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Volume 4 : Jan-Jun 2013



HTAsiaLink

NEWSLETTER TO STRENGTHEN COLLABORATION AMONG HTA AGENCIES IN ASIA



EDITORIAL

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It was rumored that the end of the world would end on December 21st, 2012. The bottom line-however-turns out we are still alive and the world still exists. Consequently, people across the world blissfully celebrated the year 2013 and surprisingly appeared even more enthusiastic and meaningful. They also expect an excellent year to come and so does HTAsiaLink. Therefore, for our inaugural 2013 issue, we won't hesitate to celebrate 2013 with, not only nutritious food for your brain, but

some exciting news as well. To start with, the Philippines has become the latest member of the Network and a country that is going to establish HTA practices within its health system. In continuing the excitement, the Universiti Sains Malaysia, one of the HTAsiaLink members, has volunteered to host our 2nd HTAsiaLink annual conference with the support from all members and funded by the Rockefeller Foundation. The event remains jam-packed with informative sessions, including thought-provoking 30-minute research presentations, national progress reports concerning the practice of HTA by members agencies, together with a global review of recent HTA trends by prominent representatives from three leading countries: UK, USA, and Australia.

In this issue, we present the findings of the HTA communication survey conducted in countries where HTAs have already been established. Interestingly, we discovered that many of the surveyed organizations have much in common, such as their mission to conduct and disseminate research (to support policy decision-making, to raise health awareness, and to educate relevant parties) and target groups (policy makers, health practitioners, and NGOs). On the other hand, other surveyed areas covering time of dissemination and measurement of achievement demonstrated differences among member organizations. For further details, see page 3

Best wishes for 2013
The Editorial Team



HTA FORUM

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TALKING HTA

There have been attempts to bridge the gap between research results, and policy and practice. Communication terminologies used by researchers, practitioners as well as policy-decision makers vary in many ways. Recently, 'knowledge translation', which has gained currency in Canada and globally over the last decade¹, seems to have gained acceptance. So...what has happened in the circle of HTA when it comes to communications?

HTA is a technical tool that produces health-related information used for public interest. It is collaboration between professionals from the fields of science to the applied arts. Imagine HTA as an art-form; surely not appearing as a solo artist- rather it would be a big band in which the musicians comprise researchers, who may be the lead performers and support teams such as a communication team, who work behind the curtains. Many HTA agencies may work the other way around. The HTA band produces music from HTA evidence to display and influence policy makers, health professionals and the public. Communication in HTA is, therefore, a performance; an important tool to exchange intended messages between researchers and targeted audience who makes use of HTA evidence.

Naturally, HTA is broad in perspectives but specific in finding evidence. HTA evidence varies in kind. It may be efficacy of drugs which will be presented in a style of comparison, or may be organizational capacity of using the recommended drug which could be presented in a style of chart to present available options, or may be an article revealing judgment of the recommended drug by a particular party. **HTA evidence**, thus, is a content to be treated with creativity designed for specific audience, namely, stakeholders, and in suitable communication formats in order to firmly catch specific stakeholders' attention and, hopefully, their participation.

Since policy makers and health professionals are deemed the main users of HTA evidence, many forms of communication have been created to grasp their attention. Meetings, workshops and seminars are common and face-to-face. Meanwhile, websites provide easy access such as Canadian Foundation for Healthcare Improvement (www.chsrf.ca), *Rx for Change* (<http://www.cadth.ca/resources/rx-for-change>) or *SUPPORT*. As audience is dynamic in changing behaviours of communication, it is challenging for HTA communication teams to find ways to plug-in with them.

Looking at our HTAsiaLink members...

We have completed a survey on How HTAsiaLink members communicate their research findings to the target audiences? Next pages are interesting survey results.



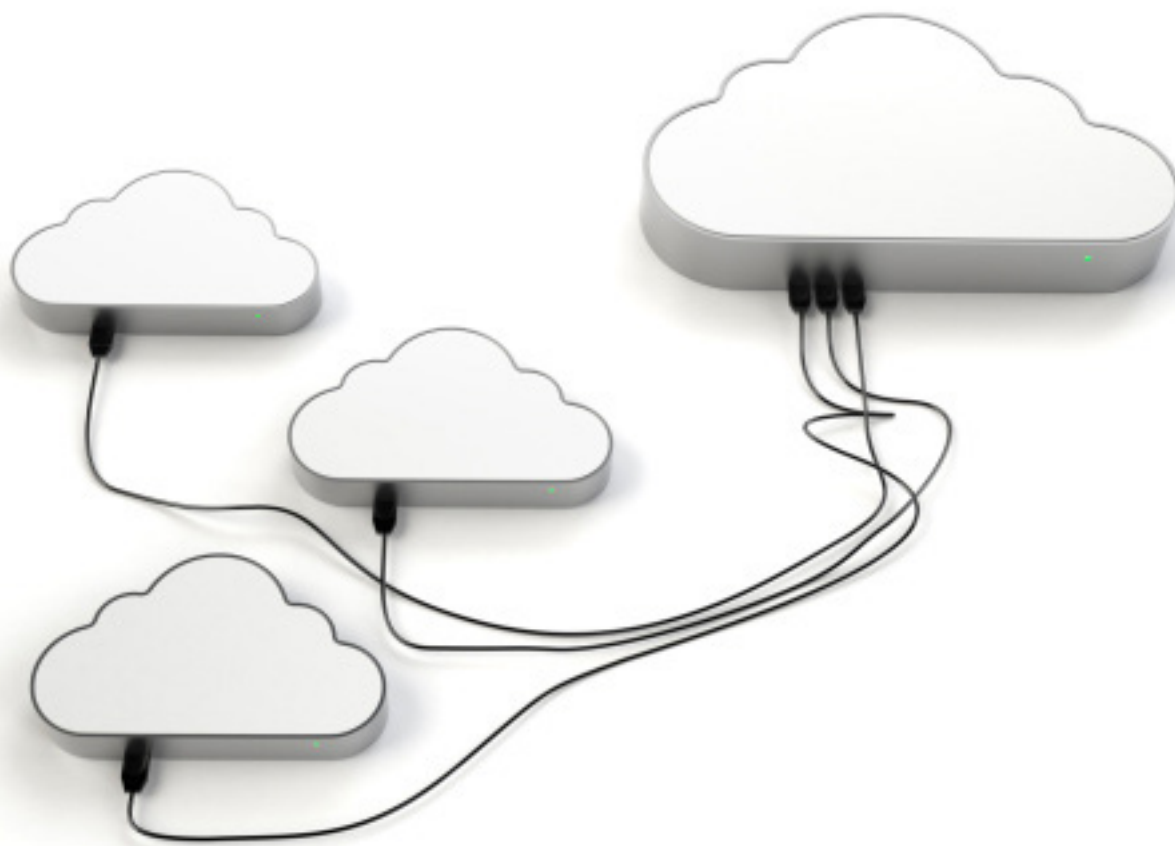
¹ Grimshaw J, Eccles M, Lavis J, Hill S, Squires J: **Knowledge translation of research findings**. *Implement Sci* 2012, 7:50



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How HTAsiaLink members communicate their research findings to target audiences?

If we are agreed that the main purpose of HTA is to act as a bridge between “science” and “decision-making”, we cannot deny that multi-dimensions and various means of communications are essential to make the ‘scientific research’ accessible by its users.



There have been many studies conducted in Europe and North America to find out how HTA units communicate with their target audiences, see “*Strategies for the diffusion and dissemination of health technology assessment (HTA) products*’.”¹ That study was conducted among the members of the International Network of Agencies for Health Technology Assessment (INAHTA). Nevertheless, the study neither mentions the communication processes used by HTA agencies nor concerns HTA units in the Asian region.

Even though Japan is now in the process of establishing an HTA organization, Dr. Takashi Fukuda who is a Chief Senior Researcher at the National Institute of Public Health stressed that HTA dissemination is considered to be an essential part in their HTA organization but it will not be formalized until 2014.

Therefore, the HTAsiaLink editorial team conducted an online surveys, face-to-face interviews as well as telephone interviews with the leaders of HTA agencies and units in the HTAsiaLink to discover how each HTA unit communicates with their audiences. There were seven organizing members, Korea, Japan, Taiwan, Thailand, Singapore, Vietnam and Malaysia, that participated in this survey. The survey consisted of 10 questions related to dissemination processes of HTA research findings. The results of this survey are presented below.



From the survey, six out of seven respondents stated they do have a communication process to disseminate their research results to their key audiences and stakeholders and also emphasized that the dissemination process will become even more important in the near future.

¹ Sobrido Prieto M, González Guitián C, Cerdá Mota T and the group of technicians and experts in documentation and diffusion/dissemination belonging to the Spanish Health Technology Assessment Agencies & Units (*Agencias y Unidades de Evaluación de Tecnologías Sanitarias - AUnETS*). *Strategies for the diffusion and dissemination of health technology assessment (HTA) products (Estrategias para la difusión y diseminación de los productos de Evaluación de Tecnologías Sanitarias - ETS)*. Madrid: Ministry of Science & Innovation.

Who said what, in which channel, and to whom in the communication of HTA result

Regarding the information given by HTAsiaLink members, all agreed that the key target audience for the use of the HTA reports were policy makers in their respective countries, with the overall aim to inform and support policy decision-making processes. Various formal and informal channels have been used to engage policy makers including committee meetings, policy fora, reports, informal meetings, etc.



Dr. Keng Ho Pwee, Deputy Director (HTA), Ministry of Health, Singapore stated that in his unit, various forms of communication have been used to disseminate research results to policy makers. He added that formally the appraisal reports are sent to the policy makers or commissioners together with follow up questions; however, other informal communication channels such as face-to-face talks, informal meetings, calls, and emails were also considered as useful tools to connect with the policy makers.

Communicate.

Presenting in policy fora and providing training for policy decision-makers were also considered to be another effective communication tool. At HITAP, research results are presented in policy fora according to both a fixed schedule and in response to ad-hoc or urgent requests. Although, many researchers might argue that it is not their responsibility to persuade policy-makers, effective communication with the policy makers offers the greatest prospect that research findings will influence practice, rather than being kept on the shelf.

One of the well-known policy makers in Thailand, Dr. Suwit Wibulpolprasert, Senior Advisor on Disease Control at the Ministry of Public Health affirmed that if a researcher wants to be able to persuade policy makers with their findings, they have to be able to successfully perform “an elevator pitch”; the ability to deliver the summary in the time span of an elevator ride!

The second target group of communicating HTA results, which many HTAsiaLink members referred to, is academia and health practitioners. These groups are not only key health system players, but are also main users of HTAs. Five out of seven HTA units undertaking this survey indicated that they have channels to disseminate their research findings specifically to academia and health practitioners. Those channels range from academic publications, research reports, academic fora, conferences to other channels of communication such as newsletters, posters, direct mails, and leaflets.

Besides the dissemination of HTA result, the Health Intervention and Technology Assessment Program (HITAP, Thailand) also reported that providing HTA trainings and establishing joint-research projects with the health practitioners could be another valuable communication tools, which is not only to be used for raising awareness of HTA among health practitioners, but is also to be used for building HTA capacity.

Finally, the general public, NGOs and Civil societies, are included in the communication strategy for some HTA units, but only two out of seven HTA units in HTAAsiaLink, The National Evidence-based healthcare Collaborating Agency (NECA, Korea) and HITAP (Thailand) noted mass communication as an equally important communication tool as other media. Various tools such as national newspapers, broadcastings, websites, social media, even media campaigns have been reported to be used for the dissemination of HTA studies to the general public.

Interestingly, NECA mentioned that public hearings and public education programs are fundamental tools for keeping the public engaged in the HTA process in Korea. For media, NECA also reported that they have to continually organize press activities at least twice a year, to keep the media up to date on HTA and to maintain the good relationship with the press.

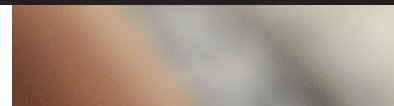
Does it work...how do they evaluate the achievement of the HTA dissemination?

From the survey, it is evidenced that every HTA unit and organization in HTAAsiaLink regards the appraisal of their communication process as part of their mandate. Most HTAAsiaLink members in this survey stated that their organization's aim is not only to present their appraisal to the policy makers, but is also to measure whether their products result in a change in policy. Each HTA unit uses various methods to evaluate the impact of their HTA dissemination activities on policy change. For Singapore, the HTA Department in Ministry of Health has a concrete and formal process in which the user of HTA results must send feedback to the HTA unit within two weeks following receipt of the HTA report.

For NECA (Korea), many evaluations have been conducted including surveys of stakeholders and decision makers, in order to understand how the HTA results have been used and to what extent they have resulted in a change in policy. In addition, NECA recently conducted a 2012 Evaluation of the National Evidence-based Healthcare Collaborating Agency (NECA), which aimed to evaluate the work of NECA on 2008-2012 including the evaluation of the implementation of the research results. The study showed that NECA uses various methods to disseminate its research results including offline distribution of research reports, providing online information services, publishing in academic journals, distributing press releases, publishing newsletters, and hosting public-hearings.



For NECA (Korea), many evaluations have been conducted including surveys of stakeholders and decision makers, in order to understand how the HTA results have been used and to what extent they have resulted in a change in policy.





As for HITAP (Thailand), direct observations and interviews with the policy-makers are conducted every 2 years by external reviewers with the main aim to evaluate output, outcome/impact, and effectiveness of new projects/activities. For more information on the evaluation result, see (http://www.hitap.net/en/system/files/hitap_evaluation_eng_final.pdf).

In addition, HITAP also conducted an online survey of audience satisfaction toward HITAP's newsletters which leads to an improvement in both content and style to better suit the audiences. In the future, other media tools used by HITAP to disseminate the research results, such as research reports, website and policy briefings will be also evaluated.

In conclusion, from the survey, it can be seen that dissemination processes are accepted by all HTA units in HTAsiaLink as one of the important processes apart from the HTA itself. In order to connect the key HTA findings to its users whether they be policy-makers, health practitioners, academia, media or the public, appropriate messages and accurate media channels should be used to ensure of accomplishment in the bridging or communicating process. However, means and processes may be different and vary in each setting in order to best fit their context, similar to the HTA process itself.



HTA REVIEW

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UNITED NATIONS OneHealth COSTING TOOL

Shortcomings in costing for health planning and budgeting, including de-linked planning cycles, little consideration of health systems involvement, and the conduct of planning before costing, has long been recognized in many healthcare settings. The United Nations OneHealth Costing Tool, developed by the United Nations Inter-Agency Working Group on Costing, aims to mitigate these problems by strengthening health system analysis, costing and financing scenarios at the country level. In order to achieve this, the OneHealth Tool provides a unified framework in three ways: joint planning, costing, budgeting, impact analysis, and financial space analysis; disease programming together with a health system approach; and one single tool for the United Nations system.

The Tool supports the whole planning process from inputs and activities to outcomes and impact, by assessing the costs including achievable health impact. Outputs can be expressed as health impact; health system investments and service outputs; cost; financial projections, fiscal space and expected shortfall; and scenarios.

The OneHealth Costing Tool contains modules for the areas of human resources, infrastructure, logistics, financial space, program and channel analysis, intervention coverage and costing, bottleneck analysis, program costing, summary outputs and budgeting, which can be classified into three main domains: health services, health systems and impact.





UNITED NATIONS ONEHEALTH COSTING TOOL

The domains and modules are directly linked to each other. As a result, the Tool is designed specifically to support decision makers to develop a more strategic plan at national level, to assess a medium-term expenditure framework and needs for the Millennium Development Goals. Any choices that have been planned, from a small scale such as training for workers to a large scale such as adopting a new intervention, will have an implication on costs. In addition, priority-setting of programs within OneHealth can be made through setting scenarios to see the impact on the financial sustainability and program goals. Within a given 'financial space' that a country has in a year, what will be the best way to maximize health outcomes via strategic health plan.

The Tool was introduced by the World Health Organization (WHO) to Asian policymakers and at the Prince of Mahidol Award Conference 2013 (http://www.pmaconference.mahidol.ac.th/index.php?option=com_content&view=article&id=405%3A2012-side-meeting-08&catid=983%3Acat-2012-sidemeeting&Itemid=131) and at a subsequent workshop in Bangkok. The WHO has organized additional workshops in Asia to disseminate the Tool. A provisional version (OneHealth Beta 2.91 (10 April 2012)) from <http://spectrumbeta.futuresinstitute.org> is freely available.

Finally, it is important to note that the Tool is not recommended to conduct economic evaluations because it has been designed for financial planning and budgeting (i.e, it considers financial rather than economic costs). However, it is possible to use the Tool as a preliminary step to performing an economic evaluation with some adjustments and additional work.





MEMBER

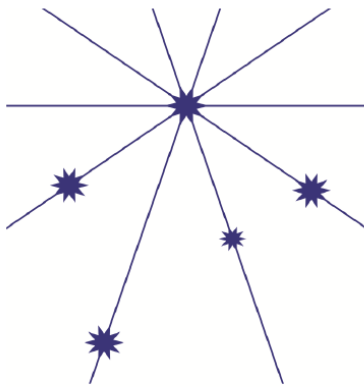
Prof. Brendon Kearney / Anna Melissa Guerrero
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Welcome new members

- Health Policy Advisory Committee on Technology (Australia)
- National Center for Pharmaceutical Access and Management (Philippines)



As our first HTAsiaLink newsletter in the year 2013, we would like to give a warm welcome our new members, the Health Policy Advisory Committee on Technology (HealthPACT) from Australia and National Center for Pharmaceutical Access and Management from the Philippines.



HealthPACT
emerging health technology



The Health Policy Advisory Committee on Technology (HealthPACT)

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Tel: +64 7 3131 6969

Email: HealthPACT@health.qld.gov.au

Website: www.health.qld.gov.au/healthpact/

Contact person: Prof. Brendon Kearney

HealthPACT was established in late 2003 as part of a Commonwealth initiative to provide “early warning” to Australian and New Zealand policy makers of the consequences (positive or negative) of new and emerging devices, diagnostics, programs and surgical techniques, with pharmaceuticals, vaccines and blood products not being part of HealthPACT’s remit. The HealthPACT committee comprises representatives from the Australian Government and each of its states and territories, the Commonwealth Medical Services Advisory Committee, the Therapeutic Goods Administration, the Department of Veteran Affairs

and the New Zealand Health Ministry. Although several changes to the governance of HealthPACT have occurred over the years, the remit of the Committee has remained constant in that it aims to provide information to clinicians and health departments in order for them to make evidence-informed decisions on the adoption and diffusion of new technologies. During the nine years since its inception, HealthPACT has overseen the assessment of 380 new and emerging health technologies and has provided further updates on 139 of these assessments. Since its establishment, HealthPACT has increased interaction with jurisdictional, state-based HTA assessment committees (QPACT, WAPACT and VPACT) to avoid duplication of effort and has sponsored several workshops of national interest to facilitate an exchange of information. In addition, HealthPACT is working to develop stronger links with industry to identify issues such as infrastructure and training required, especially for complex and expensive technologies.



The National Center for Pharmaceutical Access and Management, Department of Health, Philippines

(Reviving HTA in the Philippines: Paths, promises and partnerships toward Universal Health Care)

Anna Melissa Guerrero, MD, MPH (HTA)

National Center for Pharmaceutical Access and Management Department of Health, Philippines

The Philippines faces the immense challenge of providing health care to a growing population projected to reach more than a hundred million Filipinos in 2015. As in more developed countries and other transitional economies, the country is also struggling with other factors leading to a limitless demand for health services such as the rising burden of emerging communicable and non-communicable diseases, the fast pace of technology and the clamor from all sides to prioritize and finance every known intervention for every known disease despite finite budgets and resources.



Efforts are underway to revive and strengthen HTA as a tool for priority setting and investment decisions in determining the package of health services that will be provided through Universal Health Care (UHC). With the creation of the Health Research Hub under the Department of Health and the appropriation of significant funds for research coming from revenues of the recently passed Sin Tax Reform Law of the country, a clear commitment has been made by the Health Secretary, Enrique Ona, to ensure that UHC reforms are driven by sound evidence. There are also plans to establish a formal HTA working unit linked to the research hub that will actively set up formal HTA systems and collaborate with academia to produce high quality HTA research and continuously train a critical pool of researchers.

HTA is not a new concept for the Philippines with initial efforts to apply some basic principles back in 2000-2006 in creating a positive list of drugs for Philhealth, the national agency mandated to manage the country's publicly financed social health insurance scheme, that complemented the national essential medicines list defining the drugs procured by public health facilities and covered as part of Philhealth's pharmaceutical insurance benefits. However, previous efforts

to use HTA have focused largely on the evaluation of pharmaceuticals and have not yet been consistently or explicitly applied in assessing other health technologies, devices, procedures and public health interventions currently allowed for widespread use in the national health system. Challenges also remain in sustaining and scaling up an effective HTA working process such as the limited understanding among potential users and adopters of HTA outputs, insufficient expertise and institutional capacity, lack of local data to determine policy options for new technologies and potential reluctance from stakeholders where there may be tensions with the political decision-making and customary medical and public health practice.

To strengthen our capacity towards the establishment of formal HTA processes in the country, we are taking the opportunity to link with regional partners in Asia such as the HTAsiaLink where we wish to share our country perspective and experiences on HTA and at the same time draw lessons from other health systems facing similar questions as they undergo their own reform processes. We look to the partnership with UK NICE International and HITAP to help shape our HTA strategy and build capacity in the coming years knowing that we can learn from the best international practices in enhancing the quality of our decisions towards the effective and efficient use of resources. We also see the value of such a collaboration to jointly strengthen our position regionally in engaging with producers and users of technology in our healthcare markets as we perform the pivotal role of balancing access with innovation through arming ourselves with better evidence.





HTA ACTIVITIES

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HTA past activities: Prince Mahidol Award Conference (PMAC)

From 28 January – 2 February 2013 (Bangkok, Thailand), the Prince Mahidol Award Conference (PMAC) 2013¹ was convened together with the associated awards ceremony². Since 1992, annual awards have been given to outstanding laureates in the fields of medicine and public health.

One of this year laureates was Sir Michael David Rawlins who is the founding chairman of the United Kingdom's National Institute for Health and Clinical Excellence (NICE), a world-leading body promoting the use of clinical effectiveness and cost-effectiveness analysis to influence health resource allocation. His dedication to the support of evidence-informed policymaking in other countries has been internationally recognized. The HTAsiaLink editorial team therefore would like to take this opportunity to summarize the award events.

On 28 January 2013, Sir Michael gave a public lecture on **“Optimising health care in the UK National Health Service: Balancing quality and efficiency”** as part of the PMAC conference. Due to the variable backgrounds of the attendees, this lecture aimed to introduce the term HTA and its roles in the National Health Services in the UK. In addition, the lecture also projected how to balance quality and efficiency with consideration paid to evidence based policy decision making for countries with universal health insurance coverage programs.

Starting with an introduction on the role of NICE, Sir Michael stated that NICE's principles focus on the use of robust and best available evidence; working with a systematic process; and endorsing a transparent appraisal process, where all stakeholders can comment and challenge NICE recommendations. These principles ensure that policy makers will make decisions based on the best evidence and therefore be able to appropriately allocate limited health resources.

- 1 The PMA Conference is held annually in January right after the awarding ceremony of the Prince Mahidol Award. The conference's objective is to bring together leading public health leaders and stakeholders from around the world to discuss high priority global health issues, summarize findings and propose concrete solutions. For more information, please visit www.pmaconference.mahidol.ac.th
- 2 The Prince Mahidol Award is an international honor to individual(s) or institution(s) for outstanding performance and/or research in the field of medicine or contribution in the field of public health for the sake of the well-being of the peoples. For more information, please visit www.princemahidolaward.org





Health care in the UK National Health Service: Balancing quality and efficiency

Professor Sir Michael Rawlins

28th January 2013

Bangkok, Thailand



Sir Michael also mentioned that HTA has been used differently in many settings; some employ full HTA with decision-making powers; some use full HTA without decision-making powers; and some use partial HTA without considerations of cost. At NICE, full HTA has been employed. NICE not only uses HTA for making decision on health investments, but are for clinical guidelines in order to enhance the quality of care and efficiency in the methods used to diagnose, treat and prevent disease and ill health.

Finally, Sir Michael concluded that although HTA has already played a crucial role in setting healthcare priorities in the UK, there is still the need to evolve and improve, as there is no system with a perfect approach. In this case, he also added that we need to learn from one another about what works and what doesn't.

On 29 January 2013, another *side meeting entitled “the establishment and evolution of health technology assessment organisations in low- and middle-income countries”*, which was co-organized by HTAsiaLink and NICE international, intended to create an open space for sharing, learning and inspiring participants who are involved with the establishment and development of HTA units in LMICs.

The session started by a brief presentation of 3 countries' experiences in developing HTA institutes; China, the Republic of Philippines and the Republic of Korea. All 3 HTA institutes and probably every HTA organization shared similar lessons from the beginning. These factors consisted of escalating healthcare expenditures and irrational use of certain technologies. However, the aforementioned factors contradict the constraint of healthcare resources; therefore the demands for research-based prioritization of health interventions have been increasing, especially for those who adopt the idea of a universal healthcare coverage system, which has led to the need for establishing an HTA institute.

A representative from China, Dr. Kun Zhao Director of China HTA Center under the Ministry of Health, recited that the China NICE or “NICER” was formed in 2010 with collaborations from both domestic and international research institutions as well as its governmental body. Even though, NICER is in its beginning process, there have been sharp increases in demand for HTA since 2009.

Dr. Kun addressed that ‘NICER’ is facing the challenge of doctors and health practitioners who are being unfamiliar with the term HTA, limitation in the information system, as well as a challenge in managing benefit package between rural and urban areas.

Next, the floor was given to Dr. MA. Virginia Ala from the Philippines, Program Manager of National Center for Pharmaceutical Access & Management, Department of Health, who affirmed that medicine prices in the Philippines have been historically high compared to other countries in the region. Their aim is to achieve universal healthcare coverage, and they are now moving forward to establish its HTA unit; however there are still many concerns such as changing in the practices of policymakers toward evidence-based decision-making, building sustainable HTA systems and capacity, forming an HTA system which responds to the local needs, as well as resistance from political, commercial, professional, donor interests.



Finally, Dr. Jeonghoon Ahn, who is a senior director of Office of Health Services Research, National Evidence-based healthcare Collaborating Agency (NECA) from Republic of Korea shared their experience, one of the earliest HTA organizations established in the Southeast Asia and Pacific region.

NECA was initiated in 2008 as part of Ministry of Health and Welfare. Its main responsibility is to assess drugs, medical devices, and diagnostic procedures, of which those HTA reports will be provided to the Korean Food and Drug Administration and Committee for New Health Technology Assessment, accordingly. At present, NECA has already conducted 943 health technology assessments which may be divided into four main categories: diagnostic tests; procedures; genetic tests; and others. One of NECA's concerns is that they are facing the challenge of a lack of human capital.

Each HTA institute is facing various issues in each phase of establishing and continuing their work as a national HTA agency. By sharing and learning from each other, they can enhance HTA knowledge and experience among partner agencies.

Coming Events: February - March 2013

4-6 March 2013

Event: 25th Annual Euro Meeting

Place: RAI, Amsterdam, The Netherlands

For more information, please visit:

<http://www.diahome.org/en/Flagship-Meetings/13101-EuroMeeting.aspx>

6 - 9 March 2013

Event: 4-Day Certified Course: Introduction to HTA

Place: UMIT: The Health & Life Sciences University, Austria

For more information, please visit

http://www.umit.at/page.cfm?vpath=departments/public_health/htads_continuing_education_program_d/short_courses_d/introduction_to_hta_d

13-15 March 2013

Event: Introduction to writing a Cochrane systematic review - Melbourne, Australia

Place: Level 5, The Alfred Centre, 99 Commercial Road, Melbourne

For more information, please visit

<http://www.cochrane.org/news/tags/authors/introduction-writing-cochrane-systematic-review-melbourne-australia>

18-22 March 2013 (York, England) and 7-11 October 2013 (Glasgow, Scotland)

Event: Decision analytic modelling for economic evaluation

Place: York, England

- Foundations course, 18-19 March 2013
- Advanced course, 20-22 March 2013
Glasgow, Scotland
- Foundations course, 7-8 October 2013
- Advanced course, 9-11 October 2013

For more information, please visit <http://www.york.ac.uk/che/courses/short/decision-analytic-modelling/#tab-3>

13-15 May 2013

Event: 2nd HTAsiaLink Annual Conference.

Place: Penang, Malaysia

For more information, please visit :

<http://2ndhtasialinkconference.webs.com/>

29 May 2013

Event: 4th Annual "Knowledge Translation to Policy" Day: Early HTA

Place: Casa Loma, Toronto

For more information please visit:

<http://theta.utoronto.ca/>

30 May 2013

Event: The 6th Annual THETA Symposium: End-of-Life Care

Place: Casa Loma, Toronto

For more information, please visit:

<http://theta.utoronto.ca/>

6-8 June 2013

Event: Modeling Approaches for HTA: a Practical Hands-On Workshop

Place: Hall in Tyrol, Austria

For more information, please visit:

<http://www.path-hta.ca/Workshops/Modeling-Approaches-for-HTA.aspx>

15-19 June 2013

Event: 10th Annual Meeting: HTAi Seoul 2013 Evidence, Values, and Decision Making: Science or Art?

Place: Seoul, Korea

For more information, please visit:

<http://www.htai2013.org>

26-28 June 2013

Event: HTA Institute

(3-day Certified Course with CME Credits)

Place: University of Toronto, Toronto, Canada

For more information, please visit:

<http://www.theta.utoronto.ca/static/education/?hti and contact annelouise.pontigon@utoronto.ca>



UPCOMING EVENTS

Dr. Asrul Akmal Shafie
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The 2nd HTAsiaLink Annual Conference: Learning, Sharing and Being Inspired

Penang, Malaysia (13-15 May 2013)



UNIVERSITI SAINS MALAYSIA

Faced with escalating healthcare costs and increasingly strained resources, many health care authorities across Asia are looking at methods to improve treatment efficiency. One initiative undertaken has been the establishment of formal HTAs. This process is commonly referred to as Health Technology Assessment (HTA) which is comprised of multidisciplinary and comprehensive assessments of the efficacy, safety, efficiency and financial impact of a medical treatments, services or devices.

HTA is an evolving field in Asia. However, international conferences/meetings on HTA are often too advanced, are orientated to the perspective of developed countries, and consequently, lack attention to the need of this region. As such, HTAsiaLink, a network of HTA agencies and institutions in Thailand, South Korea, Japan, Malaysia, China,





Singapore, Taiwan, Australia and the Philippines was formed to foster collaboration in nurturing the talent and activities in Asia. The network was supported and recognized by various international bodies including the World Health Organization, INAHTA, NICE, HTAi, International Society of Pharmacoeconomics and Outcomes Research (ISPOR) as the leading group of HTA organizations in Asia. The network has organized its 1st HTAsiaLink Annual Conference in 2012 to strengthen the collaboration, enhance HTA knowledge and experience among partner agencies, and build up research capacity among network staff members.

The 2nd HTAsiaLink Annual Conference will be hosted by Universiti Sains Malaysia in Penang, Malaysia between 13 – 15th May 2013. The conference will: feature presentations from the HTAsiaLink collaborative research project on the cost-effectiveness threshold in Asia; act as a forum for talks and discussions by leading international experts on HTA; and offer an opportunity for over 30 oral presentations from member organizations.

The conference venue, Penang is a fascinating fusion of the East and West that embraces modernity while retaining its traditions and old world charm. These are reflected in its harmonious multiracial populace and well-preserved heritage buildings which led to George Town being accorded a listing as a UNESCO World Cultural Heritage Site recently. Long regarded as the food capital of Malaysia, Penang also entices visitors with its beautiful coasts and scrumptious cuisines.

For more information, please contact

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HTAsiaLink

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HTAsiaLink has launched an official website: www.htasialink.org

After communicating mostly within our group via emails, calls, teleconferences and group meetings for a while, we are now ready to publicly introduce you to our official website. Developed by NECA, the website went live on January, 2013.

There are four main functions to the website: to inform; to share information; to provide updates; and to connect members. 'About the network' section provides a brief on the HTAsiaLink' history; highlights current collaboration projects; and future plan

For the '**member section**', visitors will know more about our current members and if you want to be a part of our network, please click on the 'how to be a member' tab and send your request to HTAsiaLink@neca.re.kr.

In order to share and update information for both members and non-members, the HTAsiaLink website offers a '**news section**' which consists of a notice board, a web board for members, a free newsletter to be downloaded and a photo gallery.

Links to other related HTA websites and network members are available, and if you would like to share your link just contact the HTAsiaLink secretariat team at www.htasialink.org/contact/contact.php