HITAP
Health Intervention and Technology Assessment Program

Portfolio
Health Intervention and Technology Assessment Program (HITAP)

Appropriate health interventions and technologies for Thai society
WWW.HITAP.NET

"..., HITAP, does assessments that policy-makers can use when deciding which new health technologies (vaccines, drugs, diagnostics and devices) to include in the benefit package..."

Dr. Suwit Wibulpolprasert
Deputy Chairman of the International Health
Policy Program Foundation (IHPF)

The Health Intervention and Technology Assessment Program (HITAP) of Thailand is an exemplary health technology assessment agency. In its commitment to achieving universal health coverage, HITAP evaluates and utilizes all available evidences at its disposal to increase access to good quality affordable healthcare for all Thais. I pay special tribute to the work of HITAP because it shows that despite resource constraints, access to healthcare irrespective of ability to pay is possible.

Sir Michael David Rawlins
Chairman of the National Institute for Health
and Clinical Excellence (NICE)
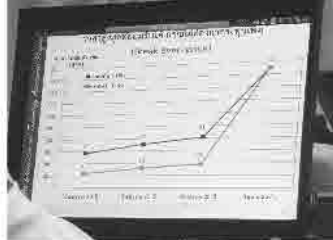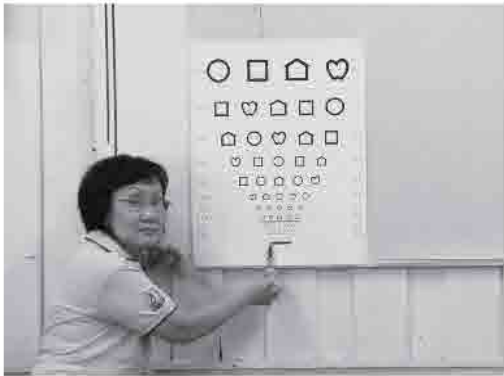from 1999 - 2012

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Health Intervention and Technology Assessment Program (HITAP)

The Health Intervention and Technology Assessment Program (HITAP) is a semi-autonomous research unit under Thailand's Ministry of Public Health. It was established in 2007 as a non-profit organization in order to take responsibility for appraising a wide range of health technologies and programs, including pharmaceuticals, medical devices, interventions, individual and community health promotion, and disease prevention as well as social health policy to inform policy decisions in Thailand.

In 2013, HITAP established an international unit, drawing on its experiences locally and internationally, to work at the global level with overseas development aids, international organizations, non-profit organizations, and overseas governments to build capacity for health technology assessment.

We places emphasis on systematic and transparent work as well as the aims to cultivate the public interest and encourage participation from all sectors of society in order to efficiently distribute and allocate the limited resources to full-fill its public objectives.

The 4th HTAsiaLink
Annual Conference 2015

2015, Taipei, Taiwan

Vision

Appropriate health interventions and technologies for Thai society

Mission

- To efficiently and transparently appraise health interventions and technologies using international, standard and qualified research methodologies;

- To develop systems and mechanisms to promote the optimal selection, procurement and management of health technology as well as appropriate health policy determination;

- To distribute research findings and to educate the public in order to make the best use of health interventions and technology assessment results.

Background

- In 2007, Health Intervention and Technology Assessment Program (HITAP) was formally established under the Bureau of Policy and Strategy, Ministry of Public Health.

- In 2008, HITAP supported the development of a quality of life measurement tool, which is necessary for the conduct of HTA.

- In 2008, HITAP in collaboration with Mahidol University developed a standard cost list for health care services with the aim that academia, researchers, and those who are interested were equipped with needed data on cost items.

- In 2009, cost-effectiveness of drugs was added to the criteria for drug inclusion considerations for the National List of Essential Medicine (NLEM). HITAP has acted as a member of Health Economic Working Group (HEWG) under the Subcommittee for development of National List of Essential Medicine since then.

- In 2009, the Subcommittee for Development of Benefit Package and Service Delivery(SCBP), National Health Security Office (NHSO) appointed

the International Health Policy Program (IHPP) and HITAP to work as the secretary of the SCBP, producing methodologically sound researches to inform decisions for the development of the benefit package under the Universal Health Coverage (UHC).

· In 2009, HITAP and other experts in HTA developed methodological guidelines for the conduct of HTA in Thailand. The guidelines were endorsed by the Subcommittee for Development of National List of Essential Medicine as a national standard methodology for conducting such studies in Thailand.

· In 2010, HITAP, in collaboration with Consortium of Thai Medical Schools,promoted rational use of drugs. As a mentor, HITAP provided technical support to medical school personnel in conducting HTA studies.

· In 2010, HITAP together with HTA bodies in Korea, Taiwan and Malaysia established HTA network for countries in Asia region, referred to as 'HTAsia-Link'.

· In 2010, HITAP Foundtion (HITAF) was established to manage and support HITAP's work.

· In 2011, HITAP issued HTA process guidelines, detailing the steps for conducting a HTA study.

· In 2013, HITAP and other experts in health made a move to push through the Resolution of the World Health Organization (WHO) regional committee for South-East Asia on Health Intervention and Technology Assessment in Support of Universal Health Coverage.

· In 2014, HITAP International Unit (HIU) was established with the objective to provide technical and other supports on HTA for developing countries for institutionalized HTA system in those countries.

· In 2014, HITAP and other experts in health made a move to push through the Resolution of the World Health Organization (WHO) on Health Intervention and Technology Assessment in Support of Universal Health Coverage.

· In 2014, as the secretary of the Thailand National Health Assembly, HITAP assisted in drafting the decision on development of system and process for the conduct and the use of HTA in Thailand.

· In 2014, HITAP updated the quality of life measurement tool and the methodological guidelines for the conduct of HTA in Thailand. Curently, the guidelines are at their second edition.

HITAP's Operation

H ITAP's goal is to make health technology 'available', 'accessible', and 'appropriately utilized' in Thai society. To achieve the goal, process and criteria for efficient and transparent assessment of health technology using research methodology that meet international standard is crucial. Moreover, the results of the assessment need to be disseminated to stakeholders in the society, including policy-makers, health professionals, and general population in order that the results are taken to account when they make decisions related to the issue. This is exceptionally important for the organizations that involve in the health system to incorporate information and evidence from the assessment, e.g. effectiveness, safety, quality, and necessity of the health technology in their considerations on the technologies. In this regard, system and mechanism to support selection, procurement, and management of health technologies and policy decision-makings need to be developed.

According the conceptual framework, HITAP adopts 5 strategies which relate, support and lead to achievement in the development of HTA system and institutionalize organizations that have expertise in the field of HTA in Thailand, as follow.

Human capacity
Strategy II

HTA network
Strategy V

HTA research
Strategy III

Knowledge management
Strategy IV

HTA fundamental system
Strategy I

Strategy 1: Research and development of a fundamental system for HTA

To establish a national standard and body of knowledge for health technology assessment in Thailand that not only achieves an international standard but also takes into account the resources and infrastructure constraints in the Thai setting.

Strategy 2: Capacity strengthening for HTA at both individual and organizational levels as well as for the Thai Health systems

To build up the individal's competence and capacity regarding health technology assessment for serving HTA organizations in both the short and long-term, as well as to gather related knowledge and develop a principal for expanding human capacity.

Strategy 3: Assessment of health technologies and policies in regard to public priority

To conduct comprehensive technology assessments using the methodological guidelines developed in strategy I and research from strategy II. HITAP will be the central forum for representatives from national organizations to identify important research topics for HTA. A number of HTA studies will be conducted with other relevant organizations; as a result, the creation of a network will make research more effective. Outcomes of the research will then be used as information to assist policy decision makers in making resource allocation decisions regarding health technologies.

Strategy 4: Research dissemination to policy makers, medical practitioners, and the general public

To explore the past experience of HTA introduction in Thailand as well as in other settings, and draw lessons to support the development of a national HTA institution, well-equipped with a necessary infrastructure and effective, transparent and coherent management mechanisms. The operation of this organization has to be suitable for the Thai context and well accepted by the general public.

Strategy 5: Development of organizational management and encouragement of connections between academics and involved parties at both national and international HTA organizations

- To develop systems of good governance
- To evaluate organizations' working procedures together with the effects of HTA research on the society as a whole
- To develop a systematic mechanism for topic prioritization and selection of HTA in Thailand
- To initiate and develop a network for HTA organizations in Thailand
- To build international collaborations

Summary of HITAP's Work
(2007-Present)

S ince 2007 until now, HITAP has been working on 178 projects, however regarding some of international projects are in the initial phases. Therefore, only domestic projects are presented in this summary.

Projects categorized by strategies

During the past 8 years, HITAP has produced 162 projects. Fifteen studies (9%) are related to methodological development, (HTA and cost) databases and guidelines. Nineteen studies (12%) are about KTE and capacity development. Four studies (2%) are about HTA governance and HTA network. There are 124 technology assessment projects (77%) per se (i.e. 26 HTAs on drugs, 8 on medical devices, 4 medical procedures, 38 on disease prevention and health promotion measures, 26 on packages of care—mixing screening and treatments, 22 on other public health policies such as evaluation of the Thai's government compulsory license policy".
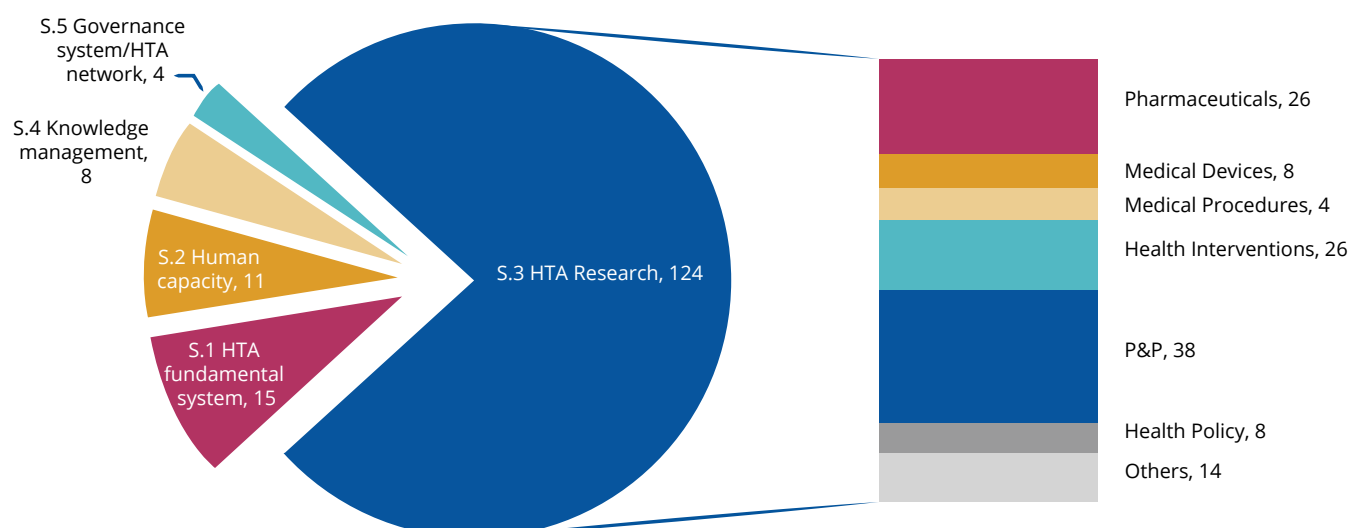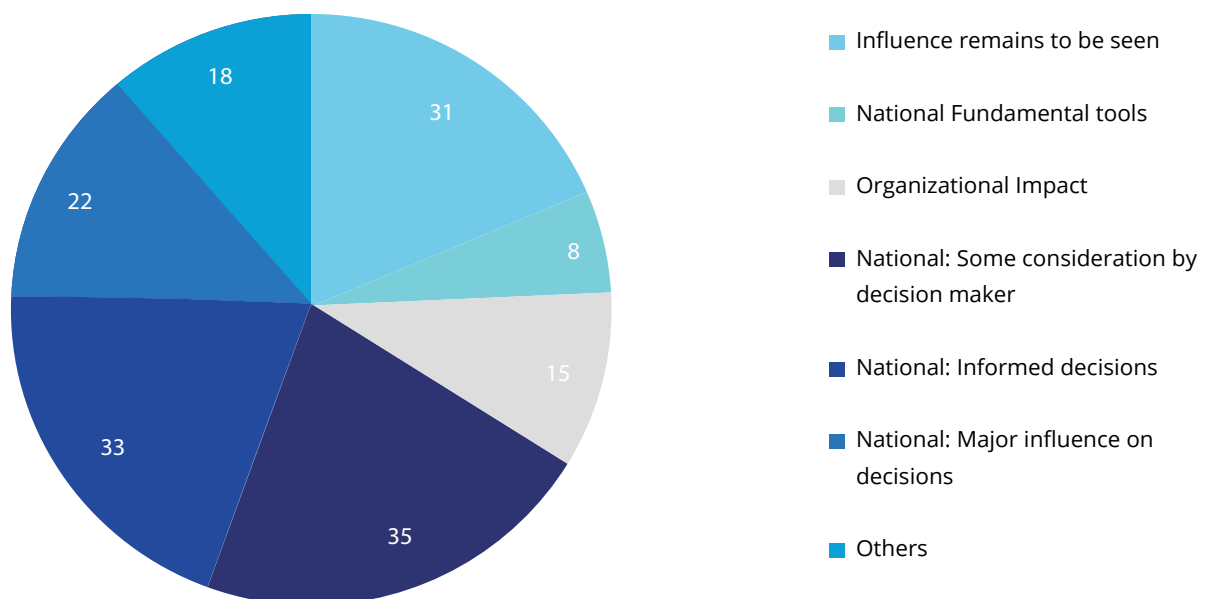
Projects Categorized by Impact

(2007-Present)

If categorized all HITAP's project by its impact to policy use, from 162 projects, there are 22 projects that show major influence on policy decision process at national level. Thirty three projects have been used to inform national policy makers without implementation. Thirty five of HITAP projects have been used for some consideration by policy makers at national level.

Moreover, there are 15 projects that have been used to support decision making process at the organizational level. There are also 8 projects that have been promoted as HTA national fundamental tools. Finally, there are 31 projects that their influences remain to be seen.
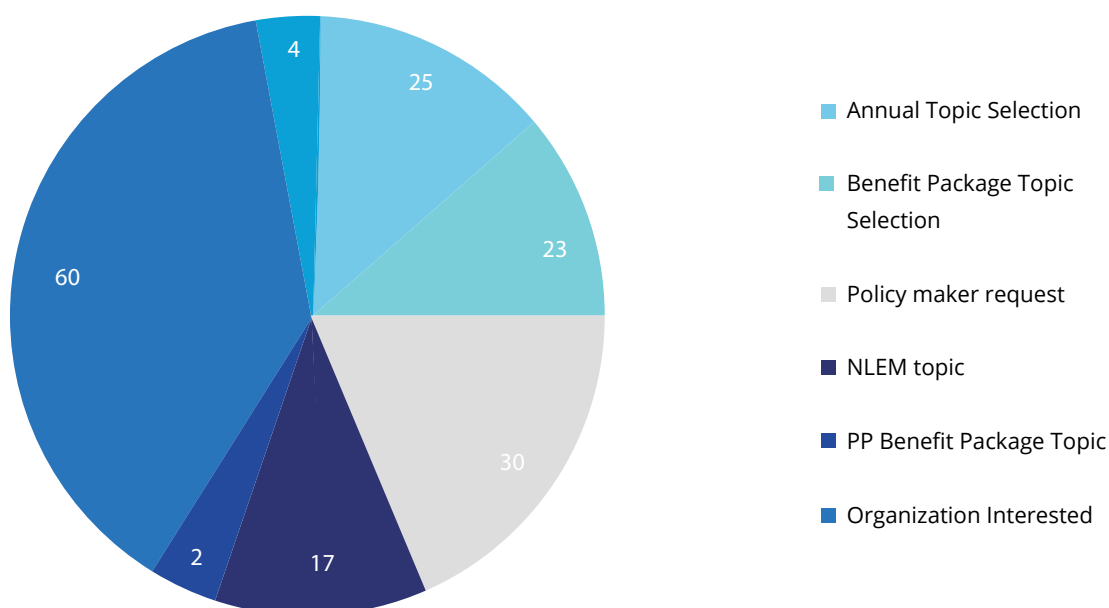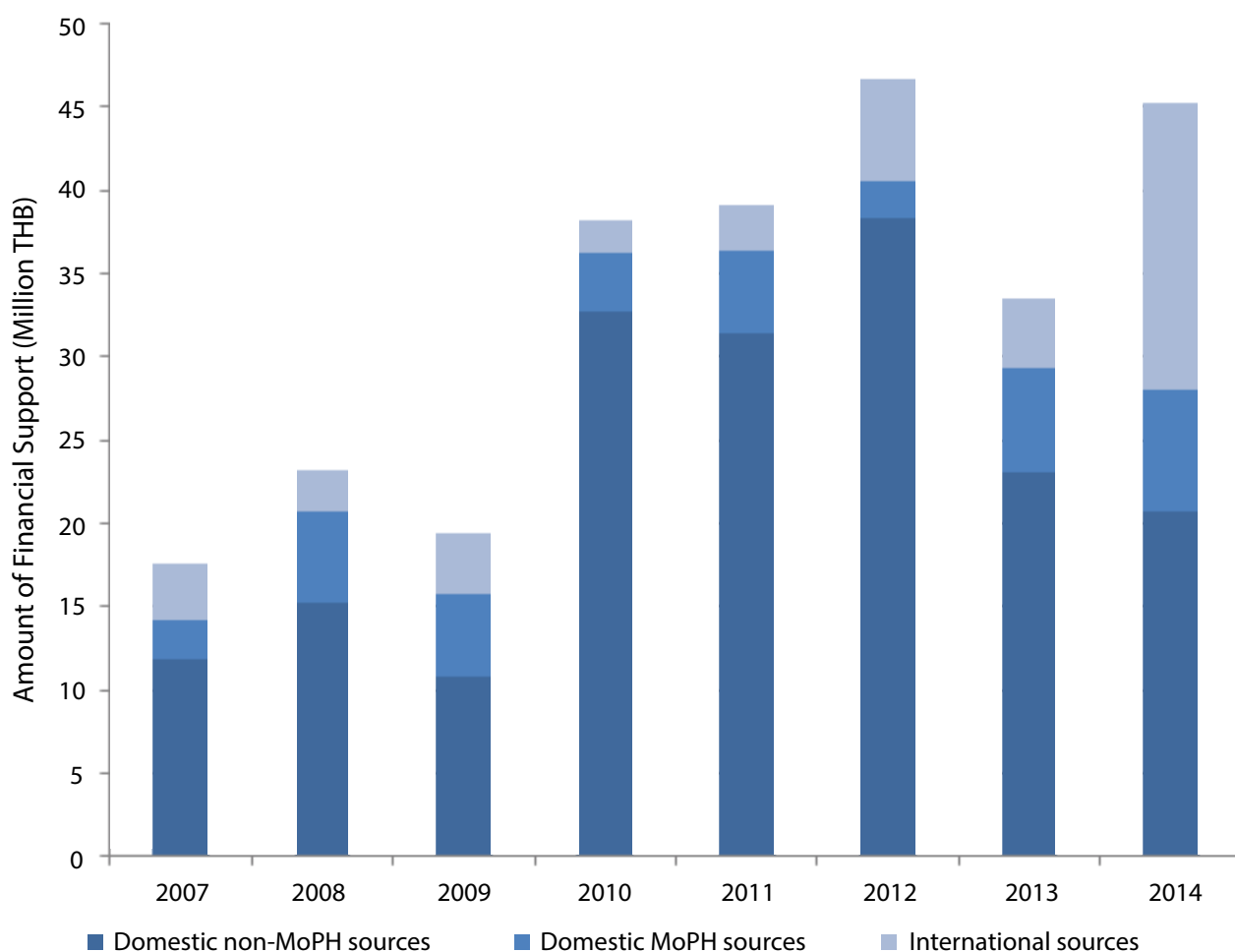

- Influence remains to be seen
- National Fundamental tools
- Organizational Impact
- National: Some consideration by decision maker
- National: Informed decisions
- National: Major influence on decisions
- Others

Projects Categorized by Topic Selection
(2007-Present)

H ITAP obtains its research topic through 6 channels namely annual topic selection (2007-2012), topic selection for benefit package, topic selection for national list of essential medicine, policy makers' request, topic selection for development of health promotion and disease prevention program, and research topic of organizational interest.

Legend:
- Annual Topic Selection
- Benefit Package Topic Selection
- Policy maker request
- NLEM topic
- PP Benefit Package Topic
- Organization Interested

Pie chart values: 4, 25, 23, 30, 17, 2, 60

Amount of Financial Support (Million THB)

■ Domestic non-MoPH sources   ■ Domestic MoPH sources   ■ International sources
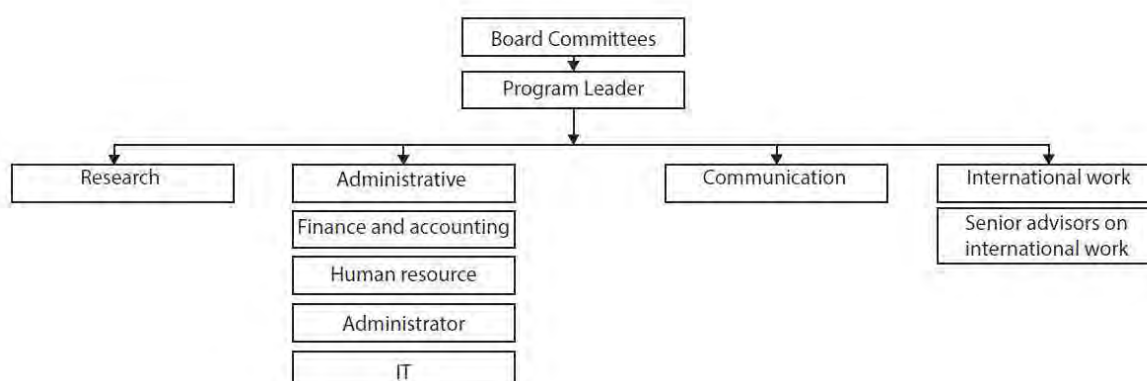
Financial Support

HITAP is financially supported by government bodies and non-profit organizations of which the goals are in line with HITAP's mission. These supports are from both domestic and international. For domestic side, the main supporters are Ministry of Public Health, NHSO, and Thailand Research Fund Senior Research Scholar Program, National Health Commission, etc. Meanwhile, international supports are from donors like World Health Organization (WHO), the Rockefeller Foundation, Bill and Melinda Gates Foundation and NICE International, etc.

In order to assure neutrality and to avoid the problems due to conflict of interest, HITAP do not directly or indirectly receive any grants or support from a for-profit organization or an institute funded by a for-profit organization.

Year	Domestic Funders	International Funders
2007	• Thai Health Promotion Foundation (ThaiHealth) • Health Systems Research Institute (HSRI) • Bureau of Policy and Strategy, Ministry of Public Health • Center for Alcohol Studies (CAS)	• World Bank • Global Development Network (GDN)
2008	• Thai Health Promotion Foundation (ThaiHealth) • Health Systems Research Institute (HSRI) • Health Insurance System Research Office (HISRO) • Center for Alcohol Studies (CAS) • Bureau of Policy and Strategy, Ministry of Public Health • Thaihealth-Global Link Initiative Project (TGLIP)	• Global Development Network (GDN) • World Health Organization (WHO)
2009	• Thai Health Promotion Foundation (ThaiHealth) • National Health Security Office (NHSO) • Health Systems Research Institute (HSRI) • Health Insurance System Research Office (HISRO) • Thaihealth-Global Link Initiative Project (TGLIP) • Center for Alcohol Studies (CAS)	• Global Development Network (GDN)
2010	• Thai Health Promotion Foundation (ThaiHealth) • National Health Security Office (NHSO) • Health Systems Research Institute (HSRI) • Ministry of Public Health • Thaihealth-Global Link Initiative Project (TGLIP)	• World Health Organization (WHO)
2011	• Thai Health Promotion Foundation (ThaiHealth) • National Health Security Office (NHSO) • Department of Disease Control, Ministry of Public Health • Health Systems Research Institute (HSRI) • Thaihealth-Global Link Initiative Project (TGLIP)	• World Health Organization (WHO)

Year	Domestic Funders	International Funders
2012	• National Health Security Office (NHSO) • Health Systems Research Institute (HSRI) • Thai Health Promotion Foundation (ThaiHealth) • Thaihealth-Global Link Initiative Project (TGLIP)	
2013	• Department of Health, Ministry of Public Health • The Institute of Health Promotion for People with Disability • Thaihealth-Global Link Initiative Project (TGLIP) • Burden of Disease Project	• Bill & Melinda Gates Foundation • United Nations Population Fund (UNFPA)
2014	• National Health Security Office (NHSO) • Thaihealth-Global Link Initiative Project (TGLIP) • Foundation of Thai Gerontology Research and Development Institute	• London School of Hygiene & Tropical Medicine through WHO support • Bill & Melinda Gates Foundation (via NICE International) • Department for International Development, UK (via NICE International) • Rockefeller Foundation (via NICE International) • World Health Organization
2015	• National Health Security Office (NHSO) • Thaihealth-Global Link Initiative Project (TGLIP) • Food and Drug Administration (FDA) • Bureau of Dental Health, Department of Health, Ministry of Public Health	• Bill & Melinda Gates Foundation (via NICE International) • Department for International Development, UK (via NICE International) • Rockefeller Foundation (via NICE International) • World Health Organization

HITAP's Organizational Structure

Board Committees → Program Leader

Research | Administrative | Communication | International work

Finance and accounting
Human resource
Administrator
IT

Senior advisors on international work

Board Committee of the HITAP foundation

Professor Vicharn Panich, M.D.
Chairman of HITAP Foundation

Dr. Suwit Wibulpolprasert
International Health Policy Program Thailand (IHPP)

Dr. Viroj Tangcharoensathien
International Health Policy Program Thailand (IHPP)

Dr. Sopon Mekthon
Department of Disease Control,
Ministry of Public Health

Dr. Pongpisut Jongudomsuk
The National Health Security Office (NSHO)

Assoc. Prof. Churnrurtai Kanchanachitra
Institute for Population and Social Research,
Mahidol University

Dr. Yot Yeerawattananon
Program Leader of the HITAP and
Secretary to HITAP foundation

Dr. Sripen Tantivess
Health Intervention and Technology Assessment
Program (HITAP)

Ms. Rojarek Leksomboon
Health Intervention and Technology Assessment
Program (HITAP)

Ms. Pitsaphun Werayingyong
Health Intervention and Technology Assessment
Program (HITAP)

Advisory committee on international work

Dr. Suwit Wibulpolprasert
International Health Policy Program Thailand (IHPP)

Dr. Somsak Chunharas
The National Health Foundation (NHF)

Dr. Toomas Palu
The World Bank

Assoc. Prof. Churnrurtai Kanchanachitra
Institute for Population and Social Research,
Mahidol University

Dr. Supakit Sirilak
Office of the Permanent Secretary,
Ministry of Public Health

Natalie Phaholyothin
The Rockefeller Foundation

Dr. Peerapol Sutiwisesak
National Health Security Office (NHSO)

Prof. Visanu Thamlikitkul
Subcommittee for development of the National List
of Essential Medicines

Research alliances

HITAP works together with administrators, academics and involves parties at both local and international institutions for the recognition, transparency, and conformity to the actual context and strive to make a connection to the users of the studies. At the same time, the personnel's capacity at allied institutions is developed. They understand and prepare themselves for future systemic HTA.

Domestic partnerships

Governmental Organization

- Ministry of Public Health ,i.e., Bureau of Policyand Strategy, Department of Health, Department of Medical Services, Food and Drug Administration, Department of Disease Control, Department of Mental Health, Department of Medical Sciences
- Subcommittee for development of the National List of Essential Medicines
- Health Systems Research Institute (HSRI)
- National Science and Technology Development Agency (NSTDA), Ministry of Science and Technology
- Health Insurance System Research Office (HISRO)
- International Health Policy Program (IHPP)
- The Thai Red Cross AIDS Research Centre
- Institute for Population and Social Research (IPSR), Mahidol University

- Thailand Research Fund (TRF)
- National Health Security Office (NHSO)
- Comptroller General's Department (CGD),Ministry of Finance
- National Health Commission Office of Thailand
- Health Accreditation Institute (Public Organization)
- Thailand Development Research Institute (TDRI)
- Clinical Research Collaboration Network (CRCN)
- Center for Alcohol Studies (CAS)
- Thai Health Promotion Foundation (ThaiHealth)
- Thai Health-Global Link Initiative Project (TGLIP)

Royal College, Association, Societies

- Royal College of Ophthalmologists of Thailand
- Royal College of Radiologists of Thailand
- Royal College of Pediatricians of Thailand
- The Endocrine Society of Thailand
- National Association of the Deaf Thailand
- Thai Medical Device Technology Industry Association (ThaiMed)
- Nuclear Medicine Society of Thailand
- The Royal Thai College of Obstretricians and Gynaecologists
- Royal College of Orthopaedic Surgeons of Thailand
- Thai Osteoporosis Foundation
- The Hearth Association of Thailand
- Pharmaceutical Research and Manufacturers Association (PReMA)
- Thailand Regional and General Hospital Society
- Rural Doctor Society

Academics

- Faculty of Pharmacy, Chiang Mai University
- Faculty of Pharmaceutical Sciences, Khon Kaen University,
- Faculty of Pharmaceutical Sciences, Chulalongkorn University
- Faculty of Pharmacy, Srinakharinwirot University
- Faculty of Pharmaceutical Sciences, Prince of Songkla University
- Faculties of Medicine, Naresuan University
- Faculty of Medicine, Chulalongkorn University
- Faculty of Public Health, Thammasart University
- Faculty of Pharmaceutical Sciences, Naresuan University
- Faculty of Pharmaceutical Sciences, Ubon Ratchathani University
- Faculty of Pharmacy, Mahidol University
- Faculty of Pharmacy, Silapakorn University
- Mahidol University Faculty of Medicine Ramathibodi Hospital
- Faculty of Medicine, Prince of Songkla University
- Faculty of Medicine Siriraj Hospital, Mahidol University
- Faculty of Science, Kasetsart University

Other organizations

- Thaihealth-Global Link Initiative Project (TGLIP)
- Government Pharmaceutical Organization (GPO)
- Thailand Convention & Exhibition Bureau (TCEB)

International partnerships

- Center for Drug Evaluation (CDE), Taiwan
- University of York, United Kingdom
- Department of Health Economics and Epidemiology Research, University of Tokyo, Japan
- Health Care, Technology and Place (HCTP) Program,
- Health Economics Group, University of East Anglia, United Kingdom
- Health Technology Assessment, Ministry of Health, Singapore
- International Network of Agencies for HealthTechnology Assessment (INAHTA)
- London School of Hygiene and Tropical Medicine (LSHTM), United Kingdom
- National Institute for Health and Clinical Excellence (NICE), United Kingdom
- Nijmegen International Center for Health Systems Research and Education (NICHE), Radboud University Nijmegen Medical Center, The Netherlands
- Ministry of Health, Myanmar
- Health Strategy and Policy Institute (HSPI), Vietnam
- World Health Organization (WHO) World Health Organization (Thailand) World Health Organization (Myanmar) WHO South-East Asia Region (SEARO) WHO Eastern Mediterranean Region (EMRO)
- Centre for Health Economics (CHE),
- Department of Essential Health Technology, World Health Organization
- Global Development Network (GDN)
- Department of Health Policy, Management and Evaluation, University of Toronto, Canada
- Health Insurance Review Agency (HIRA),Korea
- Health Technology Assessment International (HTAi)
- International Society for Pharmacoeconomics and Outcome Research (ISPOR)
- National Evidence-based Healthcare Collaboration Agency (NECA), Korea
- School of Pharmaceutical Sciences, Universiti sains Malaysia, Malaysia
- Center for Global Development (CGD), USA
- PRICELESS South Africa Ministry of Health, Indonesia
- Asia Pacific Observatory on Health Systemsand Policies, WHO

Example of HITAP's Work that Generate Impact at Societal, National and International Levels

- **Research for development of an optimal policy strategy for prevetion and control of cervical cancer in Thailand**

  The results showed that cevical cancer screening was more cost-effective than Human Papilloma Virus (HPV) vaccinations. The findings led to vaccine price negotiations and the expansion of cervical cancer screening program at national level.
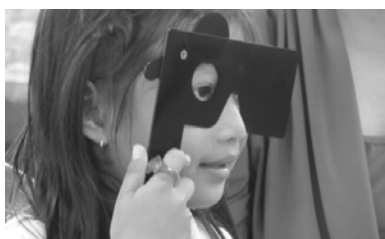
- **The Potential of Provider-initiated Voluntary HIV Counseling and Testing at Healthcare Settings in Thailand**

  HIV screening in every patient visiting a health facility was found to be cost-effective. Policy impact from the findings came in the form of free-of-charge HIV screening for all Thai population.
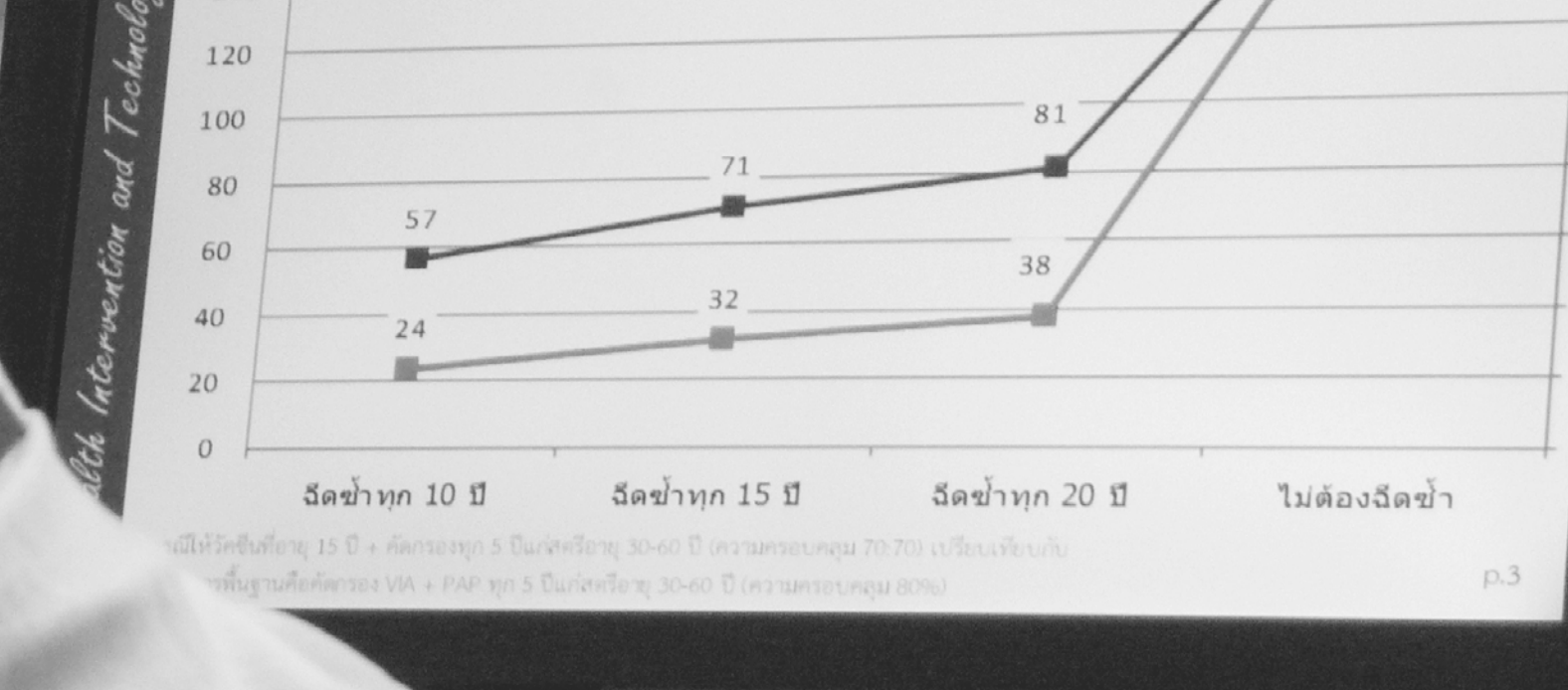
- **A study on cost of social, health and economic consequences of alcohol consumption in Thailand**

  Social costs from alcohol abuse in Thailand was estimated to be 0.15 trillion Thai Bahts per year. Health promotion organization used the information to plan their activities.

- **Assessing the implications of Thailand's government use licenses, issued in 2006-2008**

  Having achieved the UHC in 2001, drugs for treatment of HIV patients in Thailand were provided free-of-charge. This led to continuous increase in national health expenditure. In order to contain the expenditure, Thai government resorted for compulsory licensing (CL) of 7 drugs in 2006-2008, namely drugs for the treatment of cancer, drugs for the treatment of HIV, and drugs for cardiovascular diseases. This led to debates in political and economic aspects. HITAP conducted a research to evaluate the impact of the CL in terms of health, economic, and social to generate concrete evidence for the debates and for stakeholder considerations. This work was used as an input in a National Health Commission meeting as well as was presented to government committee.

- **Economic evaluation and feasibility analysis of using three-drug antiretroviral regimens as the standard regimens for the prevention of mother-to-child transmission of HIV in Thailand**

The chart shows values with x-axis labels: ฉีดซ้ำทุก 10 ปี, ฉีดซ้ำทุก 15 ปี, ฉีดซ้ำทุก 20 ปี, ไม่ต้องฉีดซ้ำ

Upper line: 57, 71, 81; Lower line: 24, 32, 38

นีให้วัคซีนที่อายุ 15 ปี + คัดกรองทุก 5 ปีแก่สตรีอายุ 70:70) เปรียบเทียบกับ
รพื้นฐานคือคัดกรอง VIA + PAP ทุก 5 ปีแก่สตรีอายุ 30-60 ปี (ความครอบคลุม 80%)

p.3

The cost-effectiveness result indicated that three-drug regimen for HIV treatment was cost-saving when prescribed to mothers in order to reduce rate of virus infection in their children. The Sub-committee for development of the benefits and servicing system in HIV and TB diseases, NHSO decided to suggest the use of the three-drug instead of the two-drug regimen for the prevention of vertical virus transmission from mother to child.

- **Cost-Utility analysis of hematopoietic stem cell transplantation for severe thalassemic patients**

  Transplantation of blood stem cell derived from siblings was found to be more cost-effective than other treatment alternatives. The SCBP agreed to include the transplantation in the benefit package, but feasibility of the service provision needed to be studied.

- **The development of health promotion and disease prevention policies for children aged 0-5 years in Thailand**

  Health Promotion and Disease Prevention Program Research team for children aged 0-5 years old, consisting of the Royal College of Pediatricians of Thailand; Department of Health, Ministry of Public Health; Burden of Disease Project (Thailand) ; and HITAP examined and analyzed Thai children health problems. The finding suggest-ed that there were 6 health issues that are significant in Thai children,namely unintended pregnancy; congenital disorders e.g. Down Syndrome, thalassymia, and hypothyroidism; developmental disorder, both mentally and physically; malnutrition; vision and hearing problems; and under quality child development centers. The government used the findings as an input to the operation of the Thai future for Child Health Development Program.

- **A research development of the system for screening of refractive errors and providing spectacles among pre-primary and primary school children in Thailand**

  The study revealed that 1 of 10 Thai children who aged 3-12 years old had vision problems. However, they were not screened or treated due to shortage in pediatric ophthalmologist. HITAP in collaboration with the Royal College of Pediatricians of Thailand and the Royal College of Ophthalmologists of Thailand conducted feasibility study of doing eye screening in children by teachers before referring the children who are deteced as having an eye problem to ophthalmologists. The findings suggested that this approach was beneficial in the sense that children could access screening and were provided eyeglasses in case they needed. The Ministry of Public Health developed a policy on children eye screening based on the findings.

- **Development of population-based screening package in Thailand**

  Previously, out-of-pocket health check-up expenditure in Thai people was as high as 2.2 billion Thai Bahts. However, there had not been a systematic assessment on how health check-up package should be designed for people at different age ranges. Moreover, UHC and Social Security Scheme had not yet included health check-up as a part of the benefit package. HITAP conducted a study to develop appropriate benefit package for health screenings in Thai population to present to NHSO as information for decision-makings on health check-up benefit package development.

- **Cost-effectiveness and budget impact of using imiglucerase for in patients with Gaucher's disease**

  The cost-effectiveness result pointed out that the drug was not cost-effective in Thai context. However, as the drug were the only treatment that could cure the disease, and its costs were so high that catastrophic health expenditure could be caused, the Subcommittee for Development of National List of Essential Medicine employed the study result to develop a copayment scheme between the government and private sectors to make the drug accessible for the patients.

- **The use of pegylated-interferon 2a and pegylated-interferon 2b for the treatment in patients with hepatitis C virus genotype 2 and 3 infection**

  The findings that the drugs were cost-effective were used to support the decision to include pegylated-interferon 2a and 2b in the NLEM for the treatment of hepatitis C virus genotype 2 and 3 infection. The indications for using the drug to treat patients with the virus genotype 1 and 6 and for patients with HIV co-infection were under consideration of the Subcommittee.

- **Safety and effectiveness of intravitreal bevacizumab and ranibizumab injections for treatment of retinal disease patients: an observational study**

  Bevacizumab, which was a drug that was registered for the treatment of cancers, was also prescribed for intravitreal injection to treat age-related macular degeneration (AMD) through its anti-vascular endothelial growth factor property. This property of the drug was similar to that of ranibizumab, which was registered specifically for the eye disease treatment. However, the use of bevacizumab was off-label. In 2012, HITAP's assessment suggested that bevacizumab was as effective for treatment of AMD as ranibizumab was but at a much lower cost. As a result, on 7 August 2012, the NHSO board agreed to include the drug in the NLEM to make the drug accessible for all UHC patients. HITAP was now conducting a clinical trial comparing bevacizumab and ranibizumab on the safety of the drugs. The result is expected to finish in 2016.

- **Asia Pacific Observatory Policy Brief: Conducive factors to the development of Health Technology Assessment in Asia**

  The Universal Health Coverage (UHC) had become the norm for many low- and middle-income countries in order to meet the health care need. However, implementing the UHC went side by side with an increase in the health care budget. In order to maintain the UHC's sustainability, Health Technology Assessment (HTA) had been introduced as a tool in order to set priorities. This work explained about the conducive factors as well as barriers to HTA development, based on the experiences from six Asian countries.

- **International Decision Support Initiative (iDSI)**

  iDSI was an innovative global partnership between leading government institutions, universities, and think tanks in the field of healthcare priority-setting. iDSI uniquely provided intellectual insight with hands-on field expertise, and delivered peer-to-peer support to policymakers and international funders. The project aimed to support countries in achiving and sustaining Universal Health Coverage (UHC) through helping policy makers and donors make better healthcare spending decisions. Currently, HITAP was working with Indonesia, Vietnam, Philippines, Nepal, Sri Lanka, Myanmar under iDSI project.

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Health Intervention and Technology Assessment Program

Health Intervention and Technology Assessment Program (HITAP)

Appropriate health interventions and technologies for Thai society

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