HTA Development and Health Care Decision-making in China

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Country at a glance

Country Profile
Population: 1.37 billion
Landscape: 31 Provinces
Per capita GDP: 8,016 $

Health System
Fragmented
Decentralized
Public hospitals-centered
Health spending: 6% GDP

UHC
(BMI, SMI, NRCMS)+ MFA
95% coverage
29.97% OOP
Universal Health Coverage in China

A New Normal State

Healthy China 2030
Reduced health inequities, improved health status

Radical health reforms
- Financial protection
- Primary health
- Public hospitals
- Essential drugs
- Public health

Challenges for reaching UHC

- Slowing increase of public health inputs
  - Wise investments
- Rising NCDs burdens
  - Cost-effective interventions
- Access to quality primary health care
  - Care mode change
- Huge variations in clinical care provision
  - Clinical guidelines/pathways
Global policy context for HTA development

HTA demands

- **NHFPC**
  - Dept. of health financing
  - International exchange & cooperation center
  - Dept. of health science & technology & education
  - Dept. of medical affairs & hospital administration
  - Dept. of health planning & information
  - Dept. of primary care & grass-root facility administration

- **NDRC (pricing)**
  - Allocation & regulation of type A medical device
  - Procurements of type A medical device
  - Clinical trial of new technology
  - HTA on new and emerging health technology
  - Development HTA regulation and guideline
  - Regulation of diagnoses and treatment procedure
  - Promotion of clinical guideline & pathway
  - Priority setting of new interventions
  - Listing / delisting policy of benefit package

- **MoHRSS (insurance)**
HTA role in MoH perspectives

When HTA

- Procedure/therapy related drug/device
- HTA evidence
- Supporting decision

Life span

- R&D
- admitted
- application
- diffusion
- suspend disinvestment

✔

- safety
- efficiency
- ethics
- effectiveness

- appropriateness
- feasibility

- economics
- equity

- affordability
- sustainability

- long-term effectiveness

- availability
- accessibility
- affordability

- sustainability

CNHDRC & HTA

National authorities

- Demand Commission
- Leadership development
- Dissemination

Intel. HTA societies

- Cooperation
- Communication
- Capacity building

Local authorities

( provincial/municipal/county level)

- Project execution
- Capacity building

- Result and experience
- Feedback

Knowledge sharing

Capacity building

Evidence-Informed health decisions

HTA capacity built

Locally adapted HTA approaches
HTA system development

- Development under the China Health Act (in the process)
- Advocating by issuing national documents/policies on HTA development (coming soon)
- China HTA hub building

HTA application and translation

- Academic demanding HTA projects
  - Need-based projects
  - Active dissemination of HTA results in several ways
- Government demanding HTA projects
  - Emergency topic-based projects (government-tailored HTA projects)
  - Won’t be public, easy to take up
**HTA arrangement by NHFPC & WHO**

- **Drug**
  - HBV
  - HCV
  - DM
  - HP
  - HTA
  - Pricing negotiation

- **Device**
  - Da Vinci Robotic-assisted surgery system
  - High-tech radiation treatment device (Syberknife, Tomo, Proton/Heavy iron therapy)
  - HTA
  - Procurement plan

- **Procedure**
  - Stem cell therapy
  - Immunity cell therapy
  - Type A surgical procedure
  - Negative list of therapy
  - HTA
  - Approval for application

- **Vaccine**
  - Pneumonia vaccine
  - HTA
  - MoF/MoHRSS buy in

**HTA Approaches**

- Economic assessment/modeling/budget impact analysis/social & ethical analysis
- Expert guidance on research methodology
- Systematic review & Meta analysis
- Literature review - comprehensive
- Expert consultation

- Cost analysis/Clinical effectiveness/CEA
- Expert consultation
- Literature review - selective

**RIGOUR**

- **Policy briefing**
  - Rapid Review
  - Weeks
  - 1 – 2 Months

**TIME**

- About 12 Months

Adapting from the template made by Dr. Americo Cicchetti in Beijing HTA workshop
Thank you

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