Adhikari

New Member: HTA movement in Bhutan

Every journey always starts with one small step:
A story of first step HTA in Bhutan



HTAsiaLink has welcomed a newest member, Deepika Adhikari, a laboratory officer by designation and also currently Officiating Chief of the Essential Medicines and Technology Decision (EMTD) under the Department of Medical Services, Ministry of Health, Thimphu, Bhutan. Deepika visited HITAP in April 2014 for a month-long internship program in which she explored about the key principles, methods and different components for assessing health technology and interventions, technical practice such as assessment of effectiveness of health technology and interventions in a systematic manner, assessment of value for money (cost-effectiveness) of health technology and interventions and understand the importance of HTA result dissemination and its application for formulating public policy. She had keen interest in learning about economic evaluation, systemic review and meta-analysis.

Here is her story of HTA in Bhutan.

Bhutan is a very small country with a population of only 700,000 and the healthcare is free of cost for all Bhutanese citizens. Ministry of Health receives only around 3% of our total GDP and therefore, efficient and effective resource allocation has become our prime mandate. HTA in Bhutan is conducted to guide policymakers in taking rational decisions. EMTD was established in the year 2009 and looks after the introduction of new health technologies in the country and also ensures that there is rational use of the same. However, we are still struggling with making ourselves visible and making the policy makers and the clinical practitioners understand the importance of HTA. In 2013 I conducted the first evidence-based HTA with my colleagues in Bhutan however the quality of assessment was not very good because we only conducted literature review as our evidence synthesis strategy.

The current gaps that we are facing are mainly lack of knowledge, lack of local data, lack of research capacity and lack of budget. But these are universal problems that are faced by every other organization. We are striving toward narrowing the gaps in our own small ways and this internship at HITAP is one such measure.

“A small group of thoughtful people could change the world. Indeed, it's the only thing that ever has.”

- Margaret Mead -

Read more: <http://www.smallstepsbigchanges.com/43-alltime-quotes-change/#ixzz38MjV5Vmv>

After the internship, the first thing that I would do in Bhutan is, I would make a presentation to the High Level Committee in Bhutan regarding Health Technology Assessment because this committee comprises of all the high level officials of Ministry of Health who are decision and policy makers. HTA in Bhutan is in its budding stage and now I want to take it a step further and to do that I need support from policy and decision makers. Once I have done this, I have plans to firstly train the Health Technology Assessment Panel in basics of HTA and subsequently, conduct a training-of-tutors program for focal persons from central and eastern region of Bhutan. This program will help in training at least two tutors who will be helpful in facilitating HTA activities in their respective regions.

The HTA researches conducted henceforth will all be very rigorous and comprehensive. I also have plans to have at least a pharmacist and a laboratory technologist/biomedical engineer as junior staff to do the research. They will, of course, be given on-the-job trainings and also ex-country trainings depending on the availability of the budget.

Because I am the only official in EMTD as of now who conducts HTA, and that I am trying to promote about HTA as much as possible, I am anticipating that in the coming years, that is from 2015 onwards, there will be an increase in number of proposals for new health technologies. If this is the case and if I do not get additional staff; it will be difficult for me to assess all the proposals. Although, I will have to prioritize the topics, I will not be able to finish assessments if the numbers of topics of priority setting are more than 3 in a year. I am very new to systemic review and economic evaluation; hence my researches will be having unforeseen errors. Support from HTA networks is truly of my expectation. If they could help me in taking up few of the priority topics that doesn't require Bhutanese data collection and secondly, if they could review or maybe criticize my work before I present to my decision makers.

It is a daring resolution for a young pioneer of HTA in Bhutan. Starting and developing HTA in a country is complicated but not impossible. Past experiences have shown that it needs collaboration from partners and supporters. While this article is being made we have received good news that the Health Intervention and Technology Assessment (HITA) resolution was adopted by World Health Organization (WHO) at the 67th World Health Assembly in Geneva, Switzerland. This resolution received strong support from many countries including USA and China. Other 21 countries from southeast Asia and 40 African countries also supported this resolution. Many countries urged the WHO to support capacity building, institutionalizing and networking with other countries.



HTAsiaLink

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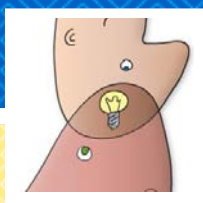
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HTAsiaLink was found in September 2010, the network operates on voluntary basis, no requirement for membership fees, and no compulsory engagement in particular networking activities.

Become the HTAsiaLink member

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