HTA CAPACITY BUILDING WORKSHOP IN BHUTAN 6 - 9 OCTOBER 2025

PREPARED BY: HEALTH INTERVENTION AND TECHNOLOGY ASSESSMENT PROGRAM FOUNDATION (HITAP)

Table of Contents

List of acronyms

AAR	After-action-review
BIA	Budget impact analysis
CEA	Cost-effectiveness analysis
DCEA	Distributional cost-effectiveness analysis
DHS	Department of Health Services
EML	Essential Medicines List
HD	Haemodialysis
HITAD	Health Intervention and Technology Assessment Division
HITAP	Health Intervention and Technology Assessment Program Foundation
HPV	Human Papillomavirus Virus
HTA	Health technology assessment
ICER	Incremental cost-effectiveness ratio
IVF	In-vitro Fertilisation
MoH	Ministry of Health
NLEM	National List of Essential Medicines
NMB	Net Monetary Benefit
NXPO	Ministry of Higher Education, Science, Research and Innovation, Office of National Higher Education Science Research and Innovation Policy Council
PEN	Package of essential noncommunicable disease interventions
PMAC	Prince Mahidol's Award Conference
PMU-B	Program Management Unit for Human Resources & Institutional Development, Research and Innovation
QALYs	Quality-adjusted life years
TSRI	Thailand Science Research and Innovation
UCBP	Universal Coverage Benefit Package
WHO	World Health Organization
WHO CO	World Health Organization Country Office

Acknowledgements

The report summarises a visit to Bhutan and has been prepared by Mr. Panupong Chaowanasawat and Mr. Manit Sittimart from the Health Intervention and Technology Assessment Program Foundation (HITAP), Thailand.

The visit was supported by the World Health Organization Country Office (WHO CO), Bhutan and HITAP's institutional partners: Ministry of Higher Education, Science, Research and Innovation, Office of National Higher Education Science Research and Innovation Policy Council (NXPO), Program Management Unit for Human Resources & Institutional Development, Research and Innovation (PMU-B), Thailand Science Research and Innovation (TSRI)

We would like to express our gratitude to the following individuals for their invaluable contributions to the visit: Ugyen Tashi, Sangay Norbu, and Karma Norbu from the Health Intervention and Technology Assessment Division (HITAD), Ministry of Health, Bhutan. We would also like to extend our gratitude to all resource persons, participants, and stakeholders who contributed their time and insights to this mission.

The findings, interpretations, and conclusions expressed in this report do not necessarily reflect the views of the funding or participating agencies.

Document version: 01

Executive Summary

This mission report outlines the HTA Capacity Building Workshop, held in Thimphu, Bhutan, from 6 to 8 October 2025. The workshop marked an important step in advancing the institutionalisation of Health Technology Assessment (HTA) within Bhutan's health system. Jointly organised by the Health Intervention and Technology Assessment Division (HITAD), Ministry of Health, Bhutan, and the Health Intervention and Technology Assessment Program Foundation (HITAP), Thailand, the workshop aimed to strengthen national capacity in HTA, raise awareness among key partners, and promote evidence-informed policymaking. It also served to reinforce regional partnerships and support Bhutan's broader vision of developing a sustainable HTA ecosystem aligned with its national health policy goals.

The workshop brought together key stakeholders from government, academia, and the health sector for three days of interactive sessions combining lectures, group discussions, and hands-on exercises. Participants explored the fundamental concepts of HTA, including economic evaluation, evidence synthesis, budget impact analysis, and ethical considerations in health decision-making. Bhutan's own HTA experiences were showcased through local case studies, fostering reflection on current practices, challenges, and opportunities for strengthening the system. A follow-up strategic meeting between HITAD and HITAP on 9 October 2025 reviewed workshop outcomes and identified next steps to advance collaboration on implementing HTA in Bhutan.

Overall, the visit successfully enhanced awareness and understanding of HTA among stakeholders in Bhutan. This, in turn, helped strengthen institutional linkages with regional partners and laid the groundwork for continued cooperation through upcoming initiatives, including participation in the Regional HTA Workshop in India and engagement with platforms such as HTAsiaLink and Prince Mahidol Award Conference (PMAC). The workshop demonstrated Bhutan's growing commitment to embedding HTA as a cornerstone of evidence-informed health policy and sustainable resource allocation.

Introduction

Background

Bhutan has recognised the importance of Health Technology Assessment (HTA) in shaping its healthcare policies and ensuring the effective use of health resources. The National Health Policy of Bhutan endorsed the use of HTA to evaluate the introduction of new health technologies in the health system in 2011[1]. Since then, ongoing efforts have been made to institutionalise HTA, including the development of HTA process guidelines and the completion of various HTA studies[2]. The Health Intervention and Technology Assessment Division (HITAD), an HTA agency under the Department of Health Services (DHS), is mandated with conducting HTA to provide evidence in support of decision making in healthcare prioritisation and resource allocation[2]. Furthermore, HITAD has been collaborating with other HTA agencies within the region, such as the Health Intervention and Technology Assessment Program Foundation (HITAP) in Thailand, with the goal to further improve the efficiency and sustainability of local capacity strengthening.

This current training workshop aims to be an imperative step towards developing bilateral and regional partnerships, building both short- and long-term local capacity to create a sustainable HTA ecosystem that supports Bhutan's country goal of building a healthy and happy nation[1].

Objectives

The overarching goal of this workshop is to support cross-learning, facilitate technical dialogue, and strengthen capacity in HTA among various stakeholders in Bhutan, contributing to the development of a sustainable HTA ecosystem. Specific objectives include:

- To share and exchange experiences and learn about HTA and selected topics on health systems in Thailand and Bhutan.
- To develop plans for implementing lessons to own context
- To identify potential areas for collaboration

[1] Ministry of Health. National Health Policy.
[2] Health Intervention and Technology Assessment Division (HITAD). Bhutan Health Technology Assessment Framework.

Summary of visit

This section summarises the proceedings of each session during the workshop, followed by a summary of the meeting between HITAD and HITAP teams held on 9 October 2025. The agenda is provided in **Annex 1**, and the list of participants is in **Annex 2**.

HTA Capacity Building Workshop

The **HTA Capacity Building Workshop in Bhutan**, during **6–8 October 2025 in Thimphu**, was designed to strengthen local capacity in Health Technology Assessment (HTA) and promote evidence-informed decision-making. The workshop combined lectures, group discussions, and hands-on exercises to enhance participants' understanding of HTA concepts and their practical application.

Day 1: Introductions and key concepts

The first day set the stage with opening remarks from Ugyen Tashi, Chief Program Officer (HITAD), outlining the objectives and expectations of the training. This was followed by an overview of the HTA landscape in Bhutan, highlighting the current process, barriers and challenges faced, and plans for strengthening the HTA system, by Sangay Norbu (HITAD). Participants then engaged in an ice-breaking activity to foster interaction and collaboration. The next session provided an overview of HTA concepts and the importance of health priority setting through an interactive online platform. Most participants were new to HTA and asked questions on the multidisciplinary aspects of HTA, and how environmental and gender issues were taken into account. In the following session, the fundamentals of economic evaluation, a common methodology of HTA, including cost and outcome used, decision rule, and different types of economic evaluation were presented. Key applications of HTA were then discussed, drawing on Thailand's experience in using its evidence to inform policy decisions and the development of the country's benefits package. Discussion centred around the utility of HTA in a context where health services are free and establishing data systems to support these types of analyses.

In the afternoon, participants took part in a prioritisation exercise simulating real-world decision-making. In a given scenario, a finite budget was allocated for participants, together with existing evidence, to deliberate, discuss in groups, and later make decisions whether to fund certain health technologies, which would benefit wider society. This allowed participants to understand the complexity of making choices amidst existing constraints, while appreciating diverse values and perspectives from different stakeholders during the deliberation. The exercise was also designed to shed light on the usefulness of evidence from HTA in terms of supporting decision-making.

Later on, participants explored key concepts related to costing and outcome measurement, including Quality-Adjusted Life Years (QALYs) and the development of a new regional measure for quality of life. Such concepts are fundamental and serve as building blocks for participants to be familiarised with, prior to exploring economic evaluation further. The concept of "opportunity cost" was highlighted, and when discussing about categorise donations, the importance of perspectives in economic evaluations was noted. Resources on costing were also shared. When discussing outcome measures and the exercise. The need for developing context-specific datasets for measuring outcomes was discussed. Subsequently, a few points were highlighted, for example, the value of utility typically ranged from zero to one, but in some cases, could be negative when a condition was "worse than death"; there was a discussion on the need for considering the current state when using a quality of life instrument, given issues of recall bias. The potential for having disease-specific instruments and also for having mechanisms to capture the quality of life of those differently abled was also mentioned. The day concluded with a wrap-up session, summarising the key learning points of the day and introducing a practical exercise for cost and outcome lectures to reinforce the theoretical concepts introduced earlier.

Day 2: Models for health economic evaluations

The second day opened with a recap session to highlight learnings from the previous day and to share results of the exercises and delved deeper into the technical components of HTA, focusing on evidence synthesis, model-based economic evaluation, presentation of results of economic evaluations, and budget impact analysis (BIA).

The first lecture introduced participants to the concepts of evidence synthesis, including the hierarchy of evidence and methods such as systematic reviews. The role of these methods in economic evaluations was pointed out and how to identify suitable data sources was discussed. The potential for using Artificial Intelligence (AI) was also noted. Questions centred around common challenges such as having limited access to databases, contradictory approaches, lack of local data. The difference between scoping review and other types of reviews was also discussed. The next sessions provided an overview of modelling approaches for economic evaluation, such as decision trees and Markov models, followed by a practical session allowing participants to utilise data and validate a simple decision tree model. When discussing models, it was noted that there is a distinction between clinical practice where quick decisions, example for operations for tumours are made versus policy interventions (e.g. thrombectomy), which could potentially apply to clinical practice guidelines; the latter is where use of such models would be considered. In terms of software, it was noted that at HITAP, Microsoft Excel is used, which is more accessible compared to others that are available. Using Microsoft Excel also allows one to understand the back-end and mechanics of modelling, which can be beneficial. It was also clarified that models could be applied to devices and procedures as well, and the choice of models depends on the decision problem and disease condition. Further, it was noted that a hybrid of decision trees and Markov models could be used to address certain research questions as well. During the exercise, questions revolved around data sources for the parameters used and the importance of being able to justify the choice.

The afternoon sessions covered presentation and interpretation of cost-effectiveness analysis (CEA) results, including Incremental Cost-effectiveness Ratio (ICER) and Net Monetary Benefits (NMB). It was noted that the cost-effectiveness threshold was typically not the same for all diseases across all countries. In the past, a threshold value of one GDP/capita was used, but it is no longer recommended by the WHO. A study has been conducted in Bhutan to determine the willingness to pay (refer to Day 3). A question was also raised about the processes in Thailand and whether economic evaluations were conducted for all interventions (refer to Days 1 and 3). The discussion also spawned the question on how to develop an explicit benefits package in Bhutan, given the features of its health system, which would be a topic for further discussion.

The last session of the day covered the concept and the framework to conduct budget impact analysis (BIA), guiding participants on how to estimate the financial implications of different health interventions. The lecture was followed by an exercise to complement the learning. It was noted that BIA is the difference in budget for the intervention and comparator, and that typically, it is estimated for a five-year time period. Participants shared a reflection that BIAs have proven to be highly useful and often carry significant weight in decision-making processes. It was noted that it is possible that even if a health technology is cost-effective, it may not necessarily be affordable. There was a discussion on the resource requirements for conducting economic evaluations to inform policy decisions, given that such studies also require time, expertise, and financial support for research operations. The use of these evaluations was highlighted, for example, to provide a benchmark for price negotiations (when necessary) and to assess the efficiency of decisions by illustrating the opportunity costs associated with choosing one intervention over the next best alternative. The day concluded with a wrap-up session, highlighting key points from the day and introducing an activity on critical appraisal on the following day.

Day 3: Application of HTA

The third day focused on uncertainty analysis (moved from Day 2), critical appraisal, ethical considerations, and contextual application of HTA in Bhutan.

Participants learned about uncertainty in model-based economic evaluation results, including different types of uncertainty and how to address them. Participants began by learning how to assess the quality of evidence and review economic evaluation studies using standard checklists and reporting guidelines. Afterwards, participants engaged in an interactive activity to practice appraising a published HTA study to identify methodological strengths and weaknesses using the Appraisal form in the country's HTA framework. An important point was raised during the activity regarding the lack of local data, which primary data collection can be helpful and should be encouraged to ensure evidence represents the local context. Engaging and incentivising relevant local partners and institutions to collect and manage essential data—such as clinical, cost, and utility information—will help build a sustainable national evidence repository for future HTA studies. Existing resources such as the GEAR platform and regional collaborations through networks like HTAsiaLink can also be leveraged to share insights and strengthen methodological capacity. A subsequent session explored the ethical, social, and legal aspects of HTA and other methodologies, such as distributional cost-effectiveness analysis (DCEA) and environmental HTA. This session linked the technical aspects of HTA with real-world situations, where cost-effectiveness and budget impact may not necessarily be the only things to consider.

In the afternoon, representatives from HITAD presented HTA studies conducted in Bhutan to share previous experience and topics of interest. These include analyses on the WHO package of essential noncommunicable (PEN) disease interventions, rotavirus vaccination, and alcohol consumption in the country. The presentations were followed by an open dialogue on Bhutan's current HTA framework and barriers to institutionalisation. This session provided a platform for participants from different stakeholder groups to discuss challenges to HTA institutionalisation and pending points raised throughout the workshop. These included discussion points on how HTA can support the health policy development in Bhutan, such as the Essential Medicines List, and how the use of biosimilar/ generic drugs can be promoted (given that the costs are likely to be cheaper, while they may not be the preference of users – doctors/patients). Further, the potential for capacity building through partnerships with universities could be an avenue for further exploration. Key challenges to advancing HTA practice were identified as limitations of available data and the existing technical infrastructure (for example, utility values, cost databases, and epidemiological data). Participants agreed that addressing this issue requires breaking it down by data type to better identify feasible solutions. For clinical or epidemiological data, evidence from existing studies in other settings can be considered through systematic or targeted literature reviews. However, careful attention must be given to the transferability of such data, particularly whether the study population and context are comparable to Bhutan. For cost data, while adapting data from other countries may sometimes be an option, doing so raises significant concerns regarding relevance and contextual accuracy. Therefore, it is preferable to use locally derived cost data that better reflect Bhutan's health system and resource use. When it comes to outcome data—such as utility scores and Quality-Adjusted Life Years (QALYs)—borrowing value sets or tariffs from other countries may provide a temporary solution. However, these measures typically ought to be country-specific, as perceptions of health states can vary by cultural and environmental context. For instance, individuals with the same disability may experience different levels of quality-of-life impact depending on how supportive their local environment is.

The workshop concluded with closing remarks from Ugyen Tashi, highlighting the importance of this initiative and the need for continued efforts from stakeholders in driving forward the HTA field in Bhutan.

Summary of meeting with HITAD team

On the following day, 9 October 2025, the HITAP team was invited to a strategic discussion meeting with the HITAD team at the Ministry of Health, Bhutan. The meeting served as a debrief and strategic discussion following the HTA Capacity Building Workshop to reflect on the training, discuss HTA implementation, and explore areas for collaboration. The full meeting summary can be found in **Annex 3**.

During the debrief, both teams agreed that the HTA capacity-building workshop successfully fulfilled its objectives, sensitised awareness, and strengthened foundational knowledge of evidence-informed practices. Future sessions could better target participants (e.g., academics, medical personnel, or relevant committees for HTA in the country) and expand to other regions. The discussion explored ongoing and proposed HTA assessments—including haemodialysis centre expansion, Human Papillomavirus Virus (HPV) testing platform transition, and establishing an In-vitro Fertilisation (IVF) service —highlighting the need for economic evaluations and feasibility studies to inform policy. Key challenges identified included limited HTA expertise, data constraints, and limited integration of HTA evidence and procurement. To address these, the group emphasised broader stakeholder engagement, local capacity development through training and university integration, and dissemination of findings via official platforms. The meeting concluded with plans for continued collaboration to strengthen the country's HTA field.

Outcomes of the study visit

Overall outcomes

The visit successfully enhanced understanding of HTA concepts among local stakeholders, raised awareness of its importance and application, and explored opportunities for capacity strengthening initiatives in the future.

Participants' feedback

Participants were requested to complete an online feedback form on the last day of the workshop. The questionnaire asked about the workshop's objective, contents, delivery, and other suggestions to improve future initiatives. The participants expressed satisfaction with the workshop and its outcomes, highlighting the delivery, insights, and participatory sessions as the most enjoyable components. Other suggestions include adding an additional day to the workshop programme, more exercises/ practical sessions to provide hands-on engagement, and sharing of opportunities for capacity strengthening.

HITAP team reflections

An in-person After-Action-Review (AAR) was conducted with the HITAP team to reflect on what went well and what could have been done differently (see **Annex 4** for AAR questions). Overall, the team agreed that the workshop was successful in meeting its objectives. The team also emphasised the importance of time-keeping and tailoring content to be more relevant to the participants, while remaining flexible to changes in planning. This is key as the audience of the workshop was from different backgrounds and levels of HTA understanding, warranting ample time to explain certain details during the training. Even though the level of engagement among participants was fairly interactive, future workshops could benefit from having more exercises and involving group-based discussion or activities to stimulate learning experiences among participants.

Communications outputs

Communications' posts on social media were published for the workshop (Links: LinkedIn, X, and Bluesky). Pictures from the event are available in **Annex 5**.

Looking forward

The workshop successfully enhanced understanding of the foundational concepts and raised awareness of HTA among different groups of stakeholders. The visit explored upcoming initiatives to further strengthen local capacity, such as the advanced regional HTA workshop, and linkage with regional platforms like HTAsiaLink and PMAC. Additionally, one of the HITAD members have been accepted into the HTAsiaLink Early-Career Researcher Program, and HITAP will continue to provide the support needed to complete the project and strengthen research and HTA skills of the mentee. HITAP will continue to engage with HITAD and partners to support the institutionalisation of HTA, while exploring future opportunities for collaborations.

Annexes

Annex 1: Agenda

HTA Capacity Building Workshop in Bhutan

Workshop objectives:
The overarching goal of this workshop is to support cross-learning, facilitate technical dialogue, and strengthen capacity in HTA among various stakeholders in Bhutan, contributing to the development of a sustainable HTA ecosystem. Specific objectives include:

- To share experiences and learn about Health Technology Assessment (HTA) and selected topics on health systems in Thailand and participating countries
- To develop plans for implementing lessons to own context
- To identify potential areas for collaboration

Training agenda

Time	Session	Person(s) responsible
Day 1: 6 October 2025		
9:00 – 9:30	Welcome remarks and introductions	MoH Bhutan
9:30 – 9:35	Group photo	
9:35 – 10:20	**Lecture 1**: Bhutan context	MoH, Bhutan
10:20 – 10:30	Ice-breaking activity	Manit Sittimart Angela Arkandhi
10:30 – 10:45	Break	
10:45 – 11:15	**Lecture 2**: Setting the scene: Introduction to HTA	Panupong Chaowanasawat
11:15 – 12:00	**Lecture 3**: Overview and application of economic evaluation	Panupong Chaowanasawat
12:00 – 13:00	Lunch	
13:00 – 14:15	**Exercise 3A**: HTA in practice: prioritisation exercise	Moderated by HITAP
14:15 – 15:15	**Lecture 4**: What is economic cost?	Saudamini Dabak
15:15 – 15:30	Break	
15:30 – 16:30	**Lecture 5**: Measuring outcomes	Dr. Jarawee Sukmanee
16:30 – 17:00	**Exercise 5A:** Measuring outcomes	Angela Arkandhi
17:00 onwards	Wrap up and Q&A	Panupong Chaowanasawat
Day 2: 7 October 2025		
9:00 – 9:15	Welcome and recap	Panupong Chaowanasawat
9:15 – 10:00	**Lecture 6**: Evidence synthesis	Saudamini Dabak
10:00 – 10:45	**Lecture 7**: Models in economic evaluation	Manit Sittimart

10:45 – 11:00	Break	
11:00 – 12:00	**Exercise 7A**: Modelling Exercise	Manit Sittimart Angela Arkandhi
12:00 – 13:00	Lunch	
13:00 – 13:45	**Lecture 8**: Presenting CEA results and decision rule	Thamonwan Dulsamphan
13:45 – 14:45	**Lecture 9**: Uncertainty analysis	Dr. Jarawee Sukmanee
14:45 – 15:00	Break	
15:00 – 15:45	**Lecture 10**: Knowing financial implication budget impact analysis (BIA)	Thamonwan Dulsamphan
15:45 – 16:45	**Exercise 10A**: Knowing financial implication budget impact analysis (BIA)	Thamonwan Dulsamphan Panupong Chaowanasawat
16:45 – 17:00	Wrap up and Q&A	Angela Arkandhi
Day 3: 8 October 2025		
9:00 – 9:15	Welcome and recap	Angela Arkandhi
9:15 – 10:00	**Lecture 11**: Critical appraisal of evidence and communicating results	Manit Sittimart
10:00 – 11:00	**Exercise 11A:** Critical appraisal of evidence and communicating results	Manit Sittimart Angela Arkandhi
11:00 – 11:15	Break	
11:15 – 12:00	**Lecture 12**: Think again, Ethical, Social, Legal aspects of health policy and interventions	Panupong Chaowanasawat
12:00 – 13:00	Lunch	
13:00 – 14:30	**Case studies from Bhutan**	MoH Bhutan
14:30 – 15:30	**Discussion:** Current HTA Framework in Bhutan and Barriers to Institutionalisation	All
15:30 – 15:45	Closing remarks	MoH, Bhutan

Annex 2: List of Participants

HTA Capacity Building Workshop

No.	Name	Organisation
1	Ugyen Tashi	Health Intervention and Technology Assessment Division (HITAD), Department of Health Services, Ministry of Health, Bhutan
2	Sangay Norbu	Health Intervention and Technology Assessment Division (HITAD), Department of Health Services, Ministry of Health, Bhutan
3	Karma Norbu	Health Intervention and Technology Assessment Division (HITAD), Department of Health Services, Ministry of Health, Bhutan
4	Som Bdr. Darjee	Department of Medical Product, Ministry of Health, Bhutan
5	Karma Jurmin	Health Financing Division, Department of Health Services, Ministry of Health, Bhutan
6	Dr. Karma Galey	Department of Health Services, Ministry of Health, Bhutan
7	Dr. Manikala Moktan	Faculty of Nursing and Public Health, Khesar Gyalpo University of Medical Sciences of Bhutan
8	Wangchuk	Khesar Gyalpo University of Medical Sciences of Bhutan
9	Sonam Phuntsho	Khesar Gyalpo University of Medical Sciences of Bhutan
10	Dr. Manikala Moktan	Khesar Gyalpo University of Medical Sciences of Bhutan
11	Dr. Tandin Wanyel	Jigme Dorji Wangchuk National Referral Hospital
12	Tshering Choden	Bhutan Health Trust Fund
13	Sonam Chojay	Bhutan Health Trust Fund
14	Karma Tshering	Bhutan Health Trust Fund
15	Jit Bdr Darnal	Royal Centre for Disease Control
16	Pema Chophel	Royal Centre for Disease Control
17	Sonam Yangchen	WHO Country Office, Bhutan
18	Saudamini Dabak	Health Intervention and Technology Assessment Program Foundation (HITAP)
19	Manit Sittimart	Health Intervention and Technology Assessment Program Foundation (HITAP)
20	Dr. Jarawee Sukmanee	Health Intervention and Technology Assessment Program Foundation (HITAP)
21	Thamonwan Dulsamphan	Health Intervention and Technology Assessment Program Foundation (HITAP)
22	Angela Judhia Arkandhi	Health Intervention and Technology Assessment Program Foundation (HITAP)
23	Panupong Chaowanasawat	Health Intervention and Technology Assessment Program Foundation (HITAP)

Annex 3: Summary of Meeting: Collaboration on Health Technology Assessment (HTA) in Bhutan

Date: 9 October 2025
Location: Ministry of Health, Thimphu, Bhutan
Time: 11:00 – 13:00

Agenda

Time	Items
11:00 – 11:20	1. Debrief on workshop - what worked well, what could be done differently, potential follow-up
11:20 – 12:00	2. HTA framework implementation/process • Topic selection for HTA • Assessments • Link to policy
12:00 – 12:45	3. Barriers and potential areas for strengthening • Engagement with stakeholders/ecosystem development • Capacity building • Vision for the future
12:45 – 13:00	4. Potential areas of collaboration and potential next steps

Attendees

Name	Organisation
1. Ugyen Tashi	Health Intervention and Technology Assessment Division (HITAD)
2. Sangay Norbu	
3. Karma Norbu	
4. Saudamini Vishwanath Dabak	Health Intervention and Technology Assessment Program Foundation (HITAP)
5. Manit Sittimart	
6. Jarawee Sukmanee	
7. Thamonwan Dulsamphan	
8. Angela Judhia Arkandhi	
9. Panupong Chaowanasawat	

Overview

This document provides a summary of the discussion between the Health Intervention and Technology Assessment Division (HITAD), Ministry of Health, Bhutan, and the Health Intervention and Technology Assessment Program Foundation (HITAP), Thailand.

Summary

The meeting began with a debrief on the **HTA Capacity Building Workshop**, reflecting on expectations, achievements, and future directions. The teams agreed that the workshop successfully provided a foundational understanding of HTA concepts and facilitated engagement with users of HTA proposals. It was suggested that future workshops could benefit from more targeted participant invitations to ensure better alignment of interests and roles. Potential follow-up actions included organising additional training sessions in other regions of Bhutan and involving local researchers in advanced workshops focusing on the technical aspects of HTA.

Discussions then turned to the **implementation of the HTA framework and ongoing assessments**. The HITAD team received three study proposals in the past year that underwent rapid reviews. The first concerned the **establishment of haemodialysis (HD) centres in the eastern region**, where patient-to-centre ratios are high. The objective is to review existing services, assess feasibility in terms of human resources and infrastructure, and consider equity across regions. It was suggested that preventive measures to slow disease progression be explored alongside the establishment of new centres and that an economic evaluation be conducted. The second topic involved the **transition to a new HPV gene testing platform for cervical cancer screening**, with the current Qiagen system under an expiring rental contract and a potential shift to the Cobas platform, which would be purchased outright. The group recommended conducting a cost-effectiveness analysis comparing the two options, taking into account both upfront and maintenance costs. The third topic focused on the **establishment of in vitro fertilisation (IVF) facilities** to address declining birth rates. As Bhutan currently refers patients abroad, a budget impact analysis was proposed to assess the feasibility and cost implications. It was also suggested that the study inform implementation design and explore broader contributing factors.

Further discussions addressed **considerations for HTA studies on benefit package expansion and drug inclusion**, emphasising barriers to access, feasibility, resource sustainability, and reference to international guidelines. Participants suggested using the Service Availability and Readiness Assessment (SARA) framework and encouraged researchers to publish HTA studies on the Ministry of Health or HITAD websites and regional registries. Regarding **linkages between HTA and policy**, the group noted gaps in the current process, including limited coordination between HITAD and the regulatory authority during the introduction of new drugs and medical devices. To strengthen this, it was proposed that future calls for HTA proposals explicitly include new drugs and devices, encouraging participation from universities and researchers.

The meeting also identified several **barriers to HTA implementation**, such as the limited number of local institutions with HTA expertise, weak negotiating power due to Bhutan's small market size, disconnection between HTA evidence and procurement processes, and data limitations for economic evaluations. To overcome these challenges, participants proposed strategies focused on **stakeholder engagement and capacity building**. This included expanding outreach to hospitals, academia, and other partners to raise awareness of HTA, creating opportunities for joint publications, and providing structured training for students, researchers, and professionals. Short-term secondments and fellowships (e.g., ODI, JICA) were suggested, alongside integrating HTA into university curricula and orienting new health officials on HTA and the Essential Medicines List (EML).

In conclusion, the group outlined the **next steps** to sustain collaboration and capacity development. These include supporting Bhutan's participation in the **Regional HTA Workshop in India (23–25 February 2026)** and exploring nominations for attendance at the **Prince Mahidol Award Conference** (**PMAC) 2026**, reinforcing Bhutan's commitment to advancing HTA capacity and evidence-informed health policy.

Annex 4: After-action review questions

After-action review for the HTA Workshop, 6 - 8 October 2025

The purpose of this AAR is to summarise the experience from the HTA Workshop between 6 – 8 October 2025. This survey covers all areas including:

- academics (e.g., agenda development, session planning, session content, flow of content, time, and duration of session),
- logistics (e.g., location, food, and transportation),
- partnership or engagement with partners,
- internal capacity building etc.

Please provide your input based on your experience during your responsible session(s) or during the overall visit.

1. What went well? and why did it go well?
2. What would you do differently for the next study visit hosted by HITAP?
3. Any suggestions at all?

Annex 5: Event photographs

Figure 1: Group photo of participants and organising teams

Figure 2: Participants engaged in an ice-breaking activity to get to know each other.

Figure 3: Participants learning about the concept of cost in economic evaluation, led by Saudamini Dabak

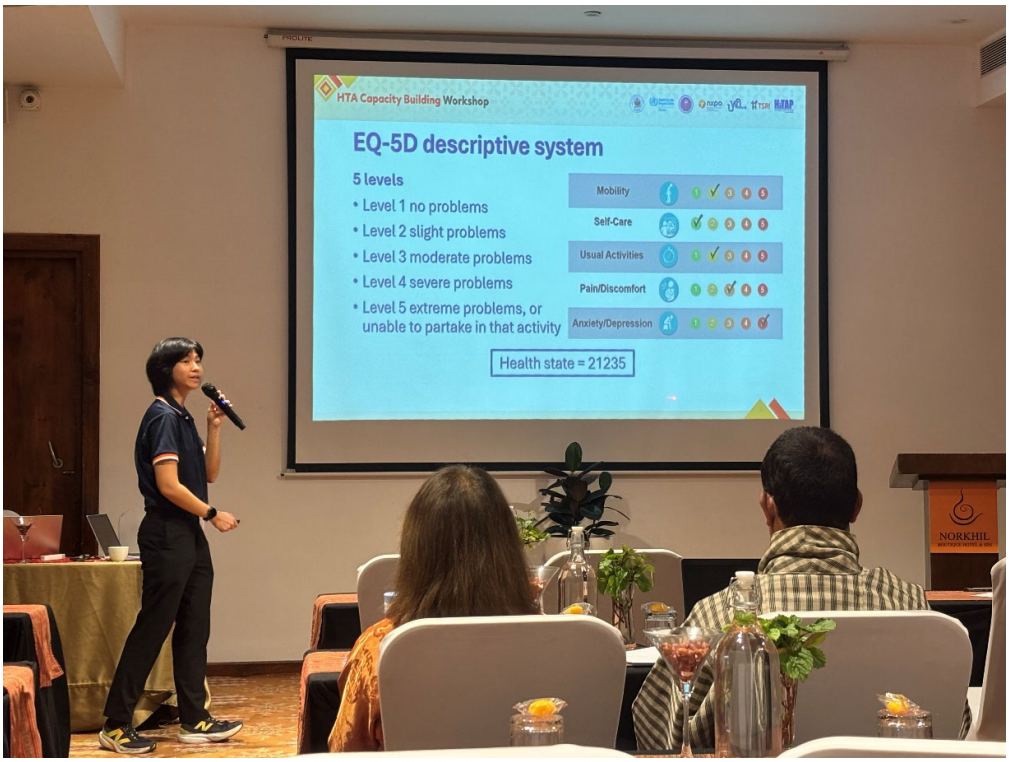

Figure 4: Session on outcomes in economic evaluation by Dr. Jarawee Sukmanee

Figure 5: Participants took part in a group activity on priority setting of health interventions.

Figure 6: Session on the presentation of cost-effectiveness analysis (CEA) results led by Thamonwan Dulsamphan and Panupong Chaoawanasawat

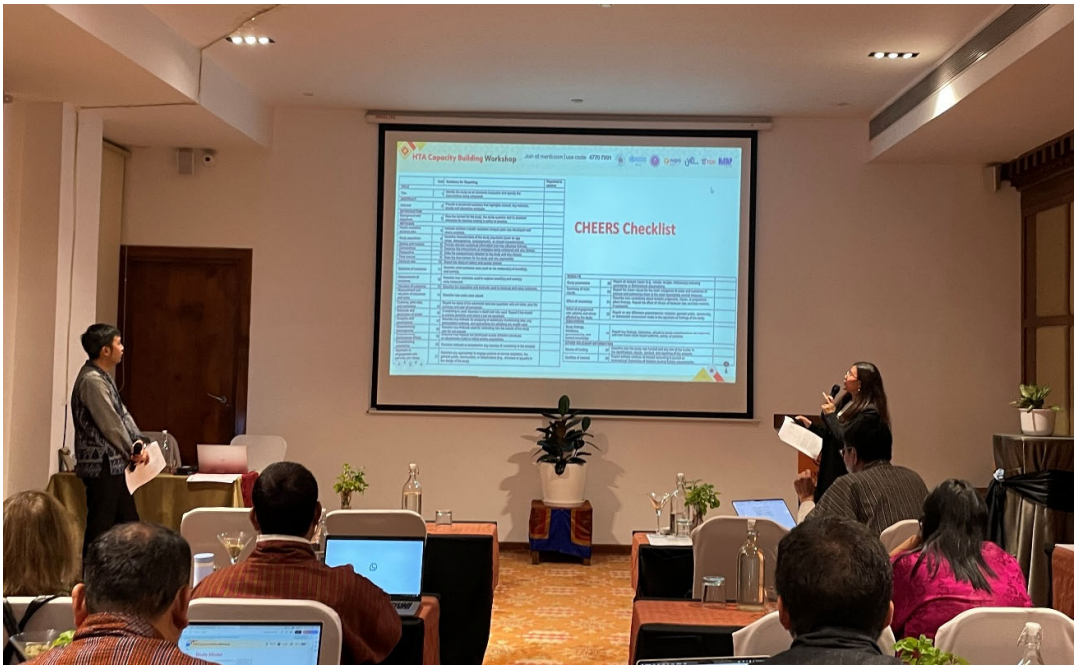

Figure 7: Lecture and interactive exercise on critical appraisal of evidence by Manit Sittimart and Angela Arkandhi

Figure 4: Photo of HITAP team in front of the Ministry of Health (MoH), Bhutan