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HTAsiaLink

NEWSLETTER TO STRENGTHEN COLLABORATION AMONG HTA AGENCIES IN ASIA



EDITORIAL

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Performing Health Technology Assessments (HTA) involves the pursuit of pure scientific research as well as the art of linking scientific evidence to decision making; therefore HTA capacity development at all levels entails multi-disciplinary knowledge enhancements in order to improve HTA systems.

In Asian countries, an emerging market for HTA, capacity building is definitely one of the most interesting topics among the HTA community. Nevertheless, the need for HTA capacity building in Asia vary as some countries are at an embryonic stage of HTA development, while other countries are looking for mechanisms to enhance

the use of HTA in their health system, especially for those countries with universal public health insurance coverage. In addition, HTA capacity building ranges from the development of the capacity of individual researchers to capacity building efforts at an institutional or a country level.

As it is clearly and widely accepted that in building up capacity, there is neither an "ideal model" nor "a one-size fit all model" that can respond to the needs for capacity building at all levels. Therefore, by learning from others' experiences, we can understand why particular capacity building activities have been selected in each setting. This issue of the HTAsiaLink newsletter provides interesting experiences from our HTAsiaLink members in the main scoop of "Capacity building for HTA...when there is no such thing as a one size fits all model!"

Moreover, capacity building cannot be fully accomplished if it is limited to only individuals or organizations. Therefore to strengthen the capacity in HTA, there is a

need to intertwine HTA capacity building schemes at the regional and international levels with those conducted at the level of the individual. In this issue, we will also share with you a story from one of HTAsiaLink's activities, ie the HTAsiaLink annual conference which was emerged as a learning platform for young researchers to build up their HTA capacities.

Finally, the HTAsiaLink editorial team hopes that this issue will be useful for information sharing on how HTA organizations in Asia may together move the issue forward. We will be very pleased to receive any feedback or comments from our readers in order to improve our newsletter.

Happy New Year to you all!
HTAsiaLink Editorial team

Capacity building for HTA...

When there is no such thing as a “one size fits all” model!



When talking about “capacity building”, some may refer to it through specific activities, such as training, workshops, higher education, etc..

In fact, capacity building or capacity development is not only limited to activities but include approaches, strategies and methodologies which are used to help organizations and/or systems improve performance .¹

The United Nations Development Programme (UNDP)’s guidelines for capacity development suggest that in order to effectively achieve capacity development, three fundamental questions must be clarified.



The Questions are :

- (1) to what end do we need to develop this capacity;
- (2) whose capacities need to be developed; and
- (3) what kind of capacities need to be developed.

From answers to these questions, it can be seen that there are many ways each unit or individual can build capacity and it is clear that capacity building does not have a single approach or a ‘one size fits all’ model.

The diversity of capacity development models is especially true in the area of Health Technology Assessment (HTA), which is a multidisciplinary field concerning the medical, social, ethical, and economic implications of the development, diffusion, and the use of health technology². Consequently, countries that adopt HTA to their health systems cannot deny the need for HTA capacity building during its initial phase or long-term development of HTA capacity.

Despite differences in levels of HTA development in particular countries, lessons can be shared and learned. A small round table was set-up among HTAsiaLink members to find out how each agency dealt with HTA capacity building in their particular institutional settings. There were representatives from four organizations including the National Evidence-based healthcare Collaborating Agency (NECA), Korea; Discipline of Social & Administrative Pharmacy (DSAP), Universiti Sains Malaysia (USM), Malaysia; Graduate School of Pharmaceutical Sciences, University of Tokyo, Japan; and the Health Intervention and Technology Assessment Program (HITAP), Thailand.



¹ Canadian International Development Agency (2000) Capacity Development: Why, What and How

² International Network of Agencies for Health Technology Assessment (INAHTA)



Discussion began with a description of the current state of HTA capacity development for each institute and moved on to reflections about the most effective capacity building activities for each unit. Finally, the floor was open for a general discussion of the role of the HTAsiaLink network for capacity building activities at the national and international level.

The first round of the discussion began with a review of current capacity building plans and activities of the members. In the group discussions, comprising representatives from both academia and HTA institutions, information was derived from both perspectives.

From the perspective of academia, capacity building was tailored to the goals and mission of the academic department. However, while the general approach was designed to serve the needs of the department, there were different elements for three main stakeholders: **(1)** capacity building for senior researchers; **(2)** capacity building for support staff; and **(3)** external capacity building.

Associate Professor Dr. Asrul Akmal Shafie of the USM indicated that his university provides training on fundamental research subjects for supporting research staff such as statistics and evidence synthesis courses. In addition, they also offer limited funding for retooling of senior researchers in short courses or Ph.D. programs.





However, Dr. Shafie stressed that it is important to create the correct ecosphere that support the growth of HTA in a country. Without demand by market, regulators or consumers for HTA, there might not even be capacity to build. Hence, an important aspect that cannot be neglected is building capacity for the environment to use, and support HTA activities. The Discipline of Social & Administrative Pharmacy in USM has employed some strategies on external capacity building, such as generating primary evidence for conducting pharmacoeconomic studies as well as providing training and workshops on fundamental research tools such as basic statistics, systematic reviews, and pharmacoeconomics.

In Japan, although it is in the initial phase of setting up a health technology assessment center, it cannot be denied that the academic sector is a key player in formulating an HTA system. HTA capacity building in Japan started with university and college courses. Dr. Ataru Igarashi - Assistant Professor at the University of Tokyo - stated that a strong networking relationship between researchers from different units is considered as a key factor in initiating HTA in Japan. The network of HTA researchers work together to create guidelines for health economic analysis and together provide courses on pharmacoeconomics.

Dr. Ataru Igarashi add: *"In Japan, collaboration among researchers in this area is very important as we cannot do anything if we only rely on single individuals or activities by a single institute. We need to go out and collaborate to build up capacity or to disseminate HTA knowledge"*



Dr. Igarashi foresees that when Japan has finally set up its HTA formal body, there will be a crucial need for capacity building for all stakeholders, especially policymakers and industry as they are two key players in the Japanese health system.

HTA organization where capacity building is a must!

For HTA organizations like NECA and HITAP, the concept of capacity building was structured as an organizational strategy. Both NECA and HITAP have a concrete plan for capacity development at all levels from the individual to the international.

At NECA, their organizational aim is to enhance the use of scientific evidence to support decision-making in the development of the Korean national healthcare system. Therefore they place a high level of importance on capacity development both within and outside the organization. This is reflected in the opening speech of the chairman of NECA – Dr. Tae-Hwan Lim, who stated,

“...NECA is developing a “made in Korea” evidence-based approach strategy through various trial tests. Also, we are trying to increase evidence analysis capability by developing the separate educational module and curriculum involving Korean researchers.”

By talking to Dr. Jeonghoon Ahn, the Executive Director of NECA, we have learned that NECA implemented various capacity building approaches to ensure that their research reached academic standards and is used for policy decision making. For instance, these activities include publishing research manuals for HTA, arranging public fora, and offering training to policy decision makers. However, one of the most effective capacity building tools that NECA has used is providing basic HTA intensive programs for its staff and the public.

Dr. Ahn described the courses in more detail, *“We have an 8 week program for several subjects such as economic evaluation, systematic review, outcomes research, indirect comparison, and leadership training for upper-level senior researchers. These courses begin in the evening after participants have finished their regular work, and last for 8 weeks. All new staff are expected to take 3 introductory courses. After these introductory courses, they can take other course and further their training”.*

From a NECA evaluation report on capacity building completed in 2010, it was suggested that NECA needs to build a multidisciplinary research team to conduct HTA, as HTA is a multidisciplinary field.

Although at HITAP there are no mandatory HTA courses for staff, other capacity building activities have been applied. HITAP recognized capacity building as one of its 5 strategies. The aim of its capacity building strategy is to strengthen capacities for HTA at both individual and organizational levels as well as for the Thai HTA health system.



HITAP has categorized their capacity building plan into two levels, one is internal capacity building or staff capacity development, and the other one is for the external community and aimed at HITAP stakeholders. For internal capacity building, HITAP offers various activities such as on-the-job training, scholarships, and journal clubs.

Moreover, by looking at HTA capacity at the broader level, HITAP sees the importance of developing stakeholders' capacity in HTA. Therefore, they implemented external capacity building activities, such as workshops, study visits, and joint projects or lectures for policymakers, health practitioners and academicians.

The HITAP evaluation report in 2011 revealed that the most helpful tool in fostering research skills was on-the-job training. However, it was also pointed out that although HITAP has improved its capacity building, some recommendations since the first evaluation have not been adopted, for instance, there has been no strategic plan developed for staff recruitment or retention.

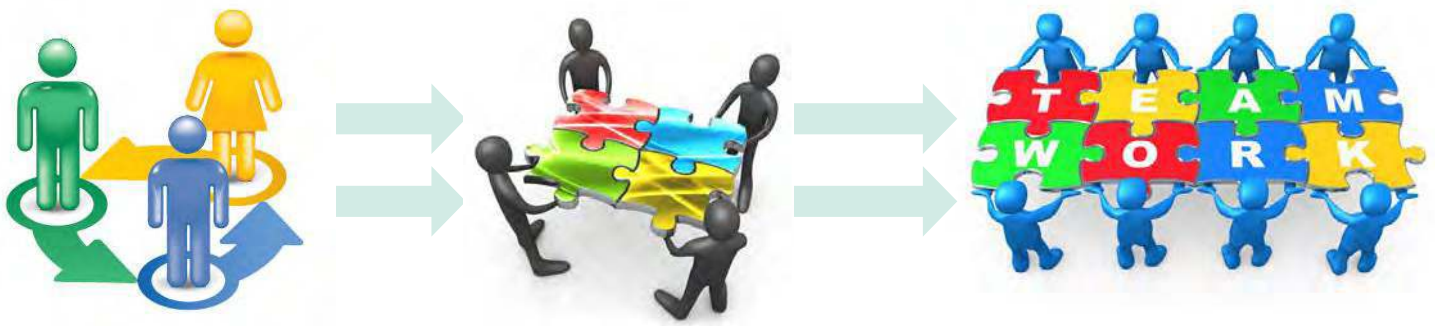
It can be seen that each organization has adopted different approaches and activities to deal with capacity building; each activity was selected and applied to match unique and different contexts. One conclusion that can be drawn from each country's experience is that in order to develop HTA capacity effectively, an array of capacity building approaches and activities need to be applied since capacity building itself is an approach aimed to develop capacity at every level.

Finally, discussion on how the HTAsiaLink network can support the HTA capacity building for each member organization was raised. For the past 3 years, HTAsiaLink members were working together in many activities with the aim to build capacity for instance HTAsiaLink's annual conference, trainings and workshops, and cross-country research projects. These activities received good feedback as effective capacity building tools.

All members agreed that the most important capacity building role of the network is through sharing information and knowledge, and even sharing capacity building costs among the network members.

By looking at the future on how HTAsiaLink could support its members on capacity building, Dr. Asrul proposed that HTAsiaLink could make use of its website to provide an archive of workshops, trainings, research manuals, etc. for the members and other interested participants.





Additionally, other tools to promote information sharing among HTAsiaLink members were recommended, such as a database on Cross Country Comparisons of Coverage and Pricing decisions (also known as a 4C database). The purpose of having a 4C database is to establish and maintain an active public database on coverage and pricing decisions made using HTA information by competent authorities in Asia for pharmaceutical, vaccine and medical device pricing and reimbursement. This is not only to promote the exchange of country-specific information within and outside the region but it is also expected to be an essential tool for experience sharing and capacity building among the members.

From the group discussion on HTA capacity building among the HTAsiaLink members, it can be concluded that there is no “one side fits all” approach for developing HTA capacity. As a result, activities for capacity development were constructed differently to best fit each context. Similar to HTA itself, which was largely developed in different ways in different countries, its ultimate purpose is to improve health for individuals and the population. Likewise, various HTA capacity building activities were applied in each setting with a similar aim to enhance skills, abilities and resources; strengthen understanding and relationships; and to address values, attitudes, motivations and conditions in order to support sustainable development.





The NEw EuroQoL-Five Dimension- Five Level Version <EQ-5D-SL>, What is it?

EuroQoL Group's EQ-5D is now simply the most well-known and easily accessible generic preference-based measurement of health status and used extensively in health technology assessments, pharmaco-economic and health care decision making studies. The EQ-5D is a tool to yield a standardized measure of health status in order to provide a simple, generic measure of health for clinical and economic appraisal.¹ The current five level version (EQ-5D-5L) was developed from the previous three-level versions named EQ-5D-3L and first used since 2005. Currently, the EQ-5D-5L has been translated into 111 languages² all around the world!

What does it look like?

This five-level version consists of two pages of self-completed questions;

Figure 1

one page is devoted to a description of aspects of health states and the other is the Euro QoL visual Analogue Scale (EQ VAS). The descriptive system has five dimensions, namely mobility, self care, usual activities, pain/discomfort and anxiety/depression. Each dimension has five levels of performances:

'no problems', 'slight problems', 'moderate problems', 'severe problems' and 'extreme problems'. Hence, we call it the five-level version (Figure 1)

Figure 2

The latter, EQ VAS scoring system, records an individual's self-rated health status with values ranging from 0 representing the worst health imaginable to 100 representing the best health (Figure 2).

EQ-5D is non-contentious, easy to read and understand and only takes a few minutes to complete.



IEQ-5D-5L is currently regarded as the most helpful tool for economic evaluation and clinical practices. Some studies compared the validity, informative and reliability of EQ-5D-5L to the previous EQ-5D-3L. It has been shown that EQ-5D-5L has greater performance than EQ-5D-3L in many different ways. It is more feasible; it offers better construct validity and reasonable reliability, with promising levels of performances, greater informative and fewer occurrence of a ceiling effect. However, both tools show relatively similar efficiency of information as their dimensions are identical.³ greater informative and fewer occurrence of a ceiling effect. However, both tools show relatively similar efficiency of information as their dimensions are identical.³

In order to obtain country-specific value sets, a valuation study, which directly elicited preferences from general population needed to be conducted. Many Asian countries like Thailand, Taiwan, South Korea, Japan, Hong Kong and Singapore are now conducting EQ-5D-5L valuation studies, while a study in China have been completed.⁴ However, if EQ-5D data are not available or not appropriate, alternative methods (such as a systematic search of the literature or mapping) are required to generate health state utility values.⁵

The most widely used generic preference-based measures apart from EQ-5D include: Health Utilities Index (HUI 2 & HUI 3), Fifteen-dimensional measure of health-related quality of life (15 D), Assessment of Quality of Life (AQoL), AQoL Mark II instrument (AQoL 2) and Short-Form (SF-6D). Standard Gamble (SG), Time Trade-off (TTO), and Best Worst Scaling (BWS) techniques can also be used as alternative of VAS in valuation.

The latest information about EQ-5D-5L can be obtained from EuroQoL website <http://www.euroqol.org>. Researchers or organizations who want to use this tool will have to complete a registration form under the guidelines of EuroQoL available at the EuroQoL website.

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HTAsiaLink:

The capacity of young researchers



HTA ACTIVITIES

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It is a tradition of HTAsiaLink network to organize an annual conference where young staff from each HTA organization within the network come and present their studies. This activity is expected to serve as a capacity building platform where young researchers could practice their capacity and the HTA works need to meet international standards. The HTAsiaLink 2013 annual conference was held in May in Penang, Malaysia. Similar to the 1st annual conference in Thailand, the 2nd annual conference in Malaysia displayed a unique characteristic of this conference – a learning platform for young HTA researchers in the region.

While a young researcher was facing a fifteen minutes of nerve-wracking and stressful presentation, on the podium, a group of commentators, renowned lecturers and senior researchers, were seated in the front row facing the presenters. The audiences were seated behind them watching the presenters, trying to learn and understand the science and art of using Health Technology Assessment from other people's experiences.

Q&A session started immediately afterwards. Both commentators and audience are allowed to ask as many questions as they want. Fifteen minutes were given for comments and suggestions; therefore, more in-depth discussions compared to big conferences were made possible. This was not only benefit for young researchers in reflecting and revising their works, but it was also benefit for the audiences as those experiences were discussed and shared.

For HTA researchers, giving public presentations is an important mechanism to present their ideas to policymakers and share experiences among researchers which leads to networking. It is a powerful tool for research dissemination.

Dr. Kalipso Chalkidou, Director of NICE International and Dr. Jeanette Vega, Managing Director at The Rockefeller Foundation, two commentators gave some ideas about the presentations in the second HTAsiaLink Annual Conference in Penang 2013 where more than 40 researchers presented their best studies.



Dr.Vega said, “What I've seen is a nice group of young people who are very knowledgeable about the techniques of HTA and I really want to connect these people much more to policy, to real changes in the health system... I expect that these groups of people would be influential in some policy decisions that relate to overall of architecture of the health system.”



She also added that people who finally made a decision on what should or should not be included in the country's health benefit package was usually not an HTA expert. It is important for researchers to bridge with the policy makers and to learn how to encourage them to make decisions in a more evidence-based way. Hence, the role of HTA technical institution should not solely focus on technical area but should also covered the political area. In addition, ***Dr.Vega mentioned that only knowledge is not enough to improve people's health but policy decisions and implementations are also needed.***

A question of how HTA academia communicate their complicated studies to influential stakeholders especially policy makers were raised by Dr.Vega and she finally concluded that from her view in policy decision making field, she expected to see the HTA crowd to understand the process of decision making and tailor the technical intuition to support that process.

Sharing experiences and learning together is an important attribute of a network. HTAsiaLink is a network of HTA professionals in Asia. There are promising young researchers from Southeast Asia who are thriving for intellect and professional capacity in the HTAsiaLink network. Having young researchers to exchange experiences and provide opportunities to work together is another activity of networking and academic capacity building.



Dr. Kalipso Chalkidou described, “I think HTAsiaLink annual conference is very exciting because there are huge interests increasing in HTA and there are many networks such as ISPOR, SMDM, and HTAi which people pay to being part of the network. On the other hand, HTAsiaLink is pretty much demand driven by the members and aiming to move in the decision maker level. We are having a big role in disseminating and bringing them together. I think it is very interesting to see the development of HTAsiaLink ..what value added and what people appreciate in it.”

HTAsiaLink may be a new generation of the global HTA networks. It is fresh and full of energy of the young academics who share the same goal of making a better healthcare system in their own countries and the regions. The academic capacity of the network is known globally yet it still needs to build up more capacity to attach with policy making process in order to utilize research results.



UPCOMING EVENT

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24-25 Jan 2014

Asia-Pacific Regional Capacity-Building for HTA (ARCH) Initiative workshop
@ Richmond Hotel, Nonthaburi
(Please contact: Ms. Maneechotirat Santi at maneechotirat.s@hitap.net)



17 April 2014

Inaugural Singapore Health Economics Association Conference
@ Singapore Management University, Singapore
(<http://skbi.smu.edu.sg/conference/92261>)



27-31 Jan 2014

Prince Mahidol Award Conference 2014: Transformative Learning for Health Equity
@ Centara Grand & Bangkok Convention Centre, Bangkok, Thailand
(<http://www.pmaconference.mhidol.ac.th/>)



15-16 May 2014

The HTAsiaLink Annual Conference 2014
@ Beijing, China
http://htasialink.org/news/notice_view.php?seq=91



27-28 Jan 2014

Mahidol University Research Expo 2013
@ Siriraj Hospital, Bangkok, Thailand
(mahidol.ac.th/researchexpo2013/)



15-18 June 2014

HTAi Washington DC 2014 11th Annual meeting
@ Grand Hyatt Washington
www.htai2014.org/home



26-28 March 2014

2014 NECA Annual Conference:
7 years of HTA in Korea: What we have achieved and what we need to do next
@ Seoul, Korea
(please contact: Ms. Songhee Cho at luchia1979@gmail.com)



23-26 June 2014

13th Annual International Conference on Health Economics, Management & Policy
@ Athens, Greece
www.healtheconomics.org/conferences/5734-13th-annual-international-conference-on-health-e/



2 - 4 April 2014

Health Economics from Theory to Practice: Optimally Informing Related Decisions of Reimbursement, Research and Regulation
@ Sydney Business School, Circular Quay, Sydney, NSW, Australia
(www.healtheconomics.org/conferences/5734-13th-annual-international-conference-on-health-e/)



13-16 July 2014

2014 iHEA/ECHE Congress - Health Economics in the Age of Longevity
@ Dublin, Ireland
(www.healtheconomics.org/)



14-16 April 2014

5th Australasian Workshop on Econometrics and Health Economics
@ Fremantle, WA, Australia
(<http://www.buseco.monash.edu.au/centres/che/workshop2014.html>)

HTAsiaLink

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