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Volume 13: Jan-Dec 2019

HTAsiaLink

NEWSLETTER TO STRENGTHEN COLLABORATION AMONG HTA AGENCIES IN ASIA

In the era that most of the countries are moving toward universal health coverage (UHC), there is no doubt that every country experiences gap between their citizen's health needs and what is economically achievable by government, especially in speedily advancement in health technology field. Hence priority setting has become a fundamental process in every country. However, within each country, the implementation and the purpose in setting priority for UHC might varies. This newsletter tries to explore our new members' perspective in using priority setting for UHC in their country.

As we mentioned about our new members, our editorial team would like to use this area to give a warm welcome to them. In this 2019 board meeting, we accepted 8 more organizations to join our family. We are looking forward to join hands on advancing health technology assessment (HTA) path together.

And here is list of our new member:

1.	Centre for Health Policy, Planning and Management, Tata Institute of Social Sciences, India
2.	Professional Healthcare Education and Research Center, Vietnam
3.	Research Center for Health Policy and Economics, Hitotsubashi Institute for Advanced Study, Hitotsubashi University, Japan
4.	HTA-CPG Unit, Health Policy Development and Planning Bureau, Department of Health, Philippines
5.	The George Institute for Global Health, Australia
6.	Menzies Centre for Health Policy, School of Public Health, The University of Sydney, Australia
7.	Pharmaceutical Services Programme, Ministry of Health, Malaysia
8.	The Department of Community Medicine and School of Public Health, Post Graduate Institute of Medical Education and Research, Chandigarh, India.

We are also pleased to announce that the next HTAsiaLink conference in 2020 will be held in Bali, Indonesia from 13th – 16th April 2020 by the Center for Health Economics and Policy Studies. We are looking forward to meet our HTAsiaLink member there! Lastly, the Editorial Team hope that you will enjoy reading this issue, stories from the members of our network.

Best wishes,

The Editorial Team

8th HTAsiaLink Annual conference

Priority Setting for Universal Health Coverage

24–27 April 2019, Seoul, Korea

Hosted By: National Evidence-based healthcare Collaborating Agency (NECA)

The 8th HTAsiaLink Annual Conference was held at Seoul National University in Seoul, South Korea from 24th to 27th April, 2019 under the theme of **"Priority Setting for Universal Health Coverage"**. We as the Editorial Team for HTAsiaLink network would like to express our appreciation and gratitude to the National Evidence-based healthcare Collaborating Agency (NECA), the organizer, for the remarkable conference as well as their hospitality during everyone's stay.

This conference aims to both highlight the importance of priority setting for universal health coverage (UHC) as well as health technology assessment (HTA)'s role in priority setting process. This year's plenary session covers three interesting topics: "HTA in the world", "How to make a good decision in healthcare?", and "How to collaborate better within the HTAsiaLink?". In many senses, these topics show HTAsiaLink network's determination in finding common ground in supporting HTA institutionalization and development of HTA capacity all over the world.

The conference welcomed about 250 participants from all over the world, and about 80 abstracts in the field of economic evaluations, health system research and others were orally presented. In addition, due to a very high number of abstract submission, this is the first HTAsiaLink conference ever to include a poster exhibition and presentation from HTAsiaLink member agencies!

Getting to know more on our 8th HTAsiaLink Annual Conference host

NECA was established in 2009 as the HTA research agency in Korea with the main goal to provide authentic and quality information about medical devices, medicines, and health technology through objective and reliable analysis. The agency's main role is to provide scientific evidence for formulating healthcare policy as well as evaluating health technology life cycle and effective research system. It has contributed as the secretariat of the HTAsiaLink network since the network's inception. For more information on NECA, please click here. https://www.neca.re.kr/

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Advancing to 2020 and 9th

Important dates and program of the conference has been set, and here they are:

Call for abstracts	14th October – 15th February 2019
Conference registration	7th January – 7th April 2020
Abstract acceptance announcement	3rd March 2020
Pre-conference	13th April 2020
Conference	14th – 15th April 2020
Board meeting	16th April 2020

Registration to the conference and pre-conference workshops is open to all organizational members of HTAsiaLink. The conference website with details of confirmed speakers and the latest program can be reached at https://htasialink2020.com/.

HTA Interview

Have you ever wondered how differently health technology assessment (HTA) is utilized in different parts of the world? With the fact that HTA has been performed and implemented, it is an undeniable fact that the way HTA is implemented in different country varies. This in turn helps develop and advance the science of HTA further. Hence it is very important for HTA researchers to collaborate and learn from each other.

In this issue of HTAsiaLink newsletter, we would like to invite you to meet with two winners from 8th HTAsiaLink conference's oral presentation and hear their thoughts on how HTAsiaLink can assist young researchers on their HTA path.

HTAsiaLink: Gateway to HTA collaboration in Asia

First, let us introduce you to Rui FU, PhD student at Institute of Health Policy Management and Evaluation, University of Toronto, Canada. She is the winner of 8th HTAsiaLink conference's oral presentation in Health System Research and Others track. She personally believes that in implementing HTA, it is very crucial to collaborate and learn.

"HTA collaboration between HTA researchers is huge and important because if you are in your comfort zone or one setting, you don't really get that various perspectives from outside world, and HTA is something that is emerging, and it's evolving every day. It is really important to keep collaborating and keep learning"

She also stated that HTAsiaLink conference provided an opportunity for her to learn from Asian researchers.

"Asian researchers have a particular way of doing HTA compared to Canadian researchers. In Canada, we always take health care payer perspective" while in Asia, researchers also care about patient perspective, and those differences are worthwhile learning."

Furthermore, she stated that HTAsiaLink conference helps her build up her network in Asia.

"I don't think I will have an opportunity to know HTA people in Asia…if I did not participate in a conference like this…This is a really great opportunity for us to be here".

Rui Fu

Lastly, she also hopes that HTAsiaLink expand its collaboration to North America. "There are a lot of Asian researchers in Canada and the United States who are desperate to getting to know researchers who are doing research in Asia" and "People are doing HTA really well in Asia, and it will be great if we have more collaboration!"

HTAsiaLink offers never ending learning opportunity

Now we move on to another winner from oral presentation in Economic Evaluation track. Her name is Diana Beatriz Bayani, Research Fellow at the Health Technology Assessment Unit in the Health Regulation Team of the Philippine Department of Health (DOH). This is her second time joining HTAsiaLink conference, and in her opinion HTAsiaLink conference can assist participants' journey at both personal level and organizational level.

"For myself, being a part of HTAsiaLink has enabled me to network [...], and provide me an opportunity to present [...] and to gather feedback on our research in international stage." She then added that "Our organization is quite a new organization, at HTAsiaLink we are able to learn from experiences of other institution and other countries that have gone through similar phases of HTA development in their own countries."

Moreover, she also points out that HTAsiaLink conference also provide opportunity much more than only being a forum to showcase HTA studies.

"With HTAsiaLink network, there is an opportunity to share not only HTA studies in different settings but also policy experiences and how other setting are able to overcome different challenges.

Afterwards, we asked her to share secrets that make her win oral presentation because it might help our reader to win a prize in our next HTAsiaLink conference!

"Presenting research have two main components. One is of course your presenting skill which for me I really practice a lot before the presentation. Second is the quality of the research. If it methodologically sound, if it also has significant policy relevance, then it will be very good to showcase in this conference. [...] Also, to me it was helpful that I [have] already familiarized with the work and known details about research. [...] So it is more spontaneous and confident when I answer questions"

She then added that in HTA field, it is very important to continue learning.

"One thing that I could share with my fellow HTA researchers is that we should never stop learning. There is always something new to learn, whether in our research or from other people that we get to know in a conference like HTAsiaLink"

Diana Beatriz Bayani

Learning from international Experience:

the case of Priority setting using HTA for UHC in India

Prof. Kanchan Mukherjee (MD)

Centre for Health Policy, Planning and Management (CHPPM), School of Health Systems Studies (SHSS), Tata Institute of Social Sciences (TISS), Mumbai, India

India is committed to the goal of universal health coverage (UHC). Given the scarcity of resources as well as multiple competing choices, priority setting becomes an important tool to improve efficiency and achieve UHC. Historically, priority setting in India has been based on the most powerful voices among stakeholders rather than objective evidence. In the Indian federal system, healthcare is constitutionally under the direct jurisdiction of states. The varied socio-cultural, economic and political priorities of the 28 states only adds to the complexity. Hence in the context of priority setting in India, two critical questions arise:

1. Who should prioritize (centre/state)?

Health technology assessment (HTA) is a recognized way for priority setting and may be a means to prioritize for UHC in India. Use of HTA is not new to India. The first use of economic evaluation for public health policy in India was in the state of Tamil Nadu in 2009[1]. The first university in South Asia to institutionalize the multidisciplinary science of HTA as part of a public health academic curriculum is the Tata Institute of Social Sciences, Mumbai, which launched its MPH (Health Policy, Economics and Finance) program in 2010[2]. Subsequently in 2017, the HTAIn was established in the Department of Health Research (DHR) under the Ministry of Health and Family Welfare for HTA work. However, HTA and its application for priority setting in India is challenging due to technical, political and constitut ional realities, which cannot be ignored.

To overcome the technical challenges for the use of HTA for priority setting in India, it is important that HTA is undertaken using a mixed methods approach. There are unique barriers and facilitators for accepting/rejecting technology, which are deep rooted in socio-cultural-economic factors and these issues are best captured through qualitative research designs, which can complement economic models. Such HTA studies have been conducted in India [3,4,5] and help prioritization from a broader perspective by all stakeholders before a decision is made.

To overcome the political challenge, a possible starting point would be to conduct ex-post HTA, to evaluate "wasteful" decisions, analyzing the opportunity costs of such expenditures and providing evidence for better cost-effective options. De-prioritization should not only aim at removing what was identified as wasteful but also implementing the most cost-effective alternative that was identified in the HTA exercise.

Given the constitutional autonomy to states and the importance of accounting for local needs in HTA, a decentralized approach to HTA would be more pragmatic in India with regional academic/research institutes becoming decision support units for prioritization exercises at regional levels.

By systematically and efficiently addressing the technical, political and constitutional challenges as suggested above, UHC can be achieved and sustained in India. India needs to follow an incremental decentralized institutionalized approach, recognize the state level nuances, the value of qualitative information and provide a simple, coherent and autonomous ecosystem at different levels of decision making for priority setting and achieving UHC.

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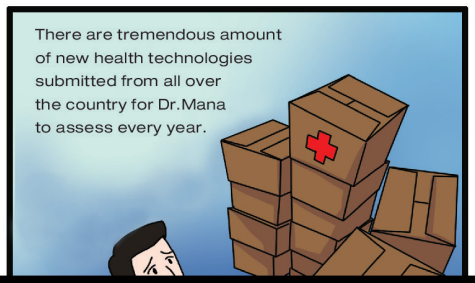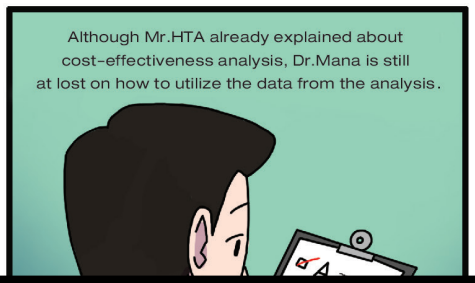
Previously: Dr.Mana learnt that apart from price and effectiveness
when prioritizing medicine and medical devices. How can H