

WORKSHOP ON HEALTH TECHNOLOGY ASSESSMENT AND USE IN HEALTH POLICY DEVELOPMENT IN VIETNAM

Hanoi, Vietnam, October 4th, 2018

HITAP International Unit (HIU)

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Introduction

This visit is a part of the project to support the development of health technology assessment (HTA) in Vietnam, under the auspices of the International Decision Support Initiative (iDSI). This visit represents an ongoing collaboration between the Health Intervention and Technology Assessment Program (HITAP), Ministry of Public Health, Thailand, to provide support to and discuss with the Health Strategies and Policy Institute (HSPI), Ministry of Health, Vietnam, about progress related to HTA in Vietnam.

HSPI organised a workshop on HTA and its use in health policy development in Vietnam on October 4th, 2018 in Hanoi, Vietnam. The main objective of the workshop was to present on the current situation of HTA-related activities in Vietnam, including challenges faced during the process of HTA development. HITAP representatives, Dr. Wanrudee Isaranuwachai, Benjarin Santatiwongchai and Pornpimon Sawatdang, joined the workshop to share the Thai experience on HTA and its use in decision making process including to provide support on the HTA methodological guideline development in Vietnam.

Summary of the visit

The workshop started with summaries of the overall HTA activities and implementation in Vietnam during the past few years under Prof. Pham Le Tuan, the Vice Minister of Health's leadership and guidance. Various Vietnamese HTA stakeholders including researchers and users attended the workshop; HSPI, the Department of Health Insurance of Ministry of Health, the Medical Service Administration of Ministry of Health, and the National Advisory Council for medicine procurement participated in the event.

The Vietnamese representatives gave presentations on the development of HTA in Vietnam and how the evidence generated has been used in the country. Dr. Khong Anh Tuan, HSPI, presented on the implementation of HTA and collaboration with iDSI network members namely, HITAP and the Global Health Development Group, Imperial College London (formerly the National Institute for Care Excellence International) which have, since 2014, supported the development of HTA capacity in Vietnam. Currently, Vietnam is focusing on the implementation of HTA and trying to improve the readiness of government in using HTA in policy and decision-making processes. There is a need for the HTA focal point to be responsible for coordination and implementation of HTA activities. Vietnam has connected with international networks and partners such as HTAsiaLink, the Health Technology Assessment International (HTAi), iDSI, and the World Health Organization (WHO), to strengthen short- and long-term capacity building. Vietnamese researchers received scholarships to study in universities and complete internship in health economics and HTA. The outstanding achievements in HTA in Vietnam include the increased awareness on the role of HTA in policy- and decision-making processes, the plan for HTA development, capacity building for HTA team, development of HTA guidelines, the implementation of HTA results, among others. In terms of next steps in 2018, there are plans to complete the HTA methodological guideline and start a process of price negotiations for Celebrollysin, Mabthera, Tienam, Nexavar.

Some challenges on implementing HTA in Vietnam were discussed. These were:

- The lack of a legally-binding policy of using HTA in policy- and decision-making processes
- The lack of a focal point unit to be responsible for conducting HTA
- Shortage of human resources and absence of a network for experience sharing
- The lack of practical guidelines for HTA implementation in Vietnam
- Inadequate funding to conduct HTA and training

Following the above discussion, Dr. Wanrudee Isaranuwachai, Senior Researcher at HITAP shared Thailand's experience on the use of HTA in policy development as well as HITAP's strategies to support HTA implementation in the country. She reinforced the importance of HTA guidelines to standardize HTA evidence generated as well as the impact of strengthened collaboration in HTA, which enable knowledge and experience sharing.

Next, Dr. Ha Van Thuy from the Department of Health Insurance, Ministry of Health, presented on the importance of applying HTA in the context of the development of a benefits package for the Vietnamese Universal Health Coverage (UHC) scheme. As healthcare cost keeps rising globally, efficient fund management is crucial and has to be implemented. Drugs have high share of total spending, especially when the drug list that is covered by UHC is very broad. HTA is an accepted tool for selecting drugs for inclusion under the UHC and while HTA data is available, there is a need of data analysis.

Vietnam has collaborated with Imperial College London to develop quality standards for stroke care, which were piloted in hospitals by the Department of Medical Service Administration. Dr. Duong Huy Luong from the Department of Medical Service Administration presented about the process in the development of the quality standards as well as the way the collaboration was carried out between Vietnamese Ministry of Health and Vietnam Health Economics Associations and the representative from Imperial College London. There were 15 quality standards developed on different aspects of quality for treatment of strokes which are input quality (e.g., facilities and human resources), treatment quality (e.g., the use of drug, patient evaluation), and service quality (e.g., respectful treatment towards patients). HTA played an important role in the development of the standards, for example, in the comparison between CT scan and MRI for patients who suspected to have cerebral stroke in different conditions. Dr. Louong expressed that the concept of quality standards is new to Vietnam; therefore, the international support is very useful in this area.

The representative from the National Centre for Medical Procurement discussed the application of HTA in the price negotiations of medicines in Vietnam. They reported that, so far, HTA has saved the country VND 32 billion from medicine price negotiation. The policy makers in Vietnam foresee decreasing drug prices in the coming years resulting from the use of HTA. They are planning to conduct review of economic evaluations and gather information from independent reviewers. For the review, they would like to compare and contrast the economic evaluations done in other countries with the ones done in Vietnam. This process would require support from HSPI.

Dr. Nguyen Khanh Phuong from HSPI provided an update and the plan for the development of HTA process and methodological guidelines in Vietnam. The presentation covered the need for HTA guidelines in Vietnam as well as details on the process guidelines for which a stakeholder consultation meeting had been held in January 2018. The first draft of the guidelines has been completed. After the workshop, HSPI plans to finish the draft of the methodological guideline, followed by a stakeholder consultation meeting to solicit comments and finalize the guidelines.

Lastly, Dr. Tran Thi Mai Oanh, the Director of HSPI shared the upcoming HTA activities. These include the completion of the HTA process and methodological guidelines as well as outlining the steps for implementing the guidelines for enhancing the understanding of HTA among stakeholders. A legal framework for the use of HTA in policy and decision-making process in Vietnam is also planned. A formal approval is needed after which HSPI will be able to work further with different departments in the Ministry of Health. HSPI will promote the use of HTA evidence in decision-making and policy-making process. Moreover, in order to respond to the increased need for HTA, HSPI plans to conduct HTA trainings for stakeholders and HSPI staff as well as strengthen the network with other research institutes.

The stakeholders at the meeting agreed that HTA was essential for decision making in Vietnam; however, it was noted that a legal framework would facilitate the process of incorporating HTA. HTA should be legitimized, and there should be a unit or group of organizations, either linked to the Ministry of Health, Vietnam Social Security, or other stakeholders dedicated to working on HTA when HTA is legally endorsed. HTA capacity should also be strengthened in order to produce quality evidence and there was a need to make HTA sustainable in the long term. In this regard, stakeholders raised concern regarding funding research. Finally, Prof Tuan concluded that HSPI will continue to be the focal point in working with HITAP and other partners.

Small group discussion on HTA guidelines

HITAP discussed the development of the methodological guidelines and progress of the process guidelines with representatives from HSPI and the technical team, led by Dr. Nguyen Khanh Phuong.

The core technical team members updated on the progress of HTA guidelines. The guideline has already been drafted, but it is still a very first draft and needs to obtain additional inputs from experts. HSPI consulted HITAP on a process of quality assurance of the draft guidelines. HITAP suggested two approaches. Firstly, the process of inter-rater reliability may be applied which is done by assigning groups of authors to co-work on chapters that are relevant to the chapter they are responsible for. However, this approach can lead to an overlap or missing of content as a group cannot know what the other group will write in its chapters. The second approach is to encourage all authors to work together on an outline and use it as a checklist for reviewing. Authors may be paired to review the chapter and articulate the arguments. The Secretariat will then collate comments. HITAP offered to serve as an external reviewer and agreed to provide high-level comments on the draft. Meanwhile, HSPI and the technical team will conduct an internal review, adjust the content and structure, ensure consistency of each section and remove duplicates.

Since there might be a change in the HTA context in Vietnam after the change in leadership, HSPI is planning to develop a legal document on the need for the continuation of HTA which is endorsed by high-level policymakers. However, there was a discussion whether the current draft of the HTA process and methodological guidelines developed in collaboration with HITAP would be appropriate to be legal documents since at the moment there is no channel to implement the guidelines. Moreover, it is still unclear as to which organization in Vietnam is responsible for the various aspects of HTA. HSPI will discuss this further internally.

To conclude, HITAP will give feedback on the methodological guideline. HSPI will arrange an internal discussion to further adjust the draft methodological guidelines and will also work on the documents that should require endorsement by high-level policymakers.

Annex 1: Agenda

AGENDA
WORKSHOP ON HEALTH TECHNOLOGY ASSESSMENT AND USE IN HEALTH POLICY
DEVELOPMENT IN VIETNAM

Fortuna Hotel, Hanoi, 4/10/2018

Time	Tasks	Responsible
08:00 – 08:30	Registration	HSPI
08:30 – 08:40	Introduction to participants	HSPI
08:40 – 08:50	Opening speech	A/Prof. Dr Pham Le Tuan Vice Minister of Health
08:50 – 09:10	Overview of the health technology assessment activities in Vietnam.	HSPI
09:10 – 09:20	Experience in use of HTA in policy development in Thailand	HITAP
09:20 – 09:40	Early application of health technology assessment to the development of benefits package funded by health insurance	The Department of Health Insurance, Ministry of Health
09:40 – 10:00	Application of health technology assessment to develop the quality standard of stroke treatment piloted in hospitals in Vietnam	Medical Service Administration
10:00 – 10:15	Application of health technology assessment to the negotiation of medicine prices in Vietnam	National centre for medicine procurement
10:15 – 10:30	Coffee break	
10:30 – 11:00	Guideline on the process and methodology of the implementation of health technology assessment in Vietnam	HSPI
11:00 – 12:00	Discussion on the way forward	
12:00 – 12:15	Closing statement	MOH Leader