



Historical development of HTA in Thailand, and conducive factors and key components for HTA development in Asia

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Country and organizational profiles



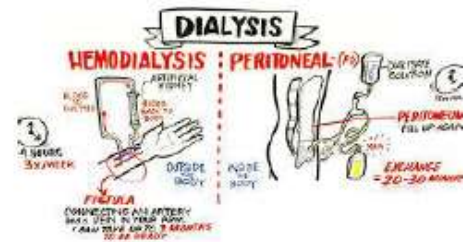
- Population: 67 millions
- Health expenditure: 5% of GDP (Public 70%)
- Health serviced dominated by public facilities with strong primary healthcare infrastructure
- Establishment of the Universal Healthcare Scheme in 2002

Thai UHC started with an ad hoc benefit package design

Starting with a very simple HBP
without expensive interventions



UHC introduction
2002



HTA on renal
dialysis for
ESRD
2004



HITAP establishment
2006/7



HTA-informed
benefit package
development
2009

2003 Universal
ARV



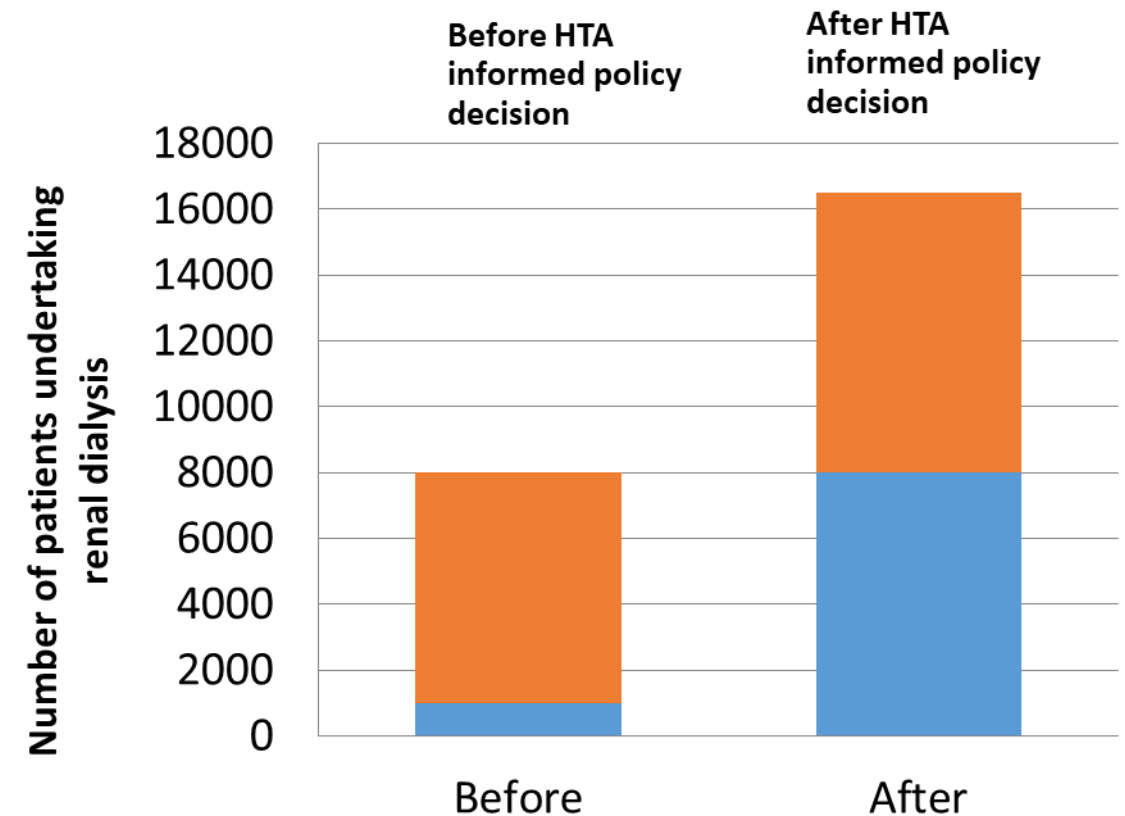
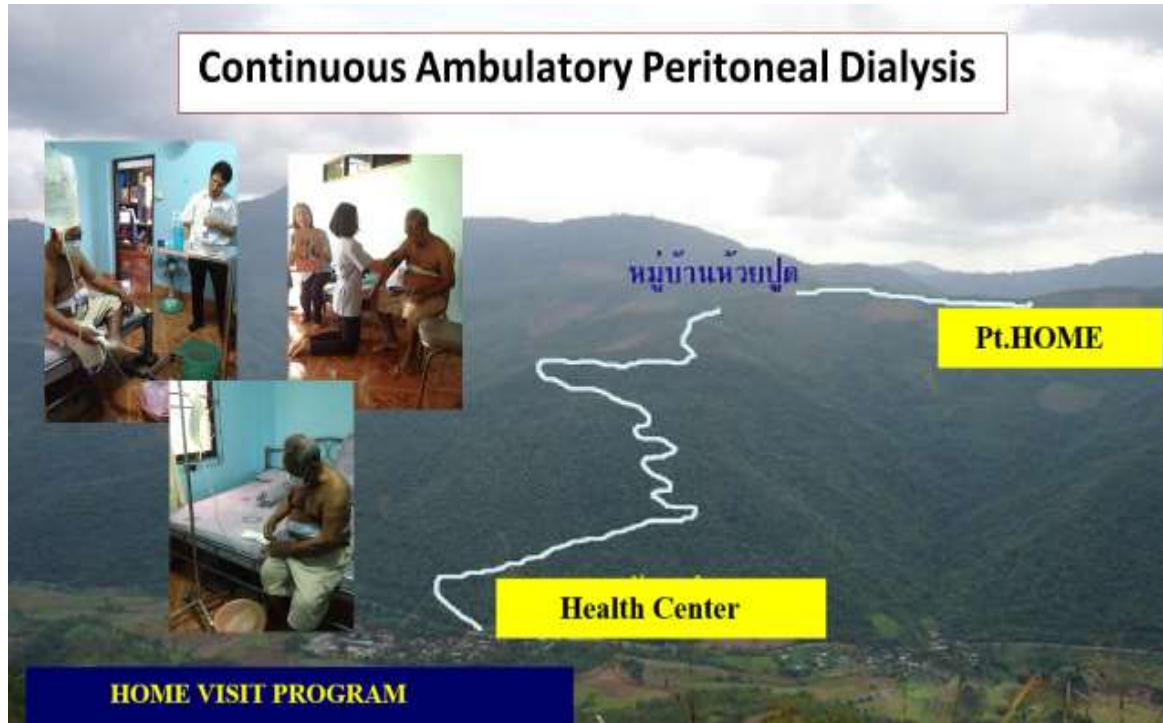
2005
PD-first
policy on
universal
renal dialysis



2008
1st national HTA
guidelines
NLEM requests
pharmacoeconomic
data

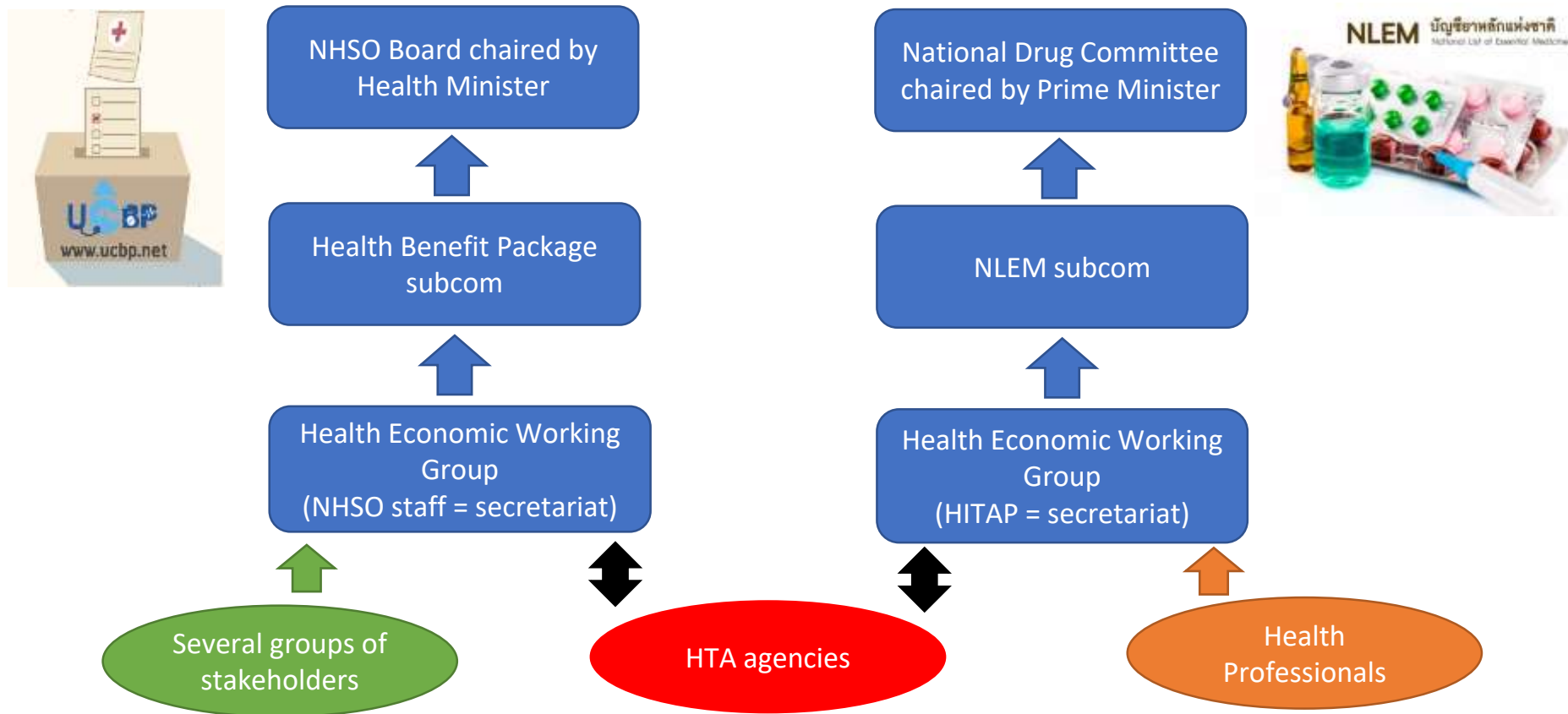


PD-first policy



Tantivess S, Werayingyong P, Chuengsaman P, Teerawattananon Y. Universal coverage of renal dialysis in Thailand: promise, progress, and prospects. *BMJ*. 2013 Jan 31;346: f462

Governance structures supporting the use of HTA to inform health benefit package development in Thailand



Thailand HTA process guidelines



Step 1

*Stakeholders' meeting on scope of the study



Step 4

*Stakeholders' meeting on the preliminary results of the study



Step 2

Researchers present proposal to the Health Economic Working Group



Step 5

Research quality inspection: internal and external reviewers



Step 3

Researchers conduct studies



Step 6

Researchers present the results to the Health Economic Working Group



Step 7

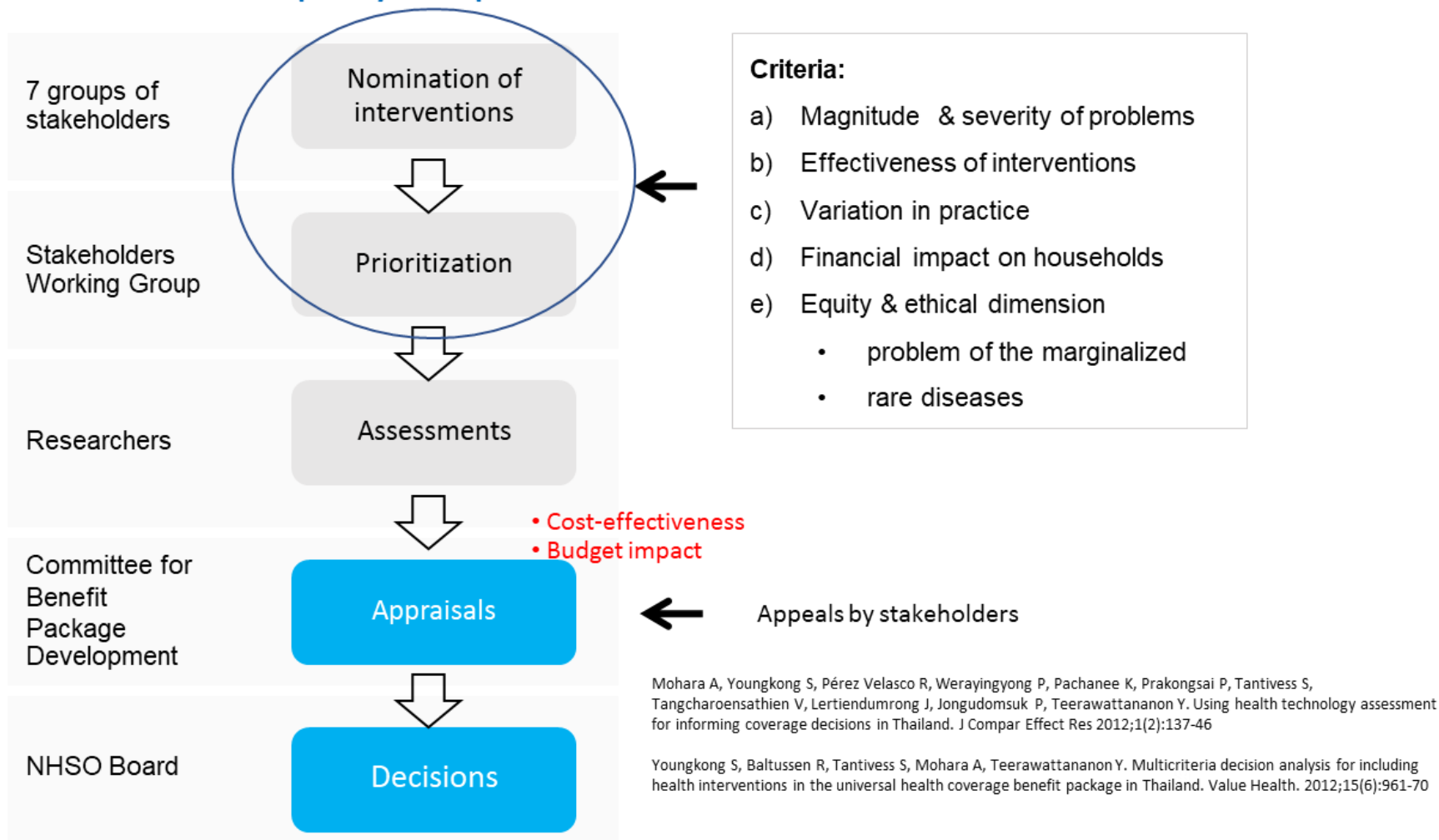
Writing up the study report that include executive summary and policy recommendation



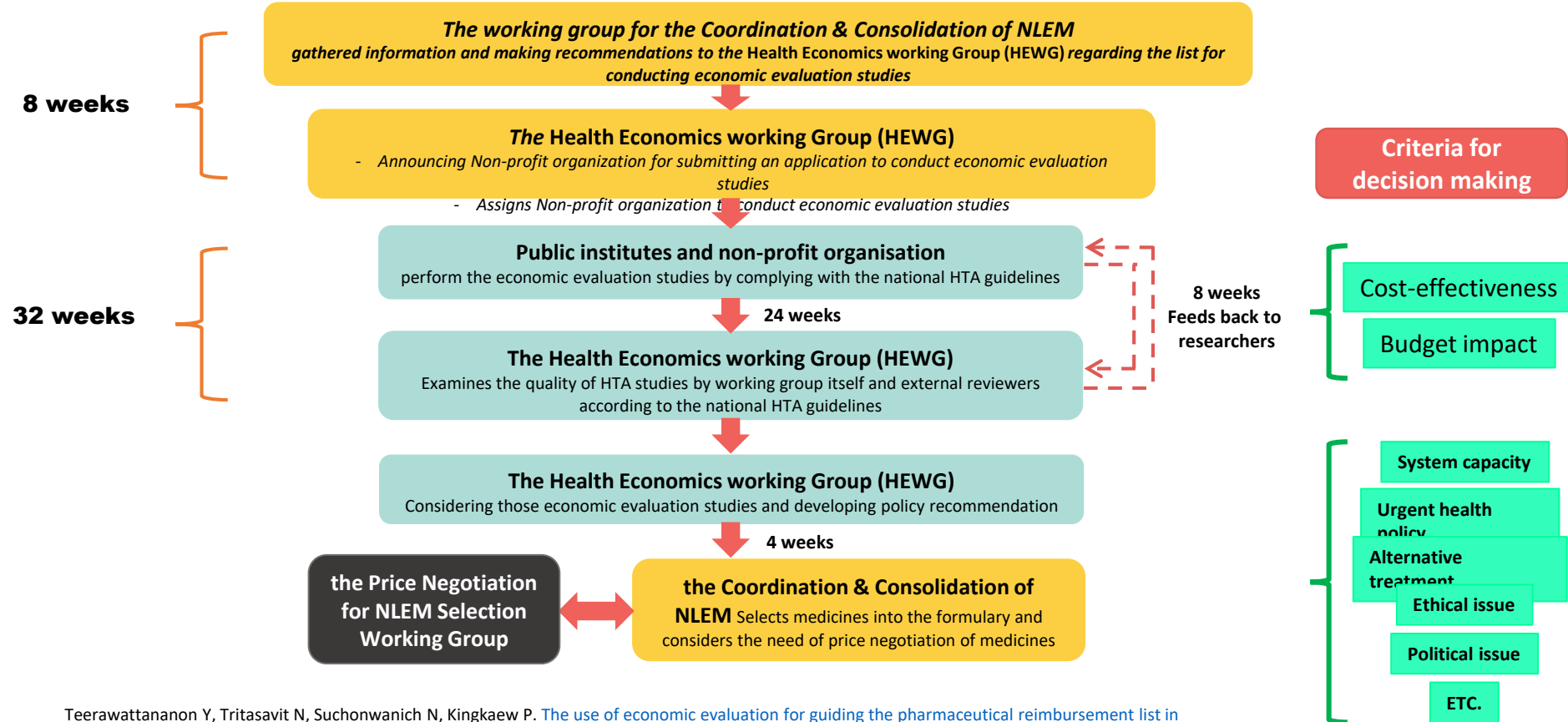
*Stakeholders include medicine nominators, practitioners and all clinical experts in the field, and pharmaceutical representatives

UHC benefit package development

Participatory-Transparent-Evidence-based-Contestable

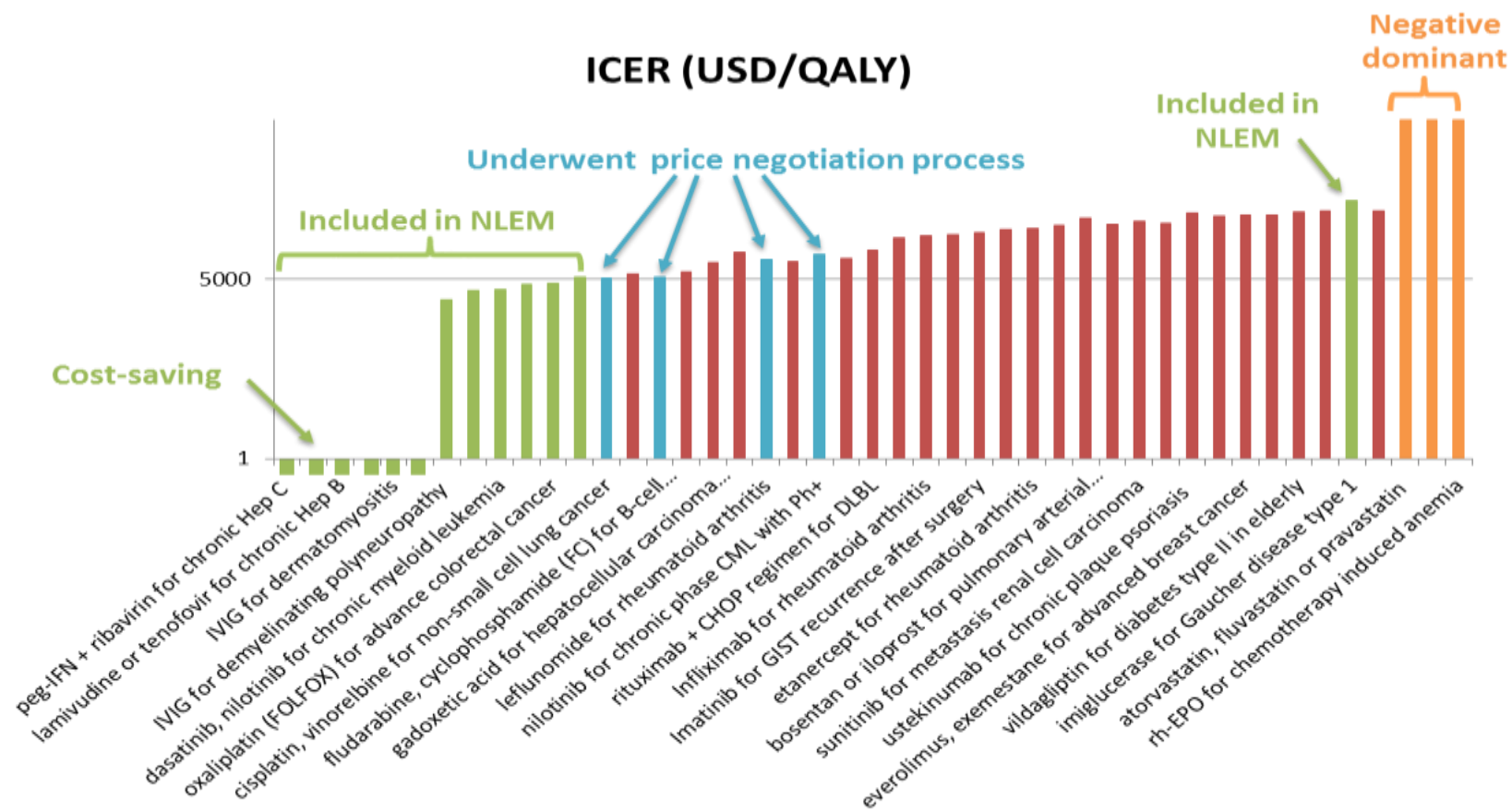


Thailand's NLEM development process



Teerawattananon Y, Tritasavit N, Suchonwanich N, Kingkaew P. [The use of economic evaluation for guiding the pharmaceutical reimbursement list in Thailand](#). Z Evid Fortbild Qual Gesundhwes. 2014;108(7):397-404

National List of Essential Medicines: Incremental cost-effectiveness of medicines in Thailand



Budget saving from HTA-informed policy decisions in Thailand

Medicine	Indications	Original price (THB)	Reduced price (THB)	Potential saving (THB per year)
Tenofovir	HIV	43	12	375 million
Pegylate interferon alpha-2a (180 mcg)	Hepatitis C	9,241	3,150	600 million
Oxaliplatin (injection 50 mg/25 ml)	Colon cancer	8,000	2,500	152 million
Angiogenesis inhibitor	Macular disease	40,000 (Ranibizumab)	1,000 (Bevacizumab)	1,600 million

Teerawattananon Y and Tritasavit N. A learning experience from price negotiations for vaccines. Vaccine. 2015 May 7;33 Suppl 1:A11-2.

Teerawattananon Y, Tritasavit N, Suchonwanich N, Kingkaew P. [The use of economic evaluation for guiding the pharmaceutical reimbursement list in Thailand](#). Z Evid Fortbild Qual Gesundhwes. 2014;108(7):397-404

Making health priority setting 'social norm'

HEALTH

4 drugs join low-cost scheme

PARITTA WANGKIAT

Four expensive medicines for breast cancer, hepatitis C and leukemia have been added to the national drug lists.

The decision will improve access to the drugs by universal healthcare scheme members, especially low-income patients.

The National Health Security Office (NHSO) board, chaired by Charan Trinwuthipong yesterday approved the inclusion on the list of Trastuzumab for treatment of the early stages of breast cancer, and Peginterferon for hepatitis C treatment in HIV-infected people. Nilotinib and Dasatinib for leukemia treatment were also included.

The board's approval was based on a study from the Health Interventions and

Technology Assessment Programme (Hitap), which found that adding the drugs to the essential medicine lists will reduce government spending over time compared with having patients in long-term care on other drugs.

The drugs could also help extend patients' lives. Trastuzumab can extend the life of a breast cancer patient from 9.11 years to 14.12 years, while Peginterferon for patients infected with HIV and hepatitis C can cut treatment costs by up to 317 million baht within five years, according to Hitap.

The NHSO's sub-committee for drugs list development approved the drugs on March 28 and forwarded the decision to the NHSO board for approval but the board could not hold the meeting for two months, due to political turmoil.

NHSO now covers more medicines for breast cancer, hepatitis C

PUNACHOMPONG PRASERT
THE NATION

BREAST CANCER and Hepatitis C patients will receive better coverage under the universal health scheme after the board of the National Health Security Office (NHSO) allowed four more expensive drugs.

At yesterday's meeting, the NHSO board approved the use of Trastuzumab, Peginterferon, Nilotinib and Dasatinib for patients seeking free treatment under the national scheme.

The universal healthcare scheme covers about 65 million people all around the country.

Trastuzumab is used for treating patients in the early stage of breast cancer. When prescribed with Paclitaxel, it proves effective in extending patients' lives.

"While the cost jumps by about one-third, patients' lives can be extended from nine years to 14 years," NHSO secretary-general Wisai Sawasdiorn said yesterday,

citing findings from the Health Interventions and Technology Assessment Programme (Hitap).

He expects Trastuzumab prescribed through the universal health scheme to benefit 125 breast-cancer patients next year.

Peginterferon is for HIV-positive people who have hepatitis C, and those having Genotype 1 or 4 of hepatitis C.

Hitap has found that when compared with palliative care, the prescription of this medicine will save medical costs in the long run.

Nilotinib and Dasatinib, meanwhile, are used for treating chronic myeloid leukaemia.

Nilotinib is a second-line medicine for patients who are not compatible with Imatinib, while Dasatinib is the third-line medicine.

The universal healthcare scheme currently helps about 1,400 people with chronic myeloid leukaemia. About 300 of them are resistant to Imatinib, while about 15 are resistant to both Imatinib and Nilotinib.

"These four additional medicines for the universal healthcare scheme are necessary medicines," Wisai said.

The NHSO board's move to include the medicines in the scheme was also based on the fact they were recently put on the national medicine list.

The universal health scheme allows free medical treatment for all illnesses from the outpatient ward to cancer and chronic kidney failure. But some expensive medicines are not covered.



AUG 2014

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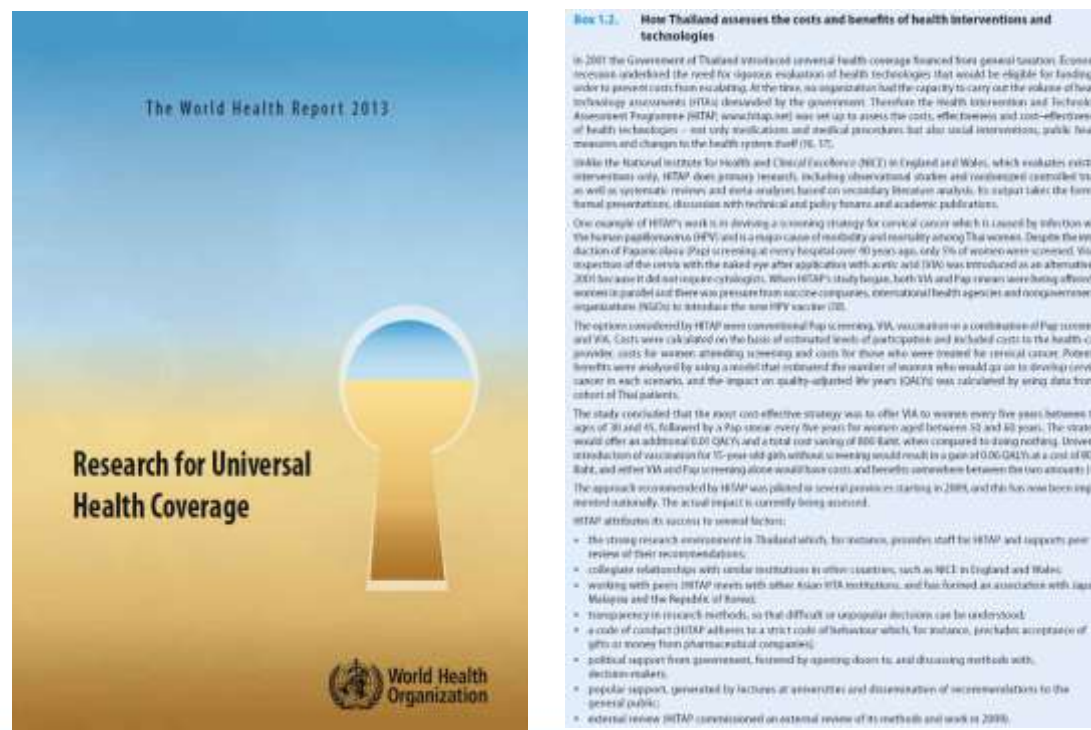


HEALTHCARE HITAP_THAI HITAP_THAI HITAP_THAI HITAP_THAI

A Potential Indicator for Measuring the Success of HTA Development

...the setting and updating of the benefit package in Thailand is arguably best practice; it is one of the few upper middle income countries in the region, and indeed in the world, to carry out formal health technology assessments to set priorities.

Bredenkamp C, Evans T, Lagrada L, Langenbrunner J, Nachuk S, Palu T. Emerging challenges in implementing universal health coverage in Asia. Soc Sci Med. 2015;145:243–8



RESOLUTION

OF THE
WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

SEA/RC66/R4

Health Intervention and Technology Assessment in Support of Universal Health Coverage

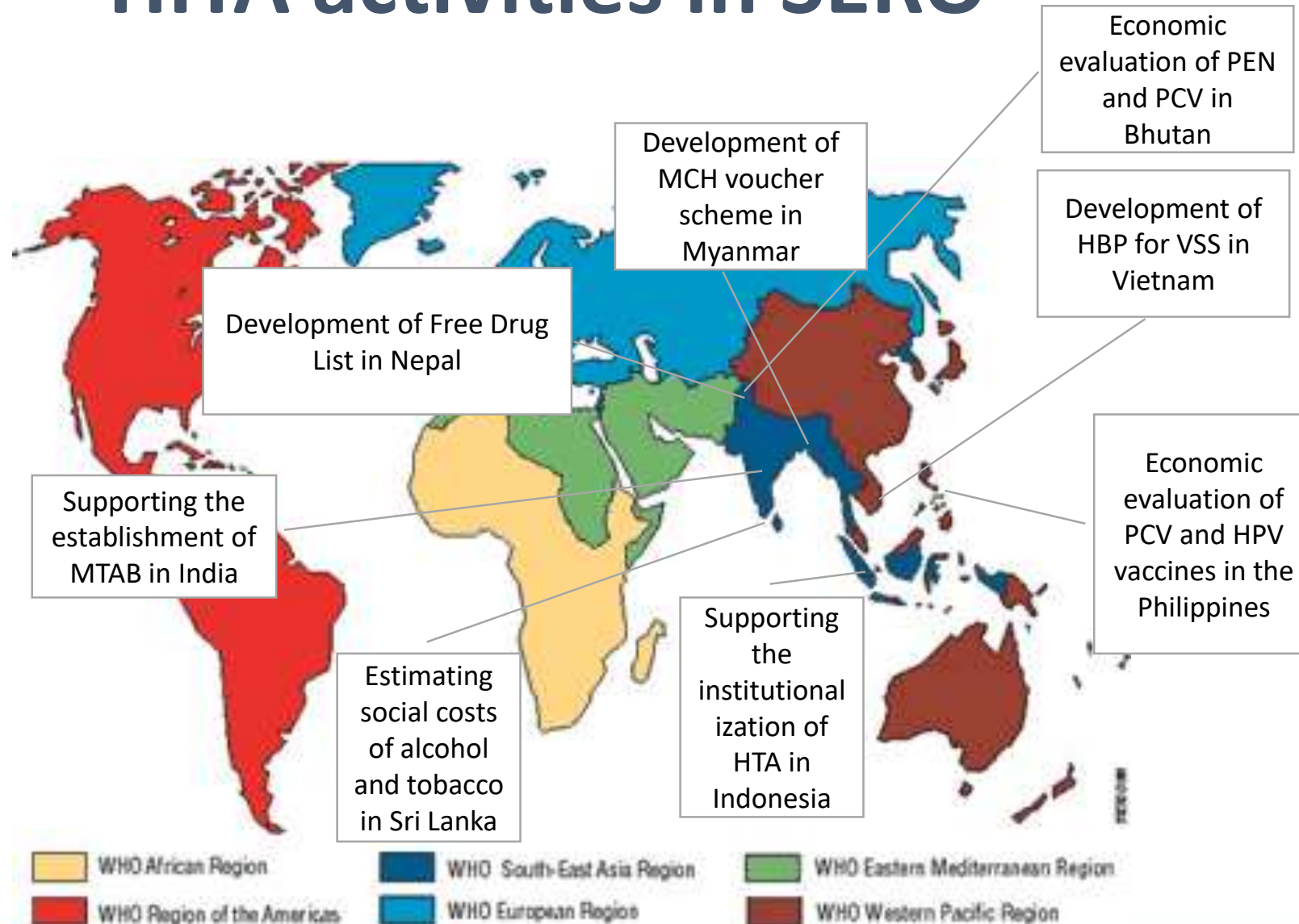
Member States:

- Use of HITA to inform UHC decisions and other policies
- Integrating HITA into national frameworks: HS research, profession education, policy development including UHC
- Identify gaps & needs for capacity building → seeking technical support

WHO:

- Fostering awareness among Member States (policymakers and stakeholders)
- Exchange of information & experience
- Technical support & capacity building
- Collaborations/networks

HITA activities in SERO



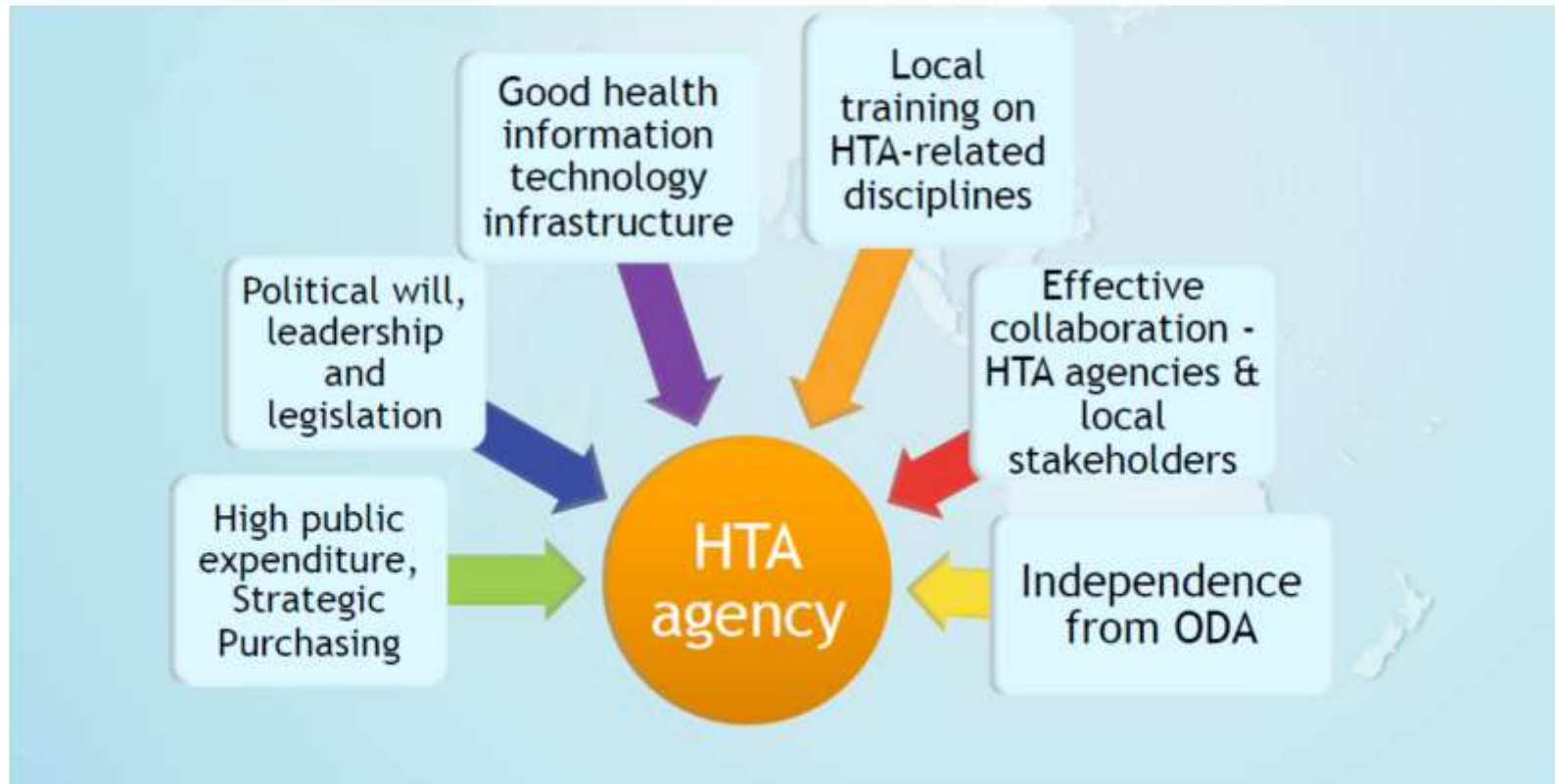
Conducive factors for HTA development in Asia



Context of the study HTA systems

Sites	Population (million)	Life expectancy at birth ⁽⁶⁾	Infant mortality rate (per 1,000 live births) ⁽⁷⁾	% health insurance coverage	Year of achieving UHC	THE as % of GDP	GHB as % of government budget ⁽⁸⁾
China	1,360	75	11	70-90	2020	5.4	12.5
Chinese Taipei	23	80 ⁽⁹⁾	4 ⁽⁹⁾	100	1995	6.9	19.8
Indonesia	248	71	25	60	2019	3.44	6.9
Republic of Korea	50	81	3	100	1988	6.8	13.6
Malaysia	28	75	7	100	1980s ⁽¹⁰⁾	4.75	5.8
Thailand	67	74	11	100	2002v	4.5	14.2
Viet Nam	90	76	19	70	2020	6.0	9.5

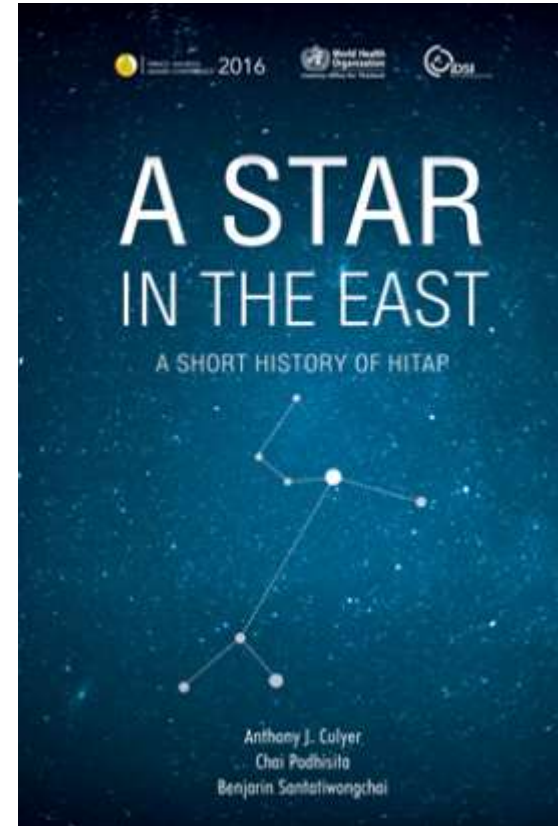
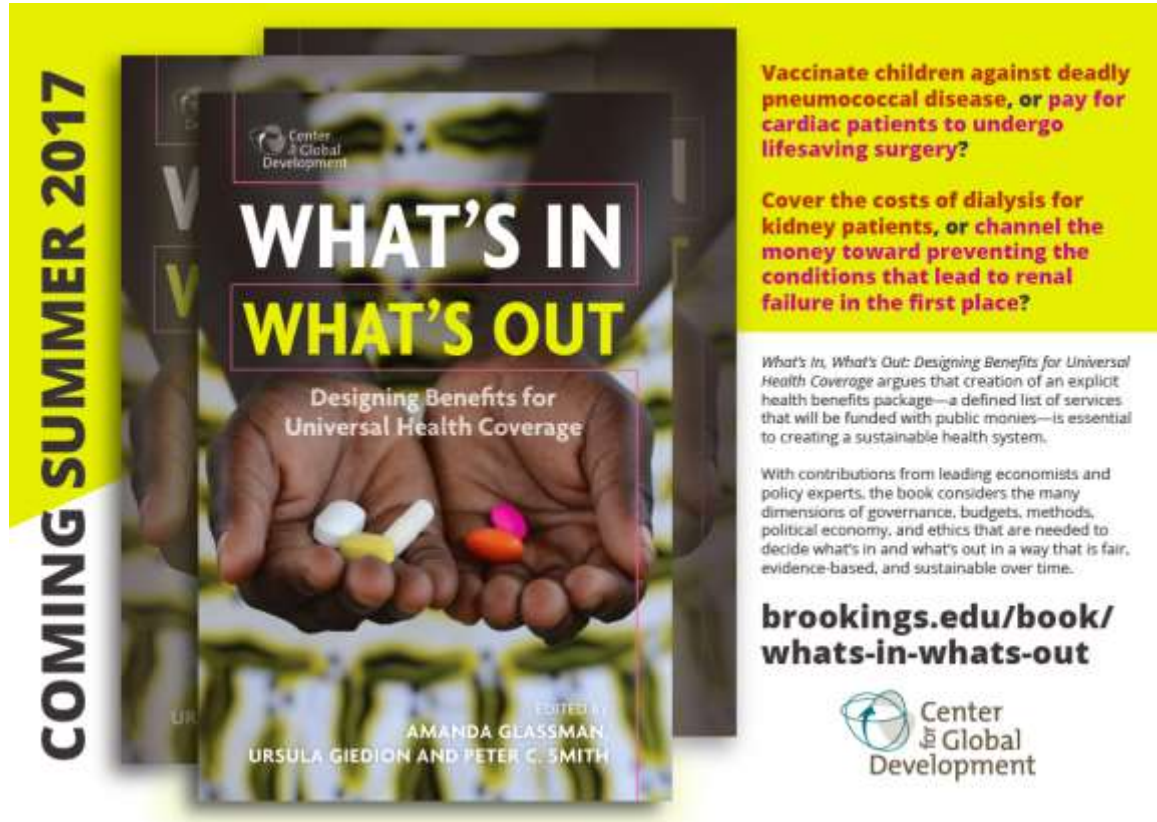
Conducive factors for HTA development in Asia



Barriers to HTA development in Asia



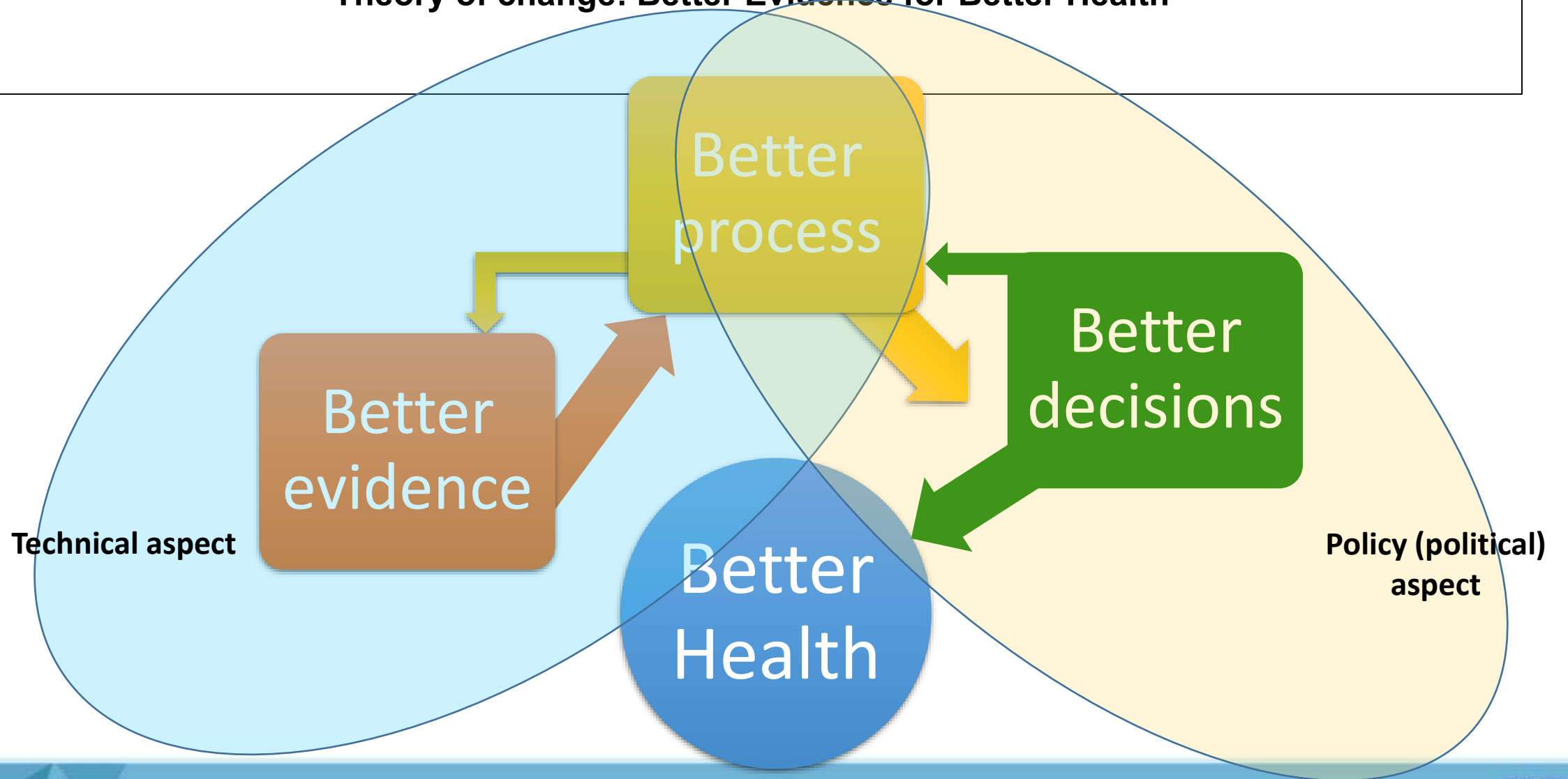
Reading materials



<http://www.hitap.net/en/news-document/documents>

<http://www.idsihealth.org/>

Theory of change: Better Evidence for Better Health





**การอบรมการประเมินความคุ้มค่า
ทางการแพทย์และสาธารณสุข ครั้งที่ 10**
Health Economic Evaluation Training (EE Training)

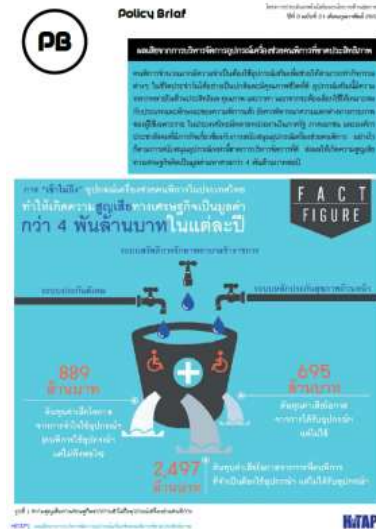
EE training ครบรอบ 10 ปี...พบเนื้อหาพิเศษ

การนำผลการประเมินความคุ้มค่า
ของประเภทยาใช้ ทำได้หรือไม่?

การประเมินความคุ้มค่า
ของวัคซีนทำอย่างไร?

มีเนื้อหาพิเศษอะไรบ้าง?

วันที่ 21-25 กรกฎาคม 2557
โรงแรมรัตนโกสินทร์ จังหวัดนนทบุรี



Annual
HTA/economic
evaluation training
workshop
(since 2006)

Informal education
for national
committees

HITAP on the job
training (Thailand
Research Fund-
Senior Research
Scholar)

Research
dissemination

Human
resources





EQ5D local score

Standard costing menu



National methodological guidelines

WTP per QALY

Health research infrastructure

Table 2. Cost-effectiveness thresholds and related information across countries and agencies.

WHO income level	Country/agency	Q + U	CM	PM	Thresholds	PCM	3 x GDP/cap	1 x GDP/cap	1 x GDP/cap	Event
Explicit										
High	UK	X	X	£0.1, cancer drug fund, NHS	—	105,000	60,000	35,000	40,000	QALY
	NICE									
Upper middle	TH	X	—	—	—	12,000	4000	4000	4000	QALY
	HTAP									
Explicit										
High	US	X	—	£0.1, cancer and outcomes	—	125,000	111,000	45,000	111,000	QALY
	AU	X	—	Specific rules	Integrated pathway assessment guidelines	125,000	34,500	45,000	34,500	QALY
High	SE	X	—	—	—	126,000	117,000	41,000	12,000	QALY
	CA	X	—	Cancer treatment	—	120,000	44,000	40,000	44,000	QALY

