

Health Technology Assessment in the Philippines

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and the HTA Division Staff



OUTLINE

- 1.0 Definitions
- 2.0 The Universal Health Care Act of 2019
- 3.0 The Role of Health Technology Assessment (HTA) in Achieving Universal Health Care (UHC)
- 4.0 The HTA Process in the Philippines
- 5.0 Challenges and Future of HTA in the Philippines



1.0 DEFINITIONS

What is a health technology?



Any healthcare intervention used to **promote** health, to **prevent**, **diagnose** or **treat** disease or used for **rehabilitation** or long-term care

The application of organized knowledge and skills in the form of **devices, medicines, vaccines, procedures, and systems** developed to solve a health problem and improve quality of lives (WHO)

1.0 DEFINITIONS

Health Technology Assessment

UHC Act of 2019

Refers to the **systematic evaluation of properties, effects, or impact** of health-related technologies, devices, medicines, vaccines, and other health-related interventions developed to solve a health problem and improve quality of lives and health outcomes utilizing a multi-disciplinary process to evaluate **clinical, economic, social, organizational and ethical** impact of a health technology



1.0 DEFINITIONS

- **Universal health care - provision to every Filipino of the highest possible quality of health care that is accessible, efficient, equitably distributed, adequately funded, fairly financed, and appropriately used by an informed and empowered public (DOH)**
- **Also known as Kalusugan Pangkalahatan**



2.0 The Universal Health Care Act of 2019

- General Objectives:
 - ❖ To progressively realize universal health care in the country through a **systemic approach and clear delineation of roles** of key agencies and stakeholders towards better performance in the health system; and
 - ❖ To ensure that all Filipinos are guaranteed **equitable access** to quality and affordable health care goods and services, and protected against financial risk.



3.0 Role of HTA in achieving UHC



Universal Health Care Act of 2019 (RA 11223)

To progressively realize UHC through a systemic approach and clear role delineation of stakeholders



To ensure **equitable access to quality and affordable health care** and protection against financial risk

Chapter on GOVERNANCE and ACCOUNTABILITY

Section 34. Health Technology Assessment

HTA under UHC Act (Section 34)

Key Stipulations

- Institutionalization of HTA as a priority setting mechanism recommendatory to DOH and PhilHealth to guide coverage decisions
- Creation of the HTA Council (HTAC) - Core Committee and Subcommittees on the different health technologies specified
- Supported by a secretariat and unit with evidence generation and policy capacity
- Adherence to HTA process principles



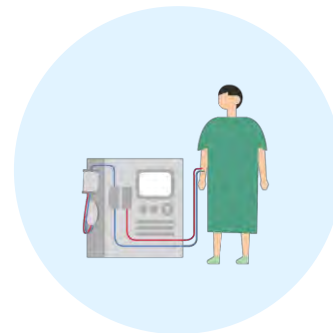
Sample Topics for Health Technology Assessment



Medicines listed in the
Philippine National Formulary

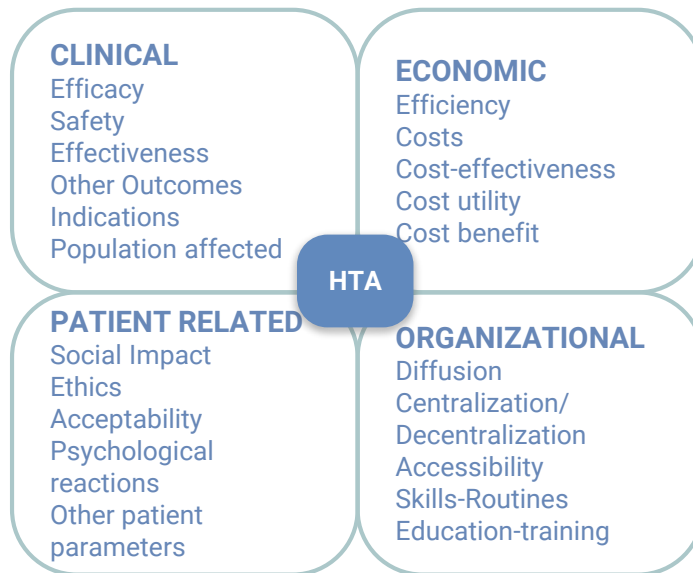


Vaccines under the
National Immunization
Program



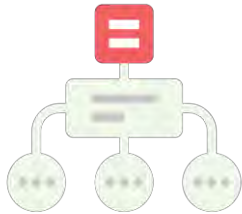
Health technologies/services
funded through DOH and
Philhealth

Key Principles: Dimensions of HTA



Bowen J.M., Patterson L.L., O'Reilly D., Hopkins R.B., Blackhouse G., Burke N., Xie F., (...), Goeree R.
Conditionally Funded Field Evaluations and Practical Trial Design Within a Health Technology Assessment Framework (2009) JACR Journal of the American College of Radiology, 6 (5), pp. 324-331.

HTA supports the health system in achieving UHC by:



**Institutionalizing a
systematic, unified
priority setting
mechanism**



**Negotiating
better prices for
health technologies**

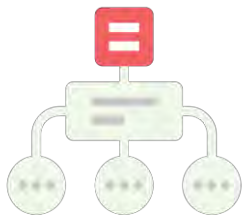


**Improving
efficiency in the
allocation of
resources**



**Increasing
transparency and
accountability**

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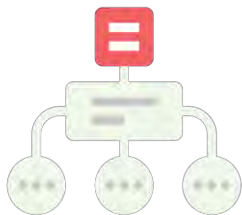


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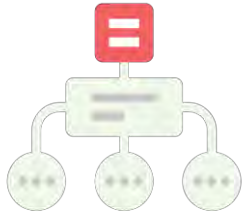


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**Negotiating
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**Improving
efficiency in the
allocation of
resources**



**Increasing
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accountability**

HTA Implementation Timeline



Plan of action developed in 2019 based on UHC Act mandates

**20 Feb
2019**

UHC
Law
(RA
11223)
signed

**10 Oct
2019**

UHC
Law IRR
signed

Oct 2019

HTAC
establish
ed thru
UHC Act

**Oct 2019-
2021**

Existing
health
technolo
gies
rationaliz
ed

2022

New
Health
Technolo
gies

**2022-
2024**

Start HTA
transition to
the
Department
of Science
and
Technology
(DOST)

HTA Implementation Timeline



Reconfiguration of the plan of action due to COVID-19

20 Feb
2019

UHC Law
(RA
11223)
signed

10 Oct
2019

UHC
Law IRR
signed

Oct
2019

HTAC
establis
hed thru
UHC Act

Oct
2019-
2021

Creation of
Expedited
and Urgent
tracks

March
2022

Tentative date
to open new
topic
nominations to
EXTERNAL
STAKEHOLDER
S - non-COVID
topics

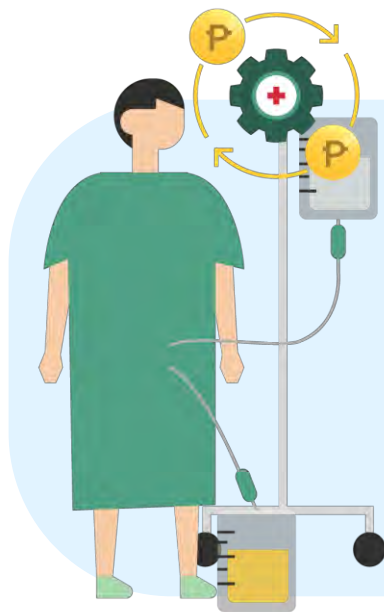
2024

HTA
transition to
the
Department
of Science
and
Technology
(DOST)

2020 to present

Majority of topic requests from DOH and PhilHealth:
COVID-19 health technologies: vaccines and diagnostics (expedited HTA process)

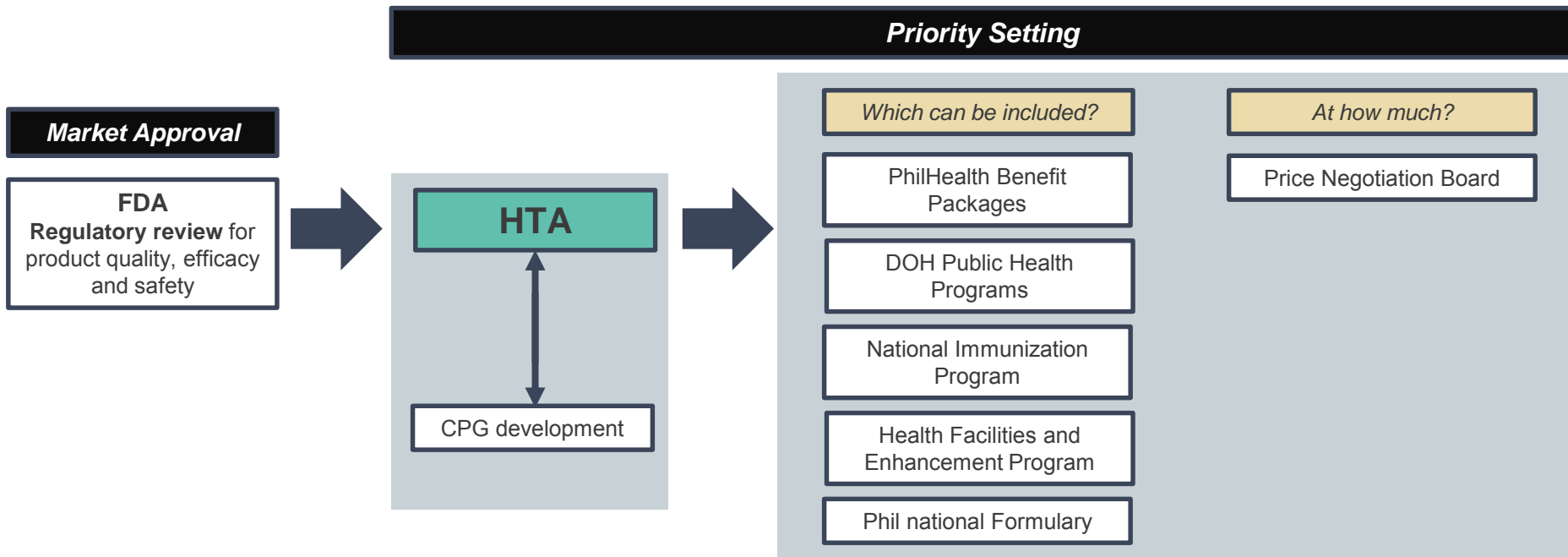
Key mandate 1: HTA as a priority setting mechanism recommendatory to DOH and PhilHealth to guide coverage decisions



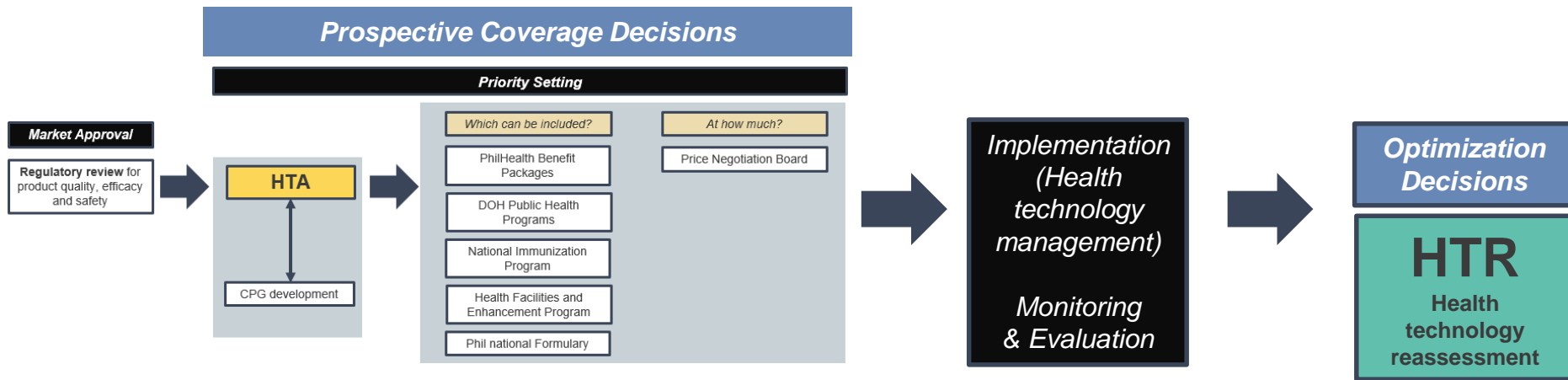
All health technologies(...) are **to be funded by PhilHealth and DOH**, either as population-based or individual-based health services, shall be **assessed and recommended through the HTA process.**

UHC Act of 2019

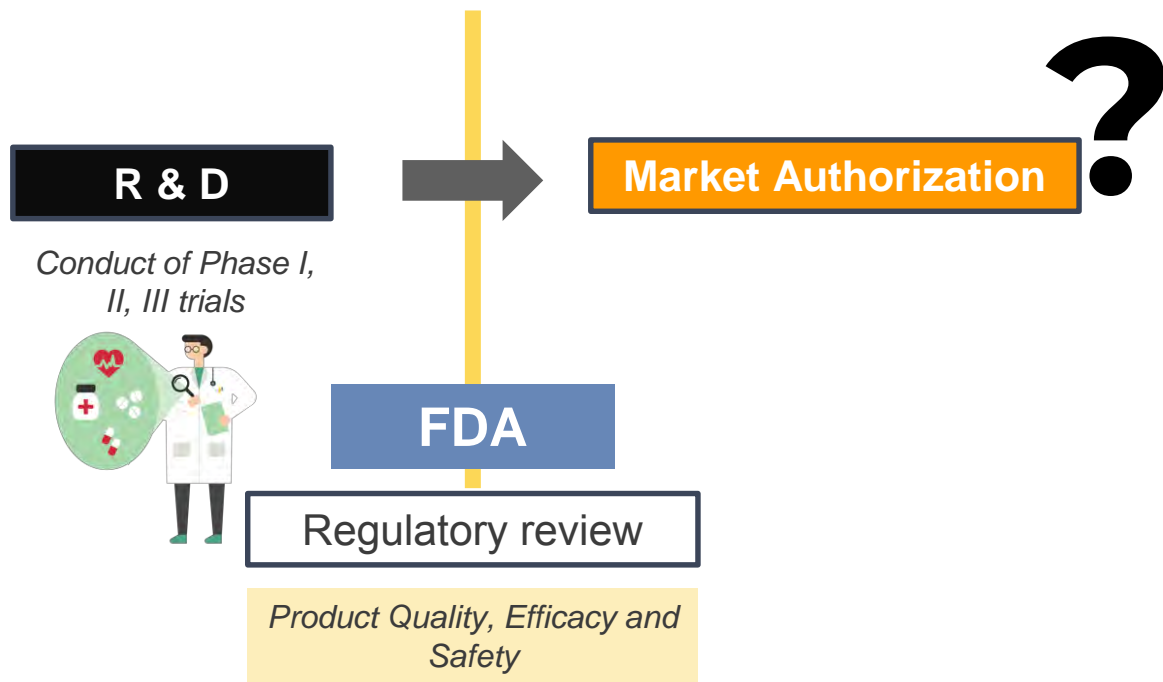
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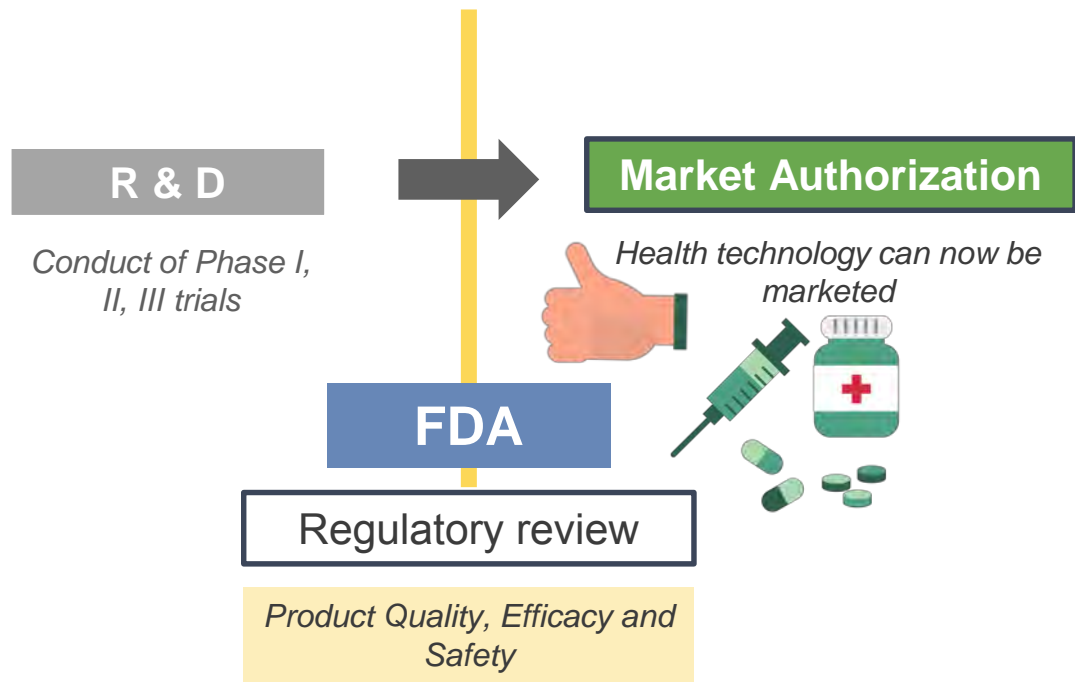
Key mandate 1: HTA as a priority setting mechanism recommendatory to DOH and PhilHealth to guide coverage decisions



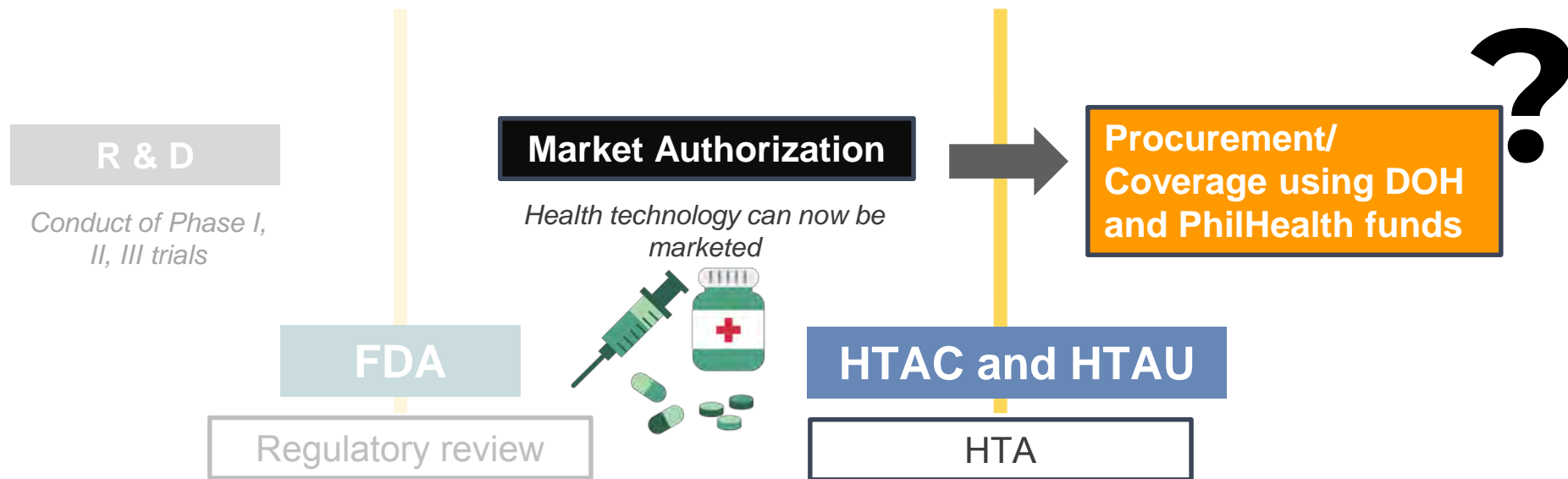
Regulatory review by FDA versus HTAC assessment



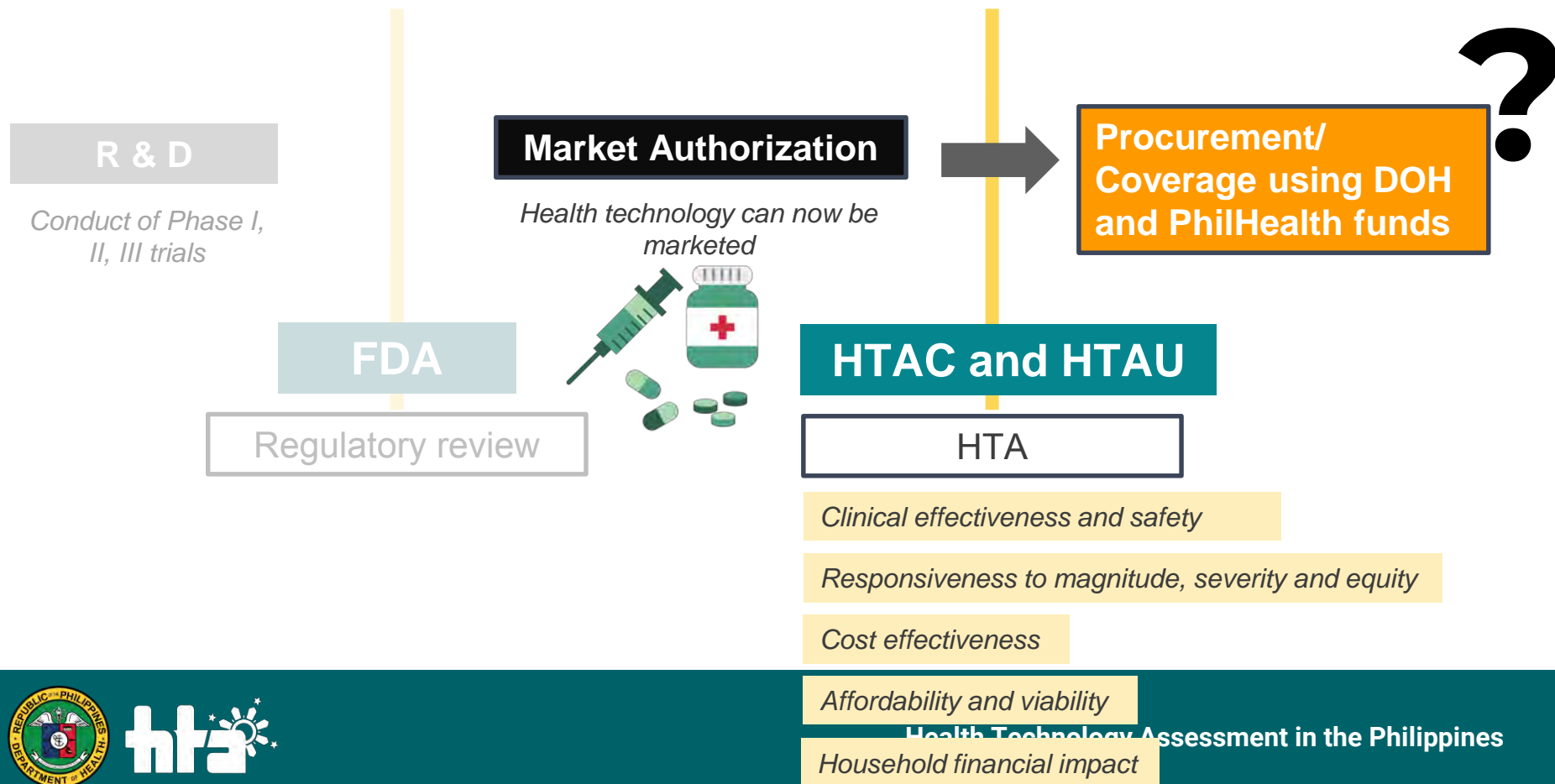
Regulatory review by FDA versus HTAC assessment



Regulatory review by FDA versus HTAC assessment



Regulatory review by FDA versus HTAC assessment



Key mandate 2: **Creation of the HTA Council (HTAC)**

The HTA Council shall be established and convened by the DOH, in a transitory capacity to:

01

Facilitate provision of coverage recommendations on HTs to be financed by DOH and PHIC

02

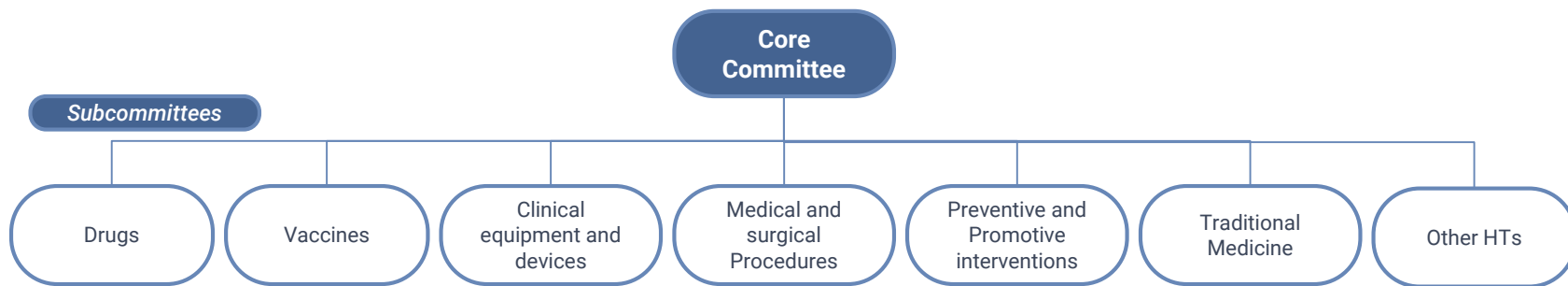
Oversee and coordinate the HTA process within DOH and PHIC

03

Review and assess existing DOH and PHIC benefit packages



Key mandate 2: **Creation of the HTA Council (HTAC)**



HTAC Council Composition



Marita V. Tolentino Reyes, MD
Chair, Core Committee



Ma. Carmen Cornelia-Tolabing, DrPH
Public Health Epidemiologist
Core Committee



Annabelle R. Borromeo, PhD, MHA, RN, CNS
Citizen's Representative
Vice Chair, Core Committee



Maria Carinnes P. Alejandria, PhD
Sociologist/Anthropologist
Core Committee



**Bu C. Castro, M.D. LI.B.
FPSP**
Medico-Legal Expert
Core Committee



Martha Bugnosen-Cayad-an, MD, MPH, CESO III
Public Health Expert
Core Committee



Cecilia C. Maramba-Lazarte, MD, MScID, MScCT
Clinical Trial/Research Methods Expert
Core Committee



Aleli D. Kraft, PhD
Health Economist
Core Committee



Jacinto Blas V. Mantaring III, MD, MSc
Clinical Epidemiologist/Evidence-based Medicine Expert
Core Committee



HTAC Subcommittees



Drugs

Lizette Kristine Lopez, MD
Imelda Peña, RPh, DrPH
Irisyl Real, MD



Clinical Equipment & Devices

Agnette Peralta, MSc
Catherine Manuela Ramos, MSc
Marc James delos Santos, MD



Preventive and Promotive Health

Limuel Anthony Abrogena, MD, FPAFP
Aleth Therese Dacanay, RPh, PhD
Luz Barbara Dones, MPH, RN



Traditional Medicine

Isidro Sia, MD, PhD
Gemiliano Aligui, MD, MPH, PhD
Martin Camara, DC



Vaccines

Mediadora Saniel, MD, MBA-H
Jose Enrico Lazaro, PhD
Mary Anne Roldan-Castor, MD,
FPPS, FPSAAI



Medical & Surgical Procedures

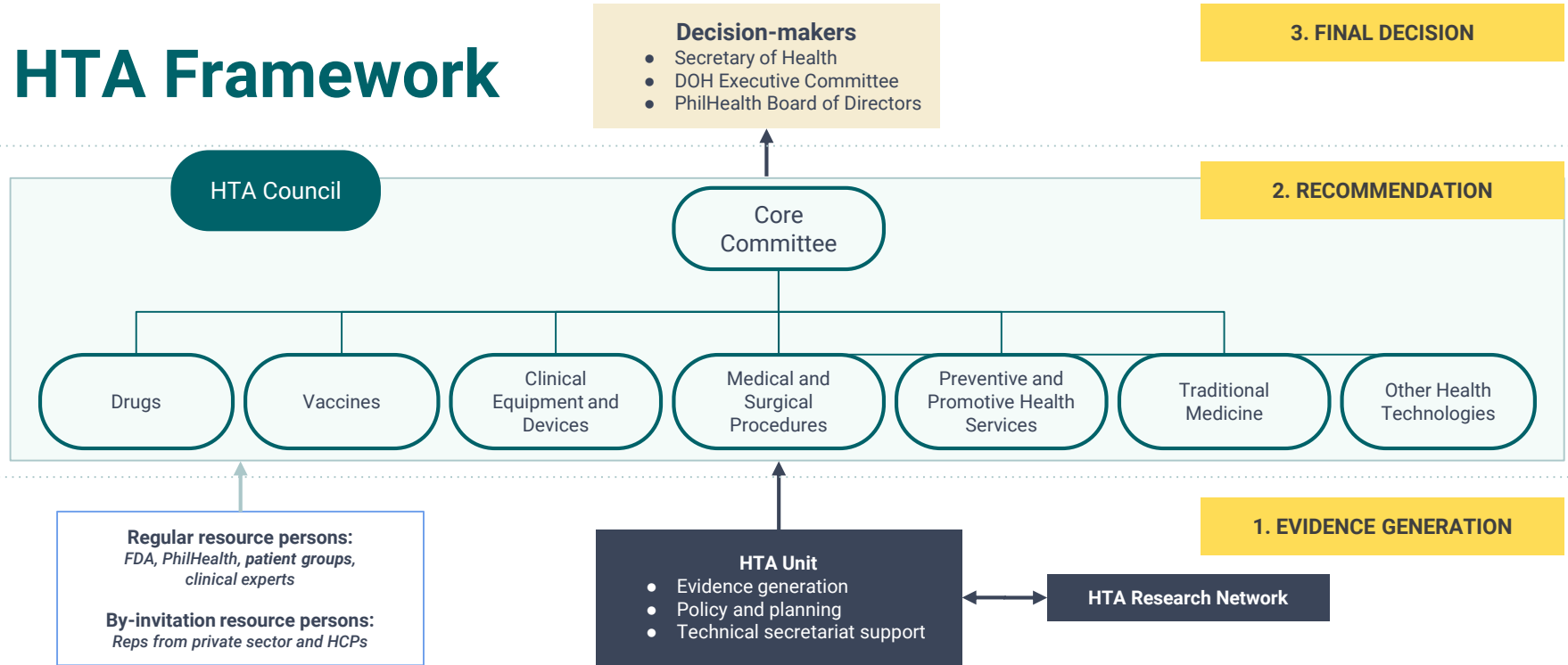
Maria Minerva Calimag, MD, PhD
Joan Cristine Lareza, MD, FPOGS,
FPSUOG, FPSMS
Maria Isabelita Rogado, RN, MAN



Other Health Technologies

Iris Thiele Isip Tan, MD, MSc,
FPCP, FPSMD
Raymond Francis Sarmiento, MD
Josefina Tuazon, RN, MN, DrPH

HTA Framework



HTA Research Network

A network of research partners shall be formed jointly by DOH and DOST to support the activities of the HTA Unit.

The network aims to:

01

Implement a research agenda related to HTA

02

Conduct trainings, workshops, and other activities to build capacity in conducting assessments.

HTAC recommendation

A recommendation, based on a review of evidence through HTA methodology, on whether a specific health technology should be covered/ funded/ procured or not by DOH or PhilHealth



Criteria Guiding HTAC Recommendations

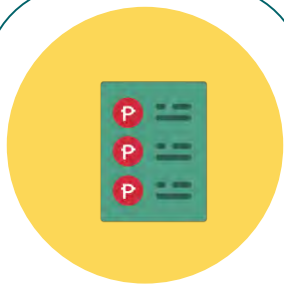
What guides the development of HTAC recommendation on whether a health technology should be recommended or not for funding allocation or coverage?



**Responsiveness
to magnitude,
severity,
& equity**



**Safety
and Effectiveness**



**Affordability
and Viability**



**Cost
Effectiveness**

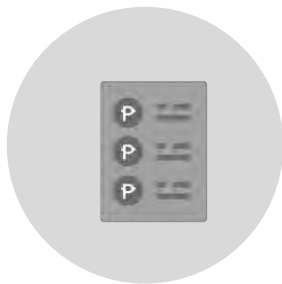


**Household
Financial Impact**

Criteria guiding HTAC recommendations

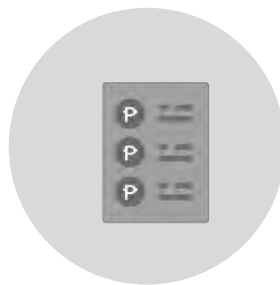
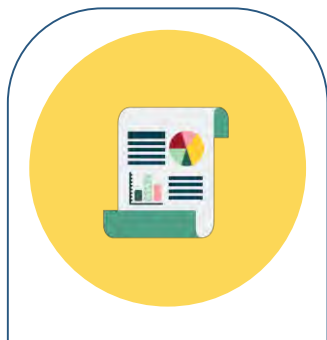


**Responsiveness to
magnitude, severity,
& equity**



Interventions must address medical
conditions placing the heaviest burden
on the population

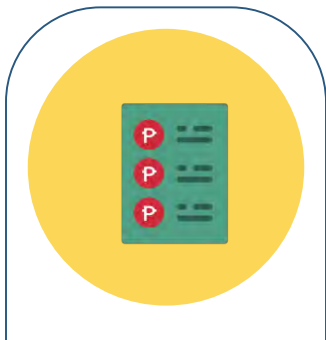
Criteria guiding HTAC recommendations



**Safety
and Effectiveness**

Best available evidence must show
intervention to be safe and effective

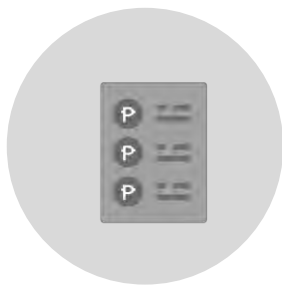
Criteria guiding HTAC recommendations



The intervention must be affordable and costs must be viable to funding agents

**Affordability
and Viability**

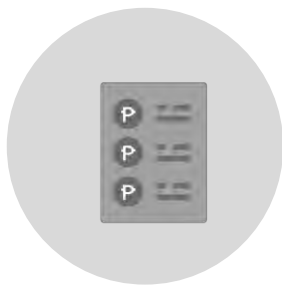
Criteria guiding HTAC recommendations



The intervention must provide overall gain to the health system and outweigh opportunity costs

**Cost
Effectiveness**

Criteria guiding HTAC recommendations



The intervention must have economic studies; reduce out-of-pocket expenses

**Household
Financial Impact**

The new implementing guidelines on HTA



4.0 The HTA PROCESS in the Philippines

What is the HTA Process Guide?

- Reference document detailing:
 - HTA Governance Framework
 - Different HTA Process tracks and timelines
 - Important Forms and Templates
 - Stakeholder roles
- Should be interpreted together with the **Philippine HTA Methods Guide**



HTA Process tracks for 2022

MAJOR APPLICATIONS



**General
HTA Process**



**Expedited
HTA Process**

MINOR APPLICATIONS

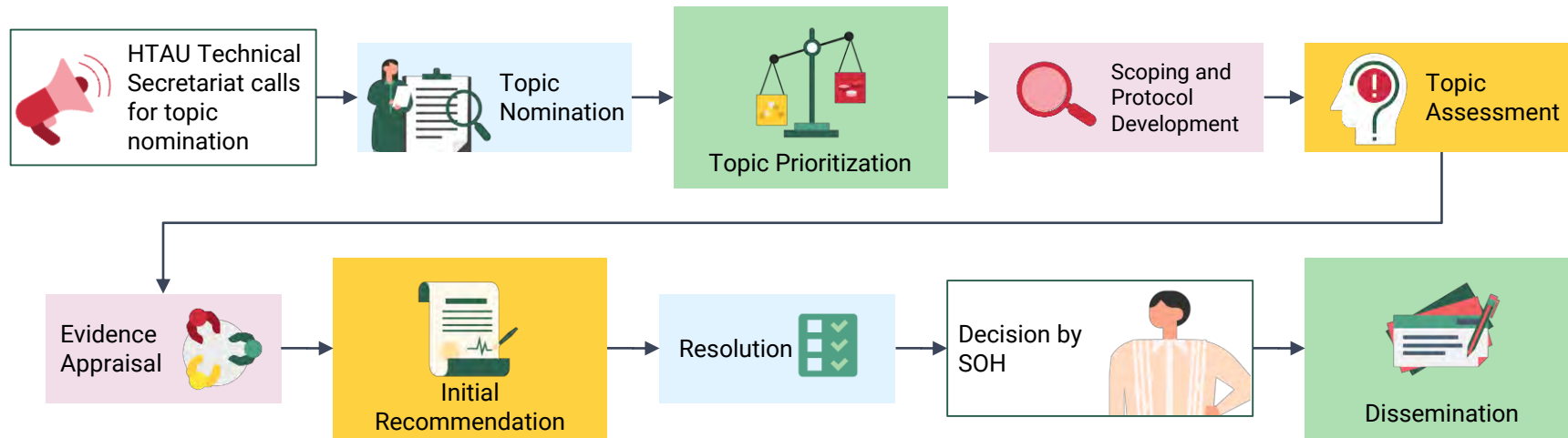


Minor Inclusion





General HTA Process



General HTA Process



the process of referring topics to HTAC (*through a dossier submission*) for which technology appraisals may be produced and disseminated for the guidance of policy-makers in healthcare coverage decisions and to health providers and patients on the optimal and appropriate use of health technologies.

TOPIC:

**Health technology + Indication [Target Population, Outcome]
Comparator of the Proposed Health Technology**

End goal: **Gather topics from the different stakeholders**

Example:

TRASTUZUMAB as an add-on to chemotherapy compared to chemotherapy along for patients with HER2+ early stage breast cancer, to improve overall survival

General HTA Process



the selection of topics through a standard set of criteria by HTAC to ensure that the appraisal process responds to the priority health care needs of the country and that the topics address conditions that are important to patients, health care providers, PhilHealth and DOH program managers, hospitals and local health system administrators

General HTA Process



TOPIC ASSESSMENT

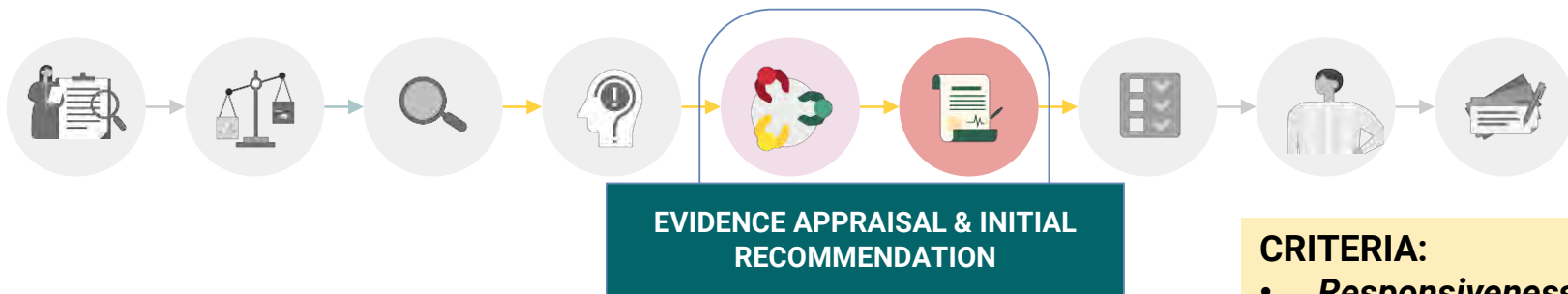
Scoping to Research Implementation

- process of defining the overall scope of the technology assessment
- the application of formal scientific methods of evidence synthesis to assess the clinical, economic, health system, ethical, legal and social impact of covering or disinvesting a particular health technology in the local Philippine context

End goal: **HTA REPORT** which shall serve as evidentiary basis for the development of the recommendation



General HTA Process



the process by which the HTAC **evaluates and makes a judgement** on the value of a health technology in the Philippine context using its established criteria based on the evidence presented in the HTA report

End goal: **INITIAL RECOMMENDATION**
(to cover/ fund a specific health technology or not)

CRITERIA:

- ***Responsiveness to disease magnitude, severity, and equity***
- ***Safety and effectiveness***
- ***Household financial impact***
- ***Cost-effectiveness***
- ***Affordability and viability***

General HTA Process



- process where appeals on the initial recommendation may be submitted by any *stakeholder* (*General Public, Patients, Healthcare providers, Hospitals Policymakers, Industry, Researchers*)
- HTAC makes final deliberation based on appeal

End goal: **FINAL RECOMMENDATION**
(to cover/ fund a specific health technology or not)

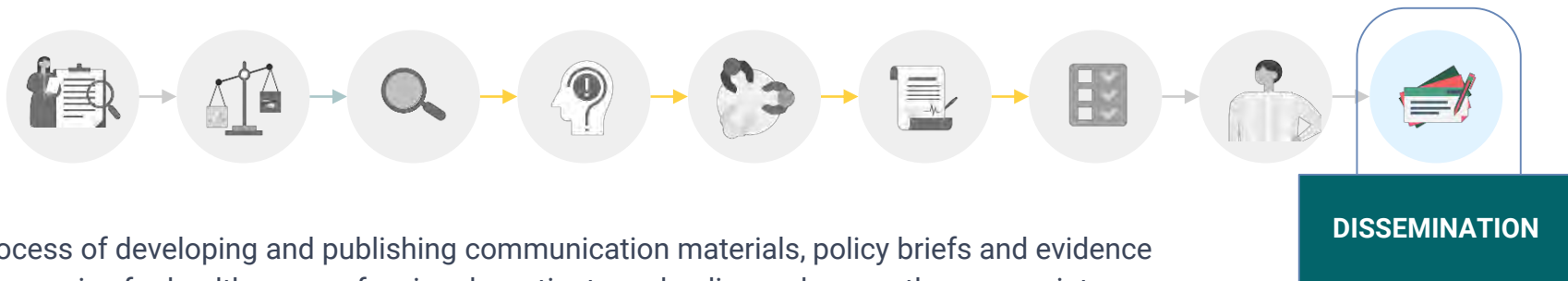
General HTA Process



- HTAC submits recommendation to the SOH
- SOH makes final decision whether a technology should be funded or not by DOH or PhilHealth, based on evidence presented by HTAC
- **IMPORTANT NOTE: Per UHC Law, the SOH cannot approve a health technology for funding WITHOUT POSITIVE HTAC RECOMMENDATION**

End goal: **COVERAGE DECISION**
(to cover/ fund a specific health technology or not)

General HTA Process



process of developing and publishing communication materials, policy briefs and evidence summaries for healthcare professionals, patients and policy makers on the appropriate use of health technologies based on the appraisal and recommendations of the HTA Core Committee

End goal: **PUBLISHED MATERIALS TO COMMUNICATE THE COVERAGE DECISION**

General HTA Process

<https://hta.doh.gov.ph/>



Republic of the Philippines
Health Technology Assessment
Department of Health

ChAdOx1-S Recombinant Vaccine Guidance for Health Care Providers

Health Technology Assessment Philippines presents the
COVID-19 Vaccine AstraZeneca Guide for HCPs.

COVID-19 VACCINE ASTRAZENECA GUIDANCE FOR HEALTH CARE PROVIDER

Road to HTA Institutionalization

Where we are and where are we headed?

EVENTS AND PRESS RELEASES

HTAC RECOMMENDATIONS

NEWS AND UPDATES



Department of Health (Philippines) added a new photo. ...

★ Favorites · 13h ·

COVID-19 Vaccine AstraZeneca under emergency use can reduce risk against COVID-19 for priority groups aged 18 and older, HTAC notes in a recent recommendation.

Read more here: <https://bit.ly/htac-az-eua> ✓



COVID-19 Vaccine AstraZeneca under emergency use authorization

What factors did the Health Technology Assessment Council
consider in assessing COVID-19 Vaccine AstraZeneca?

Visit

bit.ly/htac-az-eua

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doh.gov.ph

(02) 894-COVID / 1555

DISSEMINATION



Health Technology Assessment in the Philippines

General HTA Process

8 months to more than a year



Expedited HTA Process

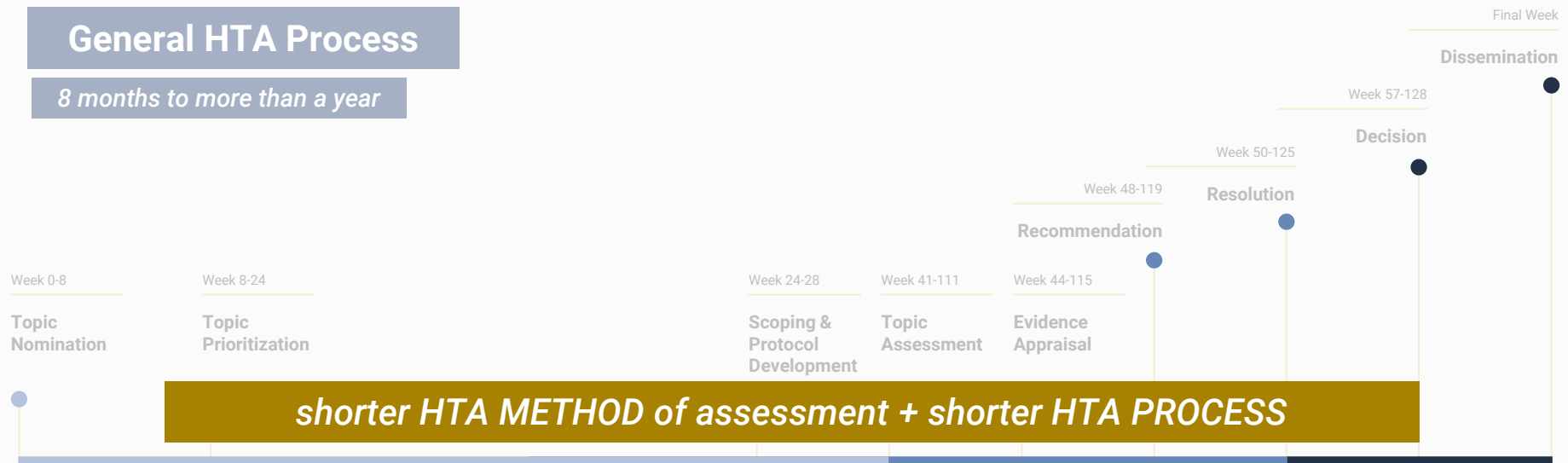
1 – 3 months



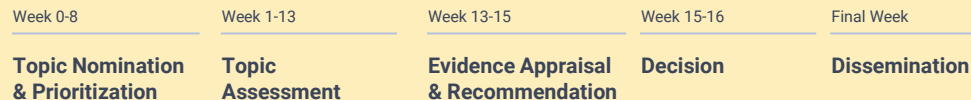
Health Technology Assessment in the Philippines

General HTA Process

8 months to more than a year



shorter HTA METHOD of assessment + shorter HTA PROCESS



Expedited HTA Process

1 – 3 months



HTA in pursuit of UHC

*Ethical
soundness*

*Inclusiveness and
preferential regard for the underserved*

*Evidence-based and
scientific defensibility*

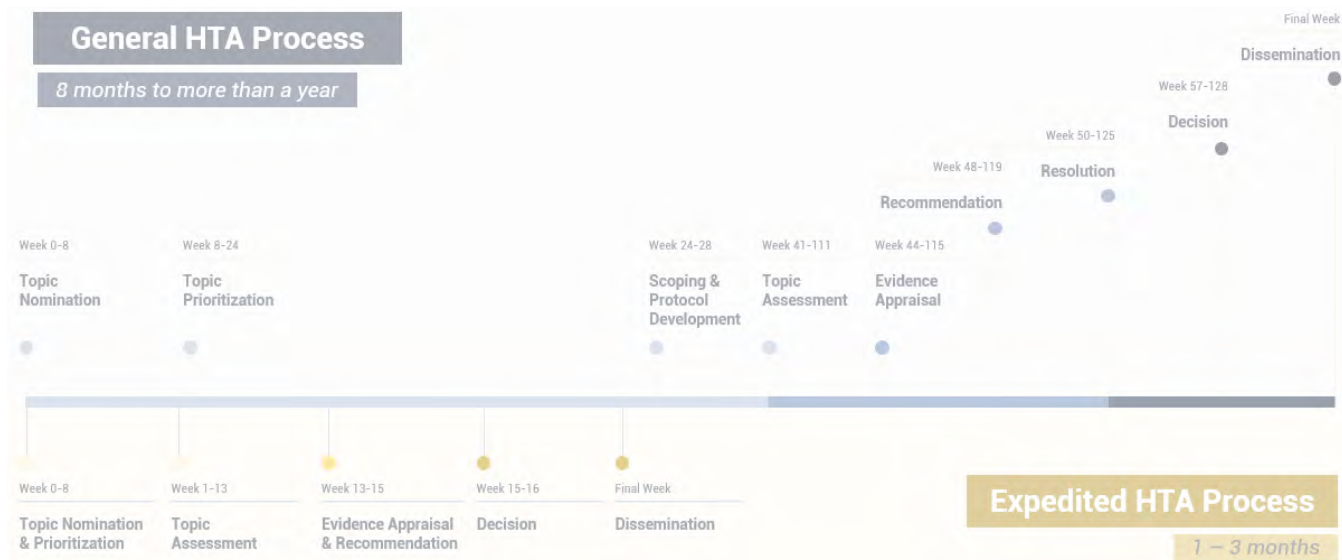
HTA PROCESS PRINCIPLES

*Availability of
remedies
and due
process*

Enforceability

*Transparency
and
accountability*

Efficiency



Fairness in the process



**Fairness in the
decision**



Health Technology Assessment in the Philippines

Parameter	Rapid Review	Systematic Review
Timeframe (theoretical)	4-12 weeks	8-12 months
Number of Databases	At least 1	At least 3
Grey Literature	May or may not be searched	Must be searched
Search Strategy	Common restrictions: language, region, year, publication status, study design	Ideally none; in case of any, justify
Independent Review	Optional	Required; minimum of two reviewers, third to mediate
Evidence Synthesis	Various approaches	Narrative +/- meta analyses
Risk of Bias Assessment	Yes	Yes

RAPID REVIEWS for COVID-19 health technologies

Guidance documents for the implementers and users of the health technology on the minimum specifications

- RT-PCR for COVID-19 diagnosis
- Rapid antigen test
- Rapid antibody tests
- Extracorporeal membrane oxygenation
- Selected investigational drugs for COVID-19
- High-flow nasal cannula
- Pooled testing
- Saliva testing (on-going appraisal)
- Hydroxychloroquine for prophylaxis and mild, moderate COVID-19
- COVID-19 vaccine

Rapid reviews serve as evidentiary basis for HTAC recommendation



Access our COVID-19 rapid reviews:
<https://hta.doh.gov.ph/assessments/>

Evidence summaries present the HTAC recommendation on a specific health technology and how they considered the evidence

HTA Steps	General Public	Patients	HCPs	Policymakers	Industry	Researchers
Topic Nomination						
Topic Prioritization						
Scoping and Protocol Development						
Assessment						
Evidence Appraisal						
Recommendation						
Resolution						
Decision						
Dissemination						

Legend

Topic Proponent	
Peer Reviewer	
Assessor as part of research network	
Consultee	
Appellant	
Participant	

5.0 Current Challenges and Future of HTA in the Philippines

Challenges and limitations

- General concerns
- COVID-19 specific concerns



Challenges and limitations

GENERAL CONCERNS:

- Transition of PNF application topics from FEC to HTAC
- Prioritization between COVID-19 and non-COVID-19 health technologies
- Organizational issues
 - Pending official creation of HTAU - limited capacity for HTA implementation



Challenges and limitations

COVID-19-SPECIFIC CONCERNS:

- Governance and process concerns
- Challenges in the current evidence for COVID-19 technologies



Challenges and limitations: Governance and Process



Balancing quick timelines vs high-quality consultative process



Making technical recommendations clear and actionable for policymakers and front-liners



Considering real world implementation/operational limits at the national and local levels



Working with other bodies and authorities involved in the pandemic response (DOH, TAG, CLEP, HPAAC, IATF)



Bringing in the perspectives of patients and carers in the current rapid review process

Challenges: Current Evidence on COVID-19 technologies

General issues:

- Dynamic evidence → sustainability of living reviews
- Reliance on pre-print studies yet for peer review or expert opinion when there is limited evidence
- Lack of local epidemiological data - prevalence of SARS-CoV-2 in the general population and at risk groups

COVID-19 diagnostics:

- Weak study designs of clinical studies - small sample sizes, inappropriate comparators or no comparators, inconsistent validation methods

Challenges: Current Evidence on COVID-19 technologies

COVID-19 vaccines:

- Not all vaccine trial results are published or readily accessible
- Information sharing not easy with vaccine manufacturers and with other expert bodies and government agencies
- Current evidence is based on short-term follow up period
- Cost of vaccines not transparent
- Lack of organized real-world evidence on vaccine effectiveness and safety across countries with experience in vaccine roll-out
- Emergence of new COVID-19 variants need to be considered in all interventions and strategies
- Selection of vaccines for 2022 procurement while evidence is just forthcoming or nonexistent.

Current efforts to improve efficiency and strengthen capacity for HTA (1/3)

- Close coordination with DOH and PhilHealth in terms of timelines of topic priorities - alignment with procurement timelines
- Working with manufacturers on early HTA enabling parallel review with the FDA to facilitate HTA recommendations following the EUA
- Partnership with UP-NIH Living CPG Group (LCPG) in the critical appraisal of clinical evidence
- Widening the evidence base that is fit-for-purpose (pandemic response)

Current efforts to improve efficiency and strengthen capacity for HTA (2/3)

- Commissioned study on the *“Technical Assistance for the Development of Health Technology Assessment in the Philippines”* by Epimetrics
- Upcoming strategic planning of HTAC, HTAU, DOST, PhilHealth (following a multi-stakeholder consultation)
 - *Review of governance and guidelines (process and methods)*
 - *Convening of experts from specialty societies*
 - *Expansion of patient involvement, community participation*
 - *Strengthening capacity for HTA*
 - *Enabling access to innovative technologies*

Current efforts to improve efficiency and strengthen capacity for HTA (3/3)

- Development of HTA research network with DOST
- Development of HTA training programs (*certification courses, HTA postgraduate program, HTA fellowship program*)
- Development of methodological guidelines for specific health technologies - devices, TCM, AI/digital health technologies
- Development of the PHL Costing Library in partnership with the WHO
- Sustained collaborations with international partners such as NICE, WHO, HITAP

Lessons for the future

- The COVID-19 pandemic has emphasized the crucial role of HTA in supporting rapid evidence-driven public health decisions during a public health emergency.
- Significant challenges in producing rapid and high-quality evidence for decision makers – quality of studies, remote working conditions, wide misinformation
- Global and local collaborations on rapid and living evidence synthesis has been helpful but also need to consider specific country situation, capacity gaps and needs
- Weak, incomplete and imperfect evidence continue to hamper the emergency response and serves as an impetus to generate better data
- There is a need for collaboration with different actors in the system for evidence to be timely, acceptable, trustworthy and responsive.

TAKEAWAYS



Multidisciplinary Researchers
and Experts



Stakeholders – Healthcare providers,
patients and public, industry



Decisionmakers

The HTA System



Technical Secretariat

Maraming salamat po!



Visit us at <https://hta.doh.gov.ph/>

