

The role of HTA in the development of HPV vaccination policy in Thailand

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Presentation outline

- Cervical cancer and control strategies in Thailand
- Global context: HPV vaccination
- Assessment of cervical cancer prevention strategies by domestic research institutes: the IHPP and HITAP
- Role of IHPP-HITAP study in policy development

Cervical cancer and control programs in Thailand

- Incidence: 20-25 per 100,000 female population, stable over 2 decades
- 6,200 new cases and 2,600 deaths in 2007
- 54,000 DALYs lost (second to liver cancer in women)

- Screening programs:
 - Pap smear
 - Visual inspection with acetic acid (VIA)

- Prevention and treatment of cervical cancer:
 - Fully-subsidised under the Universal Health Coverage plan
 - Technical supervision provided by the Ministry of Public Health

HPV vaccination

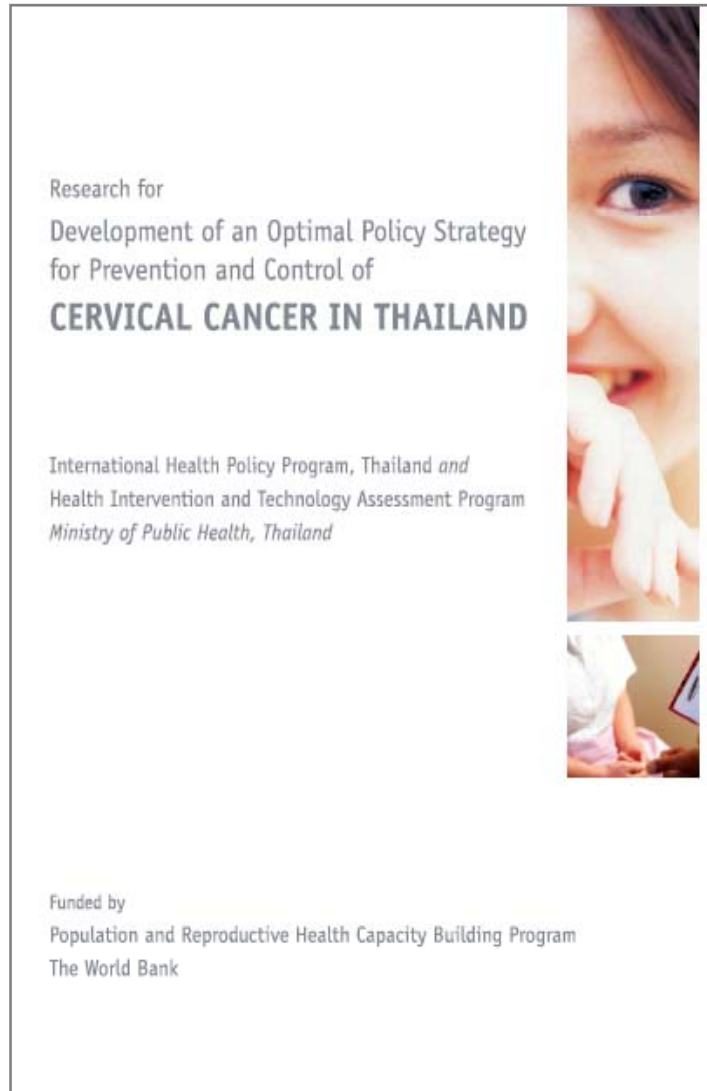


- 2007: MSD's and GSK's HPV vaccine licensed in Thailand
- Prices: 340-430 USD per three-dose course
- HPV vaccination policy:
 - not included in the national EPI
 - not included in public health benefit plans
 - provided in private health facilities, people pay out of pocket
- What was the role of HTA?

Global context: HPV vaccination

- **WHO:** preparing for HPV vaccine introduction
 - Policy and technical information
 - Regional consultations among Member States
 - HPV Vaccines Global Community of Practice initiative
- **GAVI:** a priority vaccine for which the GAVI plans to provide support in eligible countries
- **IVI:** conferences to facilitate HPV vaccination in immunization programs
- **NGOs**
 - Global initiative 'Accelerating Global Access to HPV Vaccines', 2006
 - World Cancer Declaration at the 2008 World Cancer Congress
 - PATH – pilot programs on HPV vaccine delivery in 4 countries
- **Vaccine industry**
- **Scientists & policy researchers**
 - Rising numbers of HPV vaccine studies: clinical trials, economic evaluation

‘Research for the development of an optimal policy strategy for prevention and control of cervical cancer in Thailand’



Four sections:

1. Current performance of the cervical cancer prevention and control program in Thailand
2. Economic evaluation of the policy options for prevention and control of cervical cancer in Thailand
3. Consultation with policy makers and key stakeholders
4. Resources and facilities needed for the scale up of the optimal strategy

Available at: www.hitap.net

Policy options assessed in economic evaluation

- Base line (no prevention, treatment only)
- Pap smear every 5 years (30-60; 35-60; 40-60 years old)
- Pap smear every 10 years (30-60; 35-60; 40-60 years old)
- VIA every 5 years (30-45; 35-45; 40-45 years old)
- VIA every 10 years (30-45; 35-45; 40-45 years old)
- HPV vaccination (15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 30, 40, 50, 60 years old)
- VIA , every 5 years (30-45 years old), and Pap smear, every 5 years (46-60 years old)
- VIA , every 10 years (30-45 years old), and Pap smear, every 10 years (46 years old)
- HPV vaccination (15 years old), and VIA, every 5 years (30-45 years old)
- HPV vaccination (15 years old), and VIA, every 10 years (30-45 years old)
- HPV vaccination (15 years old), and VIA every 5 years (30-45 years), and Pap smear, every 5 years (46-60 years old)
- HPV vaccination, (at 15 years old), and VIA, every 10 years, (30-45 years old), and Pap smear, every 10 years (46-60 years old)

Key findings of IHPP-HITAP study (2008):

- Poor performance of the national cervical screening programs – coverage and quality
- HPV vaccination: cost-ineffective, large budget impact, unaffordable
- Cost-effective strategy: VIA in women 30-45 years old and Pap smear in 46-60 years old
- Impediments in introducing screening programs:
 - Fragmented programs, lack of collaboration between responsible agencies
 - Poorly-managed reporting system and databases
 - Negative attitude towards VIA and cryotherapy among physicians

IHPP-HITAP study: Policy recommendations

- Strengthening cervical cancer screening program: integration of VIA and Pap smear, improving coverage and quality
- Nationwide HPV vaccination: price reductions → affordable program costs and met the cost-utility threshold of one time GDP per capita per QALY gain.
- Information and education programs for the public: cervical cancer, primary and secondary prevention approaches

Role of IHPP-HITAP study in the development of cervical cancer prevention policy

- (1) Reaffirms the government decision not to finance HPV vaccination



Ministry rejects use of vaccine

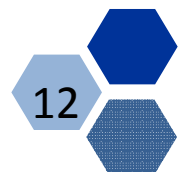
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High cost cited as main reason for decision

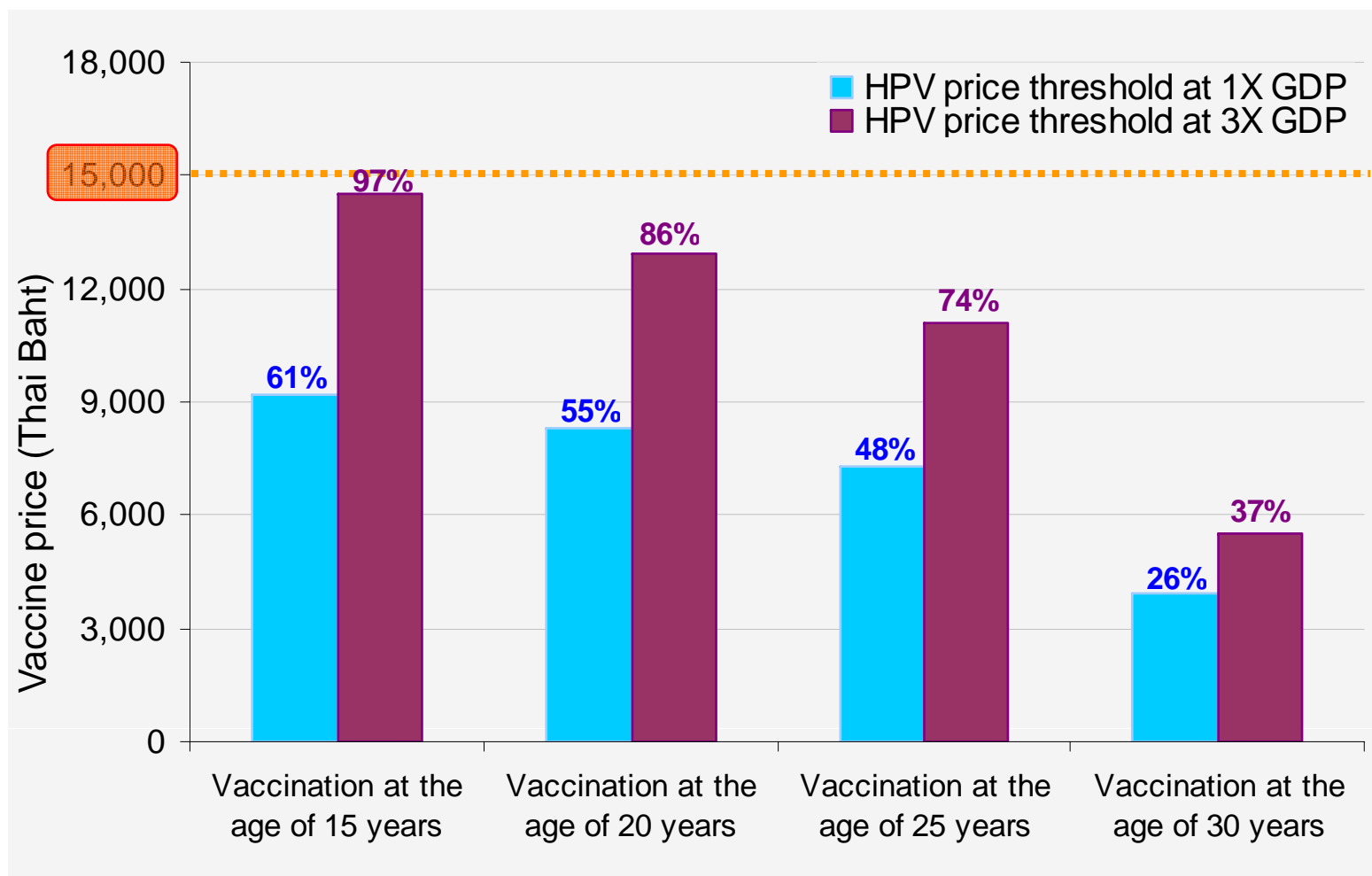
The Public Health Ministry has rejected a recommendation from health experts to register the Human Papillomavirus (HPV) vaccine, which could prevent **cervical cancer**, because a national vaccination programme would be too expensive.

(2) Informs the improvement of existing cervical cancer screening programs

- Pilot project:
 - Interventions: VIA in 30-45 year old women and Pap smear in 46-60 year old group, information and education campaigns
 - Program costs, effectiveness and effective management strategies
 - Feasibility study: possible to extend to meet a national scale
- Timeframe: 2009-2010
- Responsible agency: MoH's Department of Health
- HITAP researchers are involved



(3) Provides guidance on vaccine price negotiations

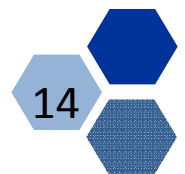


Source: HITAP 2008

Feb and April 09: vaccine price reductions

(4) the only comprehensive assessment of cervical cancer prevention strategies in the Thai context

- Provides thorough understanding on existing policy options, not only on HPV vaccine
- A framework for discussion among Thai policymakers, health officials, clinicians, and researchers in different areas
- Findings and related recommendations have never been challenged as inaccurate or unreliable
- Without this study: debates on the transferability of HTA information from other countries



- WHO recommends that routine HPV vaccination should be included in national immunization programmes provided that:
 - prevention of cervical cancer and other HPV-related diseases is a public health priority,
 - vaccine introduction is programmatically feasible, and sustainable financing can be secured,
 - the cost-effectiveness of possible introduction and vaccination strategies in the country or region be considered

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