ISPOR Singapore Issue Panel
JOINT HTA: THE NEXT STEP FOR THE ASEAN ECONOMIC COMMUNITY?
Sunday 4th September 2016, 15:45-16:45
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JOINT HTA: THE NEXT STEP FOR THE ASEAN ECONOMIC COMMUNITY?
Welcome to ASEAN – the Association of Southeast Asian Nations!
Brunei
Cambodia
Indonesia
Laos
Malaysia
Myanmar
Philippines
Singapore
Thailand
Vietnam

ISPOR Singapore Issue Panel

JOINT HTA: THE NEXT STEP FOR THE ASEAN ECONOMIC COMMUNITY?

Moderator:

Gengshi Chen, Senior Analyst, Costello Medical Singapore

Panellists:

Ass. Prof. Surachat Ngorsurachet
South Dakota State University, Brookings, US; former Executive Committee Chair of ISPOR Asia consortium

Ass. Prof. Ken Redekop
Erasmus University Rotterdam, the Netherlands; visiting Associate Professor at NUS, Singapore

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JOINT HTA: THE NEXT STEP FOR THE ASEAN ECONOMIC COMMUNITY?

Existing Cross-ASEAN/Asia HTA Collaborations

- HTAsiaLink Network
- Asia Pacific Regional Capacity Building for (ARCH)

Successful HTA Collaborations Elsewhere

- EUnetHTA
- INAHTA

ASEAN Economic Community

- Since 31st Dec 2015
- Free flow of goods, services, investments, capital, skills within ASEAN

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JOINT HTA: THE NEXT STEP FOR THE ASEAN ECONOMIC COMMUNITY?

ASEAN Vision (economic domain):

- To create "*a stable, prosperous and highly competitive ASEAN economic region in which there is a free flow of goods, services, investment and a freer flow of capital, **equitable economic development** and **reduced poverty and socio-economic disparities**"*

ASEAN Economic Community

- Since 31st Dec 2015
- Free flow of goods, services, investments, capital, skills within ASEAN

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FOR

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AGAINST

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Joint HTA: The Next Step for The ASEAN Economic Community?

SURACHAT NGORSURACHES, PHD

Disclosure

- I have no actual or potential conflict of interest in relation to this program/presentation.

Outline

- ASEAN profile
- Why joint HTA?
- Opportunities & Feasibility
- Vision for “ASEANetHTA”
- Conclusions

ASEAN profile

ASEAN

- **Bangkok declaration: 8 August 1967. Currently, 10 member states.**

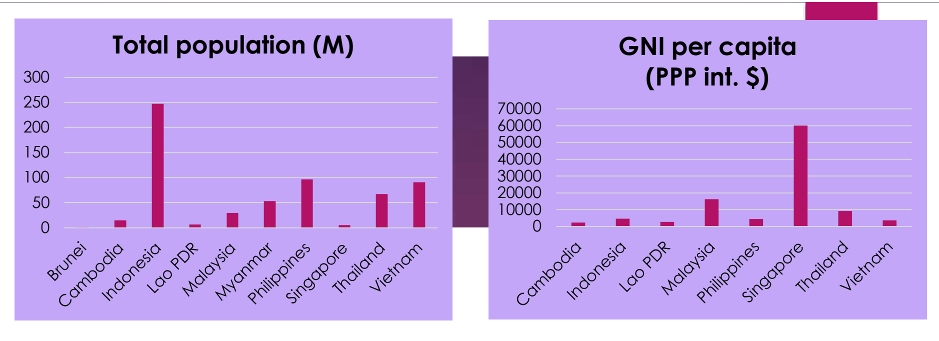
- **Comparative profiles**

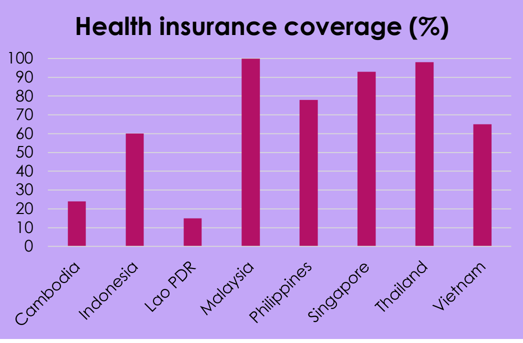
	ASEAN	EU	China	India
GDP, $ bn	2,756	18,160	11,628	2,515
Population, m	630	510	1,360	1,270
GDP per cap, $	4,370	35,620	8,550	1,980

Source: The Economist (2015)

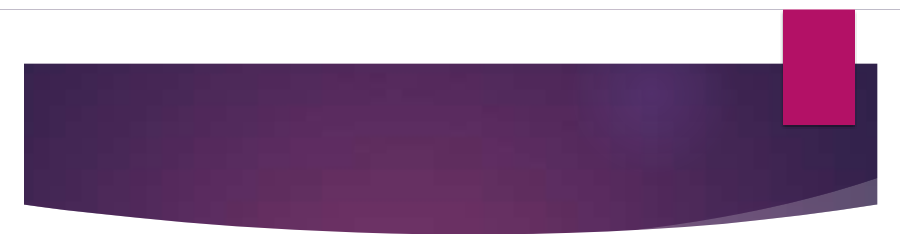
- **ASEAN healthcare finance**
  - 1998-2010: health expenditure had increased 2.5 times
  - Over $68 billion
  - Most countries employed a mix of healthcare financial schemes to achieve universal or near-universal coverage

Source: CARI 2013





Source: Van Minh (2014)



Why joint HTA?

- *"…HTA should always be part of the priority setting process, and is an essential foundation to secure UHC…"* *(Chalkidou et al. 2013)*

- **INAHTA: To connect HTA agencies across the globe together to cooperate and share information about producing and disseminating HTA reports for evidence based decision making.**

- **HTAsiaLink: To fulfill the need for transferring and sharing HTA-related lessons across countries and organizations in Asia and beyond.**

- **EUnetHTA: To create an effective and sustainable network for HTA across Europe –to help developing reliable, timely, transparent and transferable information to contribute to HTAs in European countries.**
  - To facilitate efficient use of resources available for HTA
  - To create a sustainable system of HTA knowledge sharing
  - To promote good practice in HTA methods and processes.

Source: graymatters.gatech.edu; clipartbest.com

Opportunities & Feasibility

Opportunities for joint HTA

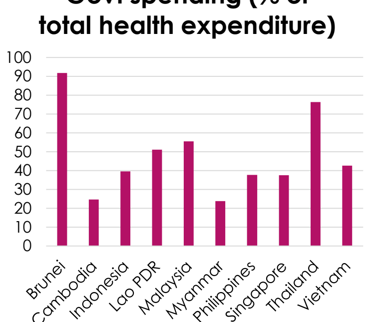
- **Increasing affluence**
  - From 2006 to 2012, grew from 14% to 23% of global total healthcare spending
- **Increasing aging population**
  - From 2015 to 2050, total dependency ratio will grow from 10% to 23%
- **Increasing health risk**
  - Both communicable and non-communicable diseases

Source: CARI 2013

Total health expenditure (% of GDP)

7
6
5
4
3
2
1
0

Brunei, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand, Vietnam



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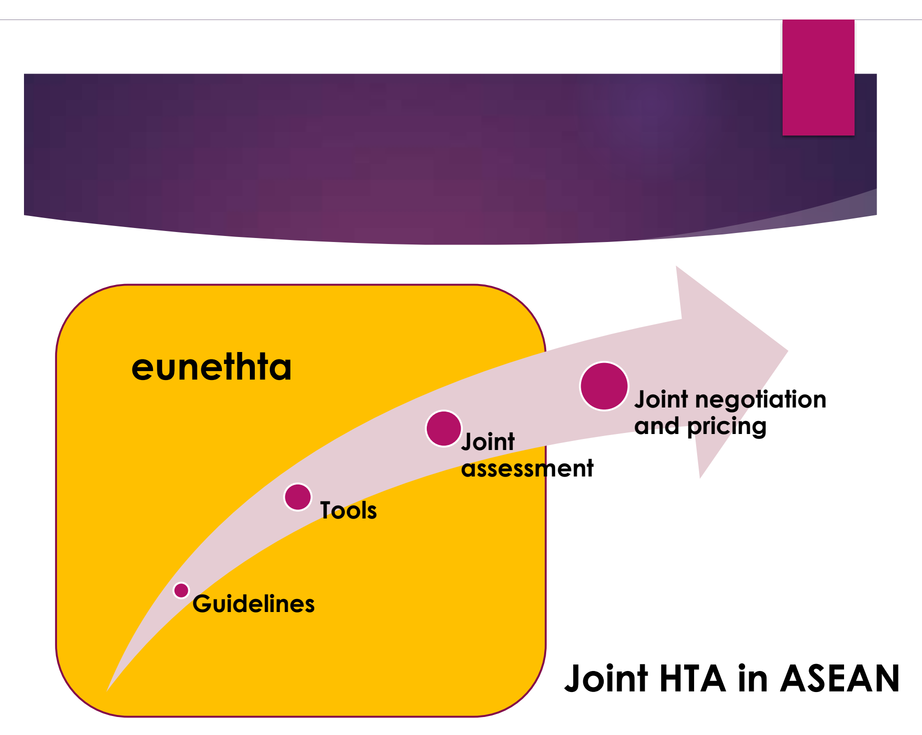
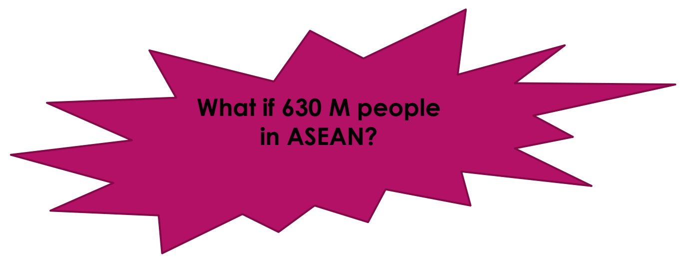


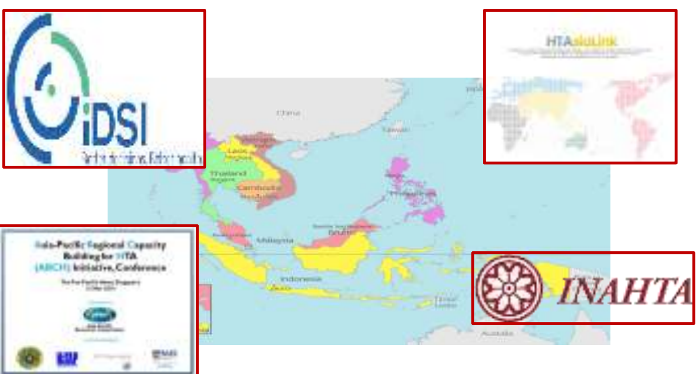
Ex. Price negotiation in Thailand

	Price before negotiation (Baht)	Price after negotiation (Baht)	Annual saving (Baht)
Tenofovir	43	12	375M
Peg-2a 180mcg	9,241	3,150	600M

Tantivess 2013



Feasibility for joint HTA



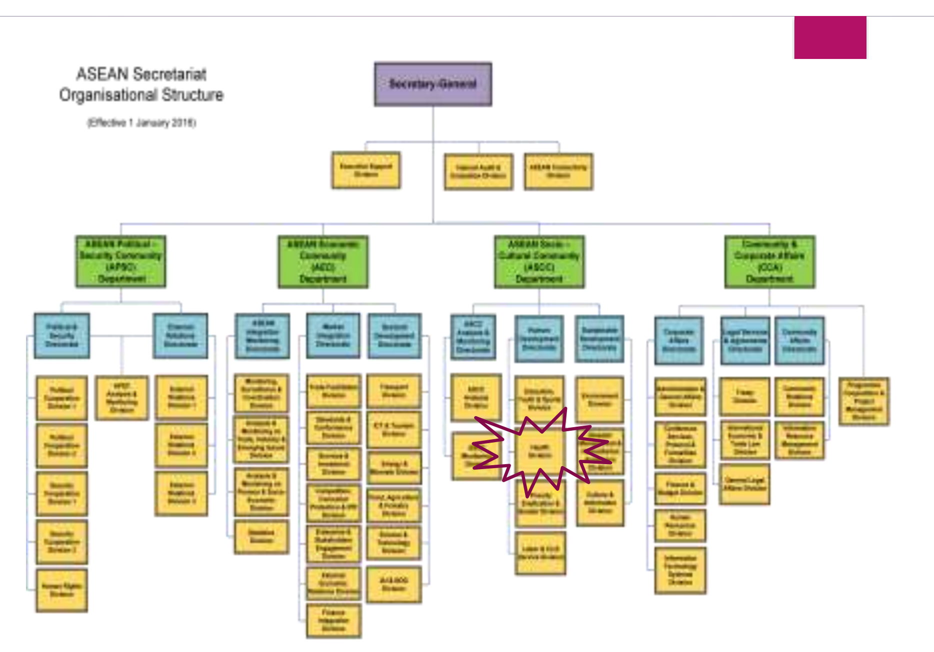
Source: aseanup.com

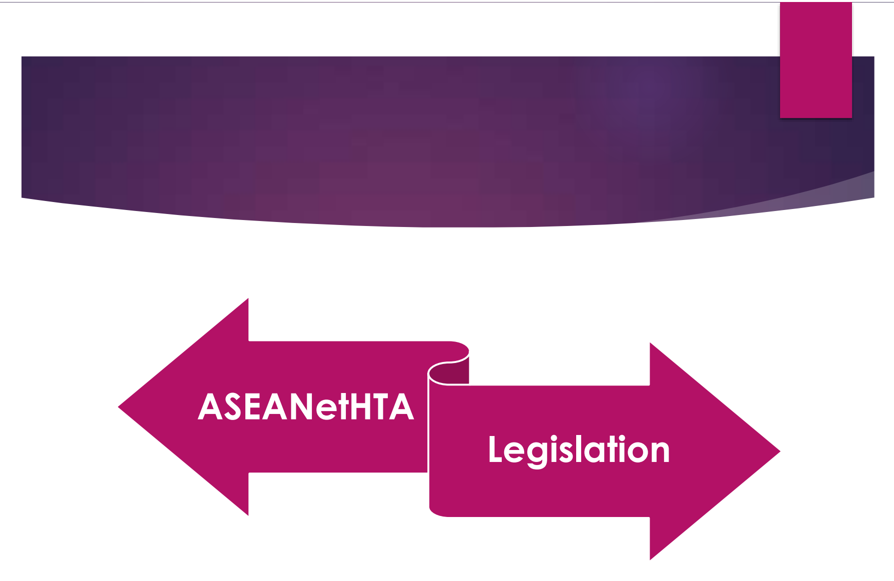
Source: aseanup.com

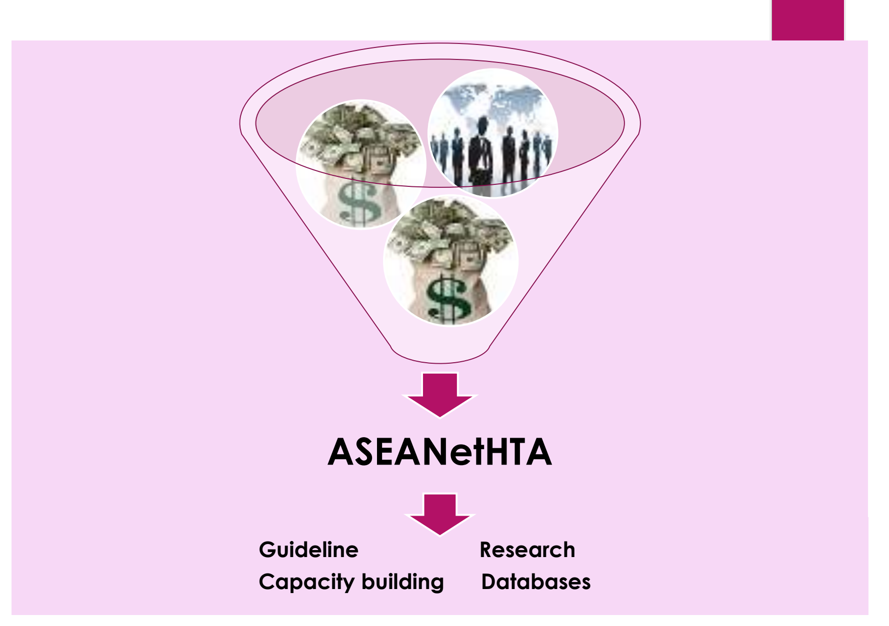
Vision for “ASEANetHTA”

- “Principle of non-interference in internal affairs”, “soft-law approach”- different from EU integration style

- Too “diverse” in terms of size, economic development, level of democracy, standard of living, and standard of care







Source:patricehector.com;greencubeconsultant.atspace.com

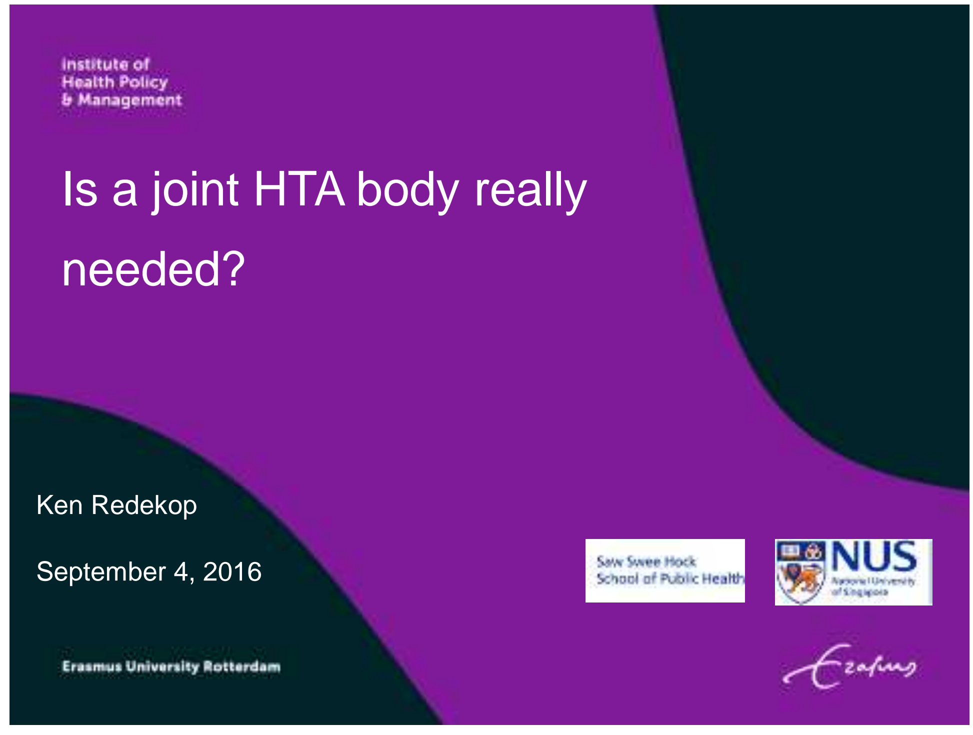
Conclusions:

- Joint HTA in ASEAN is feasible.
- Joint HTA is Joint HTA is Joint HTA.
- Opportunity is there.
  - A chicken and egg situation
- It requires visionary leaders (policy makers, existing HTA agency, etc.) and their commitments for the region.

Short or Long journey???

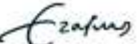
1987
1st HTA agency
2004
EU targeted HTA
2009
EUnetHTA
2010-12; 2012-15
EUnetHTA Joint Action

Thank you

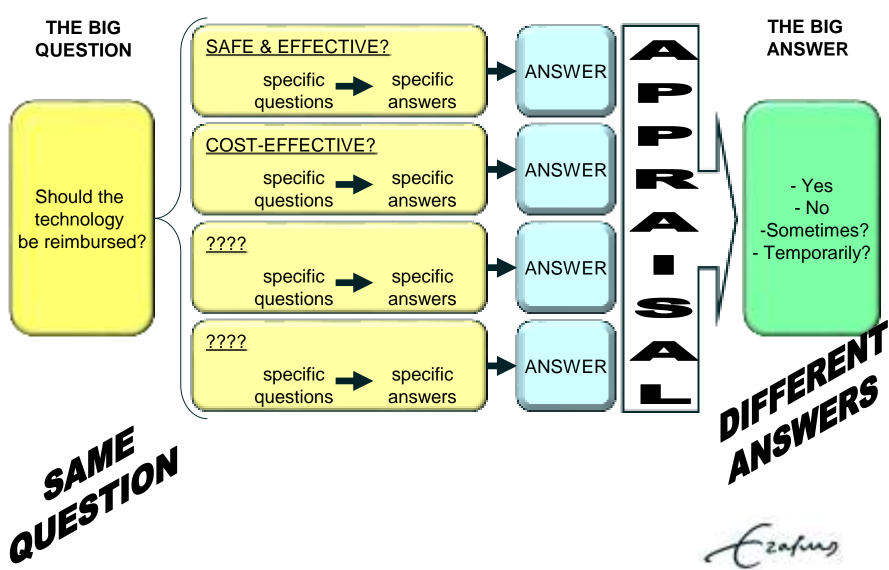


Overview

1. Reimbursement decision-making
2. Challenges at the decision-making level
3. Challenges at the higher level
4. Challenges regarding collaboration



How could reimbursement decisions be made?

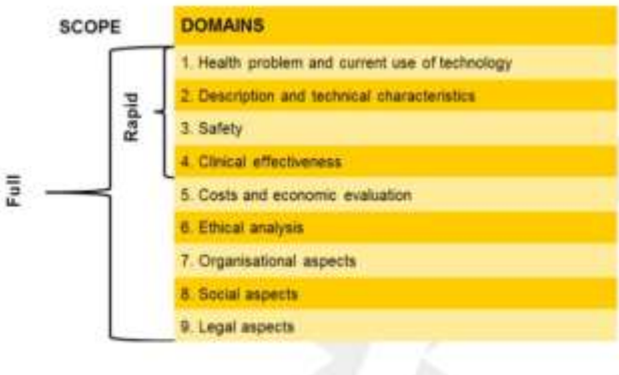


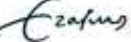
What are some differences between countries regarding reimbursement policymaking?

➢ There will be differences between countries regarding:

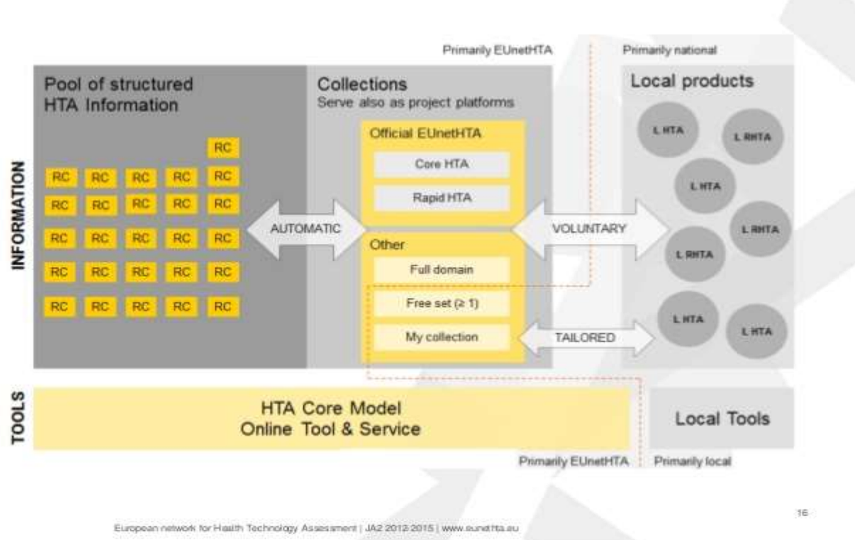
- Which technologies should be assessed
- Which criteria should be assessed
- Which subquestions should be answered
- And
  - The specific answers to the subquestions
  - The results for each criterion
  - The overall results of the final appraisal

How about sharing information about the different criteria (or domains) of an HTA?





How can information be pooled?



What can be found in a core HTA right now?

- Disclaimer found at the start:

  "This information collection is a core HTA, i.e. an extensive analysis of one or more health technologies using all nine domains of the HTA Core Model. The core HTA is intended to be used as an <u>information base</u> for local (e.g. national or regional) HTAs."

- *A core HTA is not a replacement but a support for local HTAs*
  - *Example: The core HTA on structured telephone support for adults with chronic heart failure.*
  - *Discusses technology and assessment issues*
  - *Literature review*

Jefferson T, Cerbo M, Vicari N [eds.]. Structured telephone support (STS) for adult patients with chronic heart failure [Core HTA]; 2015.

What other challenges need to be resolved?

- Besides the differences throughout the decision-making process, many other challenges exist.
- These can be viewed as ‘higher level challenges’.

1) There are between-country differences in:

- the actual contents of universal health coverage (UHC)
- the ideas about how HTA could be used in supporting UHC

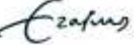
What other challenges need to be resolved? (2)

2) “Politics”: are all partners truly interested in collaborating?

- While we ‘scientists’ might agree that collaboration is beneficial, politicians and others may have no interest in collaborating.

3) Resolving important barriers to collaboration

- For example, could transparency be a perceived threat to policymaker freedom?
- Will all partners be able to agree on the level of transparency in the process and the results?



More challenges

- The most prevalent constraints are:
  1. silo-based decision-making processes,
  2. low-quality decision-making criteria
  3. tight control of research dissemination
  4. respect for expert or senior opinion leaders

Ref: Chootipongchaivat, WHO Policy Brief 2015

Collaboration alone is not sufficient in the effort to improve HTA work and coverage decisions

- So what else is needed?

Box 2. Seven features of a successful HTA agency

1. Independence
2. Financial sustainability
3. Management of conflicts of interest
4. Full-time multidisciplinary staff
5. Extensive networks
6. Good systematic process
7. High-quality research with a quality assurance mechanism

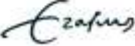
Ref: Chootipongchaivat, WHO Policy Brief 2015

And there are also challenges relating to the actual collaboration!

- FINANCES: who will pay for the collaboration?
  - The EUnetHTA initiative has received funding from the European Commission (EC),which funds various types of projects. What is achievable in ASEAN?
  - Will financing agreements affect what work is done and how?
- PERSONNEL: who will do the actual collaborating?
- LOGISTICS: what will the actual collaborating involve?
- TOOLS AND INSTRUMENTS: what is needed?
- GOVERNANCE?

What can we learn from the WHO research strategy (2011)?

Ref: WHO, Health Technology Assessment of Medical Devices 2011



In conclusion

- A joint HTA collaboration sounds like a good idea.
- BUT ………
  - Is it really the best starting point to solving existing problems?
  - HTA is one part of a master plan: collaboration **WILL NOT WORK** if the other parts are not addressed
  - A good concept of the big picture is badly needed
  - So shouldn't interested partners first discuss the big picture before jumping into an HTA collaboration?

QUESTION TO THE AUDIENCE

FOR

Who agrees mostly with Chat, and is **for** the establishment of a joint HTA body in ASEAN?

QUESTION TO THE AUDIENCE

AGAINST

Who agrees mostly with Ken, and is **against** the establishment of a joint HTA body in ASEAN?

QUESTIONS FROM THE AUDIENCE

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Thank you!

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