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The role of health technology assessment in selected middle-income countries...is increasing!

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Structure of talk

- The organisation of HTA worldwide
- The role of HTA in selected middle-income countries
- Two examples: Brazil and Taiwan
- Conclusions
- Some challenges for the future

The challenge of health systems

Health care policy makers wish to maintain high quality, innovative, and sustainable health care while managing health care budgets, safeguarding equity, access and choice



Health technology assessment

- “HTA is the systematic evaluation of properties, effects, and/or impacts of health technology, including pharmaceuticals, devices, procedures, and organizational systems used in health care” (INAHTA Glossary, 2006)
- Aims to “provide structured, evidence-based input to policy-making to inform the formulation of safe and effective health policies that are patient-focused and seek to achieve best value” (Børlum Kristensen et al, 2008)

The organisation of HTA worldwide

- 1975: US Office for Technology Assessment
- Since '90s: many formal HTA units or agencies, especially in EU-15, North-America and Australasia
- 1993: INAHTA – now 46 members from 26 countries, including e.g., Argentina, Brazil, Israel, Mexico and Taiwan

Q: How is HTA used and organized in middle-income countries?

- Selection of middle-income countries where HTA systems are established and active
- Development of evaluation framework to assess health care systems – desk research
- Web-based survey among relevant persons in the field of HTA (N=46/265)

Limitations of the study

- Scope of literature – only English language publications
- Implementation of survey – cultural differences, language issue, not anonymous

Countries included in the study



- Morgan Stanley Capital International (2006) to identify middle-income countries
- Focus on countries outside Europe and North-America + established and active HTA systems
- Argentina, Brazil, China, Colombia, Israel, South Korea, Mexico, Philippines, Taiwan, Thailand and Turkey

Role of HTA in selected countries

- HTA is evident in Argentina, Brazil, China, Israel, Mexico, South Korea, Philippines, Taiwan and Thailand
- Eco. evaluation, expert opinion, systematic reviews!
- HTA is mainly initiated by the government, use of HTA in reimbursement decisions is limited
- Pharmaco-economic guidelines exist in Brazil, Mexico, South Korea and Taiwan

Example: Brazil – health system



- Social health insurance model through the Unified Health System (SUS)
- Mix of public (70%) and private (30%) sector
- Mix of funding systems: government, companies and significant out-of-pocket expenses

Example: Brazil – role of HTA



- Role of HTA still in its early stages but HTA process has changed considerably since 2006 – law that requires economic evaluation
- Since 2005, Health Technology Assessment General Coordination unit (*Coordenação Geral de Avaliação de Tecnologias em Saúde - CGATS*), is responsible for the coordination, promotion, and diffusion of HTA in SUS

Example: Taiwan – health system



- Compulsory National Health Insurance scheme (NHI)
- Covered by insurance premiums from employers and consumers & subsidies from government (taxes). Also, beneficiaries pay co-payments (with ceiling) and other out-of-pocket expenses
- Bureau of National Health Insurance (BNHI) is single buyer

Example: Taiwan – role of HTA



- Centre for Drug Evaluation has an HTA division
- Provides evidence to the decision makers in BNHI for new drugs reimbursement listing, review of cost-effectiveness and pharmaco-economic evaluations
- Use of evidence reports from HTA agencies in UK, Canada and Australia

Conclusions

- HTA plays an increasingly important role in middle-income countries
- Increased health care spending and demand for access to modern technology stimulate HTA
- Assessment and regulation of drugs are advanced
- Further stimulation of HTA is needed

Some challenges for the future

- HTA is developing with uneven speed in the countries under study - building on expertise and evidence from other countries? (Joseph Mathew)
- Lack of formal HTA agencies – what founding principles should underpin the development and working of HTA agencies? (Rod Taylor)
- Lack of capacity of trained and experienced personnel (Hindrik Vondeling)

THANK YOU!

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