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# Patient involvement on HTA

Volume 10: Jan-Jun 2017



# HTAsiaLink

NEWSLETTER TO STRENGTHEN COLLABORATION AMONG HTA AGENCIES IN ASIA

## EDITORIAL

htasialink@hitap.net

**P**atient's perspectives can offer great insights into perceived benefits of health interventions and the challenges and obstacles encountered as a result of the healthcare system. Now at its 10<sup>th</sup> Issue, the HTAsiaLink Newsletter focuses on the theme of Patient Involvement in Health Technology Assessment (HTA). From a global point of view, we feature a cover story written by Dr. Karen Facey and Neil Bertelsen from the Health Technology Assessment international (HTAi) (page 5-6). Our cover stories also include discussions from four national

settings including Australia (page 9), Korea (page 14-15), Malaysia (page 7-8), and Thailand (page 10-11). Given that patients are ultimately the recipients of health care, their involvement in HTA is significant in order to get a holistic perspective.

We are pleased to announce that the next HTAsiaLink conference in 2017 will be held in Vietnam organized by the Health Strategy and Policy Institute (HSPI). Looking further at challenges to HTA in Asia, we shift the focus to an interview with Dr. Peter Coyte (page 18-19), a frequent

commentator in the HTAsiaLink conferences. In other news, the HTAsiaLink has recently signed a Memorandum of Understanding (MoU) with the International Network of Agencies for Health Technology Assessment (INAHTA). Another MoU with the EuroScan this October is also underway (page 20-21). The HTAsiaLink as a network is certainly on a path towards progress and there is more to look forward to in the coming years.

Best wishes,  
**The Editorial Team**

# 6<sup>th</sup> HTAsiaLink Annual Conference

Health Technology Assessment in designing and implementing Benefit Package  
for Universal Health Coverage

17 - 20 April 2017 | Fortuna Hotel, Hanoi, Vietnam

Hosted by: Health Strategy and Policy Institute (HSPI), Ministry of Health Vietnam

In the context of double burden of chronic and infectious disease among aging populations and the rapid emergence of new, expensive drugs and advanced medical technologies with the growing public expectations for accessing such treatments at an affordable level, and with the goal to achieve universal health coverage (UHC) the Asia-Pacific countries face the pressure of delivering high-quality healthcare with constrained public funds. These conditions raise the interest in using evidence from health technology assessment to inform coverage decisions. Therefore, this year HTAsiaLink annual conference discuss on **"Health Technology Assessment in designing and implementing Benefit Package for Universal Health Coverage"**.

At the conference, participants will take part in panel sessions conducted by the HTA global expert and policy makers from Asia-Pacific countries. The highlight of the conference is two tracks of oral abstract presentations – Economic Evaluations and Health System Research. Economic Evaluations related to health benefits package for UHC. Joining the 6th HTAsiaLink annual conference 2017, please register at <http://www.hsplient.vn/register/>

About Health Strategy and Policy Institute (HSPI), Ministry of Health, Vietnam

HSPI is an autonomous institution under the overall Ministry of Health umbrella, playing role in doing research to provide evidence and advice for policymaking on health policies and working as a focal point in HTA development in the country. For more information about HSPI, please visit <http://en.hsplient.vn/vclen/trang-chu>



# Contributors

## Patient Involvement in HTA - A View from HTAI

- 1 **Karen Facey**  
HTAI Interest Group for Patient/  
Citizen Involvement in HTA  
k.facey@btinternet.com
- 2 **Neil Bertelsen**  
HTAI Interest Group for Patient/  
Citizen Involvement in HTA  
NB@neilbertelsen.com

## Main Scoop: Patients Involvement in Health Technology Assessment: MaHTAS experience

- 3 **Dr. Izzuna Ghazali**  
Head of Horizon Scanning, Communication  
and Information Unit, MaHTAS, Malaysia  
drizzuna@moh.gov.my
- 4 **Dr. Juncainah Sabirin**  
Deputy Director  
MaHTAS, Malaysia  
juncainah@moh.gov.my

## Lessons learnt on processes to introduce patient perspectives in HTA: an Australian perspective

- 5 **Sally Wortley**  
Research Fellow, School of Public Health,  
University of Sydney, Australia  
sally.wortley@sydney.edu.au
- 6 **Janet Wale**  
Chair of the HTAI Patient and Citizen  
Involvement in HTA Interest Group  
socrates111@bigpond.com

## Patient Involvement in the Thai UCBP

- 7 **Suradech Doungthipsirikul**  
Researcher at Health Intervention and  
Technology Assessment Program (HITAP),  
Thailand
- 8 **Nitichen Kittiratchakool**  
Researcher at Health Intervention and  
Technology Assessment Program (HITAP),  
Thailand
- 9 **Danai Chinnacom**  
Researcher at Health Intervention and  
Technology Assessment Program (HITAP),  
Thailand

## A Survey Research of the Patients Participation Model for Health Technology Assessment in South Korea

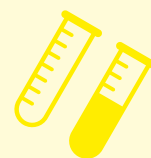
- 10 **Minjeong Jo**  
Researcher, National Evidence-based  
Collaborating Healthcare Agency (NECA),  
Korea

## Connecting Good Deeds Worldwide

- 11 **Jasmine Pwu**  
Senior Investigator, Health Data Research  
Center at National Taiwan University, Taiwan  
Past President, HTAsiaLink  
jasminepwu@ntu.edu.tw



# Patient involvement in HTA: Views from HTAi, Malaysia, Australia, Thailand, and South Korea



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e all are either patient or future patient, and also a tax payer to our healthcare system. Therefore, the decision for health policy is everybody's business.

Patient involvement process is considering a key factor in HTA. The patient involvement concept has been raised and discussed in many global forums. In Europe, the patient involvement has been well-established and there are many reports and publications regarding its process and development. In Asia where HTA development is in its infancy stage and none of Asian HTA bodies are the same; similarly, there is no single way to involve patients in the work of an HTA body. This article will walk you through various approaches to patient involvement from international network view to some of Asian countries and nearby continent.

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A Survey Research of the Patients Participation Model for Health Technology Assessment in South Korea



**Position & Organization:** HTAi Interest Group for Patient/Citizen Involvement in HTA

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<sup>1</sup> <http://www.htai.org/interest-groups/patient-and-citizen-involvement.html>

HTAi promotes patient involvement in HTA that has two distinct strands:

- **“Patient evidence”**, which arises from qualitative or quantitative research about patients' experiences, views or preferences.
- **“Participation”** of patients in the HTA process.

These two strands of patient involvement are equally important and both require careful planning and rigorous methods to ensure that patient involvement is meaningful and not simply participation in public consultation processes or informal write-ups of group discussions.

Patient evidence arises from academic research about patients' perspectives, experiences and preferences. It should be robust, use appropriately qualified personnel (such as social scientists) and present clear reports of methods and findings, with discussion of limitations and generalizability. In the 1990s, such research was more commonplace in “full HTAs” and was shown to influence HTA recommendations. However with the use of more rapid HTAs to inform reimbursement decisions, little of this research is undertaken apart from in Scandinavia and occasionally Scotland.

This decline in the use of research about patients' perspectives and preferences has conversely come at the same time as a push by many policy makers for a more democratic approach to healthcare decisions. This has led to pressure at health policy level to become more patient focused; with a call from governments to involve patients in healthcare planning and policy and to show how their input has been used in decision-making. A few organizations have applied this ethos to HTA and seek to support patients to participate

at every stage of HTA, encouraging them to provide specific input via structured forms and processes that have been designed specifically for patients.

Patient participation is not simply inviting patients to a meeting. It requires proactive communication, capacity building of patient representatives, and patient organizations that are willing to take an active part in an HTA process that may not ultimately benefit their members. Participation requires the development of a relationship – so that patient representatives can understand the intent of the HTA process and its limits, how they can contribute in a way that will add value and to be reassured that their input will be carefully considered alongside that of other experts, such as clinicians. So this means that HTA staff need to be trained too.

Internationally there is continuing development of patient involvement in HTA, but there are still many jurisdictions where patients are seen as lobbyists and in the pocket of industry, or paternalistic systems where involvement is not even considered. To maintain progress, we must continue to share experiences among HTA bodies, academics and patient groups. We need to develop trust, understanding and methods so that HTA decisions are based on the best available evidence and have all relevant expertise to interpret the evidence.

HTAi has a range of tools to support patient involvement on its website and has worked internationally to develop Values and Quality Standards for Patient Involvement in HTA. Next year, a book on Patient Involvement in HTA will be launched at the HTAi Annual Meeting. Then in a few years, an interactive guide to support patient involvement in HTA will be launched, bringing together a wide range of resources to help HTA bodies implement or improve their processes. We'd love to have more involvement of Asian HTA bodies in the HTAi Interest Group, so do contact us or sign up to our monthly bulletin on the HTAi website.

“Indeed the greatest value of patient involvement may be when the benefit of a technology seems promising but is unclear, or when the economic analysis is close to the willingness to pay threshold. Here patient involvement can help us reduce “decision uncertainty”.”



**Author(s):** Dr. Izzuna Mudla Mohamed Ghazali<sup>1</sup>, Dr. Junainah Sabirin<sup>2</sup>

**Position & Organization:** <sup>1</sup>Head of Horizon Scanning, Communication and Information Unit, MaHTAS; <sup>2</sup> Deputy Director, MaHTAS.

# Patients Involvement in Health Technology Assessment: MaHTAS experience

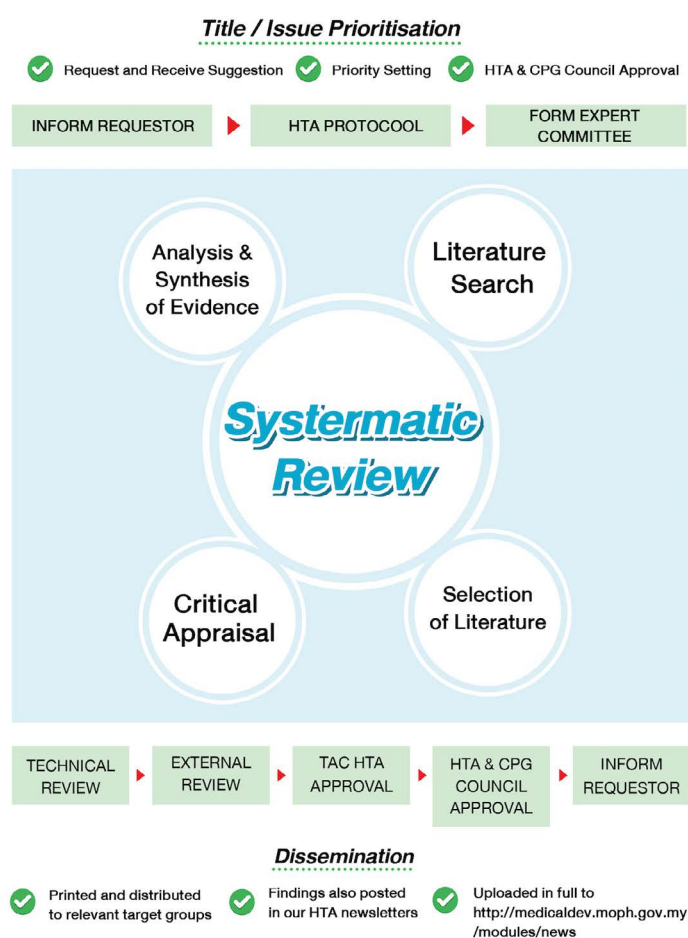


**P**atient involvement in health care has been emphasized in ensuring the quality of care provided. Health Technology Assessment (HTA) provides input for decision and policy making related to health technology and may have direct impact on patients. Thus, patients' perspective is important to be incorporated in the reviews in ensuring fair assessment. The beginning of patients involvement in HTA differs between HTA agencies. In more established agencies, patient involvement has started more than 10 years ago. The type and level of patient involvement vary widely, which is a reflection of the different rationale, motivation and approach applied in each country. Patient involvement may occur at various stages of HTA, from identification up to dissemination and diffusion.

The Malaysian Health Technology Assessment Section (MaHTAS), Ministry of Health Malaysia has started to involve patients representative or society in HTA since more than five years ago. The involvement depends on the HTA topic and the availability of suitable patient or patient representative. Patient representatives can be identified through experts in the related field and included as expert committee members in HTA projects. For example, a patient representative was included in the HTA on Prostate Cancer Screening and the HTA on Computerised Cognitive Behavioural Therapy for Adults with Depression. The expert committee members were multi-disciplinary experts in the related fields. Their roles were to review the HTA protocol, the evidence and the write-up.

Patient representatives as expert committee members in the HTA on Computerised Cognitive Behavioural Therapy for Adults with Depression enabled MaHTAS reviewers and other expert committee to understand the issues in the management of adults with depression and the potential usage of the technology. As for HTA on Prostate Cancer Screening, the representative from patient society indicated the acceptability and perceived impact of the programme to patients and society. Input from patient representatives led to a more comprehensive and patient-centered reports and recommendation. However, the actual impact of patient involvement has not been evaluated formally.

The challenges in including patient or patient representatives in the HTA process is their ability to understand scientific research. Nevertheless, MaHTAS will continue to educate health professionals and the public on evidence-informed decision making and hopefully patient involvement will be strengthened in the future.



*Patients Involvement in HTA may occur at various stages*





**Author(s):** Wortley, S and Wale, J

**Position & Organization:**

<sup>1</sup> Research Fellow, School of Public Health, University of Sydney

<sup>2</sup> Chair of the HTAi Patient and Citizen Involvement in HTA Interest Group

# Lessons learnt on processes to introduce patient perspectives in HTA: an Australian perspective

**A**ustralia undertakes HTA at a local, state and national level. Most well-known is the national process of determining public reimbursement of medicines and medical technologies, overseen by the Pharmaceutical Benefits (PBAC) and Medical Services (MSAC) Advisory Committees. These Committees have included a consumer advocate to represent the views and perspectives of patients in the HTA process. In recent years additional approaches have been implemented to accommodate both the growing expectations of patients and the complexity of decisions. One example is the introduction of consumer hearings into the PBAC process.

While such initiatives are a positive step to increasing the role of patients in decision-making, they need to be underpinned by activities to inform and support patient involvement. In Australia public discussions and research have identified the need for the following:

## 1. Access to clear and accessible information.

This includes information on the HTA process and the evidence being assessed as part of an HTA report. HTA can be complex and most patients in Australia don't understand the assessment processes and how decisions are made. Patients are likely to overestimate the benefits of new treatments and this is compounded by a lack of relevant information.

## 2. Clarity from decision-makers regarding the role of patients.

HTA organisations need to outline what they want to know from patients, and to facilitate this process. If this is not clear, patients can end up submitting information that is ultimately disregarded and lead to frustration with the process. Use of agreed templates with guidance is one way to support this process.



## 3. Designated resources to support patient involvement.

Such resources can support the development of patient group databases, training and information material and/or a patient liaison officer (s) to help support patients and/or patient organisations.

## 4. Sufficient time and notice.

This is needed to enable a wide variety of patients to be able to become informed and have the opportunity to respond in a considered way. PBAC has been successful in establishing earlier access to the meeting agendas but too often deadlines are short and patients are not aware that input can be submitted.

## 5. Feedback/Evaluation.

Feedback on the usefulness of patient input is essential. Processes should also be regularly evaluated to ensure they are effective and appropriate for the decision-making context, and to move forward new ideas.

The challenge is to shape patient involvement to the local context and decision-making process.



**Author(s):** Suradech Doungthipsirikul<sup>1</sup>, Nitichen Kittiratchakool<sup>2</sup>, Danai Chinacom<sup>2</sup>

**Position & Organization:** <sup>1</sup>Researcher <sup>2</sup>Research Assistant, Health Intervention and Technology Assessment Program (HITAP), Thailand

## Patient Involvement in the Thai UCBP

The Health Intervention and Technology Assessment Program (HITAP) and the International Health Policy Program (IHPP) have conducted a project that is highly relevant to the Thai health benefit package since 2009. "The Development of the Universal Health Coverage Benefit Package Project (UCBP)" was an assignment requested by the Sub-committee for the development of Benefits Package and Service Delivery (SCBP) beginning in 2009. This project is expected to cover health interventions that are necessary and accessible for all Thais. The principle behind UCBP is for it to be systematic, transparent, participatory, and evidence-based. In order to make it a participatory process, the SCBP appointed representatives from seven groups of stakeholders<sup>1</sup> to be able to nominate interventions to be considered for inclusion in the health benefits package. And the representatives of four of the groups of stakeholders<sup>2</sup> that nominate topics are responsible for making a final decision of the prioritized topics. Finally, selected topics will be assessed in order to provide evidence informing policies.

The patients group is one of the groups of stakeholders involved in both topic nomination and selection. Members of this group consist of patient networks under the National Health Security Office (NHSO) support and Thai Medical Error Network (TMEN). Four persons from the group are selected to represent the entirety of the patient group. Currently the representatives are from Thai Hemophilia Patient Club (THPC), Thai Diabetes Patient Club, Thai with Disability Foundation (TDF) and Friends of Kidney-failure Patients Club.

During 2009 to 2015, one-hundred and twenty-nine topics have been nominated, however only nine topics came from the patient group. The topics which they have submitted are typically specific to the health problem of each representative, for example, THPC offered the topic "Universal access to treatment service for hemophilia patients", Thai Diabetes Patient Club offered the topic "Providing self-monitoring blood glucose (SMBG) meter, etc.

From our experience, we found that even though the patient group show great interest in the initiative, they have a constraint in terms of capacity to gather information required for topic nomination. To aid this group, we provide technical support by procuring information for internal prioritization and submission. As such these groups are sometimes allowed to submit topics without comprehensive information.

Moreover, patients' roles in working groups for topic nomination is too low because they may not understand the criteria that is used for topic selection<sup>3</sup>. They usually place importance on some criteria such as size of population affected by disease or health problem, severity of disease or health problem and equity/ethical and social implication.

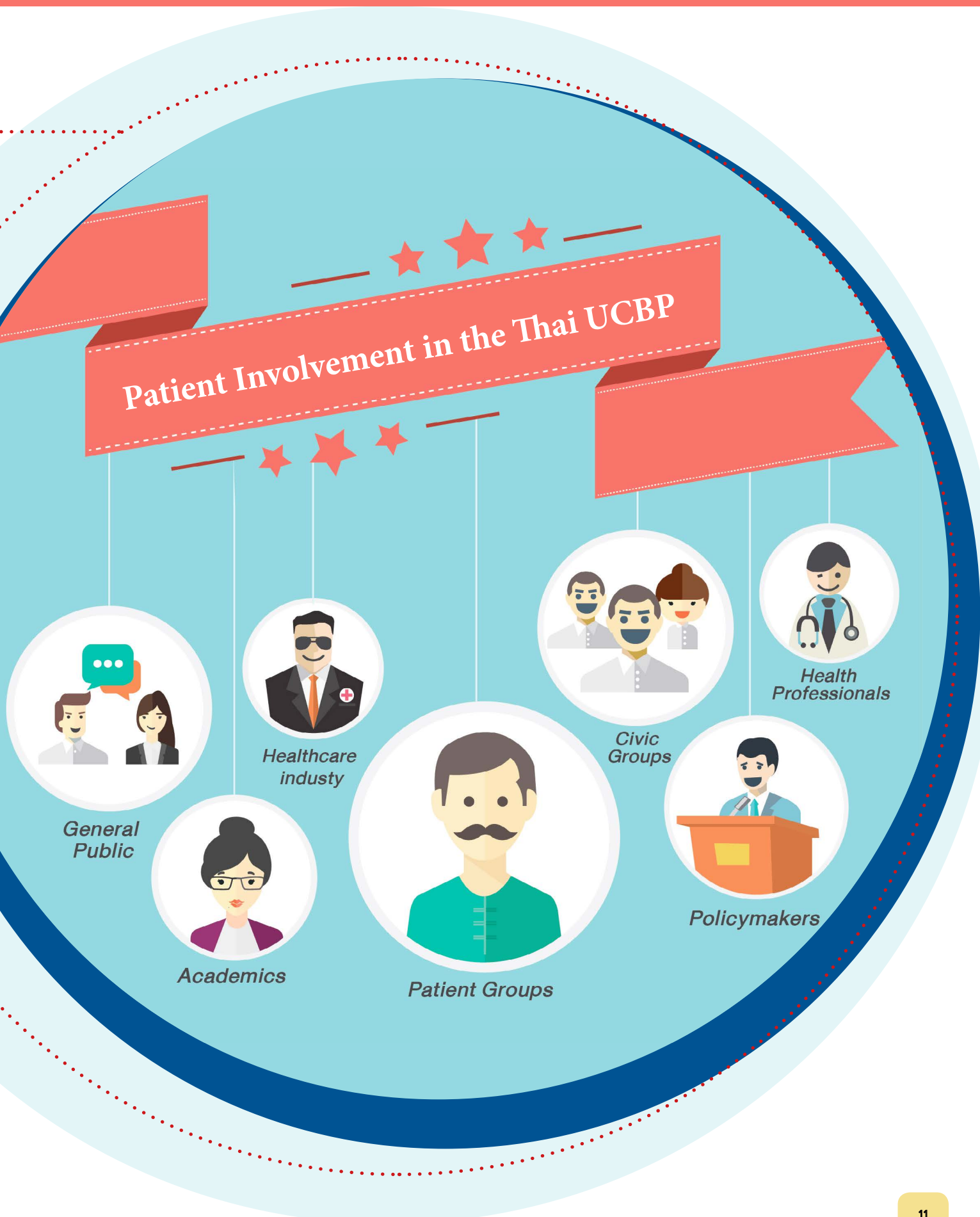
In conclusion, patient involvement in UCBP on topic nomination is inadequate. In terms of topic selection, patient groups have a limitation on their knowledge, understanding and expression of opinions. Our team sees this as a challenge, so we constantly ask the question, how can we push them to participate in UCBP process and How can we empower them?

### Footnote

(1) The Seven groups of stakeholders are policymakers, health professionals, academics, patients, civil groups, healthcare industry, and lay citizens.

(2) The four groups of stakeholders are health professionals, academics, patients, and civil groups.

(3) In principle, HITAP and IHPP staff have to review evidence according to six criteria namely size of population affected by disease, severity of disease, effectiveness of health intervention, variation in practice, economic impact on household expenditure, and equity/ethical and social implication.





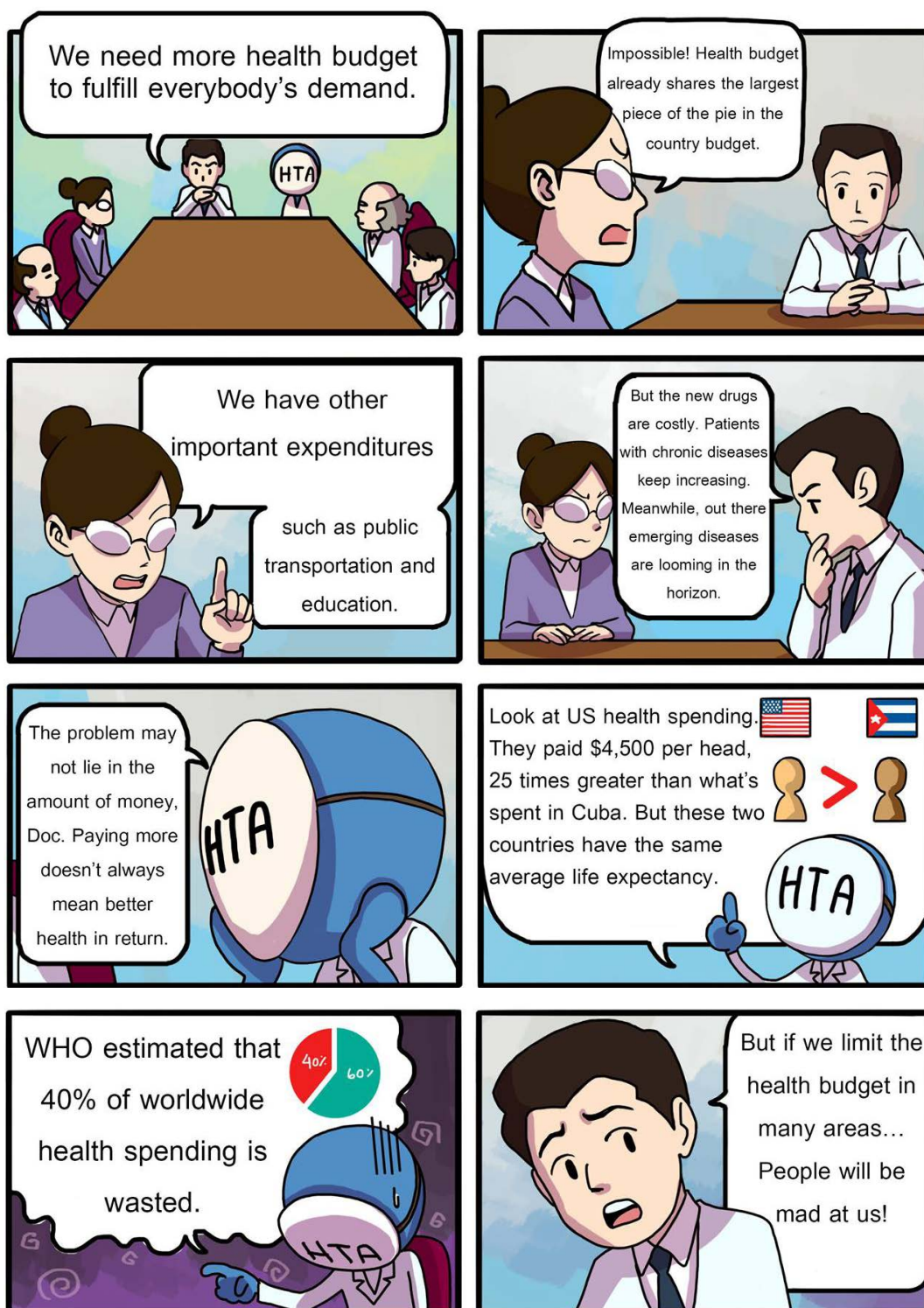
By: Warut Lertsarawut (warut.l@hitap.net) Warisa Sinthuthan (zeoui\_@hotmail.com)  
Chalarnorn Yothasmutra (chalarnorn.y@hitap.net)

## Dr. Mana's Bittersweet decision:

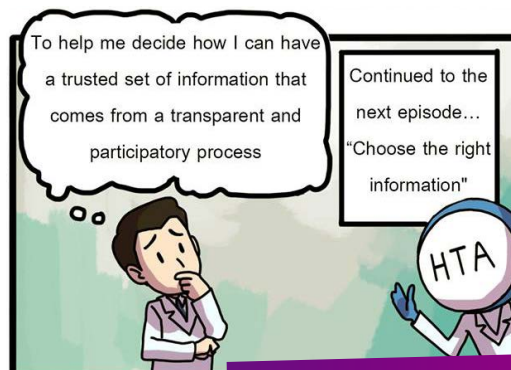
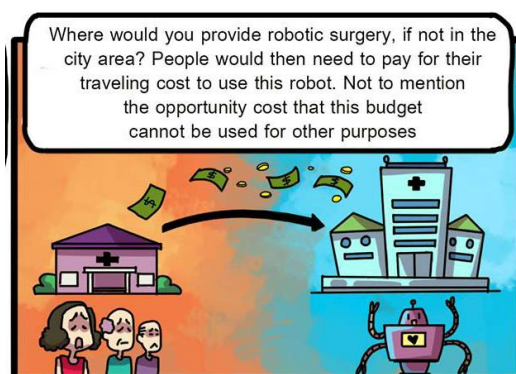
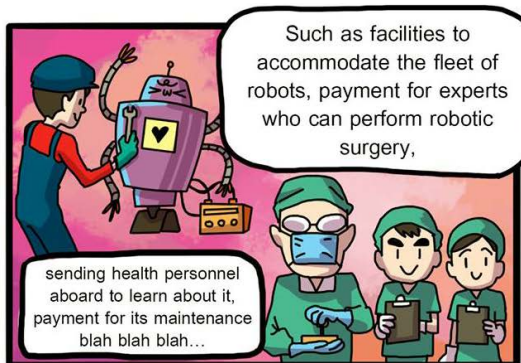
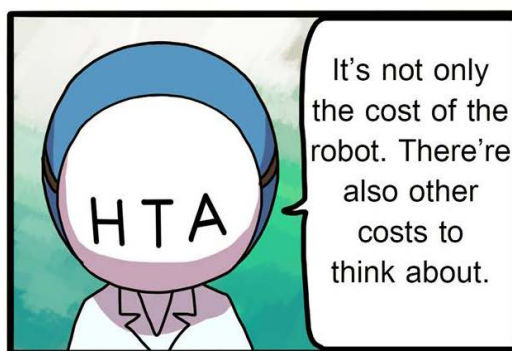
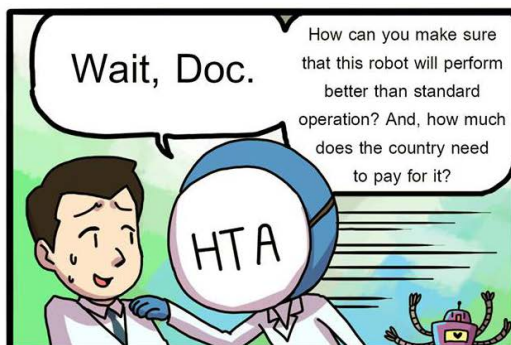
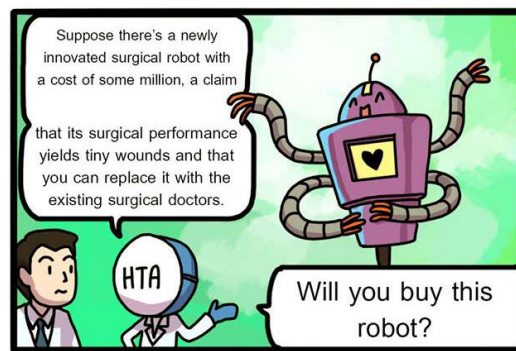
### High cost, high return?

#### Recap episode

Dr. Mana – the health minister – would like to improve health for all. He approved all new health technologies to be included in the benefits package with expectation that it will improve patient quality of life. However, sharp increases in public health expenditure put the country budget at risk, and still, many patients could not access these services.







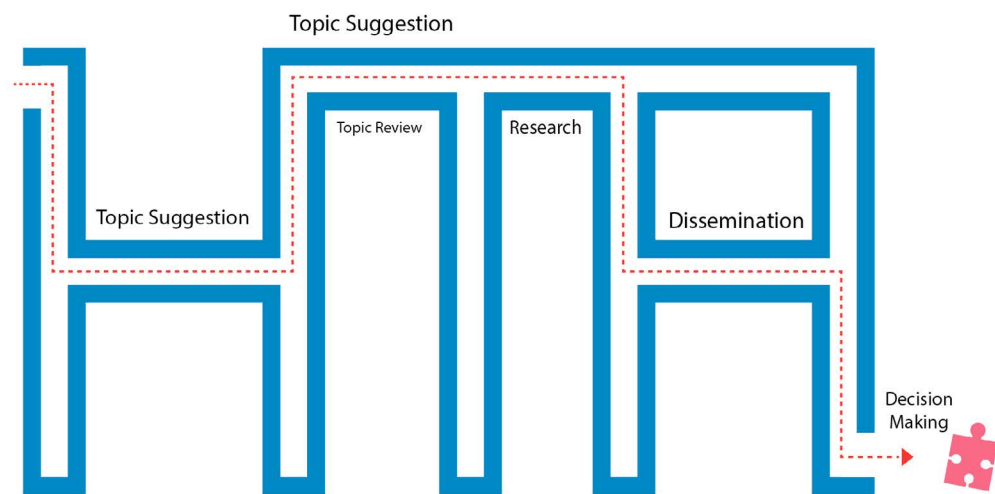
To be continue.



**Author(s):** Minjeong Jo, Bit-na Yoo, Hee-sun Kim

**Position & Organization:** Researcher, National Evidence-based Collaborating Healthcare Agency (NECA)

# A Survey Research of the Patients Participation Model for Health Technology Assessment in South Korea



**P**ublic participation in South Korea is limited by the number of represented participants in the decision-making process. Likewise, public participation in the quality of health care could be indirect such as through a patient panel or a consumer council. Thus, South Korea lacks a breadth of experience to sufficiently discuss public participation. Patient participation in the process of Health Technology Assessment (HTA) is really important to prepare a foundation to raise patient's acceptance about HTA's outcomes.

Due to its importance, we deduced the current status of patient participation in HTA and investigated the awareness of patients and experts about the process of HTA participation.

“In the next year, we aim to develop a methodology manual of Korean patient participation after setting a patient type at the stage of HTA.

Through this manual development, we expect to spread the South Korean manual for a practical patient participation method, sharing with domestic and international HTA organizations.”

We presented this result at the HTAsiaLink Conference that was held in Taiwan on May 2015. A total of 19 patients and 52 experts participated in the questionnaire survey. A web-based survey was taken by 3 health and medical academies, 4 patient groups and the experts that registered with NECA in November 12 to 23, 2014. Then the HTA process (topic suggestion, topic assessment, topic review, research implementation, diffusion and dissemination) was investigated in five steps and investigated in the status and level of participation, expectation, effectiveness, and management plan of stakeholders' configuration.

The results of the research indicated that although there is a need for patients or experts to participate in the stage of theme proposal or evaluation in the process of HTA, the majority of them were participating in the stage of disseminating the research. In particular, patient group participation in the entire process of HTA is in the capacity of a representative of the patient group and displayed a very low participation rate compared to the expert group. Therefore, these results presented the need to seek the means of patient participation in the entire process of HTA.

Nevertheless, a number of experts and patients agreed that patient participation in all of the processes involved in a HTA would improve the accuracy of measuring patient preferences and understanding the impact of the health technology concerned in the actual healthcare environment.

Additionally, the respondents also suggested that the participation of diverse stakeholders would enable a comprehensive value assessment and derive a social agreement, thereby enhancing transparency and fairness of the decision-making process. Thus, participation of multiple interested parties should be reviewed aggressively to ensure transparency and fairness, which are some of the most important principles of HTA.

There were some limitations in the number of respondents to the questionnaire survey in this study given that the participation of patients and the general public for HTA is yet to be activated in South Korea. Nevertheless, we determined that the results of this study would be useful in maximizing the procedural validity of the research topic selection and is significant as a basis for the production of high-quality research.

In the next year, we aim to develop a methodology manual of Korean patient participation after setting a patient type at the stage of HTA.

Through this manual development, we expect to spread the South Korean manual for a practical patient participation method, sharing with domestic and international HTA organizations.

#### ACKNOWLEDGEMENTS

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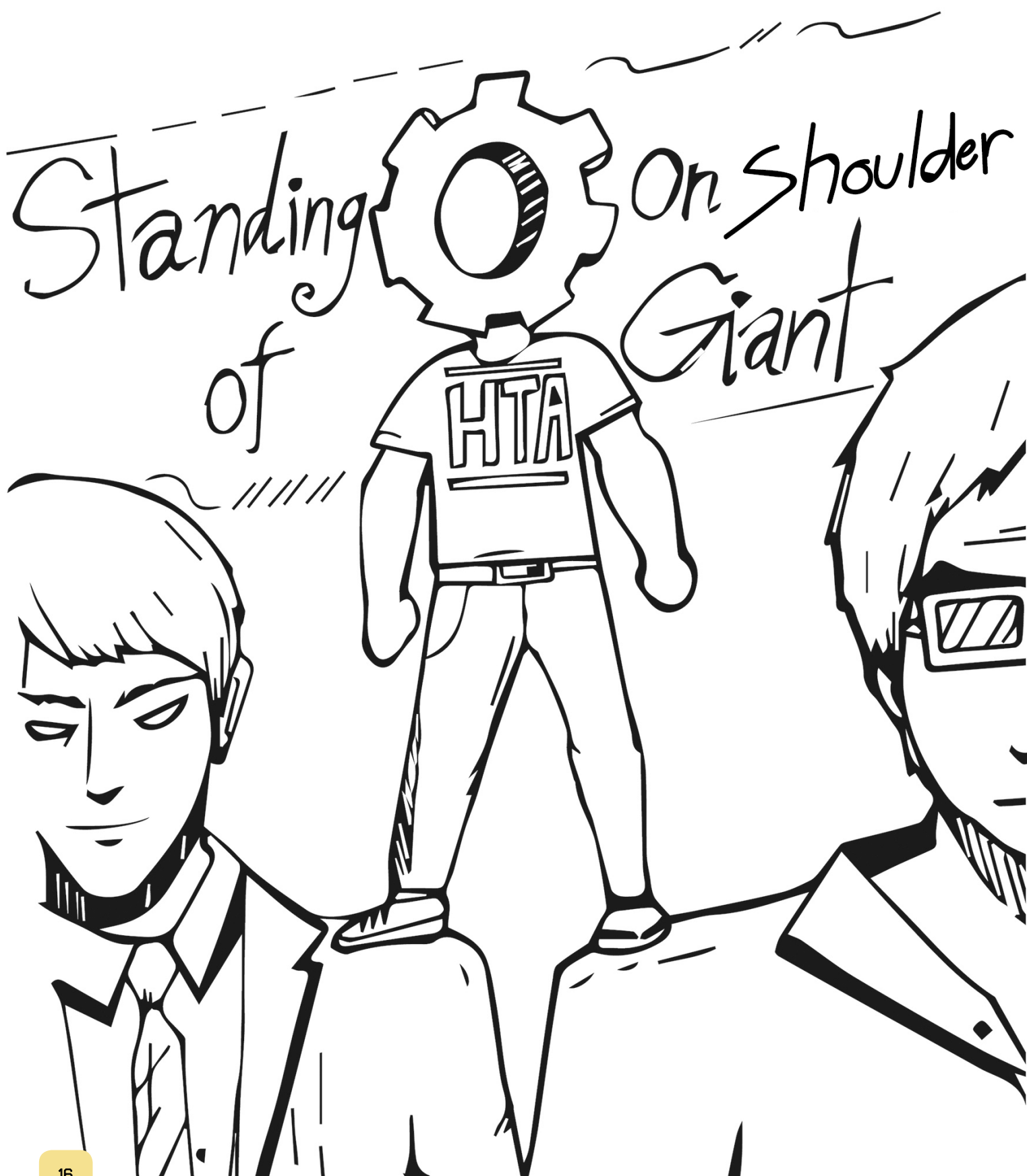
It can be found on the 'Evidence and Values in Healthcare' published by NECA. ([http://www.neca.re.kr/center/researcher/values\\_view.jsp?boardNo=NW&seq=9411&q=626f6172644e6f3d4e](http://www.neca.re.kr/center/researcher/values_view.jsp?boardNo=NW&seq=9411&q=626f6172644e6f3d4e))





**Author:** Benjarin Santatiwongchai

**E-mail:** benjarin.s@hitap.net





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you are an economic evaluation practitioner, have you ever imagine how great it would be if there is a source that you can consult whenever you encounter a methodological difficulty?

Economic evaluation practitioners in LMICs often face with challenges like how to deal with utility score when there is no standard utility score for their context or which clinical data should be used if there is no information derived from the gold standard methods.

## Standing on the Shoulder of Giants: GEAR database

### Equip the 'GEAR' for your journey to economic evaluation research

The Guide to Economic Analysis and Research (GEAR) database aims to fill that gap. It is a global platform that gathers, collates and generates tools and channels that will facilitate the conduct of high quality economic evaluation in low- and middle-income countries. When database users confront a methodological challenge, they can look up the database and choose the solution that match their need best from many different options.

- **Mind mapping** – visualize possible solutions in the form of mind map for both immediate solutions and how to sustainably solve the problems
- **International guidelines** – look whether there are methodological guidelines available that are specific to the users' context and, if not, which other guidelines are available to refer to
- **HTA Methodological pool** – see how other practitioners are doing in their research through the statistics of the methodological components in existing economic evaluations.
- **Ask the experts** – if the other options do not work, try consulting the global and regional experts who can provide guidance based on their knowledge and experience through web board-like platform

With the GEAR, perhaps the quest for high quality economic evaluation will be with less difficulties. Visit [www.gear4health.com](http://www.gear4health.com)



**Author: Karlena Luz**  
**E-mail: comm@hitap.net**

Interview with Dr. Peter C. Coyte  
 Professor of Health Economics in the Institute of  
 Health Policy, Management and Evaluation,  
 Faculty of Medicine, University of Toronto.



## Expert Opinion: The Paradox of Doing Good

In December 2012, the United Nations General Assembly adopted a nonbinding resolution on Universal Health Coverage (UHC), which called for providing all people with access to affordable, quality health-care services. Of the thirty-three developed nations globally, thirty-two have legislated Universal Health Coverage (UHC) schemes, the United States being the only exception. Contrary to this, countries in the global south, who are mostly low- and middle-income countries (LMICs) struggle in terms of either legislating UHC or implementing legislations on UHC. In aid of this, it is widely recognized in the international community that non-state actors, perhaps most explicitly, the World Bank and the World Health Organization (WHO), push for countries to adopt UHC either through advocacy, financial contributions or program operations. Yet despite the resources poured into such efforts by non-governmental organizations and the like, only a handful of developing nations have been able to achieve UHC or adopt it into policy.

Economist, Peter Coyte from the Institute of Health Policy, Management and Evaluation, University of Toronto provides a rather straightforward explanation. In implementing UHC, existing issues arising from resource scarcity goes in tandem with political issues. As Peter puts it, "whenever the state makes a decision on resource allocation, there will always be losers and gainers." Since traditionally the state is influenced by brokers of power such as the elites and by proxy, politicians, decisions are likely to favor gains for specific segments of society rather than for the whole.

"when regulation is seen to be a mechanism to solve monopoly gains and concentration of power, regulators tend to be captured by those who are being regulated in order for them to work on the inside in order to advance their own interests."

Typically UHC goes in tandem with Health Technology Assessment (HTA), which is defined by the WHO as a multidisciplinary policy research tool used in generating evidence to inform prioritization, selection, introduction, distribution, and management of interventions for health promotion, disease prevention, diagnosis and treatment, rehabilitation and palliation. As such HTA can perhaps offer a potential solution, a regulatory mechanism, to increasing benefit for society as a whole through helping optimize the use of available resources rather than simply allowing gains to stay within certain segments of society. While it is recognized that HTA provides a loose framework with which to highlight the importance of resource scarcity and the need to prioritize, it is also apparent that incorporating such a mechanism into decision making will be met with resistance.

Coyte argues that the rationale behind this resistance stems from income inequality and the country decision making process, especially in LMICs. "Inequality is inherent in all countries but in LMICS the level of inequality is acute." "Consequently the concentration with respect to decision making is much more narrowly focused amongst a much narrower group of stakeholders whose interests may not be as broad and universal." If this narrow group of stakeholders' contribution to taxes and to the consolidated fund of the government reduces the benefits that they would otherwise receive from the current array of services, then it becomes less beneficial for them to argue for a transparent and democratic process of resource allocation. To maintain the status quo, this group of stakeholders become brokers of power or alternatively influences them in order to influence the state. Although such a mechanism may exist, a problem occurs in that "the priorities in LMICs may not be as balanced as analysts' interpretation of HTA," in that these priorities may have already been predetermined by these groups of stakeholders. Though we may think we are doing good, this type of system described tells us that there will always be a marginalized group of stakeholders.

Borrowing from economic theory, Coyte states that "when regulation is seen to be a mechanism to solve monopoly gains and concentration of power, regulators tend to be captured by those who are being regulated in order for them to work on the inside in order to advance their own interests." As such, though external pressures from the international community, NGOs and the like, may push for UHC, unless the aforementioned resistance is reduced or eliminated, the resulting mechanisms will likely be inadequate. When asked, in what situation can both the brokers of power and those who are marginalized gain from any resource allocation decision, like in classical economics, Coyte answers, "that situation can only materialize when economies are growing." When there are more resources available, then "it doesn't harm those who already have more, to give a lot more of the gains to the people who are at the lower end of the distribution."







**Author:** Jasmine Pwu

**Position & Organization:** Director, National Hepatitis C Program Office, Ministry of Health and Welfare (Republic of China)

# CONNECTING GOOD DEEDS WORLDWIDE

**In** May 2016, during the HTAsiaLink Annual Conference, all member agencies agreed to two Memorandum of Understandings (MoU) to be signed separately with INAHTA and EuroScan.

## MoU with INAHTA

Our HTAsiaLink family has come together because we have a common goal – to facilitate the adoption of health technology assessment (HTA) concepts, methods, and furthermore, the exchange of information, report/recommendations, etc. In this big family, we share experiences and stories. We learn from each other, new to the field or senior. The size of this family grows rapidly. Initially we were based only in Asia; now we have included Oceania. Yet there are many people like us in other parts of the world who share the same tears and laughter while building up HTA.

There are a couple of other HTA networks around the globe – RedETSA (Red de Evaluación de Tecnologías en Salud de las Américas) and INAHTA (International Network of Agencies for Health Technology Assessment). RedETSA has been a good ally to HTAsiaLink in many occasions, attending each other's conference or educational workshops, etc. There are overlaps in the member agencies of HTAsiaLink and INAHTA, which brings about a good relationship between the two networks.

INAHTA, the largest independently funded HTA network, is a network for all the HTA agencies globally. Formed in 1993, INAHTA has a long history of connecting HTA workers around the world. It is to "support knowledge sharing and the exchange of information, and also to serve as a forum for the identification and promotion of other interests of HTA agencies." For achieving these goals, INAHTA has initiated many activities to bring HTA agencies together.

In this year, INAHTA's Annual Congress held in Tokyo, HTAsiaLink and INAHTA signed an MoU ([http://htasialink.org/news/notice\\_view.php?seq=219](http://htasialink.org/news/notice_view.php?seq=219)), in which both parties agreed to engage in cooperative efforts in the following areas:

1. Strengthening the links between INAHTA and HTAsiaLink – this includes providing joint recognition of each other on their respective websites, as well as direct links between those sites; and links to publicly available information and resources posted on their respective websites will be placed on each organization's web portal.
2. Joint activities – this might include some joint task force, or possible publications, or even some projects together. These will be discussed and approved case-by-case by the Board. However the aim for these joint activities is to reduce duplication of work and effort at the member agency level.

We hope this is just a beginning of a good, long friendship with like-minded people.





In this coming October, HTAsiaLink is going to sign an MoU with EuroScan. It means that we have extended ourselves into another network that is doing great HTA work in a special territory – horizon scanning. Euroscan's goal is 'to establish a system to share skills and experience in early awareness and alert activities'. Some of the HTAsiaLink member agencies are also expected to build up the capacity for this type of work. In order to take the advantage of reducing duplication of efforts and further to collaborate on a global scale, it is beneficial to connect HTAsiaLink and Euroscan.

The contents of the MOU has obtained the approval of HTAsiaLink Board and whole HTAsiaLink group members during the Singapore Annual Conference this year. Basically by signing this MOU, the two networks agree to work collaboratively to promote and support the implementation of the WHA resolution WHA67.23 in the following areas of mutual interest:

1. Joint promotion – such as joint recognition and information exchange;
2. Participation in and support of joint activities – may include some capacity-building activities and joint development of some educational materials.

More details will be available when the MOU is signed later this year.

As mentioned, these MOUs are just a beginning. It means we are recognized as an important partner for the global HTA network. It also means we need to take on our responsibility to contribute to the global family; and I believe we are happy to shoulder that. Now that we are hand-in-hand, I expect HTAsiaLink to grow even faster and stronger. And we can spread good deeds forward.



**Author:** Chalarntorn Yothasmutra (chalarntorn.y@hitap.net)  
Jomkwan Yothasamut (jomkwan.y@hitap.net)

## **News: 2016 HTAi Policy Forum: Assessing value, budget impact and affordability to inform discussion on access and reimbursement: principle and practice, with special reference to high-cost technology.**

A unique event for HTA stakeholders – 2016 HTAi Asia Policy Forum was organized during 17-18 November 2016 in Kuala Lumpur, Malaysia under the topic of “Assessing Value, Budget Impact, and affordability to inform discussion on access and reimbursement: principle and practice, with special reference to high-cost technology”. The HTAi Policy Forum aims to create an opportunity for public and private sectors using HTA to support their decisions to meet. International experts are also invite to provide technical and strategic discussions about the role of HTA and its implication in health care systems. This year, there was a total of 47 participants attending the forum, 23% from government sector/payers, 36% from HTA agency or university and 41% from industry sector.

The policy forum focused on value, budget impact, and affordability of health technology in the decision making process of benefit package development. Value is generally calculated from life-years gained, an improvement of patients' quality of life and cost-saving investment under the government's/ payers' perspective. Extended values consideration and proposal of additional criterion apart from budget impact was proposed by some academia and industry sector. Professor Adrian Towse, the Director of the Office of Health Economics in the UK noted that a new medical technology could have brought society wider benefits such as more productivity, cost saving outside the health system, value of hope that the new intervention might cure patients' illness are examples. Therefore, policy makers may need to take these values into account when making health care coverage decisions, including development of benefit package, rather than relying solely on budget impact evidence.



This led to the discussion of how to manage the budget limitation and access to medication. Especially for those high-cost medicines that have been proved to be effective. Hepatitis C treatment was used as a case study to further discuss on how a country's health system can deal with such a medicine that can effectively cure illness, but comes with a skyrocketing price that is unaffordable by majority of the individuals as well as government/ payers. Should special fund for high-cost intervention be set or will there be another way to deal with this group of interventions? Strategies such as price negotiation, target highest value patients, pay for performance, entry agreement, animalization option, or amortization or credit market solution were shared and discussed among participants from various settings where health systems are different and context-specific.

The introduction of extended value provided a new perspective to look at “value” and make us think more about possibilities that the society may be willing to pay for those “additional values”. A way of measuring the proposed values is yet to be explored with consideration of scientific rigor, transparency and participatory processes.

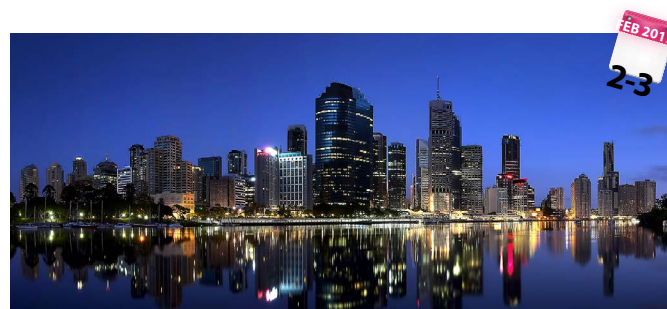
The participants agreed that it is easy to say than to actually measuring those values. Currently, most of HTA organizations in Asia and development of their health care systems are in different development stages. Priority concerns may not be about additional values. One of the shared challenges that HTA organizations in Asia faced is the lack of basic health data. Therefore as an international network, it is challenging to work together to tackle this basic limitations.

# HTA Calendar

January – June 2017



**Date:** 29 JAN – 3 FEB 2017  
**Event:** Prince Mahidol Award Conference: Addressing the Health of Vulnerable Populations for an Inclusive Society  
**Place:** Bangkok, Thailand  
**For more information, please visit**  
<http://www.pmaconference.mahidol.ac.th/index.php>



**Date:** 2-3 February 2017  
**Event:** ICPHMT 2017: 19th International Conference on Public Health and Medical Technology  
**Place:** Melbourne, Australia  
**For more information, please visit**  
<https://www.waset.org/conference/2017/02/melbourne/ICPHMT>



**Date:** 17-20 APR 2017  
**Event:** 6th HTAsiaLink Annual Conference 2017  
**Place:** Fortuna Hotel, Hanoi, Vietnam  
**For more information, please visit**  
<http://www.hsapievent.vn/>



**Date:** 23-25 APR 2017  
**Event:** 2017 CADTH Symposium: Measuring Value in Theory and the Real World  
**Place:** Ottawa, Canada  
**For more information, please visit**  
<https://www.cadth.ca/2017-cadth-symposium>



**Date:** 20-24 May 2017  
**Event:** ISPOR 22nd Annual International Meeting  
**Place:** Boston, MA, USA  
**For more information, please visit**  
<https://www.ispor.org/Event/index/2017Boston>



**Date:** 17-21 JUN 2017  
**Event:** HTAi 2017 Annual Meeting  
**Place:** Rome, Italy  
**For more information, please visit**  
<http://www.htai2017.org/>

# HTAsiaLink Newsletter

For more information, please contact the editorial team at:

## Health Intervention and Technology Assessment Program (HITAP)

6<sup>th</sup> Floor, 6<sup>th</sup> Building, Department of Health, Ministry of Public Health, Tiwanon Rd., Muang, Nonthaburi 11000, Thailand

Tel :+662-590-4549, +662-590-4374-5 Fax :+662-590-4369 Email: htasialink@hitap.net

**Lead editor:**

Chalarntorn Yothasmutra and Karlana Luz

**Editorial team:**

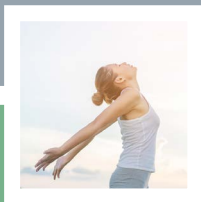
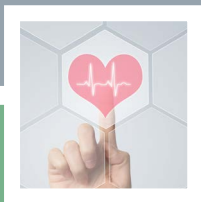
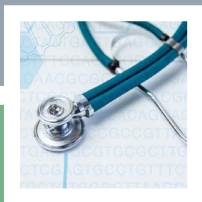
Apinya Mattadet, Alia Luz and Benjarin Santatiwongchai

**Graphic designer:**

Warut Lertsarawut

**Consultant:**

Dr.Yot Teerawattananon [Program Leader, HITAP]



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

### Become the HTAsiaLink member

**Contact:** HTAsiaLink secretariat (NECA)

**E-mail:** HTAsiaLink@neca.re.kr

**Tel:** +82-2-2174-2729

### HTAsiaLink newsletter subscription

**Contact:** HTAsiaLink Editorial Team (HITAP)

**Email:** htasialink@hitap.net

**Tel:** +66-2-590-4549