HTA capacity building in Thailand

Sripen Tantivess, PhD

HTAi Conference, Bilbao

26th June 2012
Outline

- Milestones on HTA development in Thailand
- Introduction to the Health Intervention and Technology Assessment Program, HITAP
- Current situation
- Framework for HTA capacity building
- Strengths and limitations of the model
- Lessons learned
Milestones on HTA development in Thailand

- 1960s: Assessment of safety, efficacy and quality of pharmaceutical products
- 1982: First economic evaluation in Thai setting published in international journal
- 1991: Pharmacoeconomics courses in schools of pharmacy
- 1993-1996: First HTA program – collaboration between Thailand’s Health Systems Research Institute and Karolinska Institute, Sweden
- 2002: Universal health coverage → demands for HTA
- 2002: HTA Institute, MOH’s Department of Medical Service
- 2007: Health Intervention and Technology Assessment Program (HITAP)
Health Intervention and Technology Assessment Program, HITAP

**Staff:** Total 50
- 40 researchers & RAs
- 7 PhD, 20 MSc (4 PhD candidates)
- Mentors: fellows 1:5

**Finance:** 1 million USD a year
- Domestic: international 9:1

**HTA:**
- Research
- Infrastructure development
- Capacity strengthening
- Policy connection
- Dissemination

**Autonomous HTA unit, under Ministry of Health**

**Networks:** domestic & international
- Researchers/experts
- HTA users: policymakers, practitioners
- HTA units in Asia - HTAsiaLink
- Others
Current development on HTA in Thailand

- Expanding area of research, with policymakers’ demands
- General perception: HTA = economic evaluation
- High-education training in schools of pharmacy (Pharmacoeconomics courses),
- Established standards, guidelines, tools:
  - National Methodological Guidelines for HTA
  - Cost-effectiveness threshold – 1 GDP per capita per QALY gained
  - Thailand’s HTA database
  - Standard Costs Menu
  - EQ5D (Thai version)
- Contributions to policies:
  - Coverage decisions
  - National List of Essential Medicines
  - Program designs
Capacity building framework for HTA in Thailand (1)

- **Goals**: not only conduct quality HTA, but also connect HTA with policy and practice
- **Strategies for development at three levels:**
  - Individual researchers
  - Organization
  - Context (environment)
- **Expected outcomes**
  - Comprehensive, technically-rigorous and policy-relevant HTA
  - Resource mobilization and exchange among HTA units
  - Understandings/knowledge → good attitudes towards HTA and policy contributions
Context

Develop HTA infrastructure: national guidelines, standardized methodology, thresholds

Familiarize policymakers and stakeholders with HTA and its benefits for decision making

Good attitudes, common understanding/knowledge on HTA and evidence-based policies and practice

Trustworthy organization; resource mobilization & sharing with other institutes; couple HTA with policies and practice

Researchers

Training: on-the-job, short courses, higher education

Participate in academic meetings/conferences

Participate in policy fora

Capability: academic, management, research dissemination, human skills

Organization (HITAP)

Engage with policymakers and stakeholders

Collaborate with other HTA research institutes, local & international

Ensure quality, policy-relevance and timeliness of HITAP research

Good attitudes, common understanding/knowledge on HTA and evidence-based policies and practice

Trustworthy organization; resource mobilization & sharing with other institutes; couple HTA with policies and practice
Strengths & limitations of the model

**Strengths:**
- Existing impediments, at all levels, are systematically addressed
- Standardization of methodology and processes, through stakeholder involvement
- Regular evaluation and revision – a ‘learning model’

**Limitations:**
- HITAP-centered? Equal partnership?
- Inadequate human resources: mentors and researchers
Lessons learned: ‘Building the Ship as We Sail It’

(How to meet rising demands, while supply is limited)

- Building a model, with understandings on policy cycle and research-policy connection → policymakers and other stakeholders should not be excluded
- Drawing lessons from other settings, with modification to suit local context
- Policy champions and leaderships are necessary
  - Finding staff and partners: good heart, head and hand
  - Collaborations with other HTA units inside and outside the country
  - Learning by doing, with evaluation
Thank you!