



ISPOR

Improving healthcare decisions

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| Chapter | Philippines |
| President | Dr. Nina Castillo Carandang |
| President-Elect | Dr. Kenneth Hartigan-Go |
| Past President | |
| Secretary | Mr. Teodoro Padilla |
| Treasurer | |
| Director | Dr. Cristobal Dumo, Jr. |
| Director | Dr. Melissa Guerrero |
| When are elections held for your Chapter's Board? | |
| Regional Chapter Members - 2017 | 45 |
| Regional Chapter Members - 2016 | 45 |
| Notes re Chapter members | |
| Full ISPOR members (those paying dues to ISPOR Headquarters) | |
| Does your Chapter collect membership dues or fees from individuals for local Chapter membership? | No |
| Benefits Chapter offer to members | 1) Educational, professional learning seminars 2) Networking meetings 3) General Membership Meetings 4) Communications/ updates on ISPOR developments |
| Chapter's accomplishments in 2017 with regard to membership recruitment, retention, and engagement. | The Chapter conducted two meetings in 2017 that served as venue to update members and expand membership base to include students, professors, government and industry. Engagement included government unit in charge of development of Philippine HTA policy, industry and speakers on HTA landscape in the international, regional and local settings. |
| Academia% | 31 |
| Government/HTA Agency% | 16 |
| Industry - Pharmaceutical/Medical Device/Diagnostics/ Biotech% | 47 |
| Consulting% | 2 |
| Clinicians% | 2 |
| Student% | |
| Other% | 2 |

Chapter's accomplishments in 2017 with regard to education and training.

The Chapter remains a foremost group which conducts education on the HTA: On January 31, the ISPOR Philippine Chapter held its General Assembly at the Asian Institute of Management (AIM) with attendees from the academe, professional organizations, private groups and the industry. Prof. Nina T. Castillo-Carandang, Health Social Scientist and Assistant Department Chair Department of Clinical Epidemiology of the University of the Philippines College of Medicine, opened the meeting and provided an overview of ISPOR. Prof. Carandang cited recent activities, including the forum on "The Australian Reimbursement System" with Mr. Hansoo Kim, president-elect of ISPOR Australia. Dr. Gloria Nenita V. Velasco Medical Officer IV of the Department of Health- Health Policy Development and Planning Bureau, presented the "Role of pharmacoeconomics, health technology assessment and patient- reported outcomes in the Philippine Health Agenda." Dr. Velasco explained that HTA in the Philippines is envisioned to be the single standard priority-setting process for drugs, devices, commodities and services for public health use. She added that the desired state of HTA in the Philippines should be the following:

- It is located in a semi-independent body, arms length away from decision-makers'
- It has the technical capacity to develop local models using Philippine data;
- It has dedicated technical and administrative staff plus a jury pool; and
- Any conflicts of interest managed.

She however, noted that HTA application is fragmented and limited. There is also limited capacity to conduct rigorous HTA. At present, there are few academic programs providing training on HTA and that there is no methods guide as of yet. Among the DOH plans are the creation of HTA teams, publication of a method's guide, an appreciation course for policy makers, and data infrastructure set up. By 2018, its plan is to conduct at least three HTAs since the goal is for all public health programs is for them to go through the HTA process. Mr. Zhikai Zhao, Pricing and Contracting Strategy Manager Roche Philippines, discussed the "Role of HTA from the Industry Perspective." He said that HTA is an important step towards Universal Healthcare (UHC). He add that it provides common ground for cost and outcome inputs, allowing other useful analyses. He noted its complexity due to large variation in "value" assessment and HTA systems. In implementing HTA, he cited the need for clear and simple process and technical guidance. Equally important is transparency in evaluation and intention as well as openness for dialogue and trust. Mr. Teodoro B. Padilla Executive Director Pharmaceutical and Healthcare Association of the Philippines discussed organizational matters, including the legal status of ISPOR and proposed membership fees for lectures/ training activities. Dr. Kenneth Hartigan-Go, president of ISPOR Philippines Chapter, highlighted the value of ISPOR as a neutral platform to collaborate and develop the science and its potential to be a member-driven organization.

Chapter's accomplishments in 2017 with regard to research.

Chapter's accomplishments in 2017 with regard to policy-related activities.

Chapter's accomplishments with regard to Chapter meetings, workshops, or conferences in 2017.

The Asian Institute of Management Stephen Zuellig Graduate School of Development Management and ISPOR Philippine Chapter held a forum focusing on health financing on December 7 at the AIM. The forum showcased a session on HTA principles, policy and practice led by Dr. Seema Heider, Senior Director, Patient and Health Impact of Pfizer while Ms. Sylvia Stolk provided the HMO perspective. Another forum highlight was a session on AIM research outputs on health financing. These were spearheaded by Jo-anne Abelinde on the Laos PDR Social Health Insurance while Paul Joseph Galacan and Michael Xavier Tobias presented HealthCred, an innovation business tool. Session reactors were Dr. Beverly Lorraine-Ho and Dr. Bryan Albert Lim. In gathering various stakeholders in the meeting, the desire to coordinate and advance HTA in the country is gaining momentum: Dr. Haider affirmed that organizing for HTA is a big step towards UHC, but said that the process of change requires decades. Returning to the example of the HTA council of PhilHealth circa 1999, Dr Haider emphasized the importance of commitment of all the relevant actors – the government, the pharmaceutical industry, and HMOs. Ms. Stolk said that PhilHealth is not empowered to take the coordinative role. Work on reorganizing can start with outpatient services, and needs to ensure that the key players come together and work on a program. These must necessarily include the professional associations and the hospital associations. This multi sectoral group will need a convenor. A common cause of concern that can bring stakeholders together is tackling fraud and inefficiencies. These exact costs on all stakeholders. Dr. Hartigan-Go of the AIM Stephen Zuellig School of Development Management enumerated 4 core issues that have to be addressed. The first is that people don't trust each other, and so people don't gather and work together. The second is that there is insufficient data on interventions and outcomes. Third is that there is a dearth of people with numerical analytical skills, and those who do own technologies that they don't want to share. Fourth and last is the flawed application of knowledge in policy making, in particular, the presence of self-proclaimed experts and their influence. Dr. Ho of the DOH Health Policy Development and Planning Bureau shared her understanding of the system as it is, as a point of departure for how the system will be organized. She mentioned that the Pharmaceutical and Healthcare Association of the Philippines finished a landscape analysis of HTA, and that there is a priority setting process in place in the formulary executive council. She shared that HTA often happens in silos since varied stakeholders have their own priorities. Still, by nearly next year, there will be a unified HTA process between DOH and PhilHealth. The key issues are that there should be steady generation of technical reports, produced by a steady supply of talent, in order for stakeholders to use and trust HTA.

Articles published in ISPOR's publication in 2017 - *Value in Health*, *Value in Health Regional Issues*, *Value and Outcomes Spotlight*, and ISPOR Regional newsletters by members in your Chapter.

Contributions to ISPOR Conferences and Events by Chapter members in 2017. Include workshops, poster, and podium sessions.

Describe any regional patient engagement activities.

Activities organized for students or new professionals.

Chapter affiliations with any institutions, universities, government, or associations (other than ISPOR).

No

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| Does your Chapter have any agreements of sponsorship arrangements with any for-profit companies, governments, health authorities, or associations? | No |
| Chapter (as a group, not as individual members) formal comments or responses to any government or health authority. | No |
| Chapter Groups | Student, New Professionals, HTA, Research, Industry, Government |
| HTA in your Chapter's country or region. | |
| | Our country/region requires HTA , but the Chapter is not involved. |
| | Our Chapter provides training/education in HTA. |
| Is your Chapter officially registered with regional authorities in your country? | No |
| Does your Chapter employ paid administrative or management staff (Association Management Company, contracted staff)? | No |
| Other than the page for your Chapter on the ISPOR website, does your Chapter maintain a website? | No |
| Does the Chapter have a bank account? | No |
| Official organizational email address? | No |
| How can the ISPOR organization as a whole (Staff, Board, Consortia, Networks, etc.) better support your Chapter? | Ways at which to create more understanding and appreciation of HTA via international/ regional or local fora and/ or online trainings. Constant newsletter updates will also be helpful. |
| 3 challenges the Chapter is facing at the start of 2018. | Lack of resources (human and financial) |
| | No permanent Secretariat |
| | No legal personality |
| Current Chapter members. | 2017 ISPOR Regional Chapter Executive Committee and List of Members.pdf |
| CV for the Chapter President. | KHG CV as of Dec 2016.docx |
| Chapter's Annual Work Plan. | |
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| FCPA Agreement | x |