



Health Intervention and Technology Assessment Program
Free quarterly newsletter by HITAP



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January – April 2016

Special English Edition

***Priority Setting
More for Less***

PRIORITY SETTING

FOR UNIVERSAL HEALTH COVERAGE

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Health Technology Assessment-HTA

Health Technology Assessment (HTA) is a systematic evaluation, policy research of the application of health technology. It investigates effectiveness, safety, and cost-effectiveness, from societal, legal, and ethical viewpoints. The objectives of HTA is to provide information for policymakers. The assessment is conducted by interdisciplinary groups using various explicit analytical frameworks.

"Ever wonder why we bought stuff we don't actually needed?"

Thinking back on our purchase, we might be faced with utter disbelief at our decisions and simply sigh, 'why did I buy that, I don't even need it,' or 'I could've bought something else more useful with my money.'

We must always keep in mind that apart from the actual cost of a purchase, there is a hidden cost of letting go of the next best alternative to a purchase. It then becomes important to evaluate clearly which item or product gives us the biggest benefit or value for our money. National health security is faced precisely with this dilemma. Just as it is natural for households to be prudent with their budgets, national health insurance agencies must exercise prudence as well. After all, resources are scarce and health technologies are ever evolving.

The health security system usually involves billions of Thai baht in investments in order to develop a comprehensive health benefits package that is able to cover the whole population. Since the United Nations Conference on Sustainable Development (UNCSD) in Rio de Janeiro, Brazil – also known as Rio 2012, Rio+20 or Earth Summit 2012 – Universal Health Coverage (UHC) scheme has been brought to the global agenda. In order to make UHC sustainable, evaluation of which investments give the best value-for-money naturally became a necessity. As such, countries

and governments have set out to understand and implement priority setting – the process of managing health systems according to which issues are of the utmost priority based on a set of standards and criteria – in order to facilitate the allocation of scarce health resources.

In the 26th to the 31st of January, Bangkok, Thailand, the Prince Mahidol Award Conference 2016 will held. It is an international policy forum for the purpose of discussing priority setting for universal health coverage. The theme of the conference focuses on evidence-based priority setting with transparency and a participatory process. Nonetheless, despite priority setting being influenced primarily by political agenda, it still needs to have its basis grounded on scientific evidence in order for the subsequent policy to be acceptable to the populace and ultimately sustainable.

Priority setting is not easily executed. It can be done in many ways and be used in different fashions to solve problems at different levels and areas of work. This issue of the HITAP Newsletter offers articles and stories of priority setting in the context of real world examples and practices that relate to the development of a benefits package for UHC. We hope to bring our readers towards a closer understanding of the means with which we can achieve equity, inclusivity and sustainability in public health.

Health Intervention and Technology Assessment Program



How do we allocate money

according to our needs?

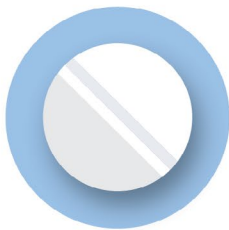
From an individual's perspective, the appropriateness of money allocation depends on their needs and whether they can be met. This type of allocation is termed by academics as **priority setting**. On a very basic premise, an example could be **deciding which medicines to keep in our homes**.

A housewife is responsible for stocking medicines or medical supplies which are typically kept at home for her husband, her son, and herself. To give a brief background on the family, no one in the household has any underlying diseases but due to the change in weather, all three of them are likely to experience fevers and headaches. They are also clumsy so they are prone to small injuries or scratches, affected by constipation every now and

then, and the son occasionally suffers from dry eyes. As it turns out, the family's paracetamol tablets, Senna leaf capsules – a herbal laxative medicine, artificial tears, and plasters are about to run out and must be restocked.

The needs of this family are medicines which everyone can use, which can cure symptoms that occur frequently but are not severe to the point of seeing a doctor, and which do not cause serious side effects, i.e. they can be taken without a prescription from doctors or pharmacists. As the housewife has a limited amount of money, she decides not to buy all four types of medicines or medical supplies. **Below is how she prioritizes what is important and needs to be bought.**

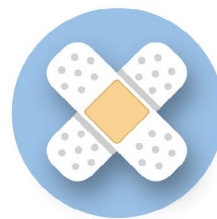
Family's priority setting



Paracetamol tablets
(pain reliever
and anti-fever)



Senna leaf capsules
(laxative)



Plasters
(covers wounds
and prevents infections)



Artificial tears
(relieves irritation
from dry eyes)

Who will use?	Everyone	Everyone	Everyone	Son
Frequency	Frequent	Occasional	Frequent	Occasional
Side effects	can be used without prescription	Small side effects	No serious side effects	No serious side effects

Based on the needs of this family, the housewife must place **paracetamol tablets** and **plasters** at the top of the to-buy list because they meet all three criteria (everyone can use it, is used for frequent events, and is not dangerous). The next priority will be **artificial tears** since only the son uses it and only on an infrequent basis. She may also consider the **Senna leaf capsules** after consulting with a doctor or pharmacist. However, based on financial constraints, she can only purchase two types of medicines and these should be paracetamol tablets and plasters.

The example above is a simple priority setting process based on the needs of a single family. However, if the housewife is replaced with a government that must select medicines for the entire nation, the needs will surely differ. This is because priority setting for the public requires analyzing the various needs of the population based on academic evidence and ethical concerns so that public funds can be allocated appropriately. In developing the Benefit Packages for the Universal Health Coverage Scheme, other criteria are also applied, such as necessity, effectiveness, safety, and affordability of government purchases.

Universal Health Coverage is Feasible

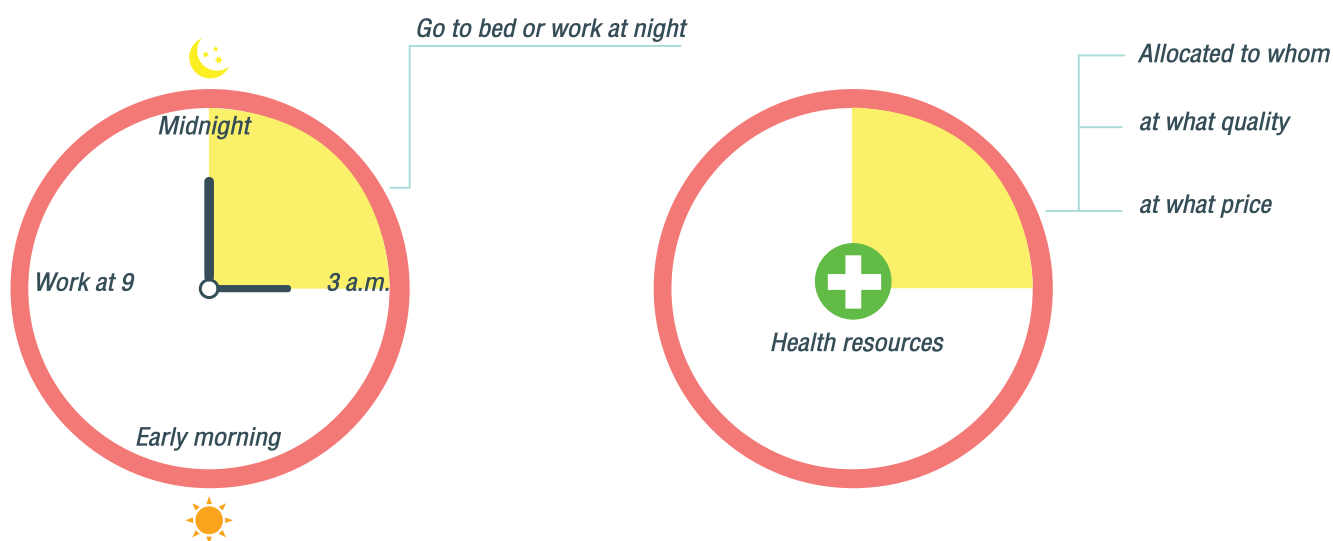
Once Priority Setting has been Established



Why priority setting is necessary

Every day, time is an asset which is equivalent for everyone. There are always 24 hours - no more and no less - and this must be allocated to different activities such as sleeping, eating, work or school, family time, vacation, and taking care of your health, among others. Each person must prioritize their activities, and delegating time to something will reduce the amount remaining for others. For instance, some people may give a lot of time to work due to their responsibilities but this would leave less time to take care of themselves. Therefore, each person's choice is based on their personal reasons, surrounding environment, as well as numerous other factors. However, the results from "choosing" or "not choosing" are something that is inevitable. If one prioritizes work over rest, he or she must accept "the trade-off" that they run the risk of illness over and over again as health is not prioritized.

The consequences stemming from our time allocation choices each day will affect ourselves, families, or the people around us. However, when considering public resource allocation – which is also "limited" – a more complex decision-making process is required.



Universal Health Coverage: Access to treatment without going bankrupt

The healthcare system in Thailand needs to look after 65 million people and uses approximately 14% of total public spending for health expenditures such as doctors, nurses, health personnel, and hospital beds. Just like the 24 hour limitation, when there are resource constraints, prioritizing for personnel and medical technologies as well as which group of patients will benefit is unavoidable.

Priority setting can have both positive and negative impacts. Determining what to give, who to give it to, how much to give and at what price is something that a country's policymakers must decide. This must be done based on valid reasoning, proven results, transparency, equity, and participation from various stakeholders because utilizing the country's resources affects not only individuals but also the country itself, and it is something we must be responsible for.



Universal Health Coverage is not about giving everyone what they want

The original concept behind the design of the Universal Health Coverage scheme in Thailand was to balance out suffering and happiness since having this system did not mean everyone would receive all services due to limited resources. This particularly scheme covers 80% of the entire population and thus requires the need to average out. If a system did not exist to allocate resources, e.g. spending the entire health budget on a new cancer drug that may extend patients' lives by 1-2 months without any increase in quality of life, this would result in the country not having enough funding remaining to treat malnourished children or children with severe Thalassemia using medical technologies which received inadequate investments. At the same time, without enough information, we would not know whether funds spent on medical technologies for detecting or curing cancer are effective.

The Thai Universal Health Coverage scheme prioritizes settings by maximizing the benefits received by the public. **Dr. Suwit Wibulpolprasert**, a former National List of Essential Medicines (NLEM) Subcommittee member from 2009-2012 and current Deputy Chairman of the International Health Policy Program Foundation (IHPPF) as well as a Board Member of the Health Intervention and Technology Assessment Program Foundation (HITAP Foundation), was interviewed on this matter and said that *"We work in the public sector for the benefit of the public. Faced with resource constraints, we are required to choose things which are important and will provide the most benefits. This is what priority setting means. When we maximize benefits, it should be for the benefit of the population. Since taxpayer money is used, they should be the ones to benefit the most, both in terms of equity and efficient resource usage"*.

Currently, the Universal Health Coverage scheme prioritizes resources in three different channels: 1) prioritizing based on the NLEM; 2) prioritizing based on the benefits package of the Universal Health Coverage scheme; and 3) prioritizing based on health promotion and disease prevention. In this article, **we will elaborate on prioritizing based on the benefits package of the Universal Health Coverage scheme.**

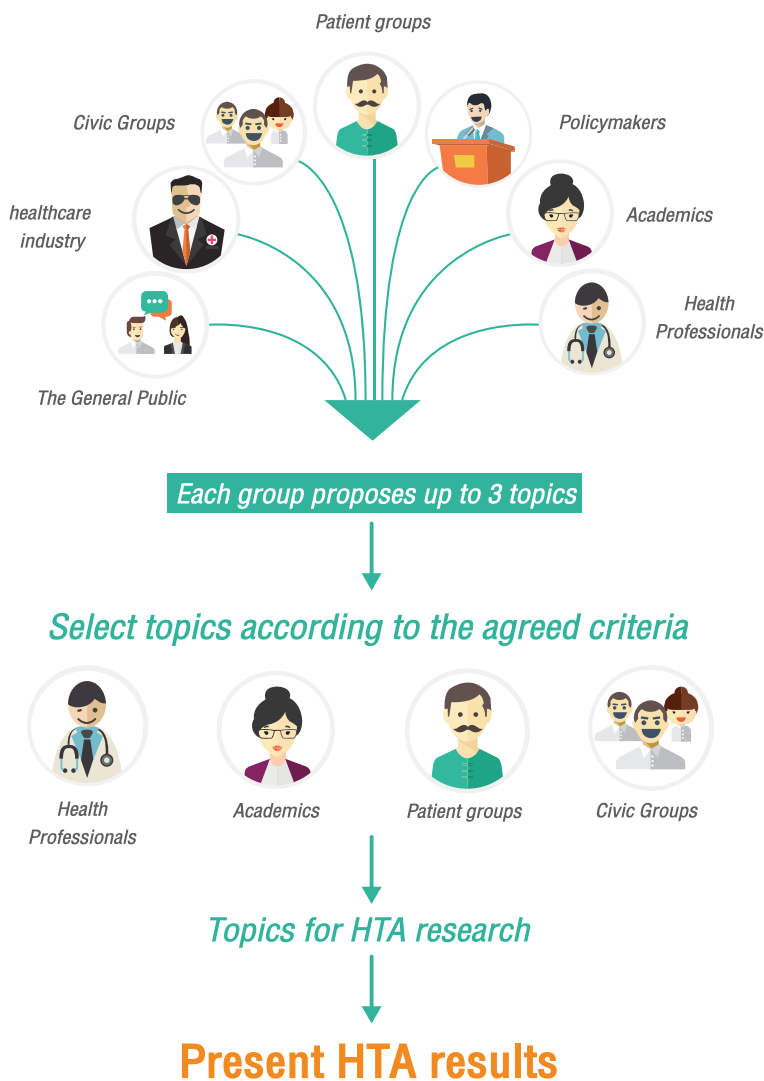
When the Universal Health Coverage scheme was established in 2002, **Dr. Viroj Tangcharoensathien**, Advisor to the International Health Policy Program (IHPP), explained that designing the scheme's benefit package¹ at the time did not use cost-effectiveness data or evaluating drug/treatment efficiency and effectiveness. Instead, readily available information such as the NLEM or general treatment included in health insurance schemes for low-income individuals was used. After the Universal Health Coverage scheme had been up and running for some time though, questions began to arise pertaining to treatments for diseases which were costly such as cancer, AIDS, and various chronic diseases. Therefore, a system was implemented to determine medical technologies that would make up the initial benefits package, e.g. determining which health problems to be studied to resolve these issues using the benefits package.

"We work in the public sector for the benefit of the public. Faced with resource constraints, we are required to choose things which are important and will provide the most benefits. This is what priority setting means. When we maximize benefits, it should be for the benefit of the population. Since taxpayer money is used, they should be the ones to benefit the most, both in terms of equity and efficient resource usage."

-Dr. Suwit Wibulpolprasert

¹ The health benefits packages are services which each individual will receive from the Universal Health Coverage scheme such as screening, medication for various diseases, or operations.

How does Thailand prioritize health issues?



Priority setting and selecting topics and/or health technologies

In 2009, the Board of Directors of the National Health Security Office (NHSO) set up the Subcommittee for the Development of the Benefits Package and Service Delivery (SCBP) because some important health interventions were not included in the benefits package or patients were unable to access the included services. As such, **priority setting and selecting topics and/or health technologies** - a process to identify problems and health technologies which should be further studied to evaluate its potential for inclusion in the benefits package was based on the Research for Development of Health Benefits Package under Universal Health Coverage Scheme Project -

See more at: <http://www.hitap.net/en/research/17671>

Determining topics

The procedure begins with opportunities for stakeholders of the Universal Health Coverage scheme to propose topics to the Working Group twice a year, in January and July. There are seven types of stakeholders comprising policymakers, physicians, academics, civil groups, representatives of patient groups, the healthcare industry, and the general public. Each stakeholder group may propose up to three topics each time. After that, the Working Group – composed of physicians, academics, civil groups, and representatives of patient groups – will select the topics based on the following criteria: 1) the number of people affected by the disease or problem; 2) the severity of the disease or problem; 3) the effectiveness of health technologies; 4) differences in practice; 5) economic impact on households; and 6) fairness, and social and ethical issues.



Health Technology Assessment (HTA) and result presentation

Once the topics have been selected, health technology assessment (HTA) are conducted to evaluate the value, impact on the budget, and other various effects. After that, the results are presented to the Subcommittee for the Development of the Benefit Package for the Universal Health Coverage scheme for consideration of inclusion into the benefits package.

Since priority setting was incorporated into research in 2009, up to 119 topics² have been proposed for inclusion into the benefits package, with 53 topics selected for further research or HTA analysis. Once the results have been submitted, the Subcommittee may do any of the following: agree and include it in the benefits package, agree but recommend further research for the gaps highlighted, approve in principle but the service delivery system must be developed prior to offering the benefit, disagree due to high budget impact, or disagree due to insufficient information.

Priority setting considers more than just value

When discussing priority setting based on HTA results, many people think that it is only about determining value, reducing budget impacts, or even providing inferior services. However, if HTA is looked at from a broader viewpoint and not just from cost-effectiveness, other factors such as efficiency, quality, value-for-money, financial impact, ethical impact, and usage probability are considered.

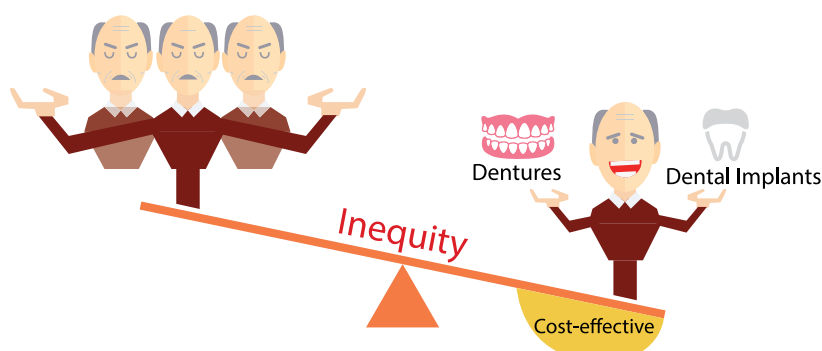
Dialysis: Cost-ineffective but saves lives and holds families together



Dr. Wibulpolprasert mentioned that the use of empirical evidence in the decision-making process for policymakers comes from two sources: 1) evidence from research, and 2) evidence from past experiences. Therefore, in the priority setting process, flexibility must be given to policymakers because they may be deliberating other factors in addition to empirical evidence. However, this does not include any decisions based on vested interest such as decisions regarding the rights to have renal replacement therapy, dialysis, peritoneal dialysis, and renal replacement. When Dr. Wibulpolprasert was asked whether these procedures were cost-effective, the answer was a definite no as the costs were very high. However, he followed up with a story about himself and General Surayud Chulanont, former Head of the Thai government. At the time, Dr. Wibulpolprasert asked General Chulanont why such treatments were included even though they were not cost-effective. The General responded by saying that whoever receives renal replacement therapy will survive, and those that do not will perish. Funding must be found, no matter the cost. We must prevent household bankruptcy caused by illness. Even though this will impact the budget, we still have to make this choice because it is the main idea behind the Universal Health Coverage scheme.

²Data as at January 2015.

***Dental implants
for the elderly:
Cost-effective
but not equitable***



In some cases, priority setting does not take into account only value-for-money or impact on the budget but also equity. Dr. Wibulpolprasert said that some interventions are good value-for-money but would cause a high level of inequity if included in the benefit package. For example, dental implants for the elderly who require the use of dentures so that the dentures may stay firmly put are absolutely worth the cost but the Board of Directors did not approve of this procedure. The reason for this is that the number of elderly in the entire country that need dentures is approximately 400,000 but only 40,000 have received their dentures already while the other 360,000 have received nothing. The Board viewed that including implants in the benefits package would be excessive as there is still a large number of elderly that did not receive anything yet, even dentures. Therefore, it is an issue of equity and everyone should receive their dentures first before implants can be included in the benefits package.

The lesser we have, the higher the need for priority setting

From the examples earlier, we can see that adopting processes for priority setting and selecting technologies to use coupled with using empirical evidence as part of the decision-making process at the policy level results in rational choices for medical technologies and investments in healthcare, e.g. making sure dentures are supplied to the designated elderly prior to allowing for implants. Policymakers will always use information besides value-for-money such as potential impact on households if the Universal Health Coverage scheme does not include this benefit, fairness, and ethics, to make a well-rounded decision that uses resources in the most efficient manner.

Lastly, Dr. Wibulpolprasert provided a summary about the importance of priority setting for healthcare and the use of empirical evidence as supporting data. He mentioned that “some people have the misconception that developing countries have no access to expensive

medicines; that there is no need to conduct assessments or priority setting because there is nothing to prioritize since we are poor. However, this opinion is wrong because if we are poor and resource-constrained, we must prioritize or we will not survive. The poorer we are, the more we need to prioritize and conduct research. If we prioritize well, we will have the necessary funds to conduct research and further develop our country.” Dr. Wibulpolprasert ended by referencing an interesting phrase made by former Indian President Nehru: “Because we are a poor country, we cannot afford to not do research” since research begets knowledge and it is this knowledge that will lift us out of poverty.

***if we are poor and resource-constrained,
we must prioritize or we will not survive.***

Health Intervention and Technology Assessment Program introduces

HITAP International Unit

Capacity Building Networks and Partnerships International Research

The HITAP International Unit (HIU) was established by Thailand's Health Intervention and Technology Assessment Program (HITAP) to satisfy international demand for its expertise in the field of health technology assessment (HTA). The success of HITAP in Thailand since 2007, along with the exponential recognition of HTA and evidence-based priority setting in the Thai context quickly became an evident model for HTA institutions and organizations at the international stage. Its reception internationally was marked by a large number of requests for experience sharing and technical support from the South East Asia region. In this effort, the HIU draws upon its experiences locally and internationally to work at the global level with overseas development aid, international organizations, non-profit organizations, and overseas governments to develop evidence-based priority setting practices globally.



Building Global HTA

www.globalhitap.net

hiu@hitap.net



The **International Decision Support Initiative (iDSI)** is an innovative global partnership of leading government institutes, universities, and think tanks, to support policymakers in priority-setting for Universal Health Coverage (UHC).

What iDSI can do for you

- We **respond to policymaker demand**, and focus our efforts on what client countries and funders genuinely need;
- We provide **practical support** to country decision makers, and work alongside local teams to jointly develop sustainable systems for setting priorities fairly, and on the best available evidence;
- We are an **international, multi-disciplinary network**. We bring together leading priority-setting institutions, partners (including academics), policymakers, and funders to solve problems collaboratively;
- We produce **knowledge products**: cutting-edge, freely accessible insights on best practices in priority setting, informed by policymaker priorities, to generate more health for the money

iDSI products

Knowledge Products



The Reference Case for Economic Evaluation

A set of best practice principles in the use of economic evaluation.



Cost-Effectiveness Thresholds

Informing readers on the use of cost - effectiveness thresholds in low - and middle - income countries.



How-To of Health Benefits Plans

A book and web resource that help answer policy-maker's questions, or point readers in the right direction, and inform on-going support provided by iDSI and other country partners.



Practical Support

Provide practical support to country decision makers, and work alongside local teams to develop sustainable systems for setting priorities fairly, and based on the best available evidence.

We are here to answer any questions you may have. Reach out to us and we'll respond as soon as we can.

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iDSI is jointly funded by the Bill & Melinda Gates Foundation and the UK Department for International Development.



5. Evidence-in-
Policymakers a
results and app
population with
system as well
may be taken o

3. Conducting research and generating evidences

Researchers studied cost-effectiveness of various population screening methods for colorectal cancer and determined who should be screened, at what age and at what frequency.

4. Preliminary results and policy recommend

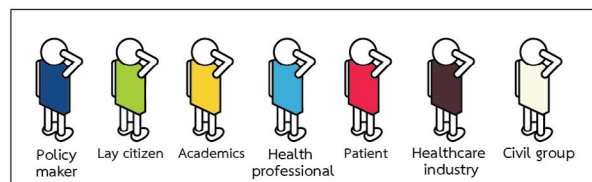
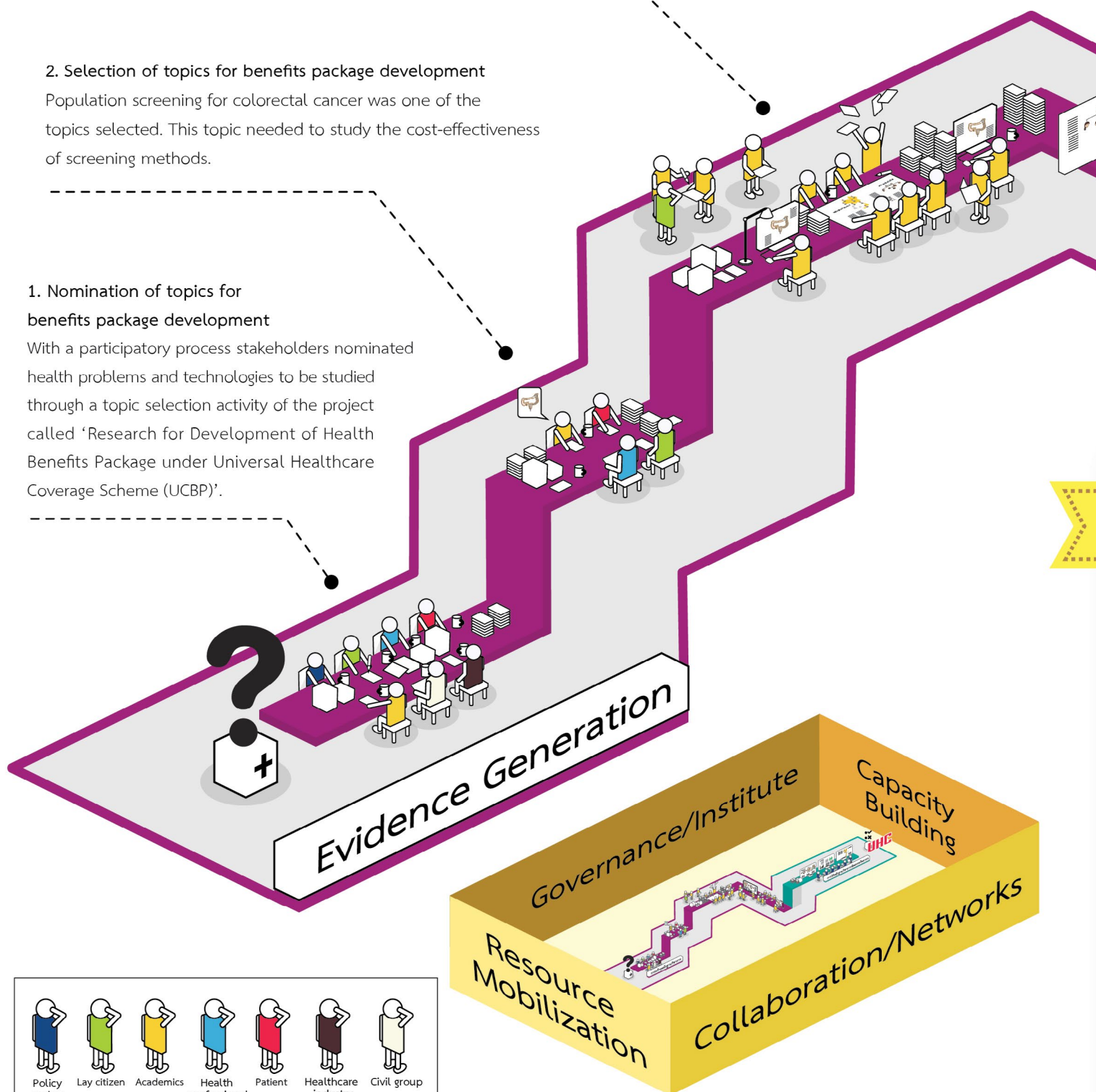
The research team found that colonoscopy is
However, from expert meetings, recommenda
there was a limitation of service capability. If
it should begin with screening the high risk gro

2. Selection of topics for benefits package development

Population screening for colorectal cancer was one of the topics selected. This topic needed to study the cost-effectiveness of screening methods.

1. Nomination of topics for benefits package development

With a participatory process stakeholders nominated health problems and technologies to be studied through a topic selection activity of the project called 'Research for Development of Health Benefits Package under Universal Healthcare Coverage Scheme (UCBP)'.



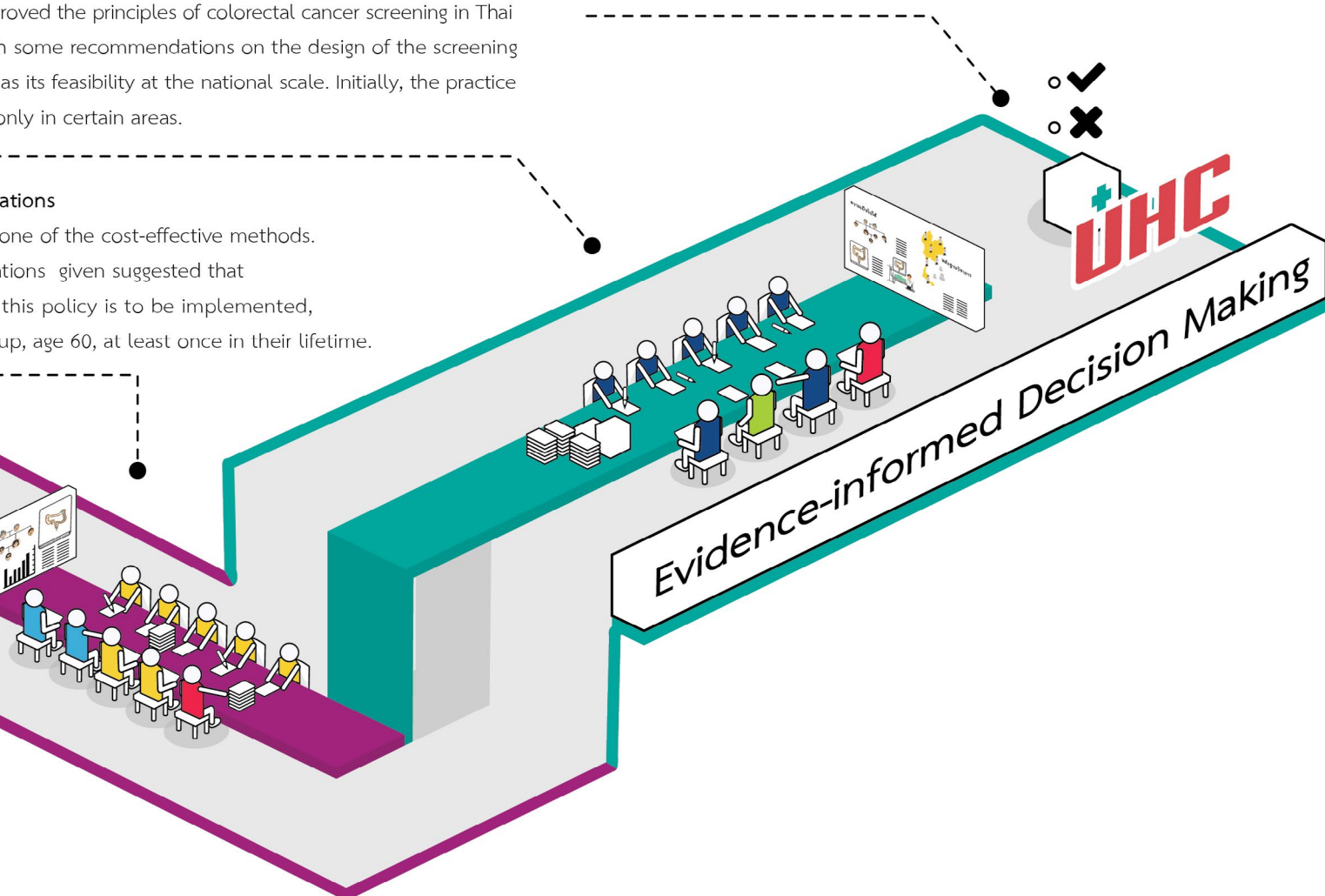
formed decision making

and stakeholders considered evidences from the research proved the principles of colorectal cancer screening in Thai in some recommendations on the design of the screening as its feasibility at the national scale. Initially, the practice only in certain areas.

ations

one of the cost-effective methods. tions given suggested that this policy is to be implemented, up, age 60, at least once in their lifetime.

6. The National Health Security Office's board (Thailand) will consider and resolve whether to add or expand benefits and services.



Essential Elements of Health Priority Setting

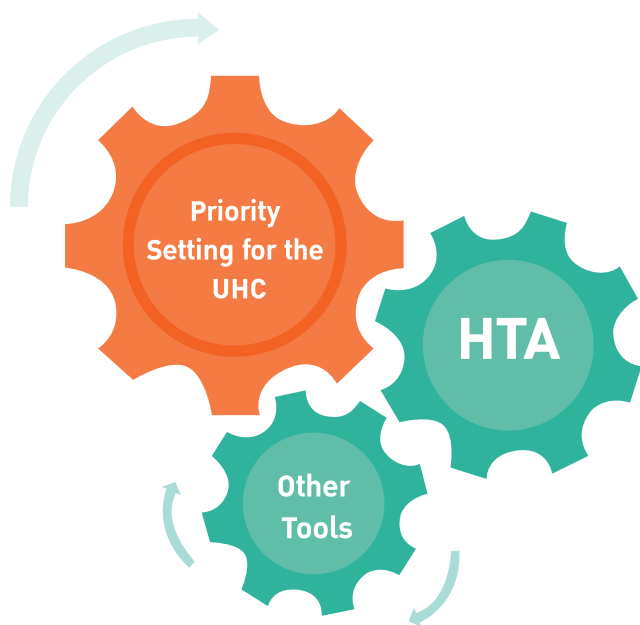
Priority setting of health problems and solutions involves two major steps of **evidence generation** and **evidence-informed decision making**. For instance, in Thailand, there was a research project of population screening for colorectal cancer. Thai elderlies are vulnerable to such disease. However, screening tests help identify cancers at an early and potentially curable stage. In this case, **evidence generation** activity studies the cost-effectiveness of population screening methods for colorectal cancer. Based on the economic evaluation results, the screening by means of colonoscopy in the high risk group, with first degree relatives (father, mother, siblings, son or daughter) having colorectal cancer, is one of the cost-effective methods. However, given the limitation of service capability, if this policy is to be implemented, it should begin with screening the high risk group, age 60, at least once in their lifetime.

Priority setting in particular health systems is implicated by a wide range of political, economic and sociocultural factors, through **the four building blocks**:

- Governing structure, functions and regulation of respective institutes and their interrelationships;
- Resource availability and mobilization to support priority setting activities;
- Capacity building programs for well understanding and knowledge concerning health priority setting among policymakers, researchers and other stakeholders including general public; and
- Collaboration and networks of local, international and global organizations whose aim is to strengthen UHC policy decisions.¹



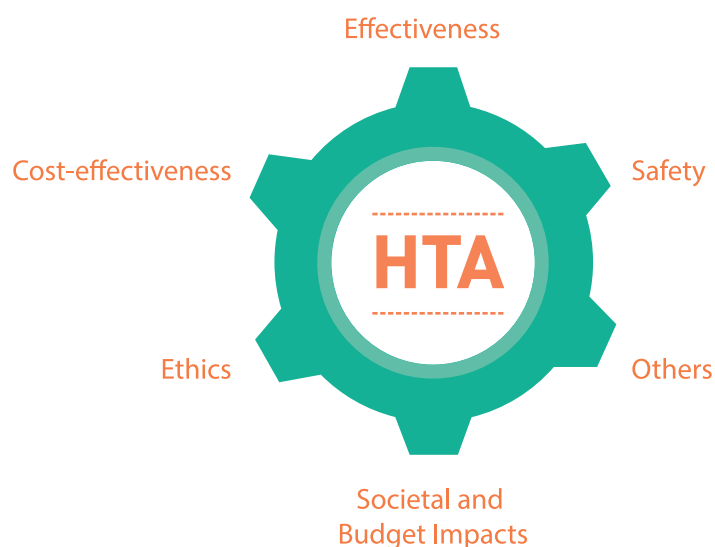
HTA: A Tool for Setting Priorities for Universal Health Coverage



A universal health coverage system

is a government-supported health insurance scheme that grants the eligibility to utilize healthcare services with public support for an entire country's population. However, due to financial and resource constraints for equipment and personnel, the government is unable to provide all types of services, and hence a selection process is necessary to identify those that are important and should be supported. This process is called **priority setting**. Items at the top of the list are ones that will be publicly supported, such as being incorporated into the benefits package of the Universal Health Coverage.

Setting Priorities using HTA



There are many ways to set priorities, either through explicit or implicit processes and criteria. For explicit ones, the criteria used to determine priorities may be varied between settings and different types of information may be used in the decision-making process. For the most part, **treatment results** for healthcare services are utilized while some countries consider cost-effectiveness as well. Therefore, a tool used to assist the prioritization is health technology assessment (HTA). HTA is a systematic evaluation about the characteristics, outcomes, or impacts that might occur from using healthcare technologies or policies. Most of the time, it investigates **effectiveness**, **safety**, and **cost-effectiveness**, and may also consider **societal**, **legal**, and **ethical viewpoints**. The main point of HTA, however, is to provide information for policymakers.

Once a HTA has been carried out for healthcare technologies or policies, the results are systematic in nature and this helps policymakers in determining whether the assessed technology or policy is effective, safe, or cost-effective. As can be seen, HTA comprises multiple aspects and these can either be evaluated all together or they can be separately investigated depending on the information required. Some HTAs may be evaluations for only cost-effectiveness or clinical effectiveness, while others may consider all factors such as effectiveness, safety, cost-effectiveness, and ethical issues. However, the one common or key factor for all HTA work is that it **informs policymakers which health services should be supported according to the criteria or factors they are concerned with.**

Other criteria in addition to information from HTA

However, there are still many other criteria other than information derived from HTA that are used for priority setting. For example, in Norway (around 1987 – 1997), priority setting was conducted without the use of HTA. Instead, they considered the severity of the disease which the treatment resolved. In their case, this was divided into five criteria: i) emergency treatment for diseases that may be fatal; ii) treatment for the prevention of long-term or serious impacts such as cancer treatments; iii) treatment for preventing long-term or serious impacts of less severe conditions such as high blood pressure; iv) treatment which provide reasonable benefits such as curing the common cold; and v) treatments which have no documented effects. However, HTA was later used to prioritize the importance of these treatments as well.

In addition, HTA can also be used together with other information. For example, in the Netherlands, the criteria considered are the need for the services, effectiveness, efficiency or cost-effectiveness, and financial burden on individuals. Services that do not fit each criterion successively are excluded, starting with the need for those services and whether those services provide any medical benefits. After that, evidence regarding the effectiveness of the service is taken into consideration. For services still in the selection pool at this point, the cost-effective ones are narrowed down. Finally, services that have little to no financial burden on individuals, i.e. services available to the public that are purchasable without too much financial trouble, are screened out.

Therefore, it can be seen that priority setting can be done in many ways. However, if the selection process is well-defined and transparent, the results obtained can provide evidence for the purpose of decision-making. Hence, HTA is one of many tools that can generate evidence for priority setting based on the designated criteria. This is so that the public sector can choose to support the appropriate healthcare services that are effective, safe, and economically cost-effective and so on.

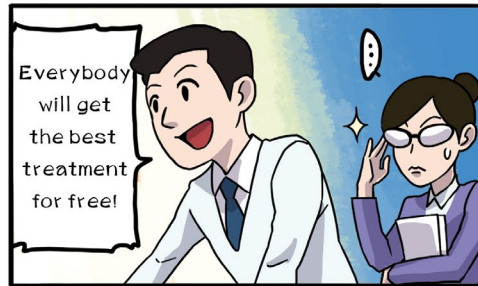




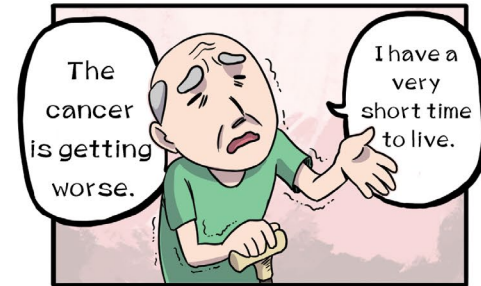
Bittersweet Tough C



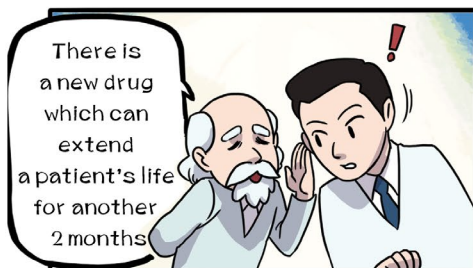
In a country named "*great health*", *Dr. Mana* was appointed as the new health minister.



While Dr. Mana declared his policy on providing the best health services for everyone, the finance minister was uneasy about Dr. Mana's decisions.



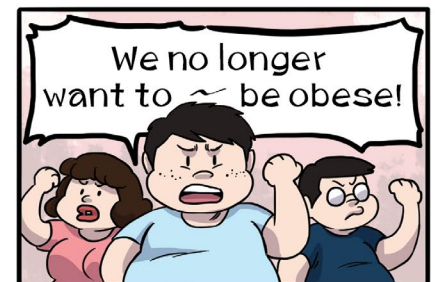
In front of the stage, *uncle Boon-mee* who is suffering from lung cancer, came to ask Dr. Mana to include a new cancer drug in the benefit package.



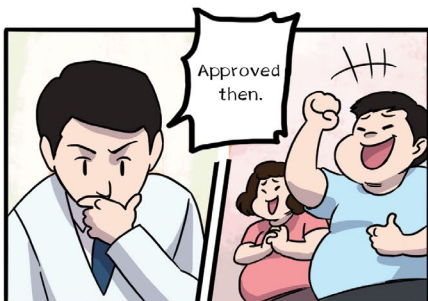
At that time, the new cancer drug that is said to be able to extend patient lives was available. However, this drug was also extremely expensive.



Dr. Mana suddenly approved the new cancer drug and included it in the benefit package.



After seeing how fast Dr. Mana approved the new drug, *patients with obesity* also requested for Bariatric surgery.



Dr. Mana pondered awhile... approved! Laparoscopic surgery for every obesity patient!

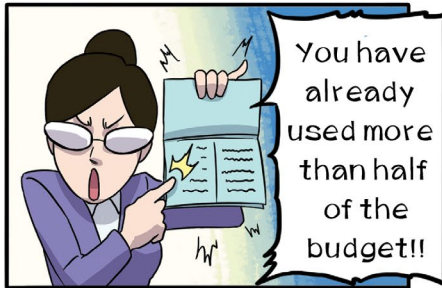


Somewhere in the corner, *Alzheimer patients* demanded access to a new drug which claimed to cure the illness.



Although there was evidence that the drug does not actually cure the disease, but only delays the patient's decline. Dr. Mana approved the drug for all stages of Alzheimer patients.

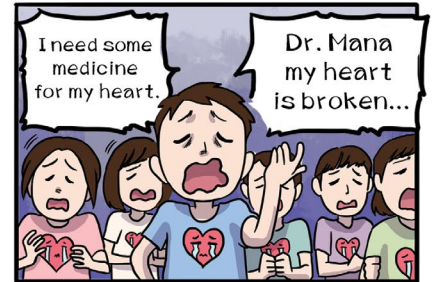
Decisions Choices



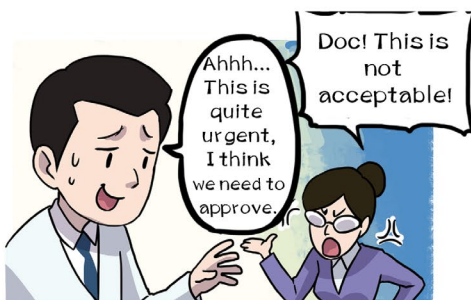
The finance minister warned Dr. Mana that he needs to carefully control the country's health budget, as they will be in danger of overspending.



Dr. Mana suddenly immersed in deep thoughts as he weighed between balancing budget constraints and meeting patient needs.



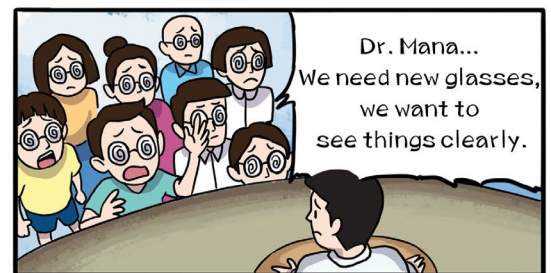
At that time, *patient with Cardiovascular disease* also ask for the new treatment.



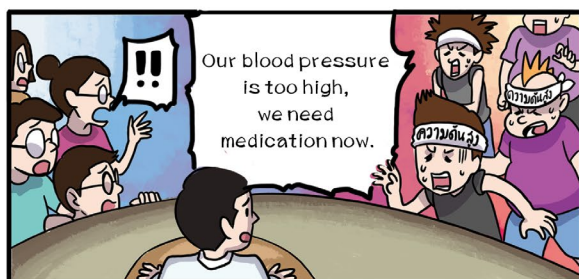
Again, Dr. Mana approved the new Cardiovascular treatment. The finance minister was not happy.



She stated that the health budget surplus is now negative



But there are still many patients waiting for help. *Kids with refractive errors* are waiting for their new glasses to help them see things clearly.



Meanwhile, *patients with hypertension* also need new drugs.



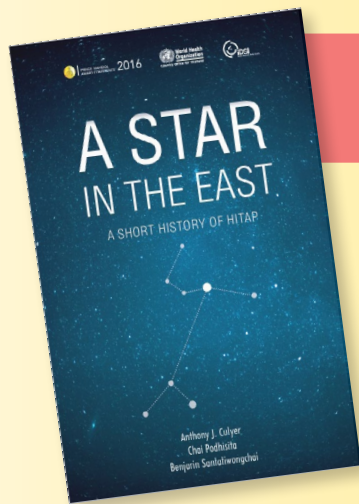
As a decision maker, will there be any way to help Dr. Mana come up with a better decision on how to best use public resources?



What is **HTA**? and how will it support policy makers in the efficient use of resources?
To be continued
(visit www.hitap.net for the next chapter).



Special Books



A Star in the East: A short history of HITAP

This special book was a written collaboration between Professor Anthony J. Culyer from the Department of Economics and Related Studies, University of York, Dr. Chai Podhisita from the Institute for Population and Social Research, Mahidol University and Benjarin Santatiwongchai from HITAP. The book reveals the history of the beginning attempts of setting up HTA in Thailand that led to the establishment of the Health Intervention and Technology Assessment Program (HITAP) in 2007. Since then, with cooperation from key stakeholders, the program has continually and routinely produced quality HTA evidence used to inform health policy decisions.



Policy Brief and Working Paper: Conducive Factors to the Development of Health Technology Assessment in Asia

This report is about the conducive factors, difficulties, and suggestions on the establishment of HTA in Asia. The report is conducted based on the experiences of countries and administrative districts in East Asia and Southeast Asia, i.e. China, Indonesia, South Korea, Malaysia, Taiwan, Thailand, and Vietnam.

Research reports



Research report: The development of health promotion and disease prevention program in Thailand (2015)

This report represents the revision results of the benefits package for health promotion and disease prevention among 4 groups (small children - 0 to 5 year old, adolescents and teenagers – 6 to 24 years old, adults/working age – 25 to 59 years old, and elderly – 60 years old and older) and other measures that have been proven effective. This report then aims to develop the benefits package for the fiscal year 2016 and to propose a draft of quality standards for the prevention of anemia in children, Down syndrome screening in pregnant women, cardiovascular risk assessment, Atrial Fibrillation screening, and refractive error screening program conducted by school teachers in pre-primary and primary schools in Thailand.



Research report: Cost-utility analysis of adjuvant imatinib in patients with high risk of recurrence after gastrointestinal stromal tumour (GIST) resection in Thailand

Gastrointestinal stromal tumor (GIST) is seldom found in Thailand. Despite the high treatment costs, the National List of Essential Medicines (NLEM) has approved the usage of imatinib for the treatment of GIST. This is under the condition that the patient has unresectable metastatic colorectal cancer. However, GIST patients, who have already undergone complete surgical resection and who are likely to have the disease again, also need to be able to take imatinib as an adjuvant therapy in order to prevent the repetition of the disease. This study shows that the extension of terms of use of the medicine is not cost-effective due to the high cost of the medicine. So, there should be a price negotiation as well as adjuvant treatment guidelines as recommended in this report.



Research report: Medical cost-effectiveness of adjuvant chemotherapy among resectable metastatic colorectal cancer patients in Thailand

The most cost-effective adjuvant chemotherapy among resectable metastatic colorectal cancer patients in Thailand is the treatment with 5FVLV followed by supportive care. Nonetheless, some patients do not respond to this regimen. In the meantime, other regimens of adjuvant chemotherapy are not cost-effective unless there is a price negotiation together with extension of the terms of use for oxaliplatin, an important chemotherapy drug used in other alternative regimens such as FOLFOX.

Policy Brief



Cost-effectiveness of colorectal cancer screening in Thai population

Based on the economic evaluation results, the screening by means of colonoscopy in the high risk group, with first degree relatives (father, mother, sibling, or son/daughter) having colorectal cancer, is one of the cost-effective methods. However, given that limitation of service capability, if this policy is to be implemented, it should begin in the high risk group of the age 60.



Cost-effectiveness of adjuvant therapy with imatinib among the GIST patients after operation

The results of the research show that the adjuvant therapy with imatinib among the GIST patients after complete operation is not cost-effective. However, if price can be negotiated and guidelines of adjuvant therapy can be followed as provided in this research, this method will be cost-effective and can potentially create more accessibility.



HITAP activities in Thailand

Consideration of NHSO on the benefits packages of Colorectal Cancer Screening and Chromosome Testing in Couples with a Previous Structural Chromosome Abnormality Child

สปช. พิจารณาชุดสิทธิประโยชน์ฯ



การคัดกรองมะเร็งลำไส้ใหญ่และไส้ตรง 17 กันยายน 2558
และการตรวจป้องกันทารกที่เกิดซ้ำของการที่มีโครโมโซมผิดปกติ

On 17th September 2015, HITAP research team, for development of health benefits package under universal health care coverage scheme, presented its research results to the Sub committee for Development of Benefits Package and Service Delivery (SCBP) during the meeting session 6/2015 at National Health Security Office. The agenda of the meeting was about the research results and policy recommendations of the two HTA studies, *Economic Analysis of Colorectal Cancer Screening in Thai Population* and *the Economic Analysis of Chromosome Testing in Couples with a Previous Structural Chromosome Abnormality Child*. The meeting approved the principles of colorectal cancer screening in Thai population with some recommendations on the design of the screening system as

well as its feasibility at the national scale. Initially, the practice may be taken only in certain areas. Meanwhile, the meeting completely approved the principles of policy recommendations of chromosome testing in couples with a previous structural chromosome abnormality child and demanded it to be conducted as soon as possible.

Sofosbuvir: more effective with more costs



ผู้เชี่ยวชาญร่วมแสดงความเห็นต่อ
โครงการการศึกษาการประเมินความคุ้มค่า
และผลกระทบด้านงบประมาณของยา sofosbuvir
ในการรักษาโรคติดเชื้อไวรัสตับอักเสบบีเรื้อรัง

14 สิงหาคม 2558



On 14th August 2015, the HITAP researchers working under the project of the *Cost-Utility and Budget Impact Analysis of Hepatitis C Virus Treatment With Sofosbuvir-based Regimens in Thailand*, arranged an expert meeting in order to present the results of literature reviews on the effectiveness of Direct Acting Antiviral (DAAs) medicines, e.g. sofosbuvir, semiprevir, ledipasvir, and daclatasvir. After this process, further evaluation will be conducted on cost-utility and budget analysis, expected to be completed by the end of December. According to the results of literature reviews on DAAs, it was found that treatment with DAAs and pegylated-interferon or PR regimens yields better health outcomes than treatment with only PR regimens. It was also

found that medicines which are not composed of PR cause fewer side effects than those containing PR. In addition, experts suggest that there should be further study of cost-effectiveness among patients with and without HIV.

Select 5 health issues and develop QOF

On 14th August 2015, the steering committee in charge of developing healthcare quality indicators and improving the QOF program for the Thai Universal Health Coverage passed a resolution selecting 5 health issues that would be used to develop the QOF for the fiscal year 2017. The chosen 5 health issues include: 1) chronic disease (hypertension, diabetes, cardiovascular disease), 2) maternal and child health, 3) bed ridden patients, 4) proper use of antibiotics, and 5) asthma and chronic obstructive pulmonary disease (COPD).



Recommendations on the Future System and Infrastructure for Health Product Consumer Protection in Thailand

On 1st October 2015, HITAP research team, under the project *The Development of Recommendations for Future System and Infrastructure for Health Product Consumer Protection in Thailand* held a meeting to present the project results and gather recommendations from experts. The meeting reached the conclusion of 3 possible reconstruction scenarios of Thai FDA 1) No change at all in FDA, 2) Separation of some FDA divisions and establishing them as new organizations, and 3) Reengineering. After this meeting, the researchers would analyze the said suggestions and develop system proposals for the Thai FDA.



See more information of HITAP at <http://www.hitap.net/>

HITAP activities in other countries

International Decision Support Initiative (iDSI) Indonesia

HITAP International Unit (HIU) and Health Technology Assessment Committee (HTAC), which is based in Indonesia, collaborated on the project of Advancing Health Technology Assessment (HTA) Development. This project consists of two research studies, i.e. *Cost-utility Analysis of Sildenafil for the Treatment of Pulmonary Arterial Hypertension* and *Cost-utility Analysis between Continuous Ambulatory Peritoneal Dialysis and Hemodialysis in Indonesia*.

iDSI is an international collaboration project to provide policymakers with coordinated support in priority setting as a means to Universal Health Coverage (UHC). The participating countries include Indonesia, Vietnam, Philippines, etc.





5th HTAsiaLink Annual Conference



5th HTAsiaLink Annual Conference
3-6 May 2016
At Duke-NUS Graduate Medical School, Singapore
For more information, please visit www.htasialink.org

6th Asia-Pacific Conference on Public Health (APCPH)



1st ASEAN Health Promotion Conference
22-26 August 2016
At The Asia Hotel Bangkok
Abstract Submission 1 October 2015 - 31 January 2016
By ASEAN Institute for Health Development Mahidol University
See more at: <http://www.6apcph.com/>

HTAi 2016 Annual Meeting



Health Technology Assessment international (HTAi) Annual Meeting
Informing Health Care Decisions with Values and Evidence
10-14 May 2016
At the Keio Plaza Hotel, Tokyo, Japan
Registration Early Bird Deadline: 4 March 2016
See more at: <http://www.htai.org/meetings/annual-meetings.html>

DoctorAsksMyanmar



The application aids the communication between the Thai health personnel and Myanmar patients throughout the process of medical examination, diagnosis, prescription, treatment and follow-up checkup. It consists of 3 categories, i.e. history talking, symptom inquiry, and recommendations/terms of use for symptomatic treatment. The application was a collaborative development between the Research Institute for Languages and Cultures of Asia, Mahidol University and Electronic Government Agency, Ministry of Information and Communication. Download the application from GAC or apps.go.th, Available in App Store and Play Store



What is HITAP?

HITAP is a semi-autonomous and non-profit research institute on Health Technology Assessment (HTA). We are committed to studying both positive and negative impacts caused by health technology and policy in order to support the decisions on health policy of the country. HITAP generates HTA-based research knowledge regarding capacity building for HTA, communication and dissemination of research with relevant stakeholders and the creation of an international HTA network. HITAP's International Unit (HIU) also offers technical support to other countries, especially low-and middle-income countries (LMICs).

HITAP's technology assessment covers pharmaceuticals, medical devices, interventions, individual and community health promotion, and disease prevention as well as social health policy. The HTA results are beneficial in informing policy decisions in health investment in Thailand, for example, health benefits under the Universal Health Coverage (UHC) scheme.

- For more information visit www.hitap.net
- For more information on HITAP's international work, visit www.globalhitap.net

Ministry of Public Health

National Health Security Office

For whom are HITAP's academic data?

- For the National Health Security Office (NHSO) to develop the health benefits package under the Universal Health Coverage (UHC) scheme;
- For the Sub-committee for Development of the National List of Essential Medicines – to select and put essential medicines into the list based on the results of economic evaluation;
- For the Ministry of Public Health and government units – to develop the health policies;
- Support of neighboring countries in establishing an HTA system.

HTA agencies
in other countries



HePTA Program

Health Policy and Technology Assessment

The first HTA postgraduate program in Asia

Starts in August 2016

Strengthen HTA capacity with world-class International postgraduate program (MSc & PhD)

- HePTA program is a collaboration from distinguished faculties of Mahidol University, internationally-renown experts, and HTA organizations and network such as Health Intervention and Technology Assessment Program (HITAP), HTAsiaLink, International Decision Support Initiative (iDSI), National Institute for Health and Care Excellence (NICE), Priority Cost Effective lessons for Systems Strengthening (PRICELESS).
- The program offers financial support for high qualified students from Low-and Middle-down Income countries.

Health Policy
Impact

Social issues

*Health Intervention
or Health Technology*

Ethical issues

Organizational
issues

Economic Issues

HePTA is the systematic evaluation of properties, effects and/or impacts of health policy, and health technologies and interventions. The assessment is conducted by interdisciplinary groups using explicit analytical frameworks, drawing on clinical, epidemiological, health economic, social, ethical issues, and other information and methodologies.



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**NEXT
ISSUE**



Asthma in children under 5

Missing pieces from clinic to your home

Health Intervention and Technology Assessment Program
6 th Floor, 6 th Building, Department of Health,
Ministry of Public Health, Tiwanon Rd.,
Muang, Nonthaburi 11000, Thailand

May – August 2016