



Imperial College  
London



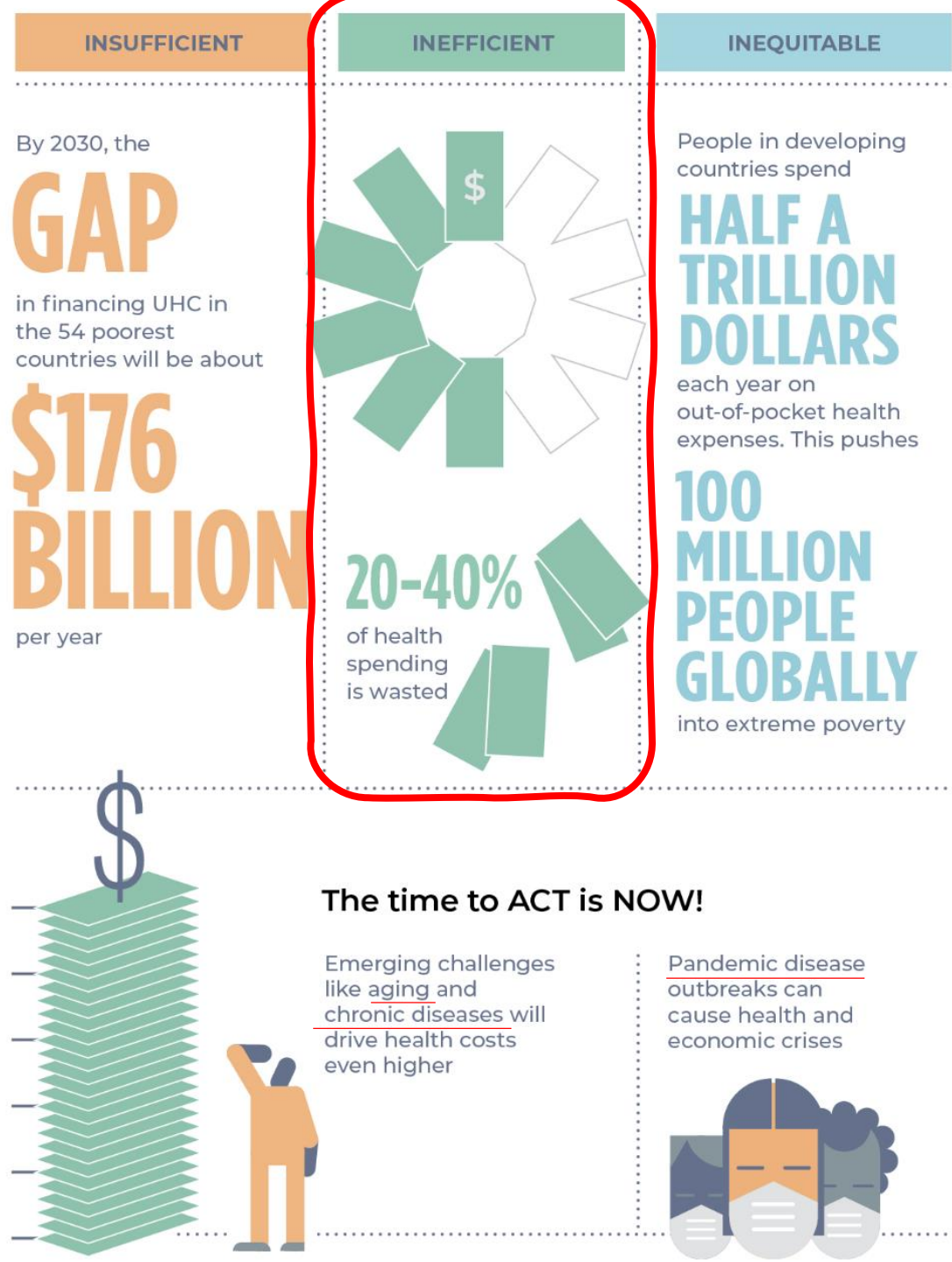
# Global HTA movement: the battle for sustainable UHC

Tokyo, December 2019

**Kalipso Chalkidou, MD, PhD**

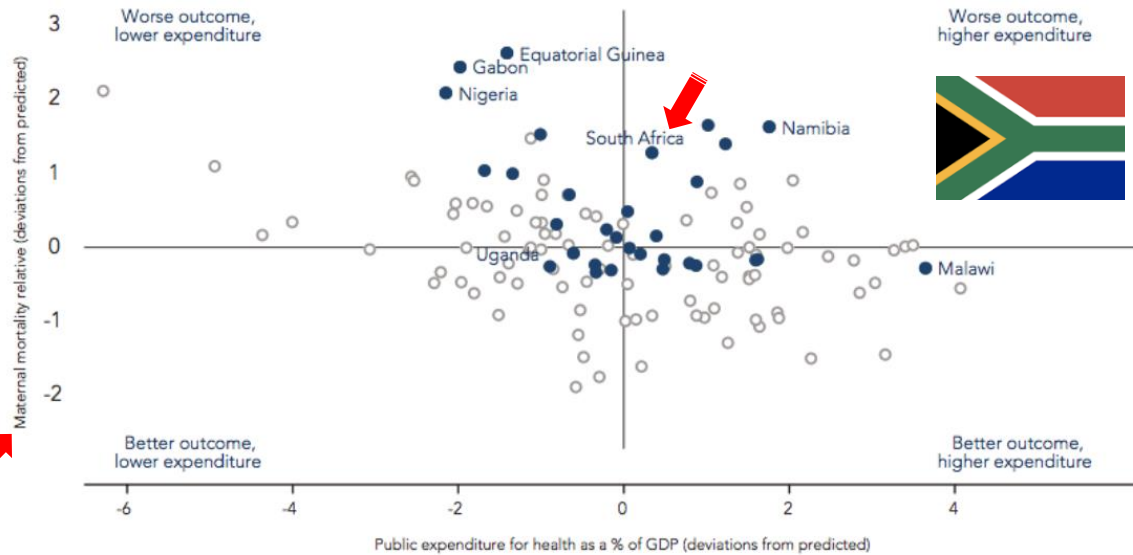
Professor of Practice in Global Health, Imperial College London  
Director of Global Health Policy and Senior Fellow, Center for Global Development  
Director, international Decision Support Initiative

Health spending is too often insufficient, inefficient and inequitable

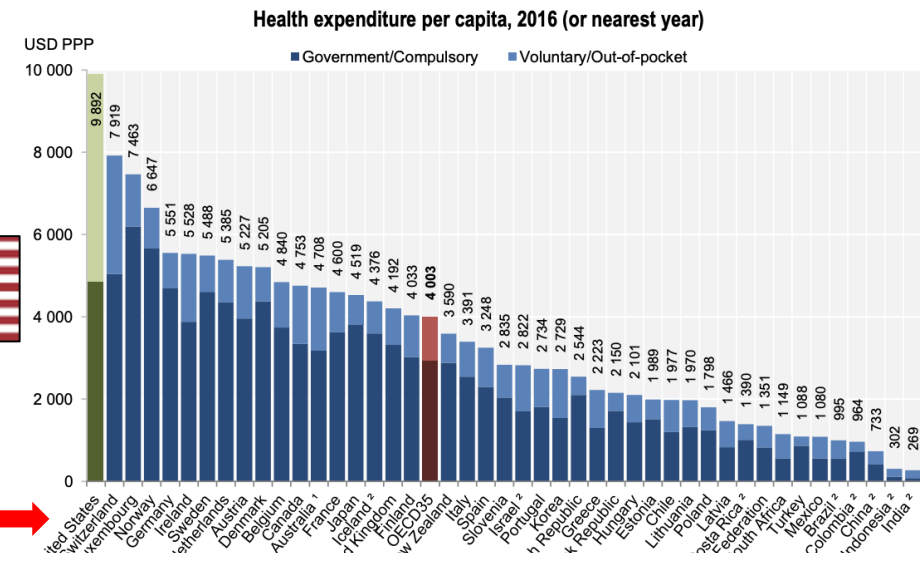


# More money does not always buy you more health...

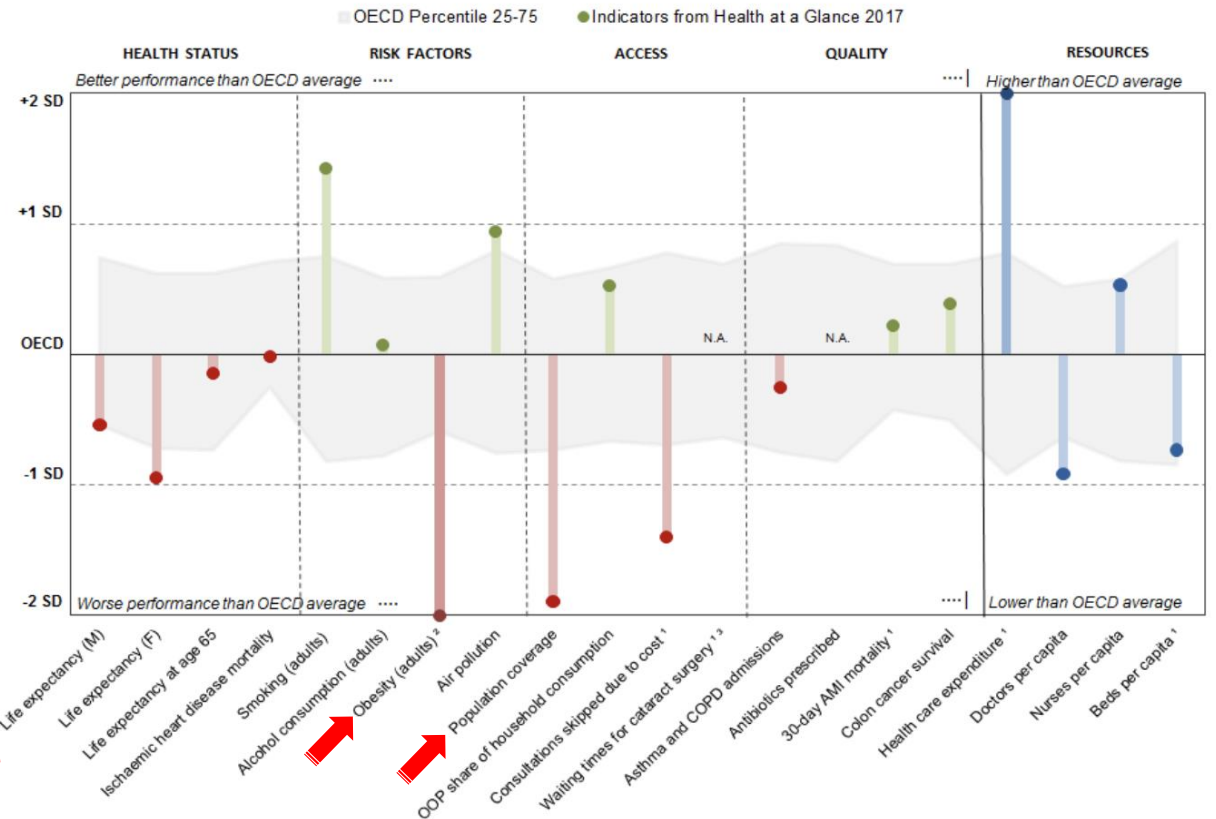
Figure 14: Maternal mortality and public expenditure on health, deviations from estimates based on per capita income (2011 PPP), 2014



International Monetary Fund, World Economic Outlook Database, April 2016. WHO, UNICEF, UNFPA, The World Bank, and the United Nations Population Division. Trends in Maternal Mortality: 1990 to 2015. Geneva, World Health Organization, 2015. All data extracted using wbopendata in Stata



## United States – Relative performance compared to the OECD average



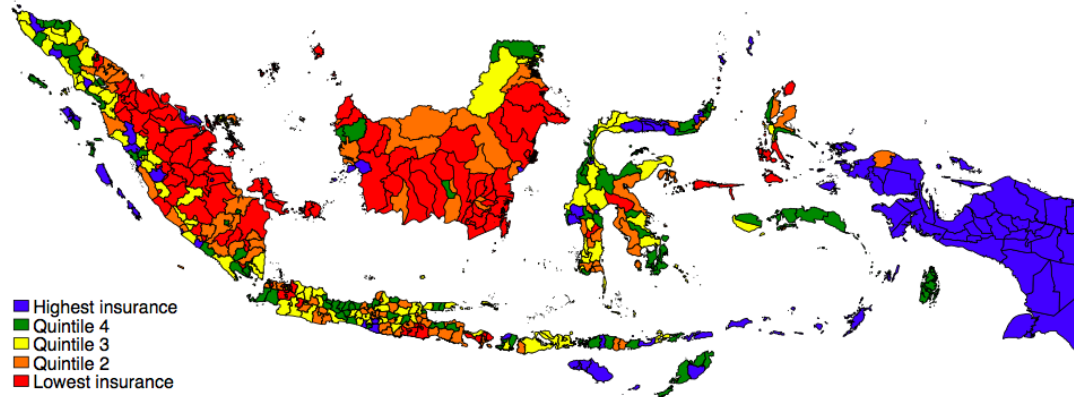
# ...and UHC can end up subsidising providers and neglecting the neediest: the case of Indonesia



**BPJS is collecting premiums in some of the poorest parts of Indonesia**

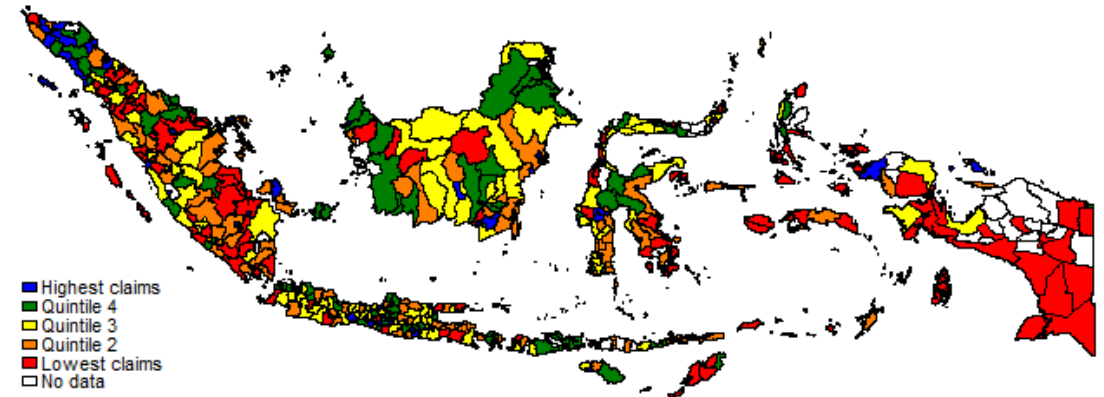
**...and spending them in the richest parts of Indonesia**

Percent of district population registered with BPJS in district, Indonesia 2014



Source: BPJS kesehatan, Population data Susenas 2014, Analysis: Pisani, Pratiwi, Setyaningsih

Average BPJS claims paid for inpatient services, per registered BPJS participant, Indonesia 2014



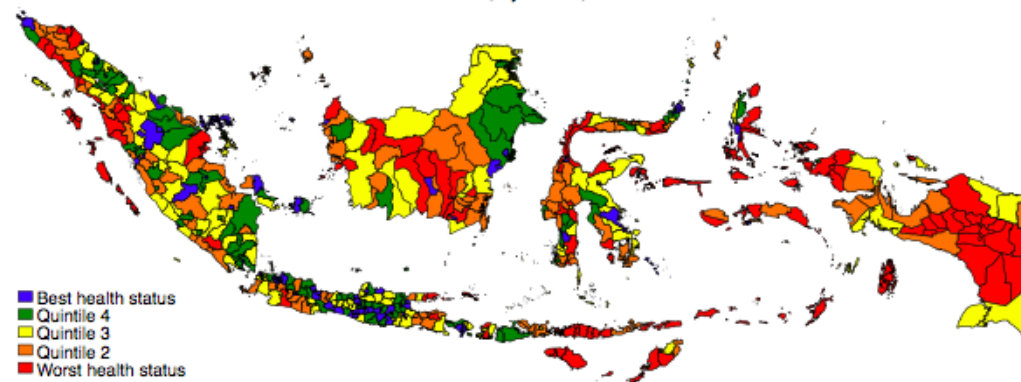
Data source: BPJS, Analysis: Pisani, Pratiwi, Setyaningsih

**Where health needs are the greatest, but...**

**Hospitals non existent...**

Health status index, by district, Indonesia 2013

Pct of villages in district with no easy access to a hospital



Source: Ministry of Health, Mapping: Pisani, Pratiwi, Setyaningsih

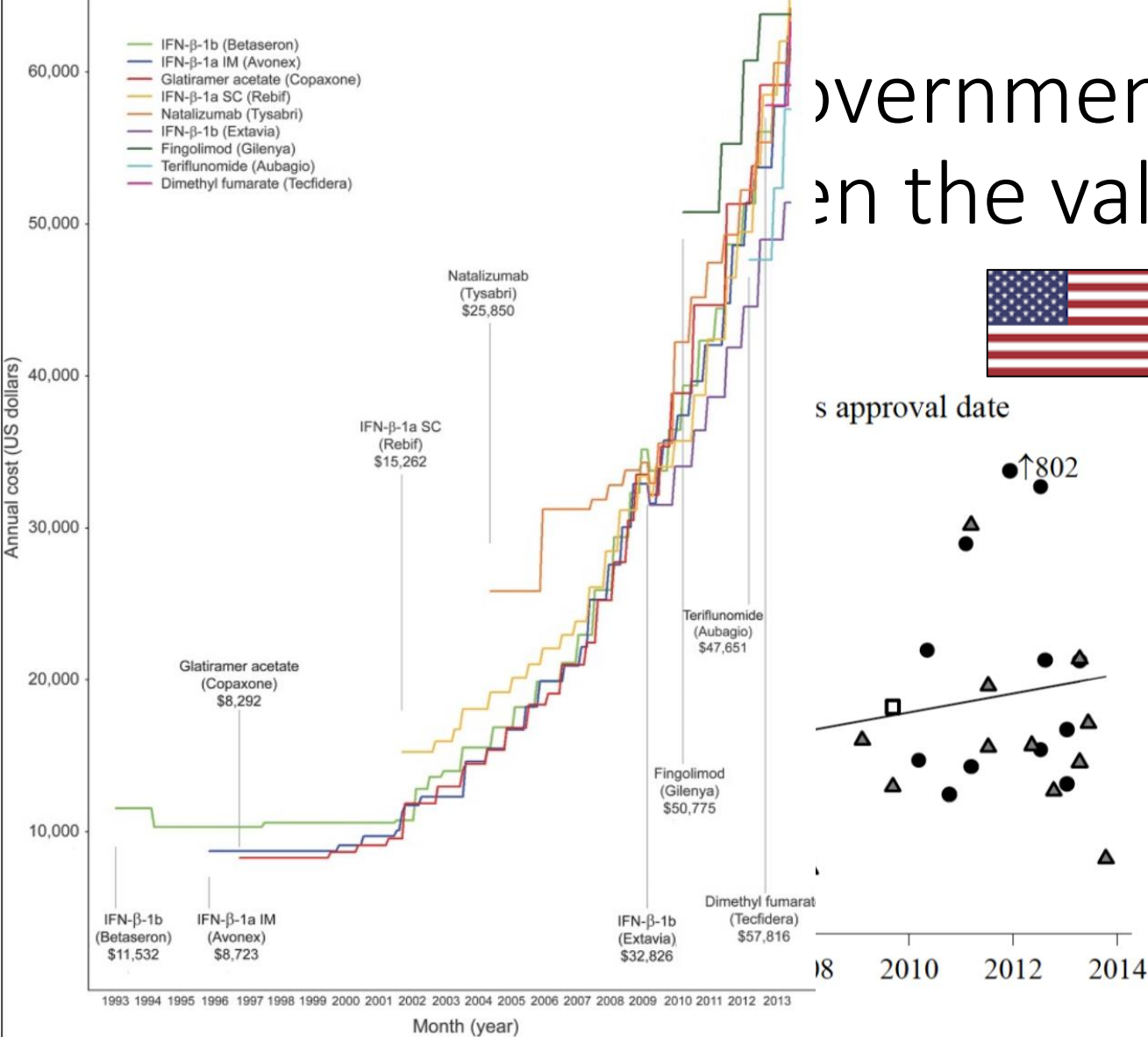


Source: BPS Podes 2014

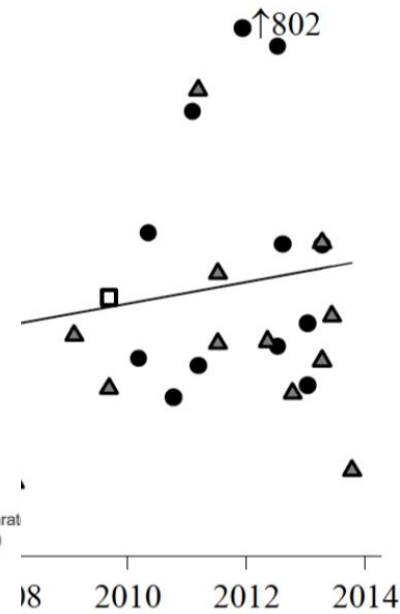
Reproduced from Elizabeth Pisano analysis, 2018



Government, industry can get  
 on the value added is unproven...

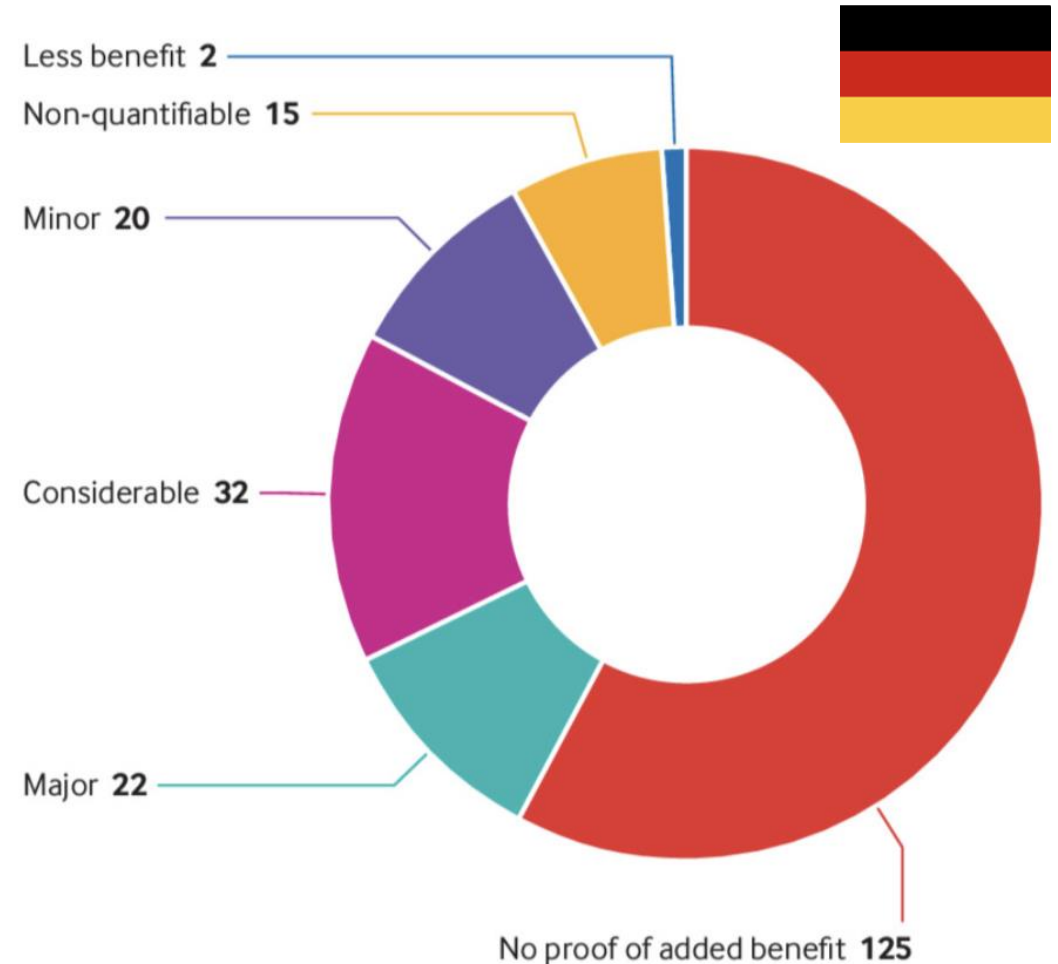


US approval date



Approval year.  
 1 re-coded one value

BMJ 2015;29(1):139-62



**Fig 1** IQWiG's assessment of added benefit of new drugs entering the market in Germany, 2011-17 (Maximum added benefit in any patient group included in a given assessment. Proof requires a statistically significant benefit on patient relevant outcomes in a randomised controlled trial or very large benefit in a non-randomised trial)

**Figure 1**  
 Estimated annual costs of multiple sclerosis disease-modifying therapies in the United States from 1993 to 2013

Annual costs estimated from average wholesale prices (AWP), or wholesale acquisition costs if AWP not reported, and discounted 12%. IFN = interferon.

# Without strong evidence-informed demand, healthcare can make people poor.



40 million Indian people fall into poverty every year due to medical costs, mostly drugs

China moving in the right direction

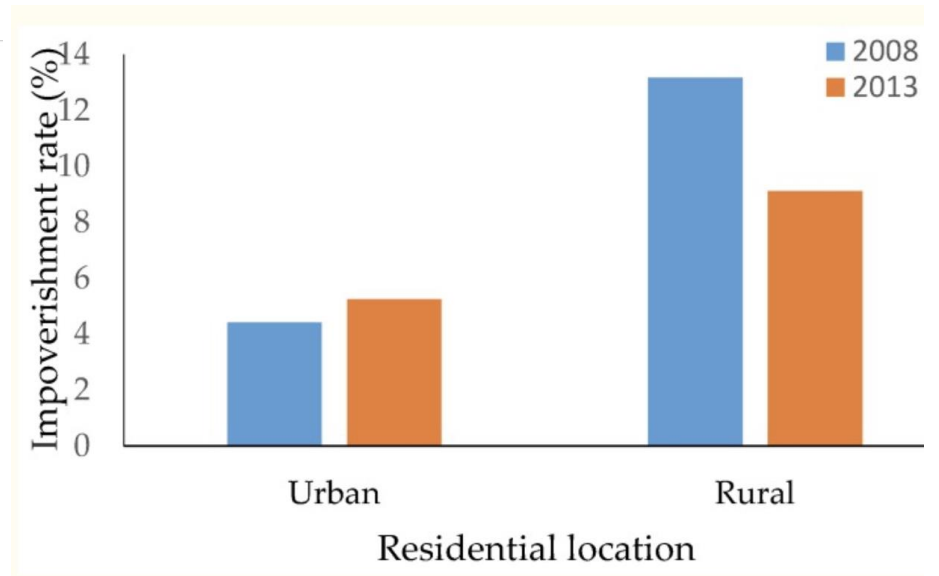
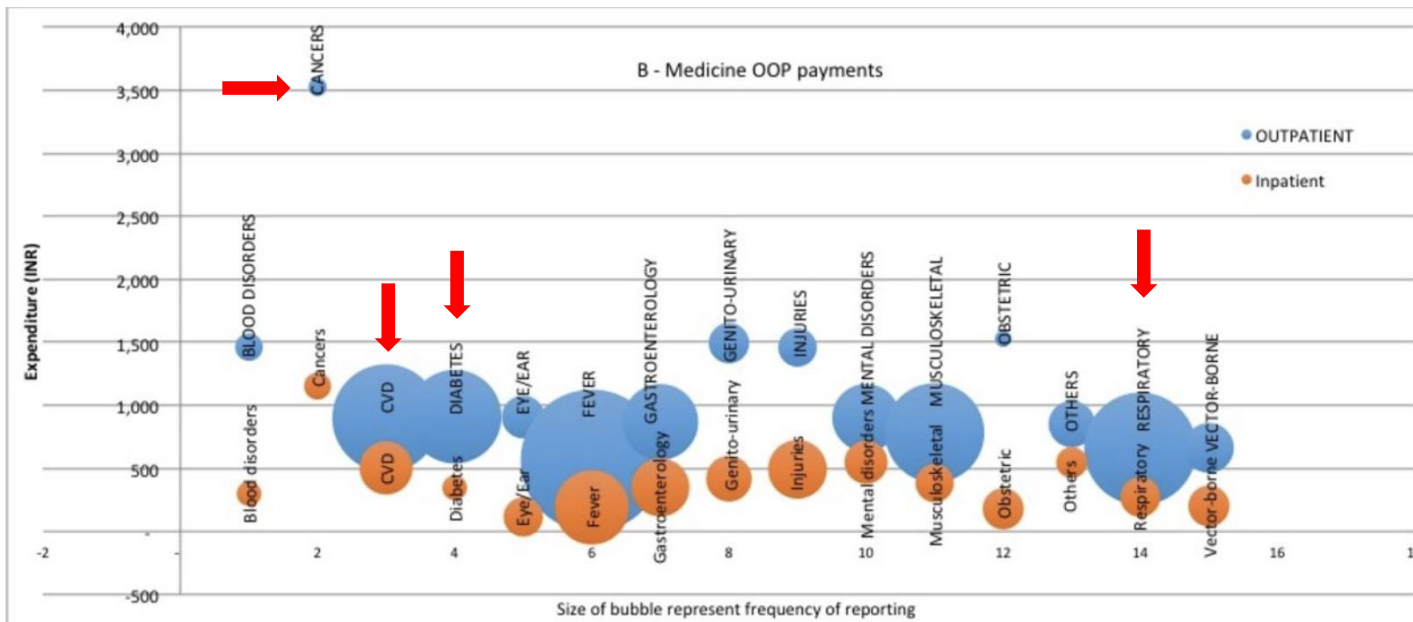


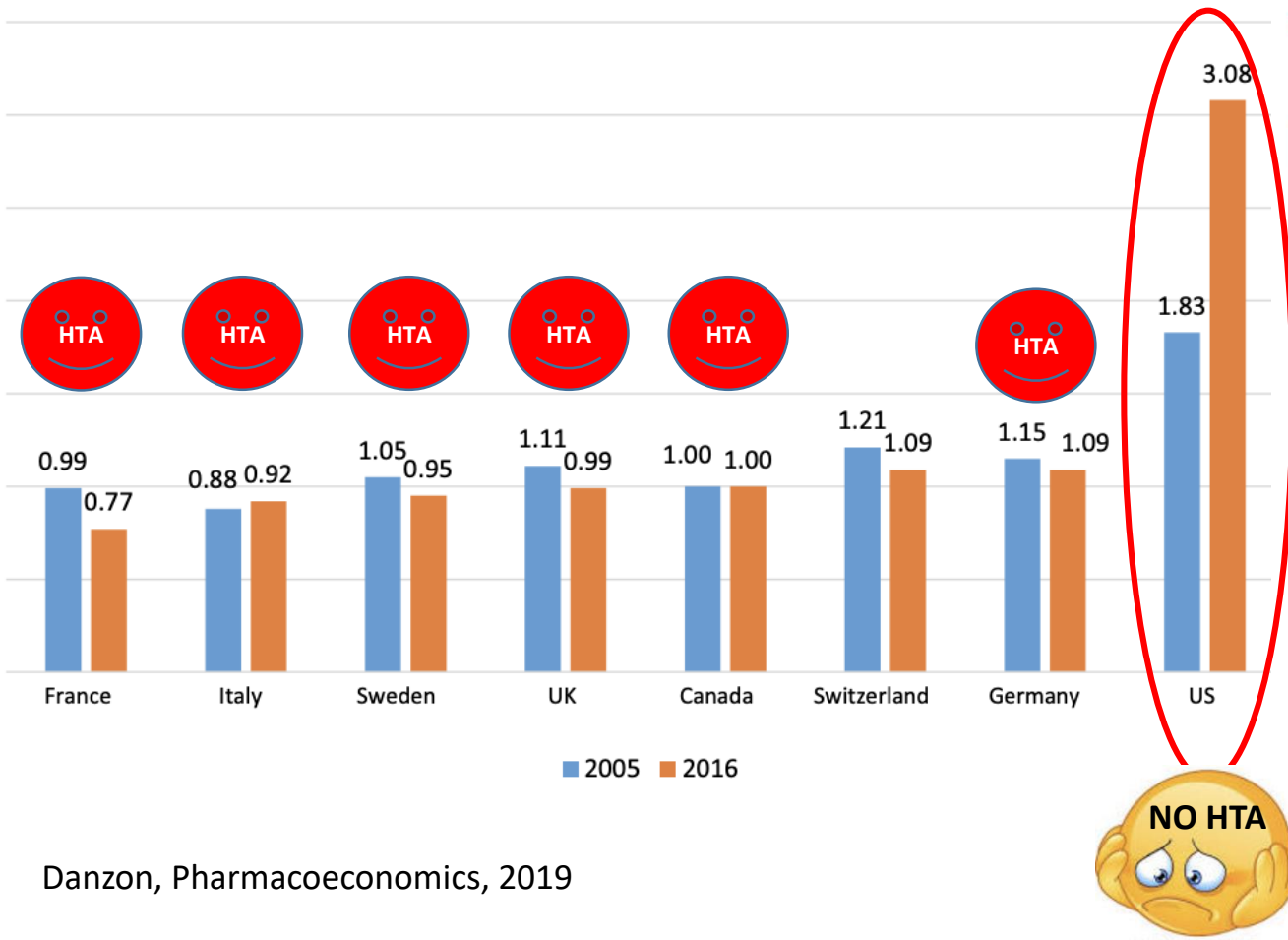
Figure 1

Impoverishment rate for urban and rural households in 2008 and 2013.



HTA and pooled negotiations can help keep prices down: in the USA payers incl the government, are not allowed to use HTA to negotiate a better deal

Average foreign-to-Canadian price ratios, 2005, 2016



thepharmaletter

\* Up to date news for the Pharmaceutical and Biotechnology industries

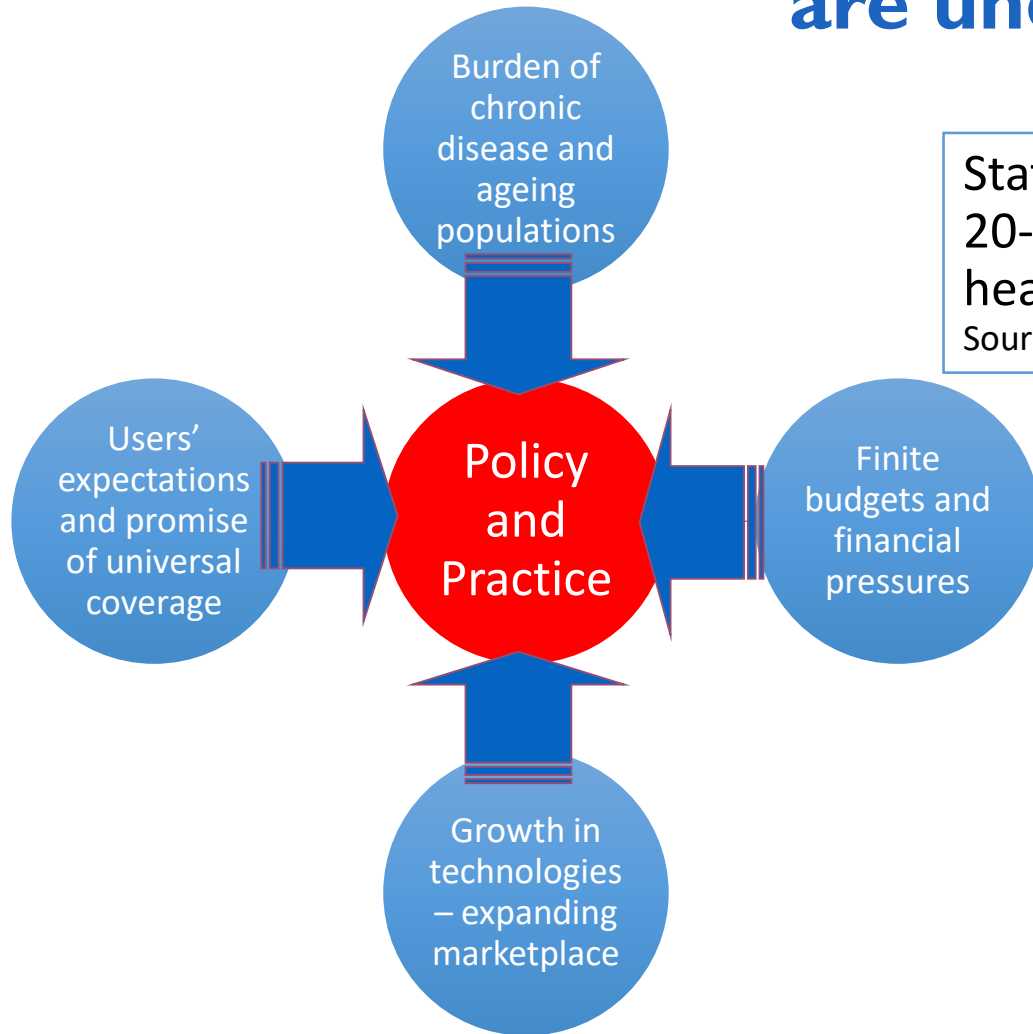
HOME M&A NEWS IN DEPTH IN BRIEF CONFERENCES FOCUS ON EVENTS COMPANIES REPORTS THERAPY  
YOU ARE HERE HOME PHARMACEUTICAL

Does the USA need a national health technology assessor?



Danzon, Pharmacoeconomics, 2019

# The Need for Priority Setting: Health systems everywhere are under pressure...



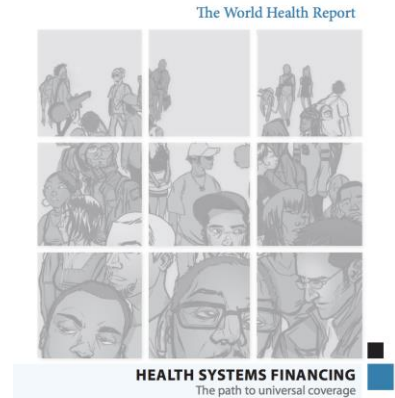
Status quo, unfair and unsustainable: Between 20-40% of the ~\$8 trillion spent annually on healthcare is wasted

Source: <http://www.who.int/whr/2010/en/>



About 1/5 of healthcare resources is wasted

Source: <http://www.oecd.org/health/tackling-wasteful-spending-on-health-9789264266414-en.htm> (Jan 2017)







# Health Technology Assessment

Taking off as a means of assessing value  
from the payer's and the population's  
perspective



*World Health Assembly resolution on Health Intervention and Technology Assessment, 2014*

**The WHA urges member states: “to integrate health intervention and technology assessment concepts and principles into relevant strategies and areas...including, but not limited to, universal health coverage, health financing, access to and rational use of quality-assured medicines, vaccines and other health technologies, the prevention and management of non-communicable and communicable diseases, mother and child care, and the formulation of evidence-based health policy”**

REGIONAL COMMITTEE

Provisional Agenda item 8.3

Seventieth Session  
Maldives  
6–10 September 2017

SEA/RC70/9

21 August 2017

Access to medicines

"Evidence helps when negotiating price and rules on reimbursement, which in turn affect access. Health technology assessment is a routine part of the decision-making process for adding medicines to the national benefit package in Thailand, and other countries such as Indonesia and India are introducing this approach."

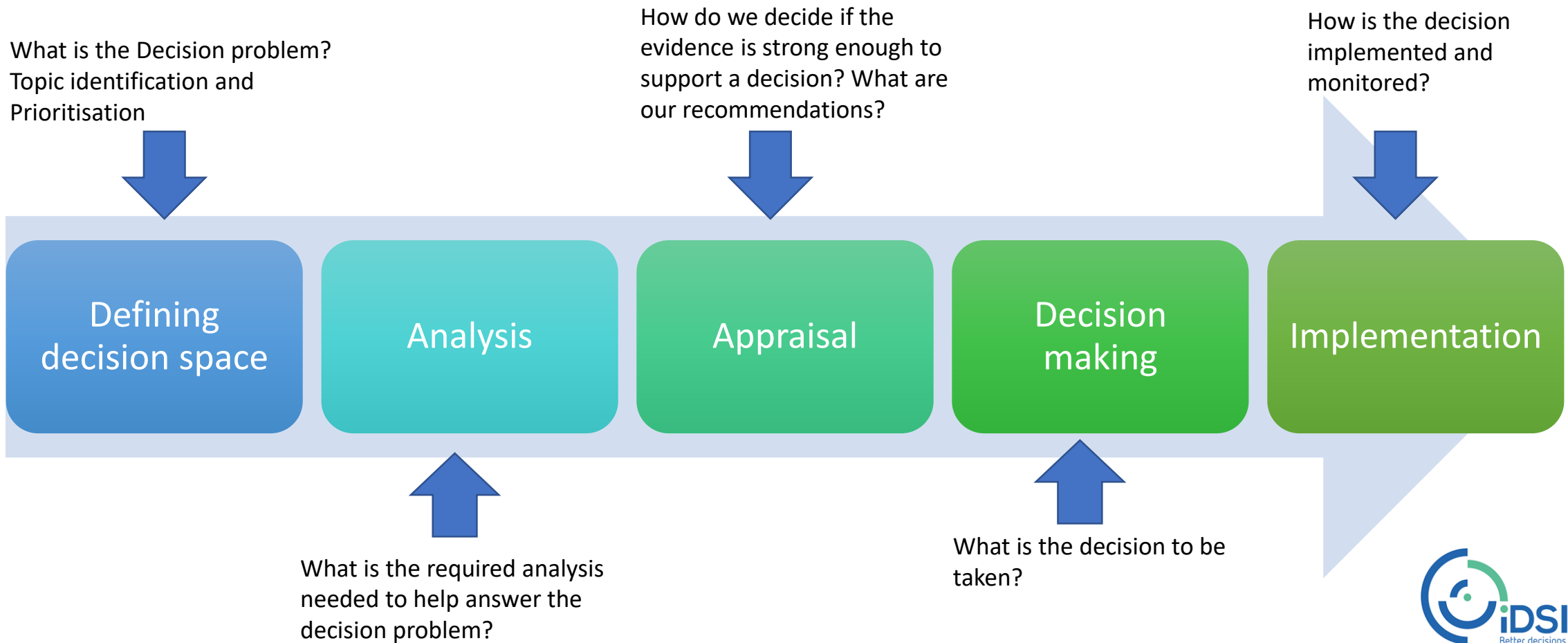
FINAL-SOMHD ENDORSED

**Theme 1: ENTITLEMENT/ACCESS TO AFFORDABLE PACKAGE OF GOODS AND SERVICES (end-user perspective)**

Program Strategy and sub strategy	Programme/Project Activities from 2016 to 2020 (Proposed by Cluster)	Expected Outputs and Indicators	Lead Country	Source of Support
Achieve best value for money through Health Technology Assessment (HTA)	<b>1. CAPACITY BUILDING ON HEALTH TECHNOLOGY ASSESSMENT</b>			
	1.1 Country Assessment of HTA Capacity Gaps	<p><b>Expected output:</b> Country Assessment of HTA by 2020</p> <ul style="list-style-type: none"> <li>• <b>Indicators</b> Number of country assessed</li> <li>• Number of advocacy materials developed</li> <li>• Advocacy plans to address the gaps developed</li> </ul>	Thailand Malaysia Philippines	Partners of HITAP International
	1.2 Capacity Building based on Country Assessment (workshops, internships and conferences, and partnerships with academic institution)	<p><b>Expected output:</b></p> <ul style="list-style-type: none"> <li>• Regional capacity building plan and activities</li> <li>• Country capacity building plan and activities</li> <li>• A generic training module on HTA that can be adapted by all ASEAN countries developed</li> </ul> <p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>• Capacity building plan by 2018</li> <li>• Trainings held and number of trainees by 2019</li> </ul>		



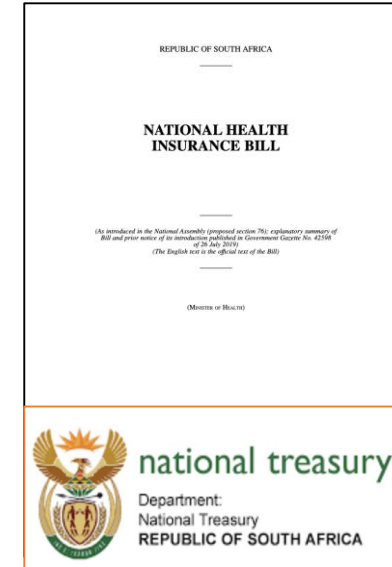
# 5 Step-HTA process





# HTA is becoming a major tool for priority setting and price negotiations for national governments in committed to UHC...

National Health Insurance Act of 2013, Section 11- Excluded Personal Health Services  
**Philippines:** “The Corporation shall not cover expenses for health services which the Corporation and the DOH consider cost-ineffective through health technology assessment...”



**Indonesia: Minister of Health’s Decree No. 71 /2013 Article 34**  
 (5) Health Technology Assessment Committee provide policy recommendation to the Minister on the feasibility of the health service as referred to in paragraph (4) to be included as benefit package of National Health Insurance



“the **India** Medical Technology Assessment Board for evaluation and appropriateness, effectiveness of the available and Technologies in India...standards interventions that will reduce the cost and variations in care, expenditure on medical equipment...overall cost of treatment, reduction in out of pocket expenditure of patients...’. Ref: MTAB, Ministry of Health & Family Welfare, Government of India



(4) Treatment must not be funded if a health care service provider demonstrates that— (a) no medical necessity exists for the health care service in question; (b) **no cost-effective intervention exists for the health care service as determined by a health technology assessment;** or (c) the health care product or treatment is not included in the Formulary, except in circumstances where a complementary list has been approved by the Minister  
**HTA unit budgeted @R368m in 2018 budget by country’s Treasury**

# Message from the Hon. Minister of State (MoHFW)



I/315 3/69/2018  
स्वास्थ्य एवं परिवार कल्याण राज्य मंत्री  
भारत सरकार  
MINISTER OF STATE FOR  
HEALTH & FAMILY WELFARE  
GOVERNMENT OF INDIA



Stakeholders

## MESSAGE

Health Technology Assessment (HTA) is a form of policy research that examines short- and long-term consequences of the application of a health-care technology. Prime objective of HTA is to ensure value for money to the patients, efficient utilization of the resources and ensure that the actual benefit of innovations reaches to the patients. HTA can solve numerous medical queries and problems for example cardiovascular problems can be resolved by various techniques like reduction of stress at workplace, cessation of smoking or heart by-pass surgeries.

Recognizing the importance of HTA in health services design, management, and delivery of health system, the Government of India has established the Health Technology Assessment in India (HTAIN) with a view to providing the maximum utilization of health care benefits to people.

Our achievements in various fields like **life expectancy, infant & maternal mortality rate, accessibility of healthcare services in rural areas, intensive health campaigns, sanitation devices and increase in number of Government & private hospitals etc** are significant. Improvement in immunization coverage and literacy rate, have improved the overall health of the country. But, the factors like, ~~less health insurance coverage, large number of population lying in the low income~~

**group and High bills of medical care for long term disease are of great concern. The majority of healthcare spending in India, is out of pocket (OOP) (82.2%), 74.7% of which is spent on medicines. Many patients in India have been forced below the poverty line due to healthcare expenditure. Set against this backdrop, only 3 – 5% of Indians are covered under any form of health insurance.**

I am confident that HTAIN will be a transparent, effective and systematic and unbiased system, which will be able to accelerate the process of providing access to new research and development to the patients and lead to 100% utilization of existing resources.

(Anupriya Patel)



# Outcome Report On “Health Technology Assessment of Intraocular Lenses for treatment of Age-related Cataracts in India”

*“The benefit packages for Phacoemulsification with foldable lens and small incision cataract surgery with rigid PMMA lenses may cost as 9606 INR and 7405 INR respectively”*

**Health Technology Assessment in India (HTAIN) Secretariat,  
Department of Health Research,  
Ministry of Health and Family Welfare**

**July-2018  
New Delhi**

# Making HTA the Law of the Land: The India HTA Board Act (draft)



	<b>THE HEALTH TECHNOLOGY ASSESSMENT BOARD ACT 2019</b>	
	<b>AN</b>	
	<b>ACT</b>	
	<i>to provide for the constitution of a Board for providing evidences related to cost-effectiveness, clinical-effectiveness and safety of medicines, devices, vaccines and health programmes by means of Health Technology Assessment (HTA) studies for decision making. It will evaluate affordability, appropriateness and cost effectiveness of the available and new health technologies in India. It will work on the objectives of maximizing health, reducing out of pocket expenditure and reducing inequality so that maximum people can have access to quality healthcare at minimum cost in the country.</i>	
	BE it enacted by Parliament in the Seventieth Year of the Republic of India as follows:-	
	<b>CHAPTER I PRELIMINARY</b>	
	<b>1. (1)</b> This Act may be called the Health Technology Assessment Board Act, 2019	Short title, extent and commencement.
	<b>(2)</b> It extends to the whole of India	

7(1) The Board will be a National Advisory Body for providing robust evidence for decision making on

- (i) Health Technologies and Interventions
- (ii) Clinical, public health, social care guidelines
- (iii) Quality evaluation in health and Social sector

for implementation in public health and social care sectors in Central and State Governments





15th TAC Meeting

Health Techno



# PGI Costing Database



## PGI Costing Database

Coming soon

### Welcome To The H

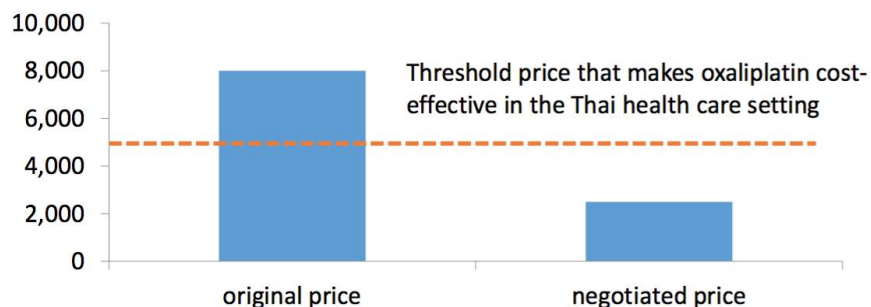
To facilitate the process of transparent and evidence informed decision making for Health Technology Assessment in India (HTAI) under the Department of Health Research, we will generate evidence related to the clinical effectiveness, cost-effectiveness, and safety of medicines, devices and health programs using the Health Technology Assessment



# HTA in Thailand: \$768 Million Dollars Saved within 5 Years



Threshold analysis for price of oxaliplatin



Use of HITA information in price negotiation

Medicine	Original price (THB)	Reduced price (THB)	Potential saving (THB per year)
Tenofovir	43	12	375 million
Pegylate interferon alpha-2a (180 mcg)	9,241	3,150	600 million
Oxaliplatin (injection 50 mg/25 ml)	8,000	2,500	152 million

From 2010- 2014	
Using Purchasing price in 2009 as basic price	
Item	Saving (Bht)
ARV Non CL	5328.59 million Bht (177.61 million USD)
ARV CL	10165.19 million Bht (353.84 million USD)
J2 and Clopidogrel	6830.37 million Bht (227.68million USD)
Flu vaccine	266.47 million Bht (8.88 million USD)



Journal of Evidence, Training and Quality in Health Care

Volume 108, Issue 7, 2014, pages 397-404

What is the contribution of health-related evaluations to decision-making in healthcare? Experiences from 7 selected countries

main emphasis

The use of economic evaluation for the pharmaceutical industry in Thailand

Cost-benefit assessments as an instrument for establishing the list of medicines to be reimbursed in Thailand

Yot Teerawattananon<sup>1</sup>, Nattha tritasavitol<sup>1</sup>, Netnapis Suchonwanich<sup>2</sup>, Pritaporn Kingkaew<sup>1</sup>

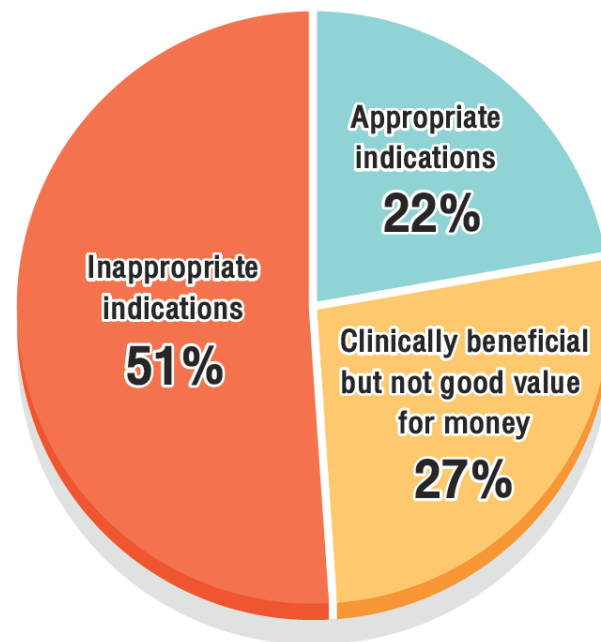
With in 5 years implementation:  
Saving 768 million USD



# HTA in Vietnam with iDSI: Health benefit package reform



- Almost 80% of the Vietnam Social Security reimbursement budget were on ineffective or cost-ineffective medicines.
- iDSI supported rapid review of HBP to identify potential savings of VND 3,335bn (US\$147m) each year without reducing health outcomes.



Source: Policy brief "Reaching the low-hanging fruits of Vietnam's Health Benefit Package reform", March, 2017

- Study led to specification of indications for use of medicines in health facilities.
- Anonymised results reported as a book chapter in *What's In, What's Out* for reference of other countries that may wish to apply approach.



**iDSI**

Better decisions. Better health.

**International Decision Support  
Initiative**

# iDSI History

# NICE

National Institute for  
Health and Care Excellence



## **Priority-Setting in Health** Building institutions for smarter public spending

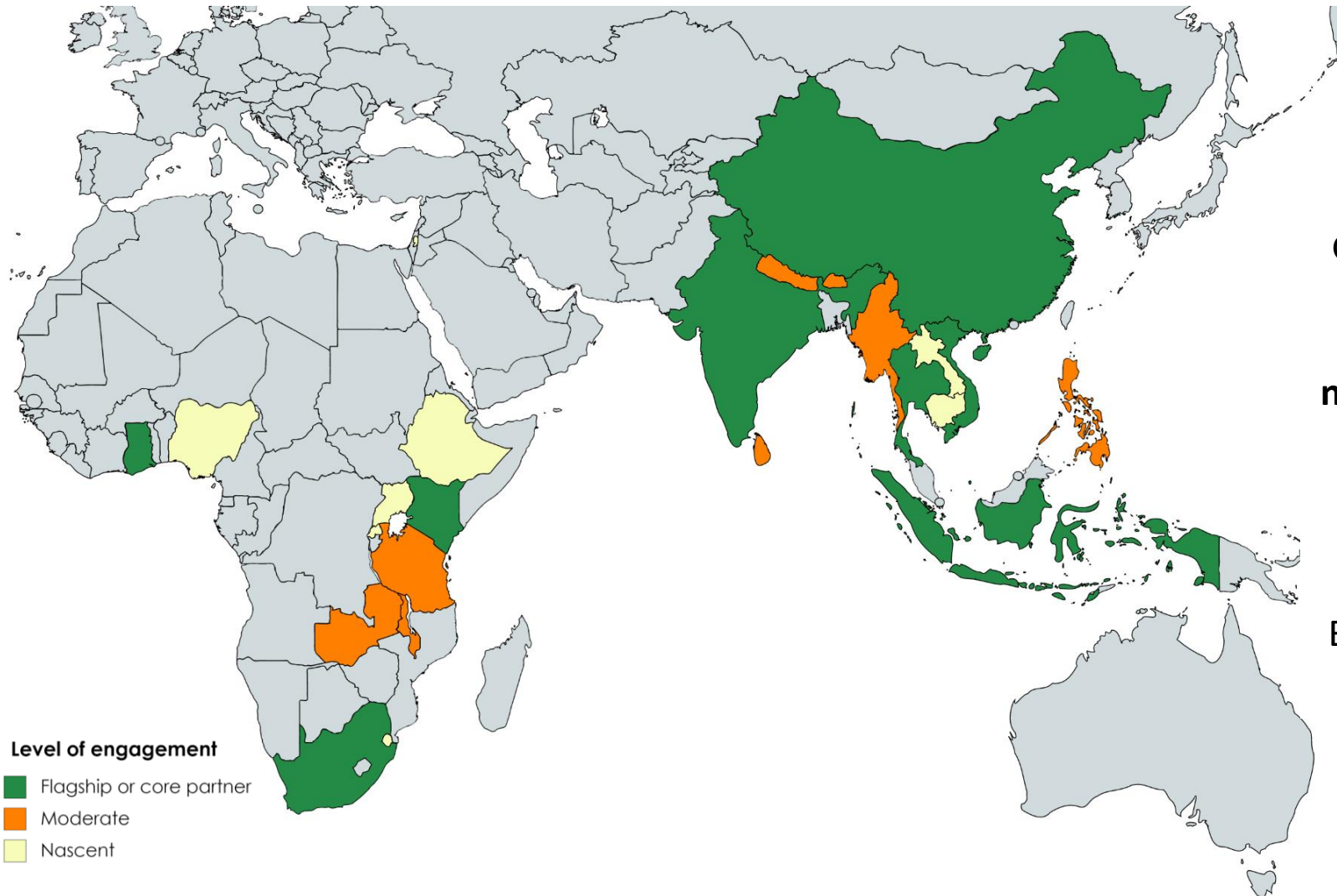
A report of the Center for Global Development's **Priority-Setting  
Institutions for Global Health Working Group**

**Amanda Glassman and Kalipso Chalkidou, Co-chairs**





# iDSI has worked intensively with seven countries and accelerated HTA in a further four



iDSI has helped 7 countries (South Africa, Ghana, India, China, Philippines, Indonesia and Vietnam) **make tangible institutional progress towards embedding HTA into national health priority-setting, UHC health benefits package (HBP) design and listing, and commodity procurement**

4 countries (Kenya, Tanzania, Zambia, Bhutan) have made early progress in laying institutional foundations for HTA

# iDSI empowers governments to provide accessible, cost-effective PHC

Uniquely building HTA and health economics applied capacity for the long term



In **Ghana**, an iDSI cost-effectiveness review of hypertension drugs has equipped the government with greater negotiating powers.

A 10% price reduction, to be in line with UK generics pricing, could save over US\$5.6m – enough to treat untreated patients 4x over.

The government has now endorsed an HTA strategy to ensure long-term sustainability of the insurance fund.

# iDSI has supported the institutionalisation of HTA in China



“The long-term collaboration between CNHDRC and iDSI... is highly valued by CNHDRC... One senior member described the relationship as ‘growing up together’, and mutual learning over time... a mutually beneficial and supportive partnership.”

**iDSI Country Learning Review, China (2018)**

The **China National Health Development Research Center (CNHDRC)**, thinktank of the National Health Commission and iDSI core partner, is a key agent for strengthening evidence-based decision making in China.

With iDSI’s ongoing support, CNHDRC has established a National HTA Center to serve the **newly formed National Health Commission**.

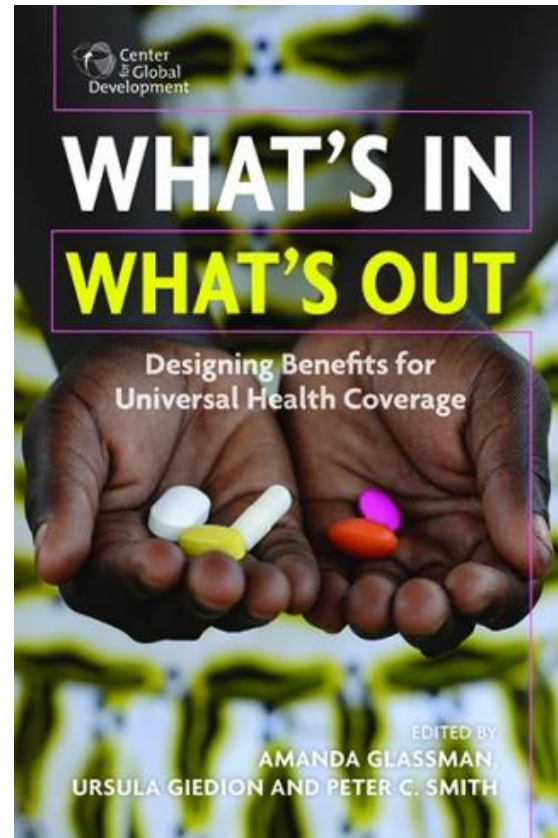
CNHDRC is developing **HTA methods** for the Essential Drugs List (EDL), including the evaluation of drug procurement, clinical usage, pricing and reimbursement.

Given the huge pharmaceuticals market worth \$108bn (2015) – 40% more than all other LMICs combined – **the potential for efficiency gains translating into health outcomes is enormous**.

# Knowledge Products and influencing global health policy

# GEAR

Guide to Economic Analysis  
and Research (GEAR) Online Resource



The International Decision Support Initiative

### Health Technology Assessment Toolkit

- Set the scene for HTA
- Make HTA an inclusive process
- Ensure political commitment
- Compile the best HTA evidence
- Build capacity to support HTA
- Set up a transparent and consistent process



**The Global Fund**  
To Fight AIDS, Tuberculosis and Malaria



# iDSI today



Imperial College  
London



NIPH  
Norwegian Institute of Public Health



Saw Swee Hock  
School of Public Health



KEMRI | Wellcome Trust



# iDSI: Delivering value and impact for health systems

We work in partnership with countries to build long-term institutional capacity for evidence-informed priority-setting and sustainable universal health coverage (UHC).

- **Diverse global delivery network** with access to health, economics, health technology assessment (HTA), policy, and capacity-building expertise
- **Strong government backing** from UK, Thailand, and China for North-South and South-South partnerships
- **Extensive and practical policy experience** of priority setting in UHC systems



Saw Swee Hock School of Public Health



KEMRI | Wellcome Trust



# iDSI - Who we are: Core Partners



**Imperial College  
London**



**KEMRI | Wellcome Trust**



# Plus global & regional collaborators including:





# What do we do?



# Our approach



We ensure policies are  
**EVIDENCE  
INFORMED**  
and fair



We encourage  
**LOCAL  
OWNERSHIP**  
and capacity



We strive for  
**LONG-LASTING  
SOLUTIONS**  
and in-country capabilities



Saw Swee Hock  
School of Public Health



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# Advisory Board Members

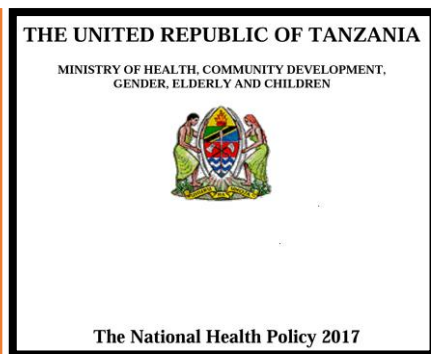
- **Dr Solange Hakiba** – Deputy Director, Rwanda Social Security Board
- **Dr Martha Gyansa-Lutterodt** - Director of Pharmaceutical Services and Chief Pharmacist, Ministry of Health, Ghana
- **Dr Bruno Meessen** – Project Director, The Collectivity
- **Dr Somil Nagpal** - Senior Health Specialist, Health, Nutrition and Population Global Practice, World Bank
- **Dr Damian Walker** - Deputy Director of Data and Analytics, Bill and Melinda Gates Foundation
- **Dr Nicole Spieker** – Director of East Africa, PharmAccess
- **Dr Suwit Wibulpolprasert** – Senior Health Advisor, Ministry of Health Thailand, Vice Chair HiTAP/National Health Foundation
- **Dr Ole Frithjof** – Professor, Department of Global Public Health and Primary Care, University of Bergen

# ...including in poorer economies... (cont.)

## 5.14.3. Policy Statements

“The government will improve adequate knowledge in health technology assessment (HTA) for evidence based selection of quality and safe technology as well as realizing value for money.”

**National Health Policy 2017**



- “Define an evidence-based benefit package for Kenyans under Universal Health Coverage: (A list of services that should be prioritized and made available taking into account the cost effectiveness, impact on financial protection, and equity in access across the population).”
- Define a framework for institutionalization of Health Technology Assessment (HTA).”

Cabinet Secretary, Government Gazette, July 2018



## TANZANIA HEALTH TECHNOLOGY ASSESSMENT COMMITTEE (THTAC)

The aim of the Tanzanian Health Technology Assessment Committee (THTAC) is to make evidence-informed recommendations to the MOHCDGEC based on the internationally recognized HTA framework. The committee will make recommendations about the public provision of health technologies that will contribute to maintaining and improving the health and well-being of Tanzanians, provide value for money and lead to the ultimate goal of Universal Health Care.”

**Committee Chaired by CMO and reports to Secretary, ToRs, 2018**



- “MOH should develop a transition plan to ensure sustainable financing and operational management of the supply chain to transition to a government led supply chain system
- MOH should establish a National Pricing Committee for Medicines
- MOH should institutionalise Health Technology Assessment to provide technical advice to the NPC”

## National Health Summit 2018 - plan

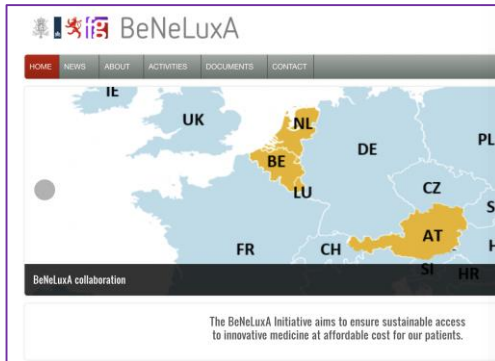
Ministry of Health  
Ghana



2018 Aide Memoire



# ...and in richer ones across the EU who use HTA to decide listing and pricing of new technologies... (cont.)



The BeNeLuxA Initiative aims to ensure sustainable access to innovative medicine at affordable cost for our patients.

### Positive outcome of joint reimbursement negotiations on Spinraza

Belunexa Initiative partners Belgium and the Netherlands successfully negotiated the reimbursement of Spinraza. Belgium and the Netherlands have reached an agreement on the pricing of Spinraza, a drug for Spinal Muscular Atrophy (SMA). Spinraza will be reimbursed for specific...

### Ireland joins BeNeLuxA initiative

22 June 2018 Today, the Irish Minister for Health, Simon Harris signed an Agreement with his colleagues from Belgium, The Netherlands, Luxembourg and Austria to join the Beneluxa Initiative on Pharmaceutical Policy. The ceremony took place during the Employment, Social Policy...

### General update (January 2018)

The Steering Committee of the BeNeLuxA cooperation met in Luxembourg on 18 January 2018. Experiences with joint HTA reports and joint negotiations were assessed, and the planned activities for 2018 in the areas of HTA and pricing and reimbursement were discussed. Topics included...

European Commission PUBLIC HEALTH

European Commission > DG Health and Food Safety > Public health > Health technology assessment > EU cooperation

## HEALTH TECHNOLOGY ASSESSMENT

All topics Overview HTA Network EUNetHTA Joint Actions EU cooperation

Go back to Health technology assessment > EU cooperation

### Strengthening EU cooperation beyond 2020

In 2016, the European Commission started work on strengthening EU cooperation on Health Technology Assessment in response to calls from EU countries, the European Parliament, and interested parties to ensure its sustainability beyond 2020. In its 2017 Work Programme, the European Commission announced that this would extend to improving the functioning of the single market for health technologies.

#### Legislative proposal

A legislative proposal was adopted by the European Commission on 31 January 2018. It is the result of an extensive reflection process following the results of the impact assessment outlined below. It has been sent to the European Parliament and the Council with the aim of adoption by 2019. The proposal and related information can be found here:

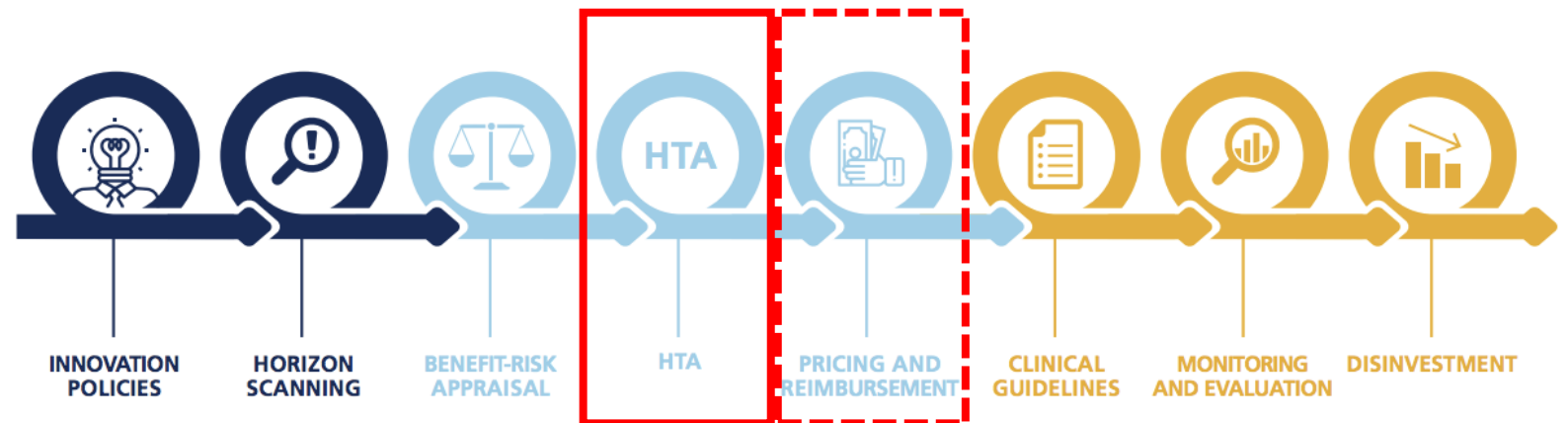
“The outcome of HTA is used to inform decisions concerning the allocation of budgetary resources in the field of health, for example, in relation to establishing the pricing or reimbursement levels of health technologies. HTA can therefore assist Member States in creating and maintaining sustainable healthcare systems and to stimulate innovation that delivers better outcomes for patients”

**REGULATION OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL on health technology assessment and amending Directive 2011/24/EU**

## Published outcomes

Branded Name	Company <sup>2</sup>	Therapeutic Area	Year	HTA Type
Lojuxta	Aegerion	Hyper-cholesterolemia	2015	Belgium re-used Dutch HTA work
Orkambi	Vertex	Cystic fibrosis	2016	First submission – Joint HTA (Belgium and Netherlands); external referee (Dutch Zorginstituut); Luxembourg used final report
Praluent	Sanofi	Dyslipidemias	2016	External referee (Dutch Zorginstituut for Belgium)
Orkambi	Vertex	Cystic fibrosis	2017	Second submission - Joint HTA (Belgium Netherlands); external referee (Dutch Zorginstituut); final report sent to Luxembourg and Austria
Vyndaqel	Pfizer	Amyloidosis	2017	External referee (Dutch Zorginstituut for Belgium); Luxembourg used final report
Ocaliva	Intercept	Primary biliary cholangitis	2018	Joint HTA (Belgium and Netherlands)
Spinraza	Biogen	Spinal Muscular Atrophy	2018	Joint HTA (Belgium and Netherlands) <sup>3</sup>

prices of high budget impact (such as United Kingdom). **Of the 45 countries surveyed, 34 have at least one HTA agency in place, primarily in the public sector.”**



# Systematic assessment of value can make **private** markets work better

- “Standards of care, evidence-based treatment protocols and processes for conducting [HTA] to assess the impact, efficacy and costs of medical technology, medicines and devices relative to clinical outcomes must be developed. Findings... should be published to **stimulate competition** in the market, to **mitigate information asymmetry**, and to **inform decisions about strategic purchasing by the public and private sectors.**”



“The current government system of JKN does not link the **clinical and economic assessment of drugs for price negotiation and tariff setting**, which can lead to cost-effective drugs not being available to providers at an affordable rate (or conversely, the reimbursement rate not accounting for the market price of this drug)... The price-quantity negotiation process should... reflect the HTAs/Economic Assessment results more broadly beyond certain high-price but low-volume top-up drugs, reflecting the affordability and cost-effectiveness thresholds that Indonesia wants to set...”

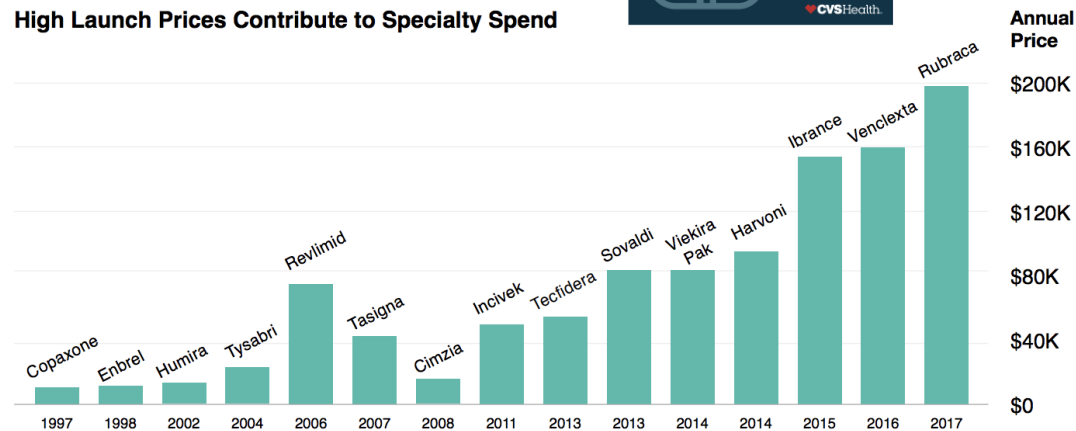


# And even in the USA private insurers and pharmaceutical benefits managers adopt HTA...

CVS adopting VBP based on ICER estimates



High Launch Prices Contribute to Specialty Spend



**~\$145K** average annual price of the last three approved oral oncology drugs

Sources: CVS Specialty analysis of Medispan data. Annual drug costs based on average wholesale price (AWP) accessed December 2017. CVS Specialty Analytics. Drug launch cost based on wholesale acquisition cost (WAC) launch pricing accessed Spring 2018.

- “CVS Caremark is initiating a program that allows clients to exclude any drug launched at a price of greater than **\$100,000 per QALY** from their plan. The QALY ratio is determined based on publicly available analyses from the Institute for Clinical and Economic Review (ICER), an organization skilled in the development of comparative effectiveness analyses.
- Medications deemed “breakthrough” therapies by the U.S. Food and Drug Administration will be excluded from this program, which will focus on expensive, “me-too” medications that are not cost effective, helping put pressure on manufacturers to reduce launch prices to a reasonable level.”



# October 2018: China launches HTA and launches National Centre of Medicine and Health Technology Assessment



**FU Wei**  
Director-General, Research Fellow, China National Health Development Research Center, National Health Commission

FU Wei once served as Consultant, Director and Deputy Director of the former Division of Primary Health and Maternal and Child Care, the Department of Rural Health Management, the Department of Maternal and Child Health and Community Health, and the Medical Reform Office of the Ministry of Health, as well as Deputy Director of the Department of Healthcare Reform of former National Health and Family Planning Commission of the PRC (Medical Reform Office of the State Council). Other social posts includes: Vice President of the China Health Economics Association, Chairman of the Health Expenditure and Policy Committee, Chairman of the Application Evaluation and Protection Committee of Chinese Health Information and Big Data Association, Chairman of China Health Policy and Technology Assessment Research Network Committee, and Director of the Collaborative Center for Term Classifications and Standards of the World Health Organization.

## 4. Knowledge translation and Decision Making

- Pricing Negotiation for 18 Generic Cancer Drug
- Updating National Essential Drug List
- Comprehensive Drug Assessment
- Reviewing Public Health Service Package
- Setting Up the List of Appropriate Technologies in County Level Hospitals

“We have fully utilized HTA...to balance financially sustainability and access to new cancer drugs...up to 30% price reductions compared to nearby countries”

*Director of Chinese Medical Insurance Bureau, Beijing, October 2018*



(二)完善目录调整管理机制。优化基本药物目录遴选调整程序，综合药品临床应用实践、药品标准变化、药品新上市情况等因素，对基本药物目录定期评估、动态调整，调整周期原则上不超过3年。对新审批上市、疗效较已上市药品有显著改善且价格合理的药品，可适时启动调入程序。坚持调入和调出并重，优先调入有效性和安全性证据明确、成本效益比显著的药品品种；重点调出已退市的，发生严重不良反应较多、经评估不宜再作为基本药物的，以及有风险效益比或成本效益比更优的品种替代的药品。原则上各地不增补药品，少数民族地区可增补少量民族药。

2018年全国药政工作会在京召开 明确加快短缺药品供应保障体系建设等7项重点  
发布时间：2018-10-15

10月15日，2018年全国药政工作会议在京召开。明确近期我国药政工作将着力围绕加快短缺药品供应保障体系建设、全面实施国家基本药物制度新政策、全面落实药品采购“两票制”、提高药品供应保障能力、开展药品临床综合评价、推进国家药物政策体系和协调机制建设等7个方面重点展开。

# China 4+7 cities procurement reforms

**ASIA TIMES** EST 1995

GREATER CHINA | NORTHEAST ASIA | SOUTHEAST ASIA | SOUTH ASIA | OCEANIA | MIDDLE EAST

CHINA DIGEST | BUSINESS | AUGUST 18, 2019



Since 2016, investment in China's medical and pharmaceutical sector has reached US\$103 billion. File photo.

## China's pharma sector maturing at rapid pace

Industry being driven by an aging society, higher healthcare demands, regulation reforms and increased investment

By DM CHAN

[f](#) [t](#) [in](#) [e](#) [w](#)

REUTERS  
HEALTH NEWS  
SEPTEMBER 2, 2019  
China expands  
pressure on

FT Prime


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## China is shopping for generics. Can Sun, Aurobindo, Alembic, and Aurobindo cash in?

GENERIC

has announced a raft of reforms for procuring generic drugs. This has renewed hope for Indian companies, which in the last two decades had lost their hold on the Chinese market. Sluggish growth in India, the US, and Europe makes this newfound opportunity all the more attractive.

20 Aug 2019 • 10 Mins Read

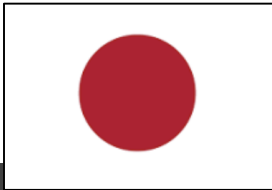


A & E REGISTRATION & SHROFF  
急症登記及繳費處

ADMISSION  
入院

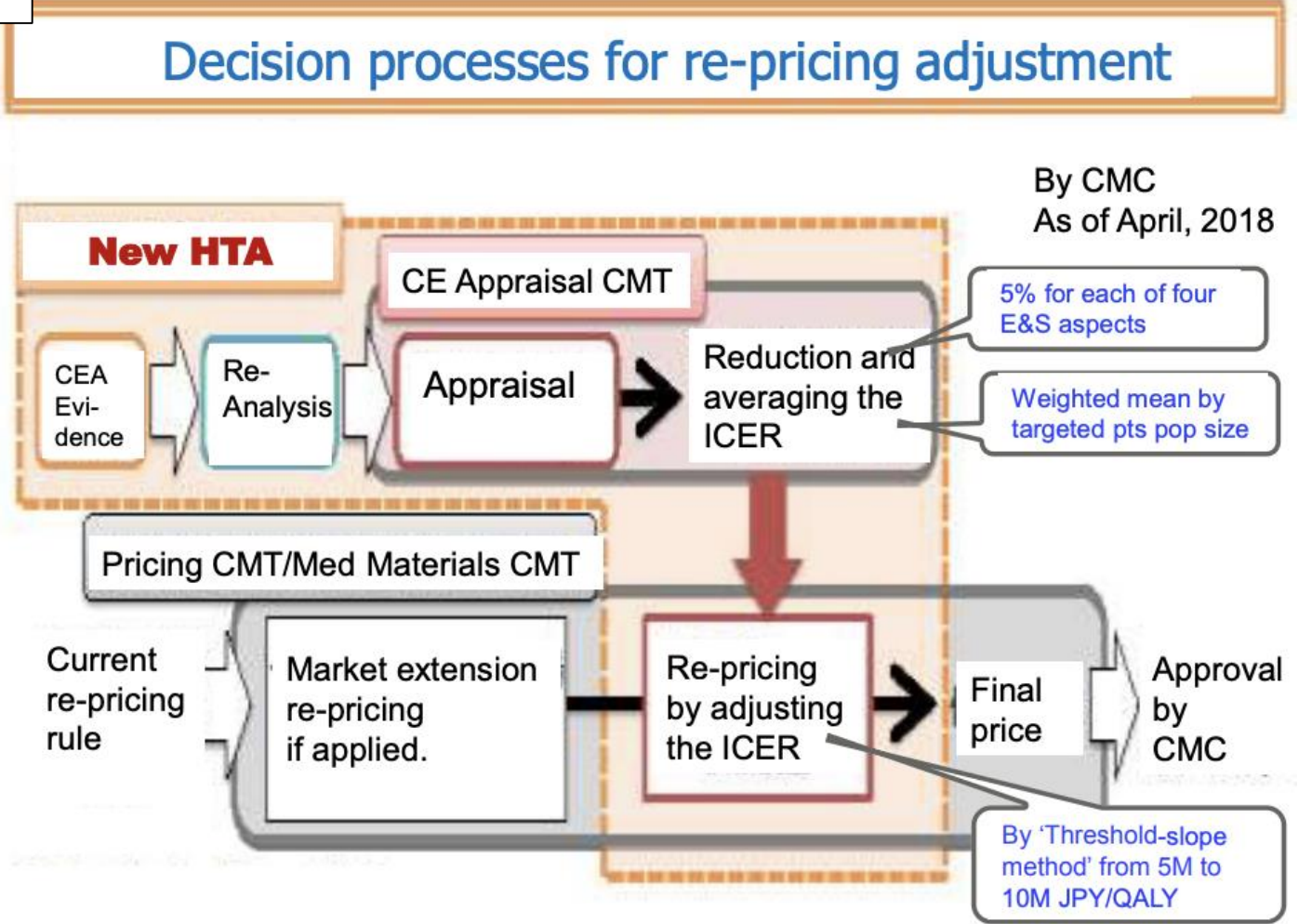
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# Japan: using HTA for pricing adjustments...

- The new HTA process will include medical drugs and devices, and will exclude products used solely for rare diseases (where there are no current treatments), or used solely for paediatric diseases.
- The standard assessment route will use a QALY threshold of JPY5million, after which price premiums will be progressively reduced (by up to 90%) until the threshold of JPY10million.
- The special assessment route, for products with rare disease, paediatric or anti-cancer indications, will use QALY thresholds that are 50% higher.



## Tools

Pipeline Analysis

Implementation Research Toolkit

AU Model Law

Other Knowledge Products

## Country focus



# JICA: Japan's HTA helping the world achieve UHC!



GHIT

Fund

## Global Health Innovative Technology Fund

“We facilitate international partnerships that bring Japanese innovation, investment, and leadership to the global fight against infectious diseases and poverty in the developing world.”

“Our vision is one in which the crushing burden of infectious disease no longer prevents billions of people in the developing world from seeking the level of prosperity and longevity now common in the industrialized world.”

# UNITING EFFORTS FOR HEALTH

INNOVATION – ACCESS – DELIVERY



Uniting Efforts for Innovation, Access and Delivery is a new global platform – launched in 2019 by the core partners the Government of Japan, the UNDP-led Access and Delivery Partnership (ADP) and the GHIT Fund – that aims to bring together and promote dialogue among key stakeholders to accelerate and improve the innovation, access and delivery of medicines, vaccines, diagnostics and other health technologies for unmet health needs in low- and middle-income countries.



# *HTA in Japan: maximising the potential!*

Anchor price for procurement/pricing of single source products

Align with professional STGs, Clinical Pathways and provider reimbursement

Inform listing/pricing in insurance schemes

Pre-emptively manage supply side/industry in a controlled and regulated setting

Defend tough decisions to the people and the professional community.

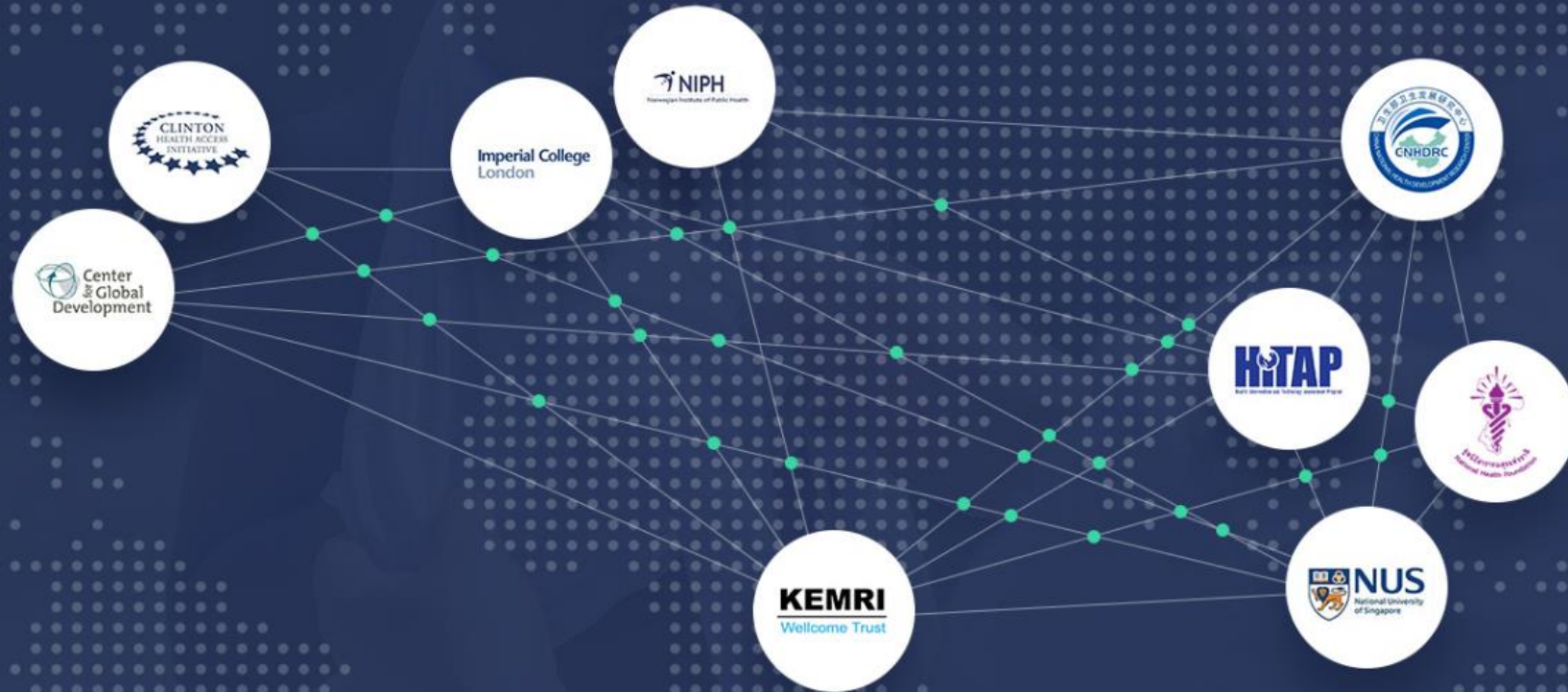
Boost domestic R&D through rigorous evaluation culture showing value added.

Generate global public goods in the form of analyses for other payers to use.

Strengthen Japanese academe raising global profile.

*“Raising sufficient money for health is imperative, but just having the money will not ensure universal coverage. Nor will removing financial barriers to access through prepayment and pooling. The final requirement is to ensure resources are used efficiently.”*

10 World Health Report on financing for universal coverage



Thank you!