



Conference proceedings of the 10th HTAsiaLink Conference 2022

The Role of HTA in the New Normal:
Driving the post-COVID health system through evidence-informed decisions

30 November - 2 December 2022
Royal Cliff Grand Hotel, Pattaya, Thailand



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Report

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We also thank all HITAP staff for other contributions that were not captured in this section.



Contents

Acknowledgments	2
Scientific Committee	2
Report	3
Rapporteurs	3
Organizing Team	3
Abbreviations of Key Terms	8
Executive Summary	9
Background	10
About This Report	12
Overview of Conference	12
Plenary sessions	12
Oral and poster presentations	12
Process for abstract selection	12
Process for presentation review	13
Pre-conference sessions and side meetings	13
Participants	13
Funding support	14
Summary of Conference Proceedings	15
Opening ceremony	15
Plenary sessions	18
Plenary session 1: Reimagining the Post-COVID Health System and Health Technology Assessment (HTA)	18
Plenary session 2: Accelerating the Impact of Real-World Evidence in Global HTA Community: past, present, and the future	20
Plenary session 3: Searching for the Holy Grail Solution for Our Health Systems	22
Awardees of oral and poster presentations	24



Pre-conference sessions	28
Pre-conference session 1: The Lifecycle 2.0 The Inclusion of Health Needs ..	28
Pre-conference session 2: Report of the HTAi Asia Policy Forum, December 2021	28
Pre-conference session 3: Understanding the Development of Health Technology Assessment in Countries	28
Pre-conference session 4: Using Infectious Disease Models from Epidemic, Pandemic to Endemic Stage: A life cycle approach	29
Pre-conference session 5: Publishing Your Work - Tips for Success	29
Pre-conference session 6: Bringing Equity into the Health Technology Assessment Discussion	30
Pre-conference session 7: Strengthening HTA Capacity	31
Pre-conference session 8: Confluence of HTA and Digital Health	31
Pre-conference session 9: Beyond Checking the Boxes: Guidance Of the Joint HTAi – ISPOR Task Force Deliberative Processes for HTA	32
Closing ceremony	33
HTAsiaLink member activities	37
Feedback	38
Feedback form	38
Results	38
After Action Review	41
Appendix	48
Conference agenda	48
Concept notes (plenary sessions)	54
Side meetings (before the conference)	54
Side meeting 1: Philippines COVID-19 Modeling: Technical Discussion	54
Side meeting 2: Introduction to HTA with the Senegal team	55

Side meeting 3: Knowledge Exchange Sharing Session for COVID-19 Modeling between the Philippines and Thailand	55
Side meeting 4: Threshold Study	55
Side meeting 5: Bhutan HTA Framework Development	56
Side meeting 6: Indonesia Telemedicine Project	56
Side meeting 7: HTA Harmonisation in ASEAN	56
Guidelines	57
Guideline for commentators and moderators	57
Guideline for oral and poster presenters	57
Rapporteur guideline	57
List of abstracts presented at the conference	58
Forms	63
Rapporteur form (plenary sessions)	63
Summary form (pre-conference sessions)	64
Feedback form	65
Communications materials	65
List of HTAsiaLink members (as of 2023)	66
Timeline	69

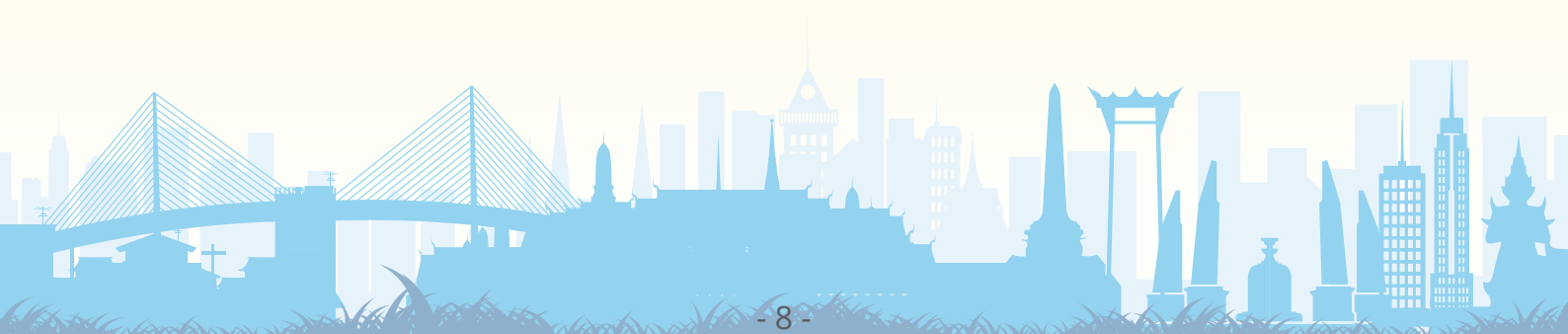
List of Tables

Table 1: Summary of recommendations and lessons learned collected from different internal teams	42
Table 2: List of HTAsiaLink members 2023	66

List of Figures

Figure 1: 7 th HTAsiaLink Annual Conference, Chiang Mai, Thailand, 2018	10
Figure 2: 8 th HTAsiaLink Annual Conference, Seoul, Rep. of Korea, 2019	11
Figure 3: Poster, 9 th HTAsiaLink Annual Conference (Hybrid), Indonesia, 2021	11
Figure 4: Process for abstract selection	13
Figure 5: Number of participants by country of member of organization or individual affiliation	14
Figure 6: Professor Vicharn Panich, Chairperson of the HITAP Foundation	16
Figure 7: Dr. Rungrueng Kitpathi, Advisor to the MoPH, Thailand, the Director of the Health Technical Office, and the Chairperson of the MoPH Intelligence Unit in Thailand	16
Figure 8: Dr. Charay Vichathai, the Research Manager of the HSRI Thailand	16
Figure 9: Dr. Jos Vandelaer, WHO Representative to Thailand (top) and Prof. Zhao Kun, The President of HTAsiaLink 2022 (bottom)	17
Figure 10: HTAsiaLink 2022 participants	17
Figure 11: Plenary session 1 moderator and speakers (from left to right) Eric Arndt, Prof. Shankar Prinja, Ying-Li (Tommy) Chen, Dr. Miyoung Choi, Prof. Tessa Tan-Torres Edejer	19
Figure 12: Plenary session 2 moderator and speakers (from left to right) Dr. Wanrudee Isaranuwatthai, Dr. Erna Kristin, Dr. Wenjia Chen, Dr. Jasmine Pwu, Dr. Lalitaya Kongkam	21
Figure 13: Plenary session 3 moderator and speakers (from left to right) Dr. Ho Yan Teck, Prof. Alec Morton, Dr. Syaquirah Akmal, Assoc. Prof. Sarah Norris	23
Figure 14: Winners of the Economic Evaluation category, with award presenter: Presenter: Ying-Li Chen; First: Celestine Grace Cai XueTing, National University of Singapore, Singapore, Second: Firdaus Hafidz As Shidieq, Universitas Gadjah Mada, Indonesia and Chittawan Poonsiri, HITAP, Thailand	24
Figure 15: Winners of the Health Services Research category, with award presenter: Prof. Edwine Barasa; First: Tan Hui Xuan Sharon, National University of Singapore, Singapore, Second: Dian Faradiba, HITAP, Thailand; Third: Jayne Eunice U. Yang, Department of Health, Philippines and Azuwana Supian, Pharmaceutical Services Programme, Ministry of Health, Malaysia ; Honorary Mentions: Thanakorn Jalearnkittiwut, HITAP, Thailand, and Chayapat Rachatan, HITAP, Thailand	25
Figure 16: Winners of the Others category, with award presenter: Presenter: Prof. Mark Jit; First: Gaurav Jyani, Postgraduate Institute of Medical Education and Research (PGIMER), India; Second: Rozar Prawiranegara, Management Sciences for Health, Indonesia (received by Chris Suharlim), Third: Thanawan Kongmalai, Mahidol University, Thailand (received by Prof. Usa Chaikledkaew)	25

Figure 17: Winners of the Poster presentation category, with award presenter: Presenter: Prof. Wendy Babidge; Natthakan Chitpim, Mahidol University, Thailand; Puttarin Kulchaitanaroaj, Mahidol-Oxford Tropical Medicine Research Unit, Thailand; Nguyen-Thi Ha, Mahidol University, Thailand	26
Figure 18: Prof. Anthony Culyer	34
Figure 19: Dr. Jeonghoon Ahn and Dr. Miyoung Choi, on behalf of NECA	34
Figure 20: Dr. Somsak Chunharas	35
Figure 21: Dr. Asrul Akmal Shafie and Dr. Izzuna Ghazali	36
Figure 22: Respondent attendance rate	39
Figure 23: Average rating of plenary sessions	39
Figure 24: Respondent attendance rate of pre-conference session	40
Figure 25: Average rating of pre-conference sessions	40





Abbreviations of Key Terms

AAR	After Action Review
AMR	Antimicrobial Resistance
CDE	Center for Drug Evaluation
CNHDR	China National Health Development Research Center
CORESIA	The COVID-19 Vaccination Policy Research and Decision Support Initiative in Asia
COVID-19	Coronavirus disease 2019
DCEA	Distributional Cost-effectiveness Analysis
GEAR	Guide to Economic Analysis and Research
HIT	Health Information Technologies
HITAP	Health Intervention and Technology Assessment Program
HSRI	Health Systems Research Institute
HTA	Health Technology Assessment
LSHTM	London School of Hygiene and Tropical Medicine
MIU	MoPH Intelligence Unit
MoPH	Ministry of Public Health
NECA	National Evidence-based Healthcare Collaborating Agency
NUS	National University of Singapore
PGIMER	Post-Graduate Institute of Medical Education and Research
RCT	Randomised Clinical Trial
REALISE	Real-World Data and Real-World Evidence to Support Drug Reimbursement Decision-Making in Asia
RWD	Real-world Data
RWE	Real-world Effectiveness
WHO	World Health Organization





Executive Summary

The 10th HTAsiaLink Annual Conference was held on 30 November – 2 December 2022 in Pattaya, Thailand. This conference is a flagship activity of HTAsiaLink, a regional network of Health Technology Assessment (HTA) agencies. It was hosted by the Health Intervention and Technology Assessment Program (HITAP). The theme of the conference was **“The Role of HTA in the New Normal: Driving the post-COVID health system through evidence-informed decisions.”** This was the first in-person conference since the COVID-19 pandemic, and there were close to 300 participants who joined from more than 20 countries. There were three plenaries that discussed the role of HTA in the post-COVID-19 period, the use of real-world evidence in HTA, and disruptive technologies. There were 80 oral and poster presentations by researchers working on economic evaluations, health services research, and other categories (evidence synthesis and data science, among others). In addition, there were pre-conference sessions covering topics such as the institutionalization of HTA, the role of HTA in digital health, and deliberative processes for HTA. Participants had the opportunity to organize side meetings on other initiatives of interest before or after the conference. The next host for the 11th HTAsiaLink conference in 2023, Malaysia, was introduced to the participants. In addition, the HTAsiaLink Secretariat conducted the Member, Council, and Board meetings. Overall, the conference received positive feedback from attendees. Lessons learned from the organizing team were documented for future learning purposes.

Background

HTAsiaLink is a regional network of Health Technology Assessment (HTA) agencies and was established in 2011 to strengthen the capacity for HTA in the Asian region¹. The network is member-based and is governed by a Board of Directors. In June 2022, there were 34 organizational members across 14 countries in the region that are participating in the network, with partners from the United Kingdom, Australia, and Canada. The HTAsiaLink network has grown to become a platform that has allowed HTA agencies to exchange ideas, resources, and also collaborate with one another for regional and global benefit. For example, during the COVID-19 pandemic, network members and partners from India and Indonesia collaborated on formulating recommendations as part of the COVID-19 Vaccination Policy Research and Decision Support Initiative in Asia (CORESIA): a regional study on vaccination certificates ^{2, 3}.

HTAsiaLink's flagship activity is an annual conference that offers a platform for researchers to present their studies and receive feedback from international experts as well as to engage in topics that are shaping the field through plenary sessions. This conference is an opportunity for regional capacity building for new generations of researchers who are at the beginning of their research career to network with other researchers (both in early and advanced stages) and contribute to the generation of evidence that can ultimately support the policy-making process in their countries. In addition, pre-conference sessions are a venue to participate in workshops or on specific topics, including new fields of research. The conference is hosted by HTAsiaLink members on a rotational basis. There are no fees for participating in the conference and all members are responsible for their own costs. Further information on HTAsiaLink can be found here: <https://htasialink.org/>. The HTAsiaLink Conference in 2018 was held in Chiang Mai, Thailand; and in 2019 in Seoul, South Korea.



Figure 1:

7th HTAsiaLink Annual Conference, Chiang Mai, Thailand, 2018

¹ Historical Development of the HTAsiaLink Network and its Key Determinants of Success: <https://www.cambridge.org/core/journals/international-journal-of-technology-assessment-in-health-care/article/historical-development-of-the-htasialink-network-and-its-key-determinants-of-success/A21CDC7B77F3DC0E86C3374E8B346BBC>

² About CORESIA: <https://www.hitap.net/en/research/180424>

³ Factors associated with the opposition to COVID-19 vaccination certificates: A multi-country observational study from Asia: <https://www.sciencedirect.com/science/article/pii/S1477893922001041#>



Figure 2:

8th HTAsiaLink Annual Conference, Seoul, Rep. of Korea, 2019



Figure 3:

Poster, 9th HTAsiaLink Annual Conference (Hybrid), Indonesia, 2021

Due to the COVID-19 pandemic in 2020, the HTAsiaLink conference was postponed and held in a hybrid format in 2021 by the host, Indonesia. With the aim of having an in-person conference in 2022 and given the current travel restrictions across member countries, the HTAsiaLink Board agreed that Thailand would host the HTAsiaLink 2022 conference, with China, through the China National Health Development Research Center (CNHDRC), continuing to lead the network and chairing the Scientific Committee. In 2023, HTAsiaLink will be held in Malaysia, and it is planned that in 2024, the conference will be held in China. The 2022 conference also marks the 10th conference for the HTAsiaLink network.



About This Report

This report summarizes the proceedings of the 10th HTAsiaLink Conference. It provides an overview of the conference, the key points of discussion during the plenary sessions, the pre-conference sessions, results of the oral and poster presentations, feedback and lessons learned, and supporting documentation.



Overview of Conference

The 10th HTAsiaLink Annual Conference was held on 30 November – 2 December 2022 at the Royal Grand Cliff Hotel in Pattaya, Thailand. The conference's overarching theme was **"The Role of HTA in the New Normal: Driving the post-COVID health system through evidence-informed decisions."** A Scientific Committee was convened to provide guidance on the scientific content of the conference and review the oral and poster abstracts and presentations.

Plenary sessions

In line with the theme, three plenary sessions were organised on the following topics, building on the proposal by the team from CNHDRC and in consultation with the HTAsiaLink Board: 1) Reimagining the Post-COVID Health System and HTA, 2) Accelerating the Impact of Real-World Evidence in the Global HTA Community, and 3) Searching for the Holy Grail Solution for Our Health Systems: Are Disruptive Technologies the Answer? The plenaries featured regional and global experts to examine these topics and engage with participants.

Oral and poster presentations

Oral and poster presentations were conducted under three categories: 1) economic evaluation, 2) health services research, and 3) others (e.g., evidence synthesis, observational studies).

Process for abstract selection

The call for abstracts was open from 11 July 2022 until 30 August 2022, after which the organizing team shared the abstracts with the Scientific Committee for review in an Excel format. Two reviewers were assigned to each abstract. A total of 64 abstracts were selected for oral presentations and 36 for poster presentations. Only one submission per presenter was accepted. As this was an in-person conference, selected abstract presenters who were unable to join the conference were rejected, after which those with the next highest scores were invited to present. The results were announced on 30 September 2022 on the HTAsiaLink website and via email.

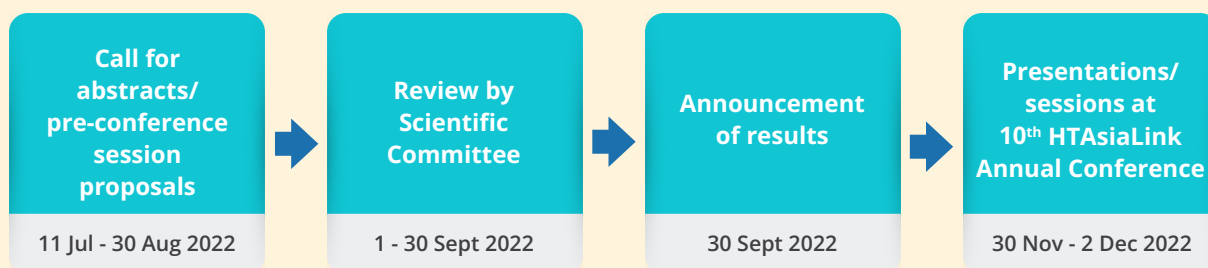


Figure 4:

Process for abstract selection

In terms of in-person participation, to ensure representation of all countries with organizational members, it was agreed, in consultation with the Scientific Committee and the Board, to allow poster presentations from China, based on scores received, as there were no in-person presenters on account of travel restrictions.

Process for presentation review

Guidelines were developed for commentators of the oral and poster presentations to provide inputs and information to oral and poster presenters. It was agreed that the scoring template would also be shared with presenters so that they could prepare their presentations accordingly. During the conference, two commentators were assigned to each presenter; moderators were also assigned for oral presentations. Results from the presentation were discussed with the Scientific Committee at the end of the second day of the conference; during the meeting, it was agreed to have only one representative from each organizational member country for oral and poster presentation winners.

Pre-conference sessions and side meetings

Nine pre-conference sessions were hosted by various network members that were open to members and, at a nominal fee, for for-profit non-members on the morning of 30 November 2022. Topics included discussions on health equity, infectious disease modeling, HTA capacity, deliberative processes for HTA, and others related to country knowledge sharing.

In addition, members organized side meetings with partners before or after the meeting. Short summaries of the side meetings organized by HITAP are provided in the Appendix.

Participants

There were 284 participants from 21 countries who attended the conference. Participants were categorized in terms of the country of their organization or their countries of residence if they were individual members. The majority of participants were from Thailand (n = 153), followed by Indonesia (n = 21) and Singapore (n = 15). Out of all participants, 282 were members of the HTAsiaLink network, of which 17 were individual members.

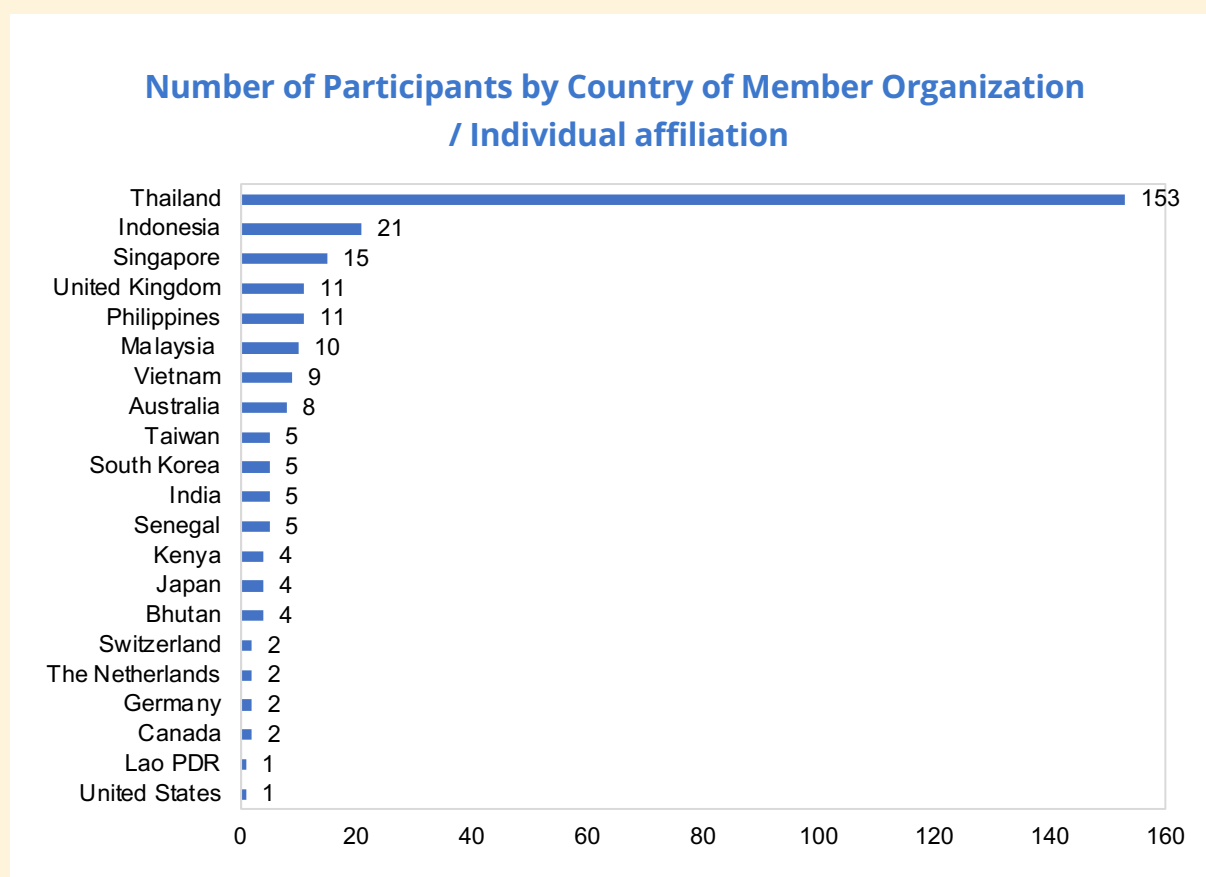


Figure 5:

*Number of participants by country of member
of an organization or individual affiliation*

Funding support

The conference was supported by the Ministry of Public Health (MoPH), Thailand, the Health Systems Research Institute (HSRI), and the World Health Organization (WHO). Participants were self-funded or received support from other organisations such as the Access and Delivery Partnership (ADP).

Summary of Conference Proceedings



Opening ceremony

The opening ceremony was held on the 30th of November 2022 at the Head of State Chamber at 1:30 –3:00 pm. Ms. Praewa Kulatnam and Mr. Ryan Jonathan Sitanggang, both from HITAP, served as the Masters of Ceremonies (MCs) and welcomed the participants to the conference.

As the ceremony kicked off, a video played on the screen, taking the audience on a journey through the past decade of HTAsiaLink conferences. Professor Vicharn Panich, Chairperson of the HITAP Foundation, took to the stage to deliver the opening remarks in which he encouraged attendees to utilize the opportunity to connect with one another. He officially opened the conference by striking the Thai traditional gong three times, a symbol of good luck and prosperity.

The ceremony featured distinguished speakers who gave keynote speeches, starting with Dr. Rungrueng Kitpathi, who is an advisor to the MoPH, Thailand, the Director of the Health Technical Office, the Chairperson of the MoPH Intelligence Unit (MIU) in Thailand, and the spokesperson for the Thai MoPH. He addressed the increasing use of HTA in informing policy during the pandemic including, the COVID-19 Vaccination Policy Research and Decision Support Initiative in Asia (CORESIA), a regional study on vaccination certificates for which the Thai government received substantial support from HTAsiaLink members.

Following Dr. Kitpathi, Dr. Charay Vichathai, Research Manager, HSRI Thailand, delivered the second keynote speech and spoke about the role of HSRI in terms of research investment and proposed strategies for HTA studies. In doing so, he suggested integrating interventions or program cost-effectiveness analysis as health programs are also influenced by other social and public policies such as education, transportation, and environment. Dr. Vichathai concluded that developing international/regional research

infrastructure such as HTAsiaLink will pave the way for strong collaboration in studying topics that transcend the borders and cultures such as public health emergencies and health equity issues.

The third speaker, Dr. Jos Vandelaer, WHO Representative to Thailand, delivered his speech on video. He shared his thoughts on the global health landscape and the role of WHO in addressing pressing health issues, as well as supporting evidence-informed policy in the region. These include regional and global capacity assessments, and support on conducting early HTA of COVID-19 vaccines, among others.

Finally, Prof. Zhao Kun, the President of HTAsiaLink in 2022, Chairperson of the Scientific Committee, and Division Director of HTA at the CNHDRC delivered her message on video and highlighted that the conference served as a key capacity-building platform for young researchers and fellow HTA researchers through plenaries and research presentations on various topics in health services research, economic evaluation, real-world evidence, and relevant studies under the scope of policy evaluation. Prof. Kun concluded her keynote speech with a warm welcome and words of encouragement to cherish network solidarity and strong collaboration which is the unique characteristic of HTAsiaLink.

To commemorate the milestone of the 10th anniversary of the conference, group photos of the speakers and audience were taken to mark the occasion. The ceremony concluded with a video celebrating the 10th Anniversary of the HTAsiaLink conference.



Figure 6:

Professor Vicharn Panich, Chairperson of the HITAP Foundation



Figure 7:

Dr. Rungrueng Kitpathi, Advisor to the MoPH, Thailand, the Director of the Health Technical Office, and the Chairperson of the MoPH Intelligence Unit in Thailand



Figure 8:

Dr. Charay Vichathai, the Research Manager of the HSRI Thailand



Figure 9:

*Dr. Jos Vandelaer, WHO Representative to Thailand (top)
and Prof. Zhao Kun, The President of HTAsiaLink 2022 (bottom)*

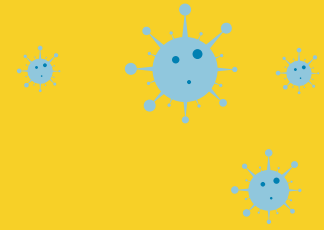


Figure 10:

HTAsiaLink 2022 participants

Plenary sessions

Plenary Session 1:



Reimagining the Post-COVID Health System and Health Technology Assessment (HTA)

The first plenary session sought to discuss issues shaping HTA after the COVID-19 pandemic and draw lessons for the way forward. The discussion deliberated on a few questions such as: what health systems could potentially look like after COVID-19; how HTA responded to policy needs during COVID-19; what were a few of the global best practices to borrow from; what were the most significant challenges faced during the pandemic; and which challenges can one now anticipate.

In this plenary, four speakers, Prof. Shankar Prinja from the National Health Authority, India, Ying-Li (Tommy) Chen from the Center for Drug Evaluation (CDE), Taiwan, Dr. Miyoung Choi from the National Evidence-based Healthcare Collaborating Agency (NECA), South Korea and Dr. Tessa Tan-Torres Edejer from the WHO, were invited to present their perspectives on the topic, with the session moderated by Eric Arndt from the Rockefeller Foundation.

Prof. Shankar Prinja spoke about investing in institutionalizing HTA before, during, and after the pandemic, drawing on the experience of India. His main message was that India has put considerable effort to establish HTA institutions and processes while also being agile to adapt to changes during the pandemic. He presented key learnings on several aspects that include consideration of trade-offs between speed and quality, leading to acceleration of approval that required better stakeholder collaboration and taking care of negative externalities. There is ongoing work on guidelines, determining the cost-effectiveness threshold, and making special considerations for high-cost therapy.

Ying-Li (Tommy) Chen spoke about the issue of patient involvement in HTA after COVID-19 in Taiwan. He shared about the process for decision-making for new drugs in Taiwan, highlighting the importance of patient groups in the process. He mentioned that patients could share information about new drugs or any experience via a dedicated website and are invited to the decision meetings to share their opinions, although they do not have voting rights. He also discussed that during the pandemic, they could engage more patient groups as they shifted to utilizing online platforms, including hosting virtual events on Zoom or WebEx. The way forward, from this experience, was to promote new channels to engage with new patient groups and get their opinions about using new drugs and sharing knowledge on the HTA process.

Dr. Miyoung Choi spoke about the application of HTA to post-COVID health research in South Korea. NECA is involved in healthcare policy decision-making, clinical practice guideline development, and social decision-making in South Korea. It conducts assessments and reassessments of existing health technologies and takes a “New HTA” approach to support the expansion of novel technologies with a focus on safety and effectiveness. During the COVID-19 pandemic, there was an increased interest in using innovative technologies and telehealth. The main challenge was gathering evidence on effectiveness. The Korean government decided to approve innovative health technologies for which safety has been ensured through value-based assessments. Over 30 health technologies have been reviewed, and this review process was integrated into the Korean Food and Drug Administration in 2022. As for

telehealth, in 2022, a forum for implementing telehealth discussed several strategies including practical aspects of implementation, principles and guidelines, acceptability, modeling for the Korean context, and big data. NECA needed studies to be done faster during the pandemic and used Covidence to produce evidence rapidly. For communication and dissemination during the pandemic, NECA utilized social media to engage with the public and invited them to participate in the HTA process, topic suggestions, priority decisions, and implementation, among others. In conclusion, the pandemic taught NECA to strengthen every aspect of the HTA process and promote transparency in decision-making, to make the HTA process more effective, and to enhance the impact of HTA on policy.

Dr. Tessa Tan-Torres Edejer spoke on the 'Global perspective on the role of HTA in informing research priorities in the post-COVID-19 era'. She emphasized that the post-COVID-19 era will be characterized by a slowdown in economic growth, widening inequalities, increased poverty, and constrained fiscal space resulting from the pandemic and consequences of the war in Ukraine. Making decisions during the pandemic had complexities because of non-linearity, which made projections and extrapolations difficult. There were uncertainties since nobody knew about the agent, efficacy of drugs, efficacy of diagnostics, and efficacy of vaccines. There was a strong need for urgency as decisions were to be made fast. There was an uneven health and economic impact distribution whereby some populations were relatively spared, and some were greatly affected. Out of 155 member states who responded to the WHO Global HTA Survey 2020-2021, 102 reported that they had a systematic formal HTA process at the national level and 25 had one at the subnational level. Only 50 of those with HTA are authorized to conduct rapid HTA. Tessa suggested that all interventions be subjected to the same guidelines for HTA. Having a rapid HTA requires legitimacy of the process and raises transparency concerns. In institutionalizing HTA, it is important to establish trust and credibility in HTA with the general public and to ensure goodwill from political players.

The main messages from Plenary 1:

- The pandemic required HTA agencies to be agile in adapting to the changing needs while maintaining their quality of work.
- The adoption of rapid HTA should be balanced with the transparency and legitimacy of the process.
- The pandemic opens the opportunity to engage more with patient groups in the HTA process using various forms of media.



Figure 11:

*Plenary 1 moderator and speakers
(from left to right)
Eric Arndt, Prof. Shankar Prinja,
Ying-Li (Tommy) Chen, Dr. Miyoung Choi,
Prof. Tessa Tan-Torres Edejer*

Plenary Session 2:

Accelerating the Impact of Real-World Evidence in Global HTA Community: past, present, and the future



This session looked at the role of using Real-World Evidence (RWE) and Real-World Data (RWD) in the past, present, and its outlook in the future. There were four speakers, Dr. Erna Kristin from Gadjah Mada University, Indonesia, Dr. Wenjia Chen from the National University of Singapore, Singapore, Dr. Jasmine Pwu from National Hepatitis C Program (NHCP) Office, Ministry of Health and Welfare, Taiwan, and Dr. Lalitaya Kongkam from the National Health Security Office (NHSO), Thailand. This session was moderated by Assoc. Prof. Wanrudee Isaranuwachai from HITAP, Thailand.

Dr. Erna Kristin spoke about generating evidence to support drug approval, and that evidence-based decisions have changed recently due to clinical and social factors. This development captures the need to generate Real-World Data that can fill the gaps of Randomized Clinical Trials (RCTs) as one of the highest types of evidence. Describing the trajectory of its development, Dr. Erna noted that RWE/RWD started in the 1950s and has been gaining ground recently. There has been increased consideration on the appropriate use of RWD in the proposed context as well as the ability of RWE to satisfy regulatory queries and requirements.

Dr. Wenjia Chen spoke about translating research into actionable results. This is a time-consuming process and is considered to be a major challenge; RWE bridges the death valleys between clinical science knowledge to bedside practice. In the modern era, RWE has demonstrated some exciting results such as estimating the disease burden and disease trajectory at the population level, retrieving patients' satisfaction, describing patients' journey, understanding the major cost drivers in specific health resource utilization, and importantly, it can improve the generalizability of studies.

Dr. Jasmine Pwu covered other challenges that should be considered when maximizing using RWE. These include the capacity and capabilities owned by regulatory and HTA bodies in understanding RWE roles; pricing consequences of taking RWE into account; and, mistakes and uncertainties lingering in RWE, among others. She also discussed the availability of Real-World Data and Real-World Evidence to Support Drug Reimbursement Decision-Making in Asia (REALISE) guidance and other resources that might advance RWE utilization in the present and future.

Dr. Lalitaya Kongkam talked about the Thai National Health Security Office which is responsible for the Universal Coverage Scheme, covering 72% of the total population. During the COVID-19 pandemic, some challenges related to establishing new services and understanding patients' access to health care services. She highlighted the importance of health information, data utilization, and that new technology assessment is crucial in the data utilization for the claims databases. She also noted that it is challenging to generate RWE for new interventions. In terms of the payer perspective on RWE, the quantity of the data outweighs the quality. To avoid the limitation of the data, there is a need to get data from various perspectives to open the data for the researchers and other agencies.

The main messages from Plenary 2:

- Real-world data have a substantial role shaping the responses to the regulatory queries and requirements.
- Real world evaluations can move the wheel faster in increasing access to healthcare.
- There are challenges in funding RWE and securing financial support is an important priority.
- Real world evaluations played an important role in the COVID-19 pandemic in Thailand.
- The claims database was a common source for identifying data on access, coverage and financing.
- Policy questions addressed by RWE relate to issues of efficiency and quality of services.

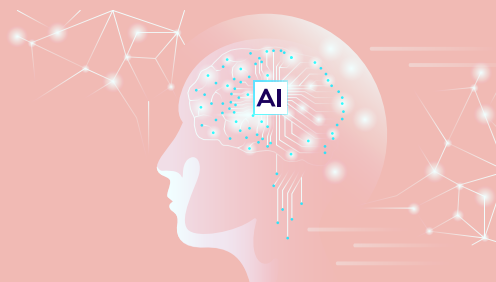


Figure 12:

Plenary 2 moderator and speakers (from left to right)
Dr. Wanrudee Isaranuwatthai, Dr. Erna Kristin, Dr. Wenjia Chen,
Dr. Jasmine Pwu, Dr. Lalitaya Kongkam

Plenary Session 3:

Searching for the Holy Grail Solution for Our Health Systems



The final plenary examined the potential and pitfalls of disruptive technologies in responding to the needs of healthcare systems and the role of HTA. Dr. Syaquirah Akmal, Public Health Specialist at The Ministry of Health Malaysia, Dr. Ho Yan Teck, Agency for Care Effectiveness, Ministry of Health, Singapore, and, Assoc. Prof. Sarah Norris, University of Sydney, Australia shared their experiences during the session, which was moderated by Prof. Alec Morton from University of Strathclyde, UK.

Dr. Syaquirah Akmal spoke about Malaysia developing an Artificial Intelligence (AI) roadmap by the Ministry of Communications and Digital. Disruptive health technology is yet to be fully integrated into the healthcare system: The “MySejahtera” app was introduced during the pandemic that features symptoms assessments, contact tracing, and access to screening and treatments. Initially, people were not keen in using telemedicine devices, but the pandemic accelerated the adoption of these technologies. According to a pilot evaluation in Malaysia, telehealth showed better cost savings and better health outcomes. There remain a few challenges in using telehealth services routinely including the availability of infrastructure in rural areas and limited funding mechanisms for digital interventions.

Dr. Ho Yan Teck spoke about the global economic impact of antimicrobial resistance (AMR), which has been profound after the 2008 economic crisis. In Singapore, there are two main strategies to tackle AMR: 1) attenuating the rate of AMR, and 2) sparking innovations. The first strategy involves surveillance and risk assessment, research, education, prevention and control, optimization of antimicrobial use, and education to change patient behavior through social media. The second strategy is about instituting “push incentives” to provide funding for developing and discovering new technologies to counter AMR. There are a few programs to fund such innovations such as “Driving reinvestment in research and development and responsible antibiotic use” or DRIVE-AB in the European Union. In Singapore, the government has also committed funding to support innovations in the field. However, such push incentives are not enough and novel financing schemes have been designed to attract research and development by the pharmaceutical industry (subscription model, market entry rewards, accelerated approval and priority review vouchers, ongoing revenue incentives, and exclusivity extension). There is potential in using Machine Learning (ML) to predict or identify AMR in pathogens and in Singapore, there is a pilot project to use ML for using AI to support clinical decisions.

Finally, Assoc. Prof. Sarah Norris spoke to how the COVID-19 pandemic accelerated the adoption of digital health innovations and the increased expectations from consumers and healthcare professionals. The categories of digital health innovations are software, health information technologies (HIT), consumer technologies, and telehealth. In Australia, the usage of technology is a configuration of different categories: HealthPathWays web-based portal, a consumer digital health + health information technology (HIT); Telestroke service: HIT +

telecommunication technologies: e-health and virtual teleconsultation; RPA virtual hospital: a training app (CDH), Clinpath (HIT), and integrated with the hospital (telecommunications). The complexity of the configuration types poses challenges in evaluation. Evaluation approaches for the case studies for the above three cases include cost-effectiveness, cost-benefit, cost-consequence analyses and return on investment.

The main messages from Plenary 3:

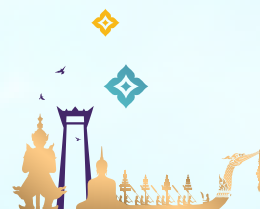
- There is a growing interest and use of disruptive technologies in the Asia Pacific region in countries such as Malaysia, Singapore and Australia.
- There is a need for innovative funding mechanisms support development of such disruptive technologies.
- Economic evaluations need to be tailored to the objective of the program, recognizing the complexity of interventions.



Figure 13:

*Plenary 3 moderator and speakers (from left to right)
Dr. Ho Yan Teck, Prof. Alec Morton, Dr. Syaquirah Akmal,
Assoc. Prof. Sarah Norris*

Awardees of oral and poster presentations



One of the key objectives of the HTAsiaLink conference is to build capacity by supporting researchers by providing a platform to present their research and receive feedback from experts in the field. There were a total of 79 presentations, 57 oral and 22 poster presentations. There were up to three awardees in each track for oral (Economic Evaluation, Health Services Research, and Others) and poster presentations, with a total of 12 awardees. In addition, there were honorary mentions to acknowledge presenters who had performed well. The process for the call for abstracts and the review process for the selection of presentations has been described in the section “Overview of the Conference”. The awardees for each category are presented below:



Figure 14:

*Winners of the Economic Evaluation category, with award presenter:
Presenter: Ying-Li Chen; First: Celestine Grace Cai XueTing,
National University of Singapore, Singapore,
Second: Firdaus Hafidz As Shidieq, Universitas Gadjah Mada, Indonesia
and Chittawan Poonsiri, HITAP, Thailand*



Figure 15:

*Winners of the Health Services Research category, with award presenter:
 Prof. Edwine Barasa; First: Tan Hui Xuan Sharon, National University of Singapore, Singapore,
 Second: Dian Faradiba, HITAP, Thailand; Third: Jayne Eunice U. Yang, Department of Health,
 Philippines and Azuwana Supian, Pharmaceutical Services Programme, Ministry of Health,
 Malaysia ; Honorary Mentions: Thanakorn Jalearnkittiwut, HITAP, Thailand,
 and Chayapat Rachatan, HITAP, Thailand*



Figure 16:

*Winners of the Others category, with award presenter: Presenter:
 Prof. Mark Jit; First: Gaurav Jyani, Postgraduate Institute of Medical Education
 and Research (PGIMER), India; Second: Rozar Prawiranegara, Management Sciences
 for Health, Indonesia (received by Chris Suharlim), Third: Thanawan Kongmalai,
 Mahidol University, Thailand (received by Prof. Usa Chaikledkaew)*



Figure 17:

Winners of the Poster presentation category, with award presenter: Presenter: Prof. Wendy Babidge; Natthakan Chitpim, Mahidol University, Thailand; Puttarin Kulchaitanaroaj, Mahidol-Oxford Tropical Medicine Research Unit, Thailand; Nguyen-Thi Ha, Mahidol University, Thailand

Pre-conference sessions

There were nine pre-conference sessions hosted in the forenoon on 30 November 2022. These are summarized below:

Pre-conference session 1: Lifecycle 2.0 The Inclusion of Health Needs

This session was organized by the international HealthTechScan (i-HTS) with speakers, Dr. Hans-Peter Dauben and Dr. Maximilian Otte. The objective of the session was to increase awareness on the necessity of health needs in any discussion and decision on health technologies and present a revised version of the Life Cycle of Health Technologies.

The speakers introduced 'Horizon Scanning of Health Needs', a team approach from different disciplines that can contribute to informing decision support processes, including identifying what is needed by citizens, patients, and different healthcare systems but also innovators to improve healthcare globally. i-HTS invited its members and organizations outside the network to support the development of needed structures and methods.

Pre-conference session 2: Report of the HTAi Asia Policy Forum, December 2021

This session was organized by Professor Brendon Kearney from HTAi and the objective was to inform HTAsiaLink members of the impact of COVID-19 on health systems in Asia and the responses post-epidemic.

Professor Brendon noted that COVID-19-related products were fast-tracked using emergency use applications authorizations for which less clinical and preclinical data were required. Green channels for rapid registration accelerated approval. During the pandemic, the importance of horizon scanning in assessing the various available technologies was highlighted. Most countries adopted a rapid HTA approach which resulted from horizon scanning although it does not have cost-effectiveness information which is a very valuable tool. Rapid HTAs can be completed within a matter of weeks as opposed to months and provides very reliable information about safety effectiveness and costs.

Pre-conference session 3: Understanding the Development of Health Technology Assessment in Countries

This session was organized by the World Health Organization (WHO), Switzerland, and the Post-Graduate Institute of Medical Education and Research (PGIMER), India. The speakers were Dr. Tessa Edejer, Dr. Shankar Prinja, Dr. Andrew Mirelman, Dr. Gaurav Jyani, Dr. Brian Asare, and Dr. Yashika Chugh.

The objective of the session was to present a roadmap framework for HTA development that can provide a comparative understanding across countries and time. Case studies from India and Ghana highlighted critical issues for institutionalizing HTA in different contexts.

The speakers noted that there is often political pushback to HTA, but showing the value (e.g., in the case of an early technology) can help. They mentioned that the engagement of HTA stakeholders with the payment mechanisms is important. They advised that countries could put some effort into developing the building blocks for HTA. Although it is an intensive process, but it can produce results, and in the end, countries will have fit-for-purpose resources to use HTA.

Pre-conference session 4:

Using Infectious Disease Models from Epidemic, Pandemic to Endemic Stage: A lifecycle approach

The organizer of this session was the Health Intervention and Technology Assessment Program (HITAP), Thailand, with speakers Dr. Hannah Clapham (NUS), Dr. Yang Liu (LSHTM), Dr. Mark Jit (LSHTM), Dr. Paul Pasco (University of Philippines), Dr. Kiesha Prem (NUS).

The objective of the session was to highlight the successes and challenges faced using infectious disease modeling for COVID-19 policy across three main stages of the pandemic, namely i) the early outbreak period, ii) the initial COVID-19 vaccination period, and iii) the post-pandemic lifting of restriction measures.

The speakers explained the basics of infectious disease modelling and spoke about technical challenges in infectious disease modelling. There were discussions on communicating mathematical models to policymakers. The speakers suggested conducting a short workshop on how to conceptualize and build the basic compartmental model, demonstrate a proper program to execute the model to get them to understand how the model work, and apply the cases of local political context to the models. The session highlighted the challenge of continuous collaboration on the model, parameters, and scenarios as well as the importance of communication between the policymakers, modelers, and the general public to use modeling to inform COVID-19 policy continuously.

Pre-conference session 5:

Publishing Your Work - Tips for Success

This session was organized by A/Prof. Wendy Babidge, Dr. Keng Ho Pwee, and Dr. Danni Dougherty, Danielle Stringer.

The workshop's objective was to provide information through several presentations for early career researchers to understand the importance of disseminating research and preparing a conference abstract or journal article for submission. This includes writing tips and tricks, what to avoid, and any risks associated with publishing.

The speakers provided advice on publishing academic work, which are: 1) it is important to disseminate findings at a conference (oral/poster presentation) or as a peer-reviewed manuscript. When looking to publish, it is important to think carefully about where to publish; 2) seek advice from colleagues as required, ask a native English speaker to review the work if English is not the first language of the researcher, and ensure that guidelines for submitting manuscripts or abstracts are followed; 3) Researchers should not engage in research misconduct, which is the fabrication, falsification of results, plagiarism of writing, 'salami slicing' results (publishing many articles with one set of data) and knowingly publishing in predatory journals; 4) Some key points can be avoided to improve the chance of having an abstract accepted at a conference, for example, abstract not matching the conference scope; failing to provide sufficient detail (reviewers need to be given a clear idea of what has been done); not using the template for submission i.e. headings provided by the conference organizers; poor presentation; poor language e.g. using auto-translate; not providing any results or little content. The introduction of a manuscript should answer the question of why the work is needed. The last sentence or two should clearly state the aims and objectives; methods need to be repeatable, so an accurate and detailed representation of what was done is crucial. Results should be presented clearly; the use of tables and figures to avoid long text can be beneficial; avoid making a misleading statement in the results section. Lastly, the discussion section of a manuscript should discuss the most important findings and their clinical relevance but should not replicate the results section. It should put the work in context, honestly discuss the limitations, and draw factual conclusions.

Pre-conference session 6: Bringing Equity into the Health Technology Assessment Discussion

This session was organized and moderated by Dr. Natalie Carvalho, with speakers, Prof. Richard Cookson, Kyoko Shimamoto, Dr. Sintashu Sekhar Kar, Princess Allyza Mondala, Sarin KC, and Marie-Anne Boujaoude.

The objective of the session was to raise awareness of the importance of considering equity within HTA, to hear from representatives from the Asian region on how equity is considered in HTA and to share ongoing research into eliciting health inequality aversion parameters.

The speakers highlighted several messages. The first is that one needs to move beyond just describing the problem of health inequalities to evaluating solutions and the impact of interventions on health inequalities. Currently, an equity focus is increasing in the HTA process and wider health and medical research globally. In Thailand, equity is considered in a mostly subjective way. Second, awareness among researchers in the HTA agencies needs to be raised through collaboration. Initial discussion within the HTA resource hubs in India on this topic has been very encouraging. Lastly, there should be primary studies conducted as a precursor to the Distributional Cost-effectiveness Analysis (DCEA) that estimate the parameters, which is currently the limitation in conducting the DCEA in the Philippines.

Pre-conference session 7: Strengthening HTA Capacity

This session was organized by Dr. Hugo Turner, with him as one of the speakers along with Auliya A. Suwantika, Manit Sittimart, and Madison Silzle. The objective of the session was to discuss case studies of capacity-strengthening activities for HTA and economic evaluations, to learn about methodological challenges in countries and to discuss key gaps that remain, such as the variation of the perspectives used within economic evaluations, and to identify potential means of disseminating the materials to a wide audience.

The speakers introduced the Guide to Economic Analysis and Research (GEAR), a global platform to help academics, researchers, and practitioners from LMICs to conduct high-quality, policy-relevant health economic evaluations. There is an initiative to develop open-access methodological guidance material for economic evaluations, which will be a novel way of conducting this type of capacity strengthening, but other approaches are also needed. Regarding use of perspectives in economic evaluation, there is notable variation regarding how the societal perspective is used in practice. The global health economic community should set consistent standard definitions of these terms and there should be clearer reporting regarding how the societal perspective is implemented.

Pre-conference session 8: Confluence of HTA and Digital Health

This session was organized by the Health Intervention and Technology Assessment Program (HITAP), with speakers: Nikita Mandyam, Prof. Jeonghoon Ahn, Simon Brassel, and Assoc. Prof. Sarah Norris, and moderated by Dr. Pritaporn Kingkaew. The primary objective of this session is to bring experts from different settings to discuss the confluence of digital health and HTA in their respective countries and to help outline necessary steps towards establishing common standards, i.e., appropriate process and methods guidelines, while conducting HTA of digital health technologies and systems. The secondary objective is to raise awareness and pique interest in this issue among attendees

The main message from the speakers was that governments across the countries have been pushing for digital health as national policies. Still, challenges remain in implementation particularly in South Korea, such as resistance among physicians to uptake of digital health (Tele and M-Health), lack of legislative guidelines, and reimbursement challenges due to difficulties in producing evidence remains a cause of concern.

Pre-conference session 9: Beyond Checking the Boxes: Guidance Of The Joint HTAi – ISPOR Task Force Deliberative Processes For HTA

This session was organized by Dr. Wija Oortwijn, HTAi, and included Dr. Yot Teerawat-tananon, Dr. Izzuna Mudla Mohamed Ghazali, Ying-Li (Tommy) Chen as speakers. This session aimed to present the guidance that was developed and discuss its application with the HTA community from the Asia-Pacific Region.

The main message from the speakers was that there is a clear need for deliberative processes for HTA around the globe. Countries need to develop strategies to move from communication towards the participation of stakeholders to enable deliberative processes for HTA. Countries should share experiences with regard to deliberative processes and especially draw lessons regarding how to improve deliberative processes for HTA, including stakeholder empowerment, support for deliberation (e.g., knowledge and skills) and the role of the chair.





Closing ceremony

The closing ceremony was held on 2 December 2022, at the Head of State Chamber. The audience was welcomed by Ms. Dimple Butani and Ms. Kinanti Khansa Chavarina, who were the MCs for the session.

On this occasion, a video was presented as a tribute to the founding father of HTA, Prof. David Banta, who spearheaded the development of HTA from the time of his leadership at the Office of Technology Assessment (OTA), United States Congress. HITAP, together with HTAsiaLink members, took this opportunity to commemorate his influence and continuous dedication to the development of HTA in Latin America, Europe, Asia, and across the world.

It was announced that HTAsiaLink abstract presenters were invited to submit their research to the special issue on the Health Systems Economics Research, International Journal of Environmental Research and Public Health, with a 20% discounted publication fee for 15 papers as well as the International Journal of Technology Assessment in Health Care. The awards for oral and poster presentations were announced and presented to winners by submission tracks as described above.



For the first time, two HTAsiaLink recognition awards were presented to an individual and an organization for their support to the network: one, to Prof. Anthony Culyer, University of York, UK, and two, to the National Evidence-based Healthcare Collaborating Agency (NECA), South Korea.



Figure 18:

Prof. Anthony Culyer



Figure 19:

Dr. Jeonghoon Ahn and Dr. Miyoung Choi, on behalf of NECA

On behalf of the HTAsiaLink network, Dr. Wanrudee Isaranuwatthai, Program Leader at HITAP, introduced the recognition award for Prof. Culyer to express gratitude for his friendship, mentorship, and guidance for the development of HTA and supporting several capacity building initiatives and global public goods. In a video address, Prof. Culyer shared what he thought were the key characteristics of HTAsiaLink, which are being a network that (1) provides intellectual coherence in using a methodology to generate unbiased evidence, (2) supports decision-making structures and processes and provides practical case studies of how members from different countries face public health challenges, (3) encourage and build relationships between the research community and policymakers, (4) is a capacity builder, and (5) encourages and honors young researchers in the region.

Dr. Asrul Akmal Shafie, Universiti Sains Malaysia introduced the recognition award to NECA which was presented by Dr. Jasmine Pwu from the National Hepatitis C Program (NHCP) Office, Ministry of Health and Welfare, Taiwan, as a token of appreciation for serving as the network secretariat for a decade. Since the establishment of HTAsiaLink in 2010, NECA has been instrumental in facilitating, communicating, and bringing together HTA agencies as part of this growing network.

The closing speech was delivered by Dr. Somsak Chunharas, former Deputy Minister of Public Health for Thailand. Dr. Chunharas highlighted key questions for participants to take home:

1. How should we do HTA differently? Is rapid HTA the answer?
What about adaptive HTA?
2. Is real-world evidence for real? Should we wait for rapid RCTs at a lower cost?
3. How to make the real-world evidence the new gold standard?
4. Are disruptive technologies bringing about better health
or merely disrupting the way we used to do things?



Figure 20:

Dr. Somsak Chunharas



Figure 21:

Dr. Asrul Akmal Shafie and Dr. Izzuna Ghazali

Dr. Izzuna Ghazali and Dr. Asrul Akmal Shafie, on behalf of the Local Organizing Committee of the 11th HTAsiaLink Annual Conference, addressed HTAsiaLink members on the next conference in Putrajaya, Malaysia. As part of the announcement, a special Malay dance and souvenirs were provided by the team from Malaysia and marked the end of the conference with excitement and good memories for participants.



HTAsiaLink member activities

The annual conference serves as a gathering to conduct member, Council and Board meetings, which were held in the afternoon of 2 December 2022. The proceedings of these meetings have been summarized and shared separately.

As one of the goals of the HTAsiaLink network is to “strengthen individual and institutional capacity in HTA research and integration of HTA evidence into policy decisions for the public good”, the annual conference is a venue for members to engage with one another and expand networks. It is also an opportunity to expand the organization’s network by inviting potential new members which can extend the reach of the network so that it can benefit new contexts and also bring in new perspectives into the network. This pandemic has shown that the international crisis requires international cooperation to overcome it and expanding networks can strengthen this further. This year, HTAsiaLink grew its network, welcoming 14 new organizational members, and 4 new associate members (outside of the Asia-Pacific region); the list of members is provided in the Appendix. In addition to the conference, the HTAsiaLink network has been developing its website content to improve the communication between members and enable potential new members to engage with the HTAsiaLink secretariat, prior to the conference.



Feedback form

A feedback evaluation form was circulated to all participants through email and the Whova application, which was used for communication during the conference. The form contains three sections: the overall conference, the main conference, and the pre-conference sections. The main conference section was divided into the plenary sessions and the oral/poster presentation. The pre-conference section and the plenary sub-section had a similar format, starting with questions on whether the participant attended the sessions, followed by four other questions for each session they attended, and ended with a question for feedback on the session. The oral/poster presentation section contained four questions with three expanded questions for presenters and commentators. The general comment section contained four questions on the overall conference feedback and its impact on the participants. The questionnaire can be found in the Appendix.

Results

The total response rate was 25% (n=70) from 284 participants. There are differences in the number of responses in each section. Respondents gave an average rating of 4.74/5.00 for their overall satisfaction with the quality of the conference. They gave an average rating of 4.60/5.00 for networking opportunities, 4.46/5.00 for improved knowledge, and 4.69/5.00 for logistical arrangements. Most respondents commended the well-organized conference and the opportunity to learn and network with regional and international partners.

For the main conference, 97% (n=68) responses were received out of a total of 70 respondents. Out of the total respondents, about 85% (n=58), 84% (n=57), and 71% (n=48) attended plenary 1, 2, and 3, respectively. The average rating for Plenary 1 was 4.44/5.00, 4.59/5.00 for Plenary 2, and 4.53/5.00 for Plenary 3 for all four questions regarding the objectives, participation, and application of the session as well as meeting participants' expectations in terms of scientific content. Overall, the majority of the participants thought that the discussion should be longer which may require limiting the topics and speakers.

For the oral/poster presentations, there were 45% (n=30) presenters among the 67 responses. They gave a rating of 4.70/5.00 for the satisfaction of the submission and selection process and a rating of 4.53/5.00 for useful feedback from commentators. Twenty-nine presenters (96.7%) strongly agreed that their presentation skills have been enhanced after the conference. Presenters suggested that all oral presentations should have the same commentators to ensure fairness as different commentators might have different scoring standards, and written feedback from commentators should be given to the participants.

Feedback from commentators was also received. There were 17% (n=11) commentators out of 66 responses that gave a rating of 4.27/5.00 and 4.18/5.00 for the review process of abstract and oral/poster presentation, respectively, and a rating of 4.09/5.00 for their satisfaction with the feedback format. Commentators thought there should be more space for writing on the feedback form.

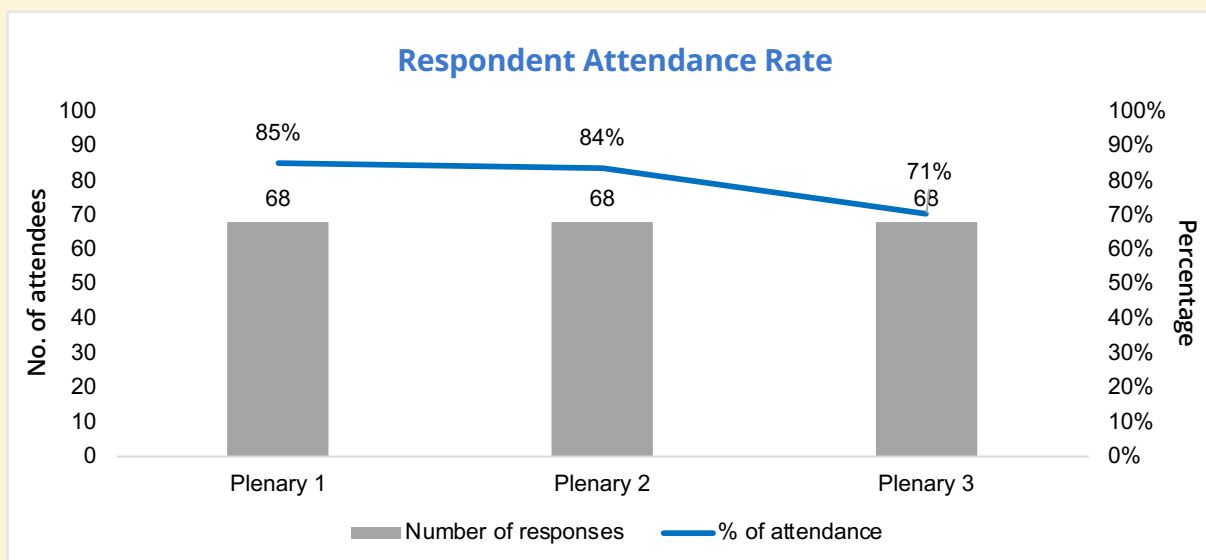


Figure 22:

Respondent attendance rate

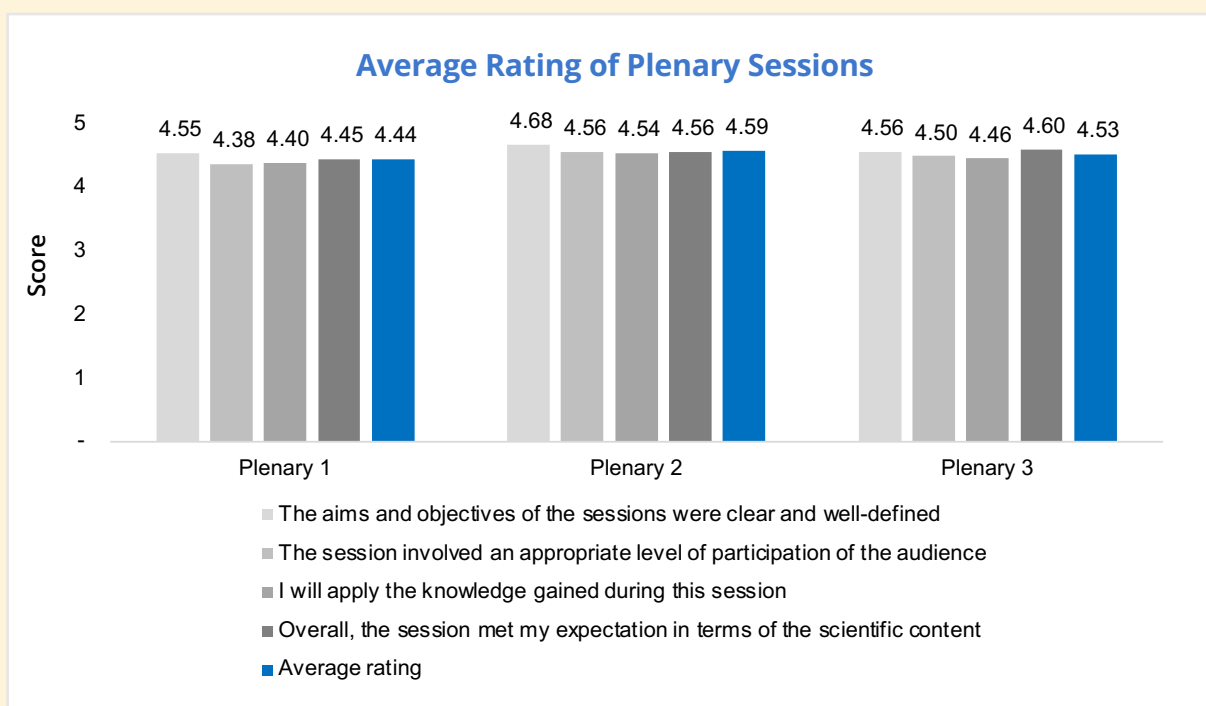


Figure 23:

Average rating of plenary sessions

The pre-conference section received an average of 87% (n=61) responses out of 70 respondents for all pre-conference sessions. Three sessions were held in parallel for one hour and twenty minutes each, with the average attendance rate in all pre-conference sessions being 39% (n=24) of 61 responses. The same questions to the main conference were asked, with respondents being overall satisfied with the sessions. The respondents also thought that there should be a longer duration for the discussion instead of the presentations, similar to the plenary session.

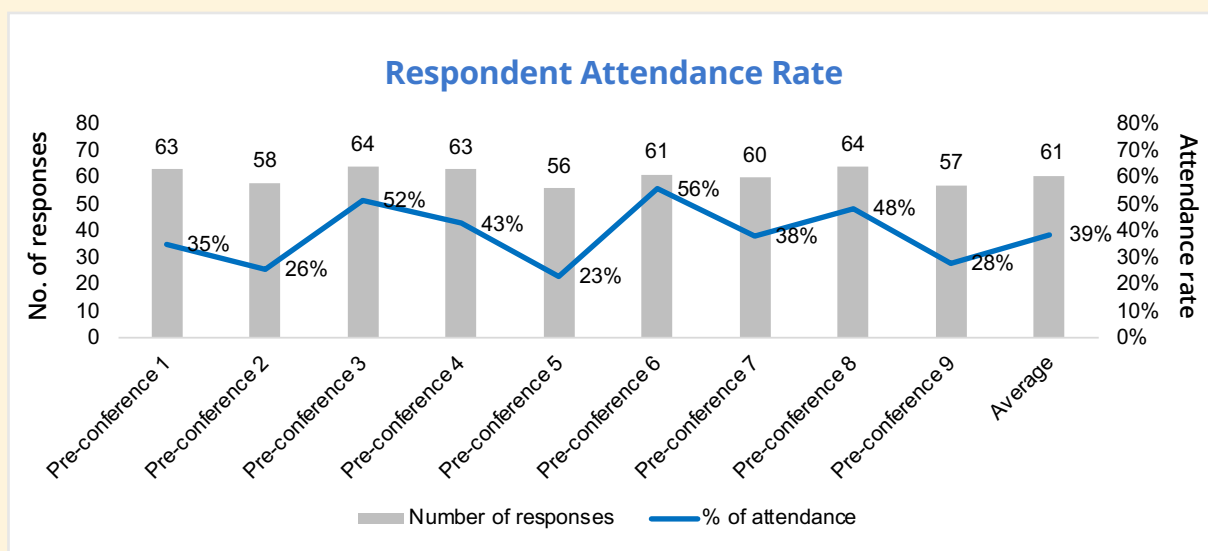


Figure 24:

Respondent attendance rate of pre-conference session

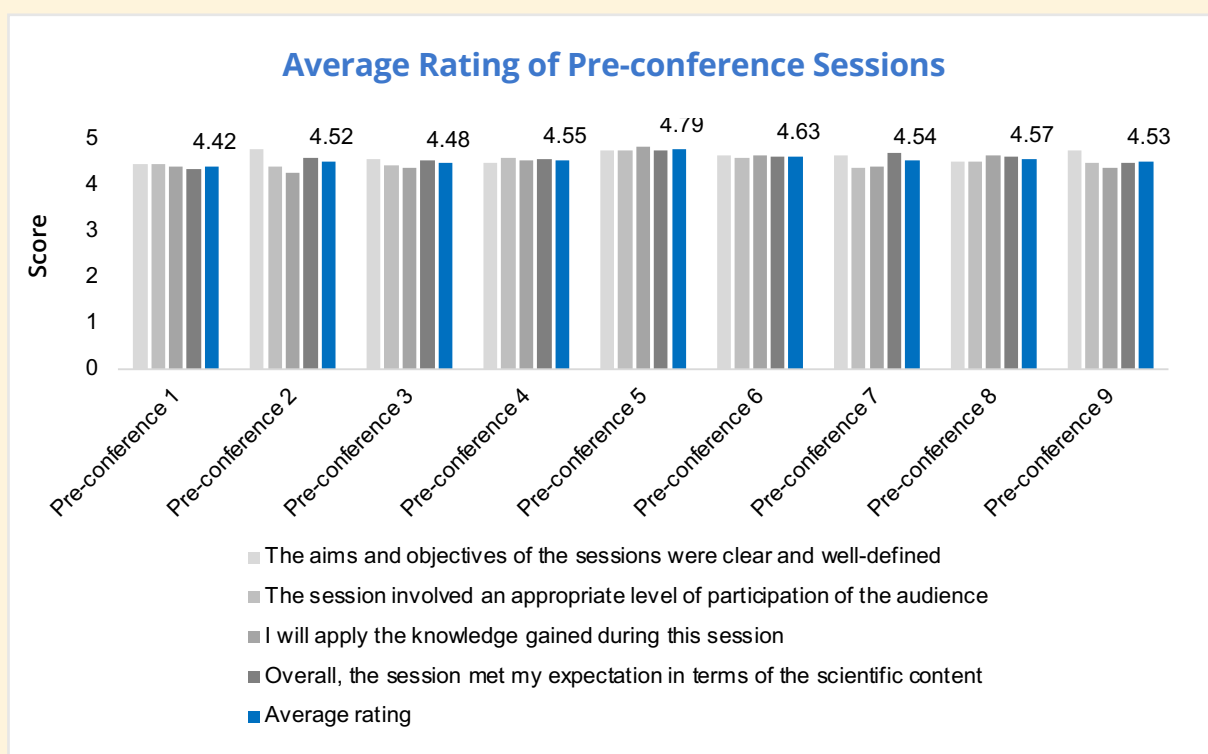


Figure 25:

Average rating of pre-conference sessions

After Action Review

The HITAP organizing team conducted an After Action Review (AAR) to discuss key lessons from organizing the conference to enable learning for the next conference. The feedback was structured as follows: What was supposed to happen? What happened? Why was there a difference? What worked? What didn't work? Why? What would you do differently next time? Feedback was collected during a meeting held on 13 December 2022 and with follow-up written inputs from the team.

The key discussion points related to improving internal communication and more effective use of online platforms. It was also highlighted that it was important to align expectations among different teams for each activity. Managing timelines with external parties is also necessary. Additionally, it would be helpful to plan activities in advance, to the extent possible, to minimize changes during the event as it can pose challenges to managing logistics. Hiring an external organizer proved to be beneficial. In terms of the venue, it would have been helpful to have had more time to plan and rehearse key segments of the agenda beforehand. The conference application, Whova, was found to have worked well for engaging with participants, both, before and during the conference. Regarding the website, it would be helpful to plan to have regular updates to the content and if needed, to the layout too. Given the demands on content development, it may be helpful to outsource some of these functions in the future as well. Internally, at HITAP, having rehearsals for staff whose abstracts had been selected for oral or poster presentations were helpful. A summary of the recommendations are provided below.



Table 1: *Summary of recommendations and lessons learned collected from different internal teams*

Component	The Do's	The Don'ts
Overall management	<ul style="list-style-type: none"> • Keep track of overall progress of the conference preparation, report, and consult with previous conference host and HTAsiaLink board members on relevant matters. • Regular internal meetings weekly or bi-weekly are recommended as a communication platform to identify gaps in conference preparation, solving problems, and share common challenges among internal teams. 	<ul style="list-style-type: none"> • Lack of sharing updates and communicating conference information and progress that team members are not able to understand the current status and direction as a team.
Funding and financial management	<ul style="list-style-type: none"> • All sub-team members should prepare a budget plan with activities and share it with the finance team. • Each budget proposal submitted to different funders should be designed together to avoid overestimating the budget and overlapping requests. • Follow-up with funders on budget approval and transactions. 	<p>Do not submit budget proposals or requests too late, as it may restrict the finance team's (internal) ability to provide support.</p>
Logistics	<ul style="list-style-type: none"> • Identify the role, scope, and list of potential participants of the HTAsiaLink conference at the earliest. 	<ul style="list-style-type: none"> • Minimize spontaneous meetings or ordering additional meals during the conference. Plan and brief with the focal point of the speaker at least 24 hours in advance. This will make the arrangement smoother from the logistics side.

Component	The Do's	The Don'ts
	<ul style="list-style-type: none"> • During the side meetings, the logistic focal point should be responsible and well-informed of the IT devices, list of attendees, and catering during the event. • Provide walkie-talkies for the appointed focal points during each session and breakout/ function room. • Designate a focal point to foresee and be responsible for each VIP/senior participant. • Plan for a registration desk strategy with a responsible team as it can be hectic during registration. 	<ul style="list-style-type: none"> • Don't set up the IT system, audio system, camera, and Zoom meetings too close to an event. Devices and staff must be allocated to each section or room, and this should be communicated between internal and external teams. Allocate at least an hour for the technical team to set up, in case any of the systems backfire before the event. • Do not make the communication process among the teams complicated. Keep a simple format by creating a shared folder and updating the latest information for everyone to have the same information (ex. Microsoft OneDrive or Microsoft SharePoint).
Academic	<ul style="list-style-type: none"> • Assign session coordinators for all academic agenda items such as oral presentations, poster presentations, plenary sessions, pre-conference workshops, and earlier (6 months before the conference). • Decide clear roles and responsibilities for the session coordinators with to-do lists. • Engage with session coordinators to report the status of the session preparation regularly. • If possible, ask session coordinators to take the lead in implementing their designated sessions from start to end. 	<ul style="list-style-type: none"> • Do not begin planning for the conference too close to the actual conference dates. Start as early as possible and revisit the agenda early on. • When assigning session coordinators, do not simply provide guidance documents without meetings. Set up meetings to clarify points through targeted discussions. • Do not invite Scientific Committee members only from a specific region or organization. Rather, draw on broader sets of members early on.

Component	The Do's	The Don'ts
	<ul style="list-style-type: none"> • Communicate the updated information or any sudden changes as often as possible. • Align the expectations and roles of each member of the team during the planning stage to have a clear understanding, which can prevent misunderstandings during the conference. 	
Pre-conference sessions	<ul style="list-style-type: none"> • Officially announce submission requirements & deadline to submit resources (like biography and photos of speakers, final concept note, presentation slides and videos) in the application process via conference website. • Share agenda and timeline of the session with the IT team in advance. • When communicating with speakers who are high level or very busy, contact their secretary or assistant. This will help get the clear message across and prevent any misunderstandings between the speaker and coordinator. • Assign a specific person in advance to wrap up the session and make announcements. This includes floor plan, coffee break, lunch venue, toilet location, prayer room location, and next agenda. 	<ul style="list-style-type: none"> • Do not settle on one communication strategy or platform. Plan to use other platforms for communication since some speakers might not be interested in using mobile applications. • Do not start a session too early in the morning. Allocate time in the morning for people to get ready and eat breakfast. • Do not allow a session to have a smaller audience. Ask the persons responsible at the registration desk to invite people to join the session with a smaller audience.
Plenary session	<ul style="list-style-type: none"> • Plan for at least 2-3 preparatory meetings before the plenary session in order to review the flow and slides of each speaker. One preparatory call may not be sufficient for all speakers and moderators. 	<ul style="list-style-type: none"> • Do not confirm the list of plenary speakers too close to the conference. Rather, confirm the list at least 2 months before the conference in order to prepare the flyers and promote the session.

Component	The Do's	The Don'ts
	<ul style="list-style-type: none"> • Provide additional guidance on how to conduct plenary sessions. • Get participants engaged in the Whova app before and during the plenary session. Creating a poll in the Whova app before the plenary session is helpful in getting participants engaged during the session. • Plan for preparatory meetings to introduce speakers, moderators and session coordinators. Getting acquainted with one another makes collaboration easier. 	<ul style="list-style-type: none"> • Do not prepare the plenary slides in short notice as this could increase the workload among session coordinators.
Poster session	<ul style="list-style-type: none"> • Plan for preparatory meetings to align the roles for poster coordinators. This will prevent overlap and confusion in work. • Designate a common folder or working file that includes the latest and most important materials (ex. commentator details, agenda, guidelines, etc). The folder or working file should be frequently accessed and reviewed by coordinators. • Allocate more time for commentators to review each poster. Additionally, provide a larger space for the poster area to prevent crowding. • Poster coordinators should initiate the conversation with commentators from the beginning. This would make it easier to follow up instead of the secretariat team. 	<ul style="list-style-type: none"> • Do not assume that commentators are aware of their responsibilities. Assign coordinators to check-in and inform commentators of the agenda, especially in the case of last-minute changes. • Do not allow presenters to set up posters only a few hours before the session. Inform presenters to set up their posters a day before so that commentators have time to review the posters prior to the session. • Do not inform commentators about their assigned poster to review only via email as this can confuse them. Coordinators should use a platform to have direct conversations with commentators.

Component	The Do's	The Don'ts
	<ul style="list-style-type: none"> • Always have poster coordinators to stand-by at the poster venue during the session. 	
Oral session	<ul style="list-style-type: none"> • Plan for several preparatory discussions with oral session coordinators to align the roles and responsibilities, given that last-minute changes are inevitable. • During the conference, inform the coordinators about the latest updates frequently and specify the next steps to be taken. • Assign a person who is familiar with the commentators' background to allocate the commentators in each room. This can make the process a lot easier. • Data entry process for abstract submission should be structured for data analysis (e.g., less free text, using dropdown or multiple choices, etc.). File names for abstracts and presentations should be organized and in some pattern. These may be useful for both physical management and score calculations. • In the case of many newcomers, a rehearsal may be needed as those without prior experience would not know what to expect. 	<ul style="list-style-type: none"> • Do not separate the communication between oral and poster coordinators. Instead, the two teams can work together so that both parties are familiar with the sequence of events and are able to respond more effectively to the queries of the moderators and commentators. • Do not outline the tasks or expectations too close to the event timeline. Outline the tasks/ expectations of the coordinators clearly from the get-go.

Component	The Do's	The Don'ts
Administrative Unit/support	<ul style="list-style-type: none"> • For any other businesses which require staff members to facilitate the registration desks, escorting key speakers, participants, and meeting room coordination, each team should inform and assign tasks to admin staff members at least 2 weeks before the conference. • The rehearsal could be considered especially for the registration desks with different platforms (online check-ins using Whova application, offline check-ins, etc.). • Ask previous staff members who have prior experience with HTAsiaLink conferences to share what to expect at the conference in terms of logistical arrangements. • From the HTAsiaLink Secretariat's point of view, membership management needs to be updated regularly. Additionally, Board meetings should be planned by sharing presentations in advance to review and provide feedback. The voting process should also be planned beforehand. 	<ul style="list-style-type: none"> • Do not brief and assign ad-hoc tasks on the conference days as the staff members may lack context and information about the conference. This may result in misunderstanding of tasks and expectations. • Do not wait until the conference to finalise preparation for the Member, Council and Board meetings.

Conference agenda

Day 1: 30 November 2022

7:30 - 8:00	Registration		
8:00 - 9:20 (1:20 hrs)	Pre-conference Session I Title: The Lifecycle 2.0 - The inclusion of health needs Session lead: international HealthTechScan (i-HTS, former EuroScan international network) Speakers: - Hans-Peter Dauben - Maximillian Otte	Pre-conference Session II Title: Report of the HTAi Asia Policy Forum, December 2021 Session lead: Brendon Kearney Speaker: Brendon Kearney	Pre-conference Session III Title: Understanding the Development of Health Technology Assessment in Countries Session lead: World Health Organization and Postgraduate Institute of Medical Education and Research, Chandigarh, India Speakers: - Tessa Tan-Torres Edejer - Shankar Prinja - Andrew Mirelman - Gaurav Jyani - Joycelyn Azeez - Brian Adu Asare - Saviour Yevutsey
9:20 - 9:35 (15 mins)	Break		

9:35 - 10:55	<p>Pre-conference Session IV</p> <p>Title: Using infectious disease models from epidemic, pandemic to endemic stage: A lifecycle approach</p> <p>Session lead: London School of Hygiene & Tropical Medicine (LSHTM), University of Philippines, National University of Singapore, Health Intervention and Technology Assessment Program (HITAP)</p> <p>Speakers:</p> <ul style="list-style-type: none"> - Mark Jit - Hannah Clapham - Kiesha Prem - Yang Liu - Paul Pasco - Pritaporn Kingkaew 	<p>Pre-conference Session V</p> <p>Title: Publishing your work – tips for success</p> <p>Session leads: International Journal of Technology Assessment in Health Care, Changi General Hospital and Australian Safety and Efficacy Register of New Interventional Procedures – Surgical (ASERNIP-S)</p> <p>Speakers:</p> <ul style="list-style-type: none"> - Wendy Babidge - Keng Ho Pwee - Dannii Dougherty - Danielle Stringer 	<p>Pre-conference Session VI</p> <p>Title: Bringing Equity into the Health Technology Assessment Discussion</p> <p>Session lead: Health Economics Unit, Centre for Health Policy, Melbourne School of Population and Global Health, University of Melbourne</p> <p>Speakers:</p> <ul style="list-style-type: none"> - Richard Cookson - Kyoko Shimamoto - Sintashu Sekhar Kar - Princess Allyza Mondala - Sarin KC - Marie-Anne Boujaoude - Natalie Carvalho
10:55 - 11:10	Break		
11:10 - 12:30	<p>Pre-conference Session VII</p> <p>Title: Strengthening HTA capacity</p> <p>Session lead: Imperial College London, HITAP</p> <p>Speakers:</p> <ul style="list-style-type: none"> - Hugo Turner - Auliya A. Suwantika - Manit Sittimart - Madison Silzle 	<p>Pre-conference Session VIII</p> <p>Title: Confluence of HTA and Digital Health Technologies</p> <p>Session lead: HITAP, University of Sydney, Ewha Womans University, Office of Health Economics (OHE) (England)</p> <p>Speakers:</p> <ul style="list-style-type: none"> - Pritaporn Kingkaew - Jeonghoon Ahn - Sarah Norris - Nikita Mandyam - Simon Brassel 	<p>Pre-conference Session IX</p> <p>Title: Beyond Checking the Boxes: Guidance Of The Joint HTAi – ISPOR Task Force Deliberative Processes For HTA</p> <p>Session lead: HTAi – ISPOR Task Force</p> <p>Speakers:</p> <ul style="list-style-type: none"> - Wija Oortwijn - Shankar Prinja - Yot Teerawattananon - Izzuna Mudla Mohamed Ghazali - Ying-Li (Tommy) Chen
12:30 - 13:30	Lunch		

<p>Venue: Head of State Chamber</p> <p>Floor: 2nd</p> <p>Royal Cliff Grand Hotel</p>	
13:30 - 15:00	<p>Opening Remarks</p> <p>Vicharn Panich, M.D. Chairman, Health Intervention and Technology Assessment Program Foundation (HITAP Foundation)</p>
	<p>Keynote Speech</p> <p>Venue: Head of State Chamber on 2nd floor</p> <p>Rungrueng Kitphati, M.D. Advisor and Spokesperson of the Ministry of Public Health, Thailand</p> <p>Charay Vichathai, Research Manager, Health System Research Institute, Thailand</p> <p>Jos Vandelaer, World Health Organization Representative, Thailand</p> <p>Zhao Kun (Video) President, HTAsiaLink President 2021 – 2022 Division Director of HTA, China National Health Development Research Center (CNHDRC)</p>
15:00 - 15:15	Break
15:15 - 16:35	<p>Plenary I: Reimagining the Post COVID-19 Health System and HTA</p> <p>Venue: Head of State Chamber on 2nd floor</p> <p>Topic: Post COVID-19 Research Trend/India experience for Post COVID-19 Shankar Prinja, Executive Director (Health Policy & Quality Assurance), National Health Authority, Government of India</p> <p>HTA application for COVID issues in Korea Miyong Choi, Director of Clinical Evidence Research, Director of NECA GRADE Center, National Evidence-based Healthcare Collaborating Agency (NECA), Korea</p> <p>Patient involvement in Health Technology Assessment during Post COVID-19 Ying-Li (Tommy) CHEN, Researcher, HTA Division, Center for Drug Evaluation (CDE), Taiwan</p> <p>Global perspective on the role of HTA in informing research priorities in the post COVID-19 era, challenges and opportunities Tessa Tan-Torres Edejer, Coordinator of the Unit on Costs, Effectiveness, Expenditure and Priority Setting in the Department of Health Financing and Governance (HGF), World Health Organization</p> <p>Moderator: Eric Arndt, Director, Asia Regional Office, The Rockefeller Foundation</p>
17:00 - 18:00	<p>Networking event by the beach: HTA/Health Policy regional and global experts</p> <p>Venue: Royal Cliff Beach Terrace</p>
18:00 - 21:00	<p>Dinner Reception</p> <p>Venue: Royal Summit Chamber room</p>

Day 2: 1 December 2022

8:30 - 9:00	Registration			
9:00 - 10:20	Plenary 2: Accelerating the Impact of Real-World Evidence in Global HTA Community: The past, the present, and the future Topics: - Strengths and pitfalls of RWE: Lessons from the past - Exciting use of RWE in research and policy: Practices in present - Where RWE will be: What is yet to come? Speakers: - Erna Kristin, Indonesia - Wenjia Chen, Saw Swee Hock School of Public Health, the National University of Singapore, Singapore - Jasmine Pwu, National Hepatitis C Program Office, Ministry of Health and Welfare, Taiwan - Lalitaya Kongkam, National Health Security Office, Thailand Moderator: Wanrudee Isaranuwatchai, Program Leader, HITAP, Thailand			
10:20 - 10:40	Break			
Room	Conference Breakout I Head of State Chamber, 2nd Floor Royal Cliff Grand Hotel	Conference Breakout II Orchid A, 1st Floor Royal Cliff Grand Hotel	Conference Breakout III Orchid B, 1st Floor Royal Cliff Grand Hotel	Conference Breakout IV Jomtien 2, 1st Floor Royal Cliff Grand Hotel
	ORAL SESSION Moderator: Budi Hidayat Commentators: Jeonghoon Ahn, Wija Oortwijn	ORAL SESSION Moderator: Wendy Babidge Commentators: Nattiya Kapol, Peter Coyte	ORAL SESSION Moderator: Keng Ho Pwee Commentators: Brendon Kearney, Izzuna Mundla, Mohammed Ghazali	ORAL SESSION Moderator: Pritaporn Kingkaew Commentators: Ying-Li (Tommy) Chen, Olivia Wu
10:40 - 11:00	EE09	EE16	HS21	OT02
11:00 - 11:20	EE19	EE27	HS26	OT05
11:20 - 11:40	EE22	EE30	HS43	OT52
11:40 - 12:00	EE25	EE37	HS12	OT58
12:00 - 13:00	Break ---- 12:30 - 13:00 Poster Session 1			

	ORAL SESSION Moderator: Andrew Mirelman Commentators: Montarat Thavorncha-roensap, Sarah Norris	ORAL SESSION Moderator: Jasmine Pwu Commentators: Cynthia Chen, Hugo Turner	ORAL SESSION Moderator: Asrul Akmal Shafie Commentators: Worawan Chandoevwit, Ryota Nakamura	ORAL SESSION Moderator: Ying-Li (Tommy) Chen Commentators: Mark Jit, Sitaporn Youngkong
13:00 - 13:20	EE05	EE01	HS28	OT01
13:20 - 13:40	EE12	EE06	HS32	OT07
13:40 - 14:00	EE15	HS14	HS36	OT12
14:00 - 14:20	EE40	HS25	HS41	OT19
14:20 - 14:40	Break / Poster Session 2			
	ORAL SESSION Moderator: Usa Chaikled-kaew Commentators: Kiesha Prem, Alec Morton	ORAL SESSION Moderator: Tessa Edejer Commentators: Budi Hidayat, Jaspreet Turner	ORAL SESSION Moderator: Wirichada Pan-ngum Commentators: Wendy Babidge, Asrul Akmal Shafie	ORAL SESSION Moderator: Sarah Norris Commentators: Benjamin Ong, Wenjia Chen
14:40 - 15:00	EE13	OT09	HS03	OT13
15:00 - 15:20	EE14	OT10	HS17	OT18
15:20 - 15:40	EE21	OT29	HS24	OT21
15:40 - 16:00	EE45	OT37	HS29	OT41
16:00 - 16:20	Break / Poster Session 3			
	ORAL SESSION Moderator: Hilton Lam Commentators: Mark Jit, Jasmine Pwu	ORAL SESSION Moderator: Arthorn Riewpaiboon Commentators: Alec Morton, Izzuna Mundla Mohammed Ghazali	ORAL SESSION Moderator: Piyameth Dilok-thornsakul Commentators: Teeranee Te-chasrivichien, Andrew Mirelman	ORAL SESSION Moderator: Hans-Peter Dauben Commentators: Wirichada Pan-ngum, Benjamin Ong

16:20 - 16:40	EE07	EE04	HS04	OT15
16:40 - 17:00	EE24	EE08	HS13	OT38
17:00 - 17:20	EE33	EE18	OT23	OT40
17:20 - 17:40	EE35	EE32	OT28	OT43

Day 3: 2 December 2022

7:00 - 7:30	Morning Yoga: Rise & Shine by the Beach
8:30 - 9:00	Registration and Hotel Check-out
9:00 - 10:20	<p>Plenary 3: Searching for the Holy Grail Solution for Our Health Systems: Are Disruptive Technologies the Answer?</p> <p>Topic:</p> <ul style="list-style-type: none"> - Overview of rising trends of AI and disruptive technologies in health sector i.e., precision medicine, telemedicine, robotic surgeries, administrative assistance - Use cases and lessons learned of AI in healthcare from Singapore, Thailand <p>Speakers:</p> <ol style="list-style-type: none"> 1. Ho Yan Teck, Agency for Care Effectiveness, Ministry of Health, Singapore 2. Syaquirah Akmal, Public Health Specialist at The Ministry of Health Malaysia 3. Sarah Norris, School of Public Health, University of Sydney <p>Moderator: Alec Morton, University of Strathclyde</p>
10:20 - 10:40	Break
10:40 - 12:00	<p>Awards Ceremony</p> <p>Closing Remarks</p> <p>Next Host Announcement</p>
12:00 - 13:00	Lunch
14:00 - 15:00	HTAsiaLink Council/Member Meeting
15:00 - 15:20	Refreshment break
15:20 - 16:00	HTAsiaLink Board Meeting



Concept notes (Plenary sessions)



Plenary 1: Reimagining the Post-COVID Health System and Health Technology Assessment (HTA)



Plenary 2: Accelerating the Impact of Real-World Evidence in Global HTA Community: past, present, and the future



Plenary 3: Searching for the Holy Grail Solution for Our Health Systems: Are Disruptive Technologies the Answer?

Side meetings (before the conference)

The conference offered participants the opportunity also to host side meetings to discuss other initiatives or topics, and to take advantage of the presence of different groups. HITAP organized or facilitated seven side meetings that were held between 28 November – 2 December 2022, with partners, as outlined below:

Side meeting 1: Philippines COVID-19 Modeling: Technical Discussion

28 November 2022, 09.00 – 16.00

Host: The Philippines Department of Health, University of the Philippines Manila, and HITAP

The objective of this meeting was to review the technical aspects of the modeling work led by colleagues at NUS for the Philippines COVID-19 setting. Prof. Hannah Clapham and Dr. Wang Yi led the discussion by explaining the concepts of infectious disease transmission modeling and the economic evaluation using the outputs from the model.

Side meeting 2: Introduction to HTA with the Senegal team

28 November 2022, 09.00 – 16.00

Host: HITAP and Access and Delivery Partnership (ADP)

The meeting aimed to orient representatives from the Agence de la CMU (ACMU), Senegal, the health insurance agency for the universal coverage scheme covering workers in the informal sector and charged with delivery of the free health schemes in Senegal, to HTA and how it can be applied for UHC. The session provided an overview of HTA techniques and processes, basic concepts in economic evaluation, and a discussion of UHC and the role of HTA in Thailand. The meeting produced a plan for future training activities and joint studies between HITAP and ACMU.

Side meeting 3: Knowledge Exchange Sharing Session for COVID-19 Modeling between the Philippines and Thailand

29 November 2022, 09.00 – 12.00

Host: The Philippines Department of Health, University of the Philippines Manila, and HITAP

The meeting aimed to share experiences and lessons learned in developing a COVID-19 dynamic transmission model between Filipino and Thai research teams. Discussions on the reflection of the ongoing projects between HITAP and The Philippines team were conducted through active participation. At the end of the meeting, both teams were able to list down potential improvements for collaboration in the future.

Side meeting 4: Threshold Study

29 November 2022, 16.00 – 18.00

Host: HITAP

The objectives of the meeting were to present preliminary findings on the impact of increasing threshold on reimbursement decision and submitted drug prices in Thailand and to obtain feedback from international experts. Useful feedbacks were obtained through active discussion and will be an input for further analysis of the research results. Additionally, the research team received advice regarding potential relevant research topics in the future to support the expansion of the threshold study.

Side meeting 5: Bhutan HTA Framework Development

29 November 2022, 16.00 – 18.00

Host: HITAP and ADP

The objective of this meeting was to share information on the Thai health system and HTA processes and discuss the plan for developing the HTA framework in Bhutan. The discussion highlighted key areas of interest: addressing the referral system, which allows citizens of Bhutan to access care outside the country if needed; linking HTA to procurement; and potential for applying HTA to medical devices. The team agreed to adapt the survey planned for the landscape review of HTA in Bhutan in light of these priorities.

Side meeting 6: Indonesia Telemedicine Project

1 December 2022, 19.30 – 21.30

Host: HITAP and ADP

The meeting aimed at discussing proposal development for the economic evaluation of telemedicine in Indonesia. The discussions were mainly around the rationale for the study and project scope as well as sharing sessions of a similar study in Thailand. At the end of the meeting, the Indonesian team agreed to convene a stakeholder meeting to redefine the scope of analysis, objectives, and to outline the concrete next steps for the study.

Side meeting 7: HTA harmonisation in ASEAN

2 December 2022, 8.00-9.00

Host: WHO, Dept. of Health of the Philippines and MaHTAS, Malaysia

The Association of Southeast Asian Nations (ASEAN) members have agreed to a workplan to harmonise HTA in the region as part of the workplan from 2023-25 under the ASEAN Health Cluster 3, led by the Philippines and Malaysia. This will, in the long-run, address the limited capacity for HTA in the region and also reduce duplication of efforts. In this regard, an informal meeting was held among representatives from WHO, the Philippines, Malaysia, Indonesia, Lao PDR, Vietnam and Thailand. The current focus of this initiative is on identifying a harmonised approach to clinical effectiveness of drugs/vaccines (the Philippines) and medical devices (Malaysia). It will look at methodological and formatting considerations for HTA. There are two workshops planned next year. It was suggested that it may be helpful to learn from the experience of the European Union.



Guidelines



Guideline for commentators and moderators



Guideline for oral and poster presenters



Rapporteur guideline



10th HTAAsiaLink CONFERENCE 2022

The Role of HTA in the New Normal: Driving the post-COVID
health system through evidence-informed decisions

30 Nov - 2 Dec 2022

List of abstracts presented at the conference

Name	Abstract Title	Type
Auliya A. Suwantika	Financing Model for COVID-19 and Routine Immunization Programs in Public and Private Facilities: A Case Study in Bandung, Indonesia	Oral
Azuwana Supian	Perceptions of Patients Toward The Management of Rare Disease in Malaysia: A Qualitative Study	Oral
Budsadee Soboon	Economic Evaluation and Budget Impact Analysis of Endovascular Treatment for Acute Ischemic Stroke in A Developing Country	Oral
Celestine Grace Cai XueTing	Cost Benefit Analysis of Alternative Testing and Quarantine Policies for Travellers for Infection Control: A Case Study of Singapore During The COVID-19 Pandemic	Oral
Chaisiri Luangsinsiri	Economic Costs of Alcohol Consumption in Thailand, 2021	Oral
Chanida Ekakkararungroj	A Cost Analysis and Economic Evaluation of Universal Newborn Hearing Screening Program in Thailand	Oral
Chayapat Rachatan	A COVID-19 Vaccination Certificates Initiative for The Asian Region?: A Survey From Nine Countries in Asia	Oral
Chittawan Poonsiri	Economic Evaluation of Evusheld for Pre-Exposure Prevention of COVID-19 in High-Risk Populations	Oral
Chotika Suwanpanich	An Expert Elicitation to Estimate The Counterfactual Scenario Costs and Outcomes for Economic Evaluation of Precision Medicines.	Oral
Chris Painter	A Model-Based Study to Estimate The Health and Economic Impact of Health Technology Assessment in Thailand	Oral
Dian Faradiba	The Relative Importance of Vulnerability and Efficiency in COVID-19 Contact Tracing Programmes: A Discrete Choice Experiment	Oral
Due Ong The	Budget Impact Analysis of Direct-Acting Antivirals in Chronic Hepatitis C Treatment in Vietnam	Oral
Ery Setiawan	A Systematic Review of Methods for Valuing Productivity Losses Due to Illness in Low-And Middle-Income Countries (LMICs)	Oral
Firdaus Hafidz As Shidieq	Economic Evaluation on Cervical Cancer Screening Using HPV-DNA, VIA, and Pap-Smear in Indonesia	Oral
Gaurav Jyani	Health- Related Quality of Life among The Indian Population: The EQ-5D Population Norms for India	Oral
Haarathi Chandriah	Longer Survival Or Better Quality of Life? Preference of Clinicians Treating Cancer Patients in Malaysia, Public Hospitals	Oral

Name	Abstract Title	Type
Jarawee Sukmanee	Moving Healthcare System in Thailand More Value Based Through Low-Value Care: COVID-19, Natural Experiment	Oral
Jayne Eunice U. Yang	Ethical, Legal, Social, and Health Systems Impact (ELSHI) Assessment of Self-Administered Antigen Test for COVID-19 in The Philippines	Oral
Jeby Jose Olickal	Cost of Illness and Associated Factors among Persons with Type 2 Diabetes: Findings From A Tertiary Care Center in South India	Oral
Jina Mo	Mucosal Integrity Testing: Systematic Review	Oral
Jiratorn Sutawong	A Rapid Assessment of Pulse Oximeter for Screening of CCHD in Newborns in Thailand.	Oral
Joshua F. Santillan	Economic Evaluation of Casirivimab+Imdevimab as Treatment for Patients with COVID-19	Oral
Jungeun Park	Video Assisted Thoracoscopic Surgery Versus Open Surgery for Non-Small Cell Lung Cancer in Elderly Patients: A Systematic Review and Meta-Analysis	Oral
Kednapa Thavorn	The Impact of The COVID-19 Pandemic on Hospital Operations and Staff Experience: Lessons From A Large Integrated Hospital System in Ottawa, Canada	Oral
Kinanti Khansa Chavarina	A Systematic Review of Health Economic Evaluations for Indonesia: Assessing Evidence Quality and Adherence to The Indonesian Health Technology Assessment Guideline	Oral
Kwandoa Malasai	Economic Evaluation of Genetic Testing for Thalassemia Carrier Diagnosis among Married Couple in Thailand	Oral
Mac Ardy Junio Gloria	A Systematic Review of Health Economic Evaluations in The Philippines	Oral
Manit Sittimart	Science Is Only Half of It.: Expert Perspectives on Operationalising Infectious Disease Control Cooperation in The Asean Region	Oral
Md Rashedul Islam	Global, Regional, and Country Level Estimate of Borrowing Money for Healthcare Payment in 2014 and 2017: A Comparative Analysis	Oral
Mick Soukavong	Cost-Effectiveness Analysis of Typhoid Fever Vaccination in Lao PDR	Oral
Mu Htay Kywel	Economic Burden of Chemical Poisoning in Thailand: An Input for Economic Evaluation of Toxicity Interventions	Oral
Mutia Anggun Sayekti	Eliciting Value for Hta Topic Selection Criteria in Indonesia Using Delphi Method and Deliberative Processes	Oral

Name	Abstract Title	Type
Natalie Carvalho	What Does Newer Guidance on Cost-Effectiveness Thresholds Mean for Pneumococcal Conjugate Vaccine Programs in Low- and Middle-Income Countries?	Oral
Nicha Moonkham	Economic Evaluation of Screening and Prevention Options for Elderly and Postmenopausal Osteoporosis	Oral
Nyi Nyi Zayar	Programmatic Cost-Effectiveness of Second Home Visit for Detecting New Tuberculosis (TB) and Diabetes Mellitus in TB Contact Tracing	Oral
Parntip Juntama	Cost-Utility Analysis of Pneumococcal Conjugate Vaccine (PCV) in Thailand Context: A Review and Updated Analysis	Oral
Patricia Nyokabi Njuguna	Cost-Utility Analysis and Budget Impact of Dialysis Modalities in End-Stage Renal Disease: Evidence for Coverage Decisions in Kenya	Oral
Pempa	Economic Evaluation of Rotavirus Vaccination in Children of Bhutan	Oral
Phung Lam Toi	Economic Evaluations of Fixed-Dose Combinations Drug: A Systematic Review	Oral
Picharee Karunyawong	High-Cost Users Still Came to Hospitals During The COVID-19 Pandemic: First Wave Data in Thailand	Oral
Preechaya Wongkrajang	Economic Evaluation of Genetic Testing for Prenatal Screening Fetal Aneuploidies in Thailand	Oral
Princess Allyza B. Mondala	Comparative Assessment of IV and SC Rituximab for Patients with Non-Hodgkin, ÅS Lymphoma: A Rapid Review	Oral
Rozar Prawiranegara	Application of Multi Criteria Decision Analysis (MCDA) Using Analytical Hierarchy Process (AHP) Approach in Weighting The HTA Topic Selection Criteria in Indonesia	Oral
Saharat Aungsumart	Efficacy and Safety of Monoclonal Antibody in Patients with Neuromyelitis Optica Spectrum Disorder: A Systematic Review and Network Meta-Analysis	Oral
Sitanshu Sekhar Kar	Cost-Effectiveness of Implementing Risk-Based Cardiovascular Disease (CVD) Management Using Updated WHO CVD Risk Prediction Charts in India	Oral
Srobana Ghosh	Adaptive Health Technology Assessments to Inform Oncology Based Priority Setting in India	Oral
Sysavanh Phommachanh	Situational Analysis: The Lao Health Policy Decision-Making Context	Oral
Tan Hui Xuan Sharon	Impact of Financial Subsidies on Oral Health Care Utilisation among Persons with Disabilities	Oral

Name	Abstract Title	Type
Tanawan Kongmalai	Systematic Review and Network Meta-Analysis of Novel Anti-Diabetic Agents in The Treatment of Non-Alcoholic Fatty Liver Disease.	Oral
Thamonwan Dulsamphan	Economic Evaluation of Exome Sequencing for Infantile Intractable Epileptus	Oral
Thanakorn Jalearnkit-tiwut	Assessment of Greenhouse Gas (GHG) Emissions From Public Healthcare Facilities in Thailand	Oral
Tisha Isabelle M. de Vergara	Development of The Social Values Guide to Health Technology Assessment (HTA) in The Philippines	Oral
Viet Tuan Nguyen	Cost-Utility Analysis of Community-Based Interventions for Hypertension Control in Vietnam	Oral
Vilawan Luankongsomchit	Scaling Up Universal Newborn Hearing Screening Program in Thailand: A Study on The Feasibility	Oral
Wang Yi	Economic Evaluation of Using Sewage Surveillance to Inform Lockdown Decisions at The Early Phase of A Pandemic: A Simulation Study Considering COVID-19 in Singapore	Oral
Xiao-Han Shen	Cost-Effectiveness of Cervical Cancer Prevention: Comparison of Screening Policies After Mass Vaccination	Oral
Yashika Chugh	Development of A Health Technology Assessment Quality Appraisal Checklist (HTA-QAC) for India	Oral
Chengaxin Duan	The Status of Treatment and Economic Burden of Children with Achondroplasia in China	Poster
Clarence Ong	The Population, Preference for Colorectal Cancer Screening Test in Singapore: A Discrete Choice Experiment	Poster
Coleen Choo Siew Bee	Expanding Access to SGLT2 Inhibitors (SGLT2I) in The Ministry of Health (MOH) Malaysia ,Äi A Multiple Hta Approach	Poster
Danielle Stringer	The Cost-Effectiveness of Mobile X-Ray Services for Aged Care Residents in Australia: Evaluation Methodology	Poster
Di Wu	A Systematic Review of Economic Evaluations of Cochlear Implant Therapy for Hearing Impairment Around The World	Poster
Fan Zhang	The Economic Evaluation of Screening and Early Diagnosis of Primary Immunodeficiency Diseases: A Systematic Review	Poster
Kanchanok Sirison	Monitoring and Evaluation of National Vaccination Implementation: A Scoping Review of How Frameworks and Indicators Are Used in The Public Health Literature	Poster
Lim Zhi Zhen	Cost-Effectiveness Analysis of Universal Antenatal Serologic Cytomegalovirus Screening Versus Targeted Screening in Singapore	Poster

Name	Abstract Title	Type
Namfon Sribundit	Factors Relating to Postal Drug Delivery in Public Hospitals in Thailand	Poster
Natthakan Chitpim	Cost-Utility Analysis of Molecular Testing for Tuberculosis Diagnosis in Suspected Pulmonary Tuberculosis in Thailand	Poster
Neily Zakiyah	The Use of Oral Contraceptive and The Risks of Developing Pre-Hypertension and Hypertension in Women of Reproductive Age in Indonesia	Poster
Nguyen Thi Ha	Health Utilities in Patients with Chronic Hepatitis B: A Systematic Review and Meta-Analysis	Poster
Nurulmaya Ahmad Sa'ad	Biosimilar Medicines in Malaysia ,Ài Unveiling New Guidance for Practice	Poster
Papada Ranron	2P Safety: Estimating The Healthcare Cost of Adverse Events in Thailand	Poster
Patumporn Suraarunsumrit	Consequences of Postoperative Cognitive Dysfunction in Adult Surgical Patients: A Systematic Review and Meta-Analysis	Poster
Praewa Kulatnam	From COVID-19 to The Next Pandemic: What Should Thailand'S HCW Quarantine Measures Be?	Poster
Puttarin Kulchaitanaroaj	Development of An Impact Evaluation Tool for Translational Research Projects	Poster
Sarah May L. Obmana	To Boost or Not to Boost: Evidence Guided Decisions on COVID-19 Booster Vaccination in The Philippines	Poster
Tuangrat Phodha	Cost-Benefit Analysis and Budget Impact Analysis of Down Syndrome Screening Using Non-Invasive Prenatal Test (NIPT)	Poster
Yanfeng Ren	Depressed and Depression-Prone Groups' Preference with Regard to Antidepressants in China: A Best-Worst Scaling Survey	Poster
Yu Xia	Measuring The Direct Nonmedical Cost Associated with Advanced Non-Small Cell Lung Cancer in China: Is There A Difference in Health Status?	Poster
Zin Linn Pyae	Cost-Utility Analysis of Pre-Exposure Prophylaxis to Prevent HIV among Men Who Have Sex with Men and Transgender Wownen in Myanmar	Poster

Forms

Rapporteur form (plenary)

Session Report

10th HTAsiaLink Annual Conference

Plenary/session number - title
Date - time
Rapporteurs
Speakers
Moderator

Main messages

Main messages from the entire session

Key discussion points

Discussion points from the presentation(s) and Q&A session

Challenges, opportunities, and the way forward

Quotations

References if applicable

Summary form (pre-conference)

Pre-conference Report

10th HTAsiaLink Annual Conference

Plenary/session number - title
Date - time
Rapporteurs
Speakers
Moderator

Background of the topic (approx. 60 words)

Objective of the session (approx. 40 words)

Expected outcome (approx. 50 words)

Main messages

Main messages from the entire session

Key discussion points

Discussion points from the presentation(s) and Q&A session

Challenges, opportunities, and the way forward

Quotations

References if applicable

Feedback form



Link to document:

<https://www.hitap.net/wp-content/uploads/2014/06/Feedback-survey-HTAsiaLink-2022.pdf>

Communications materials

Website: <https://htasialink2022.com/>

Whova tutorial guide: <https://www.youtube.com/watch?v=1nN-yrToeow>

List of HTAsiaLink members (as of 2023)

Table 2: *List of HTAsiaLink Members 2023*

Type of membership	Organization	Country
Organizational	Melbourne Health Technology and Value Assessment Collaboration (M-VAC)	Australia
Organizational	Menzies Centre for Health Policy, University of Sydney	Australia
Organizational	The Australian Safety and Efficacy Register of New Interventional Procedures – Surgical (ASERNIP-S)	Australia
Organizational	The George Institute for Global Health	Australia
Organizational	Essential Medicines and Technology Division (EMTD), Department of Medical Services, Ministry of Health, Bhutan	Bhutan
Organizational	Khesar Gyalpo University of Medical Sciences of Bhutan	Bhutan
Organizational	China National Health Development Research Center (CNHDRC)	China
Organizational	NHC Key Laboratory of Health Technology Assessment (Fudan University)	China
Organizational	Shanghai Health Technology Assessment Research Center, Shanghai Health Development Research Center	China
Organizational	Vanke School of Public Health, Tsinghua University	China
Organizational	Centre for Health Policy, Planning and Management (CHPPM), Tata Institute of Social Sciences (TISS)	India
Organizational	Department of Community Medicine and School of Public Health, Post Graduate Institute of Medical Education and Research, Chandigarh	India
Organizational	Department of Health Research (DHR), Ministry of Health and Family Welfare, Government of India	India
Organizational	Institute of Public Health Kalyani (IPHK)	India
Organizational	Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER)	India
Organizational	Center for Health Economics and Policy Studies (CHEPS), Universitas Indonesia	Indonesia
Organizational	Center for Health Technology Assessment, Universitas Padjadjaran	Indonesia
Organizational	Clinical Epidemiology and Evidence-Based Medicine (CEEEM), Indonesia	Indonesia
Organizational	InaHTAC (Indonesia Health Technology Assessment Committee), Ministry of Health, Republic of Indonesia	Indonesia

Type of membership	Organization	Country
Organizational	Center for Outcomes Research and Economic Evaluation for Health (C2H), National Institute of Public Health	Japan
Organizational	HIAS Health, Research Center for Health Policy and Economics, Hitotsubashi Institute for Advanced Study (HIAS), Hitotsubashi University	Japan
Organizational	Medical Center Hospital of the President's Affairs Administration of the Republic of Kazakhstan	Kazakhstan
Organizational	University of Health Sciences	Lao PDR
Organizational	Malaysia Health Technology Assessment Section (MaHTAS), Ministry of Health Malaysia	Malaysia
Organizational	Pharmaceutical Services Program, Ministry of Health, Malaysia	Malaysia
Organizational	School of Pharmaceutical Sciences, Universiti Sains Malaysia (USM)	Malaysia
Organizational	HTA Unit - Philippines Department of Health	Philippines
Organizational	Institute of Health Policy and Development Studies, University of the Philippines	Philippines
Organizational	Health Services Research Institute (HSRI), Duke-NUS Medical School	Singapore
Organizational	Health Services Research Unit, Changi General Hospital, Singapore Health Services (SingHealth)	Singapore
Organizational	ACE, Ministry of Health, Singapore	Singapore
Organizational	Saw Swee Hock School of Public Health, National University of Singapore	Singapore
Organizational	Department of Health Convergence, Ewha Womans University	South Korea
Organizational	National Evidence-based Healthcare Collaborating Agency (NECA)	South Korea
Organizational	Health System Research Unit, Department of Community Medicine, Faculty of Medicine, University of Colombo	Sri Lanka
Organizational	Big Data Research Center, Fu Jen Catholic University	Taiwan
Organizational	Division of Health Technology Assessment, Center for Drug Evaluation (CDE)	Taiwan
Organizational	National Hepatitis C Program (NHCP) Office, Ministry of Health and Welfare	Taiwan
Organizational	Faculty of Pharmacy, Thammasat University	Thailand
Organizational	Health Intervention and Technology Assessment Program (HITAP)	Thailand

Type of membership	Organization	Country
Organizational	Health Technology Assessment Program, Mahidol University	Thailand
Organizational	Mahidol Oxford Tropical Medicine Research Unit (MORU), Faculty of Tropical Medicine, Mahidol University	Thailand
Organizational	Social, Economic, and Administrative Postgraduate Programs (SEAP), Mahidol University	Thailand
Organizational	Center for Medical and Health Technology Assessment (CM-HTA), Chiang Mai University	Thailand
Organizational	Faculty of Pharmacy – Pham Ngoc Thach University of Medicine	Vietnam
Organizational	Health Strategy and Policy Institute (HSPI)	Vietnam
Associate	Health Technology Assessment Unit of the McGill University Health Centre	Canada
Associate	EuroScan/international HealthTechScan – iHTS	Germany
Associate	KEMRI Wellcome Trust Research Programme	Kenya
Associate	Priority Cost Effective Lessons for System Strengthening (PRICELESS), Wits School of Public Health	South Africa
Associate	Global Health and Development Group, Institute of Global Health Innovation, Imperial College London	United Kingdom
Associate	Global Health Economics Centre, London School of Hygiene & Tropical Medicine	United Kingdom

Timeline

Project components	Time Frame (Months)			
	1	2	3	4
Agenda development Call for abstracts/pre-conference session proposals, review by Scientific Committee, announcement of results				
Logistical arrangements (venue, speakers, participants)				
Communications (announcement of conference, conference package, registration, etc)				
Conference				
Summary and follow-up				
Complete				

