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5-7 September 2010
Hilton Phuket, Phuket, Thailand



Asia Delegation Roundtable
Health Technology Assessment and Its Application in Asia

Presentation & Reference

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ISPOR HTA Initiatives in Asia



Marilyn Dix Smith RPh, PhD
ISPOR Founding Executive Director



Tools for Decision-makers

HTA Around the World: Lessons Learned

Health Technology Assessment in Evidence-Based Health Care Reimbursement Decisions Around the World: Lessons Learned

The following papers from the Value in Health Special Issue, Health Technology Assessment in Evidence-Based Health Care Reimbursement Decisions Around the World: Lessons Learned (Volume 13 Issue 12, Pages S1 - S53 (June 2009)) were developed to inform the ongoing debate on the nature and role of HTA. Leading academics and practitioners from around the world offer their perspectives on HTA in their country and identify lessons learned.

The paper, "Health Technology Assessment in Evidence-Based Health Care Reimbursement Decisions: Lessons Learned from Around the World... An Overview," compares the history, size and current models of HTA and the issues surrounding the economics of HTA around the world.

www.ispor.org

Tools for Decision-makers

Global Health Care Systems Road Map

Overview of country specific health systems and reimbursement processes

ISPOR GLOBAL HEALTH CARE SYSTEMS ROAD MAP

Overview of country specific health systems and reimbursement processes

Tools for Decision-makers

Pharmacoeconomic Guidelines

Comparative table of key attributes for country specific pharmacoeconomic guidelines

COUNTRY-SPECIFIC PHARMACOECONOMIC GUIDELINES

Country	Key Attributes
Argentina	Healthcare financing, pharmaceuticals, health equity
Australia	Healthcare financing, pharmaceuticals, health equity
Canada	Healthcare financing, pharmaceuticals, health equity
France	Healthcare financing, pharmaceuticals, health equity
Germany	Healthcare financing, pharmaceuticals, health equity
Italy	Healthcare financing, pharmaceuticals, health equity
Japan	Healthcare financing, pharmaceuticals, health equity
UK	Healthcare financing, pharmaceuticals, health equity
USA	Healthcare financing, pharmaceuticals, health equity

**Tools for Decision-makers
HTA Directory**

Centralized information on worldwide organizations engaged in Health Technology Assessment

The screenshot shows the HTA Directory website interface. It includes a search bar, filters for 'Search by location' and 'Search by organization name', and a list of organizations with their names and dates. A world map is also visible in the background.

**Asia-Pacific Region
Conferences**

September 2003
Kobe, **Japan**

March 2006
Shanghai, **China**

September 2008
Seoul, **South Korea**

September 2010
Phuket, **Thailand**

September 2012
Taipei, **Taiwan**

September 2014
Singapore

13 Regional Chapters in Asia

- Belarus Chapter
- Bosnia Herzegovina Chapter
- Croatia Chapter
- Czech Chapter
- Greece Chapter
- Hungary Chapter
- Poland Chapter
- Russia Chapter
- Slovakia Chapter
- Turkish ICF Chapter
- Ukraine Chapter
- Beijing Chapter
- Changsha NKA ICF Chapter
- Hong Kong Chapter
- India Chapter
- Indonesia Chapter
- Japan Chapter
- Korea Chapter
- Malaysia Chapter
- Pakistan Chapter
- Shanghai Chapter
- Singapore Chapter
- Taiwan Chapter
- Thailand Chapter
- Israel Chapter
- Iran Chapter
- Saudi Arabia Chapter
- Argentina Chapter
- Brazil Chapter
- Chile Chapter
- Colombia Chapter
- Ecuador Chapter
- Venezuela Chapter
- Mexico Chapter
- Florida New York Chapter
- Chicago Region Chapter
- Update New York Chapter
- Central America
- South America
- Latin America
- Africa
- Nigeria Chapter
- South Africa Chapter
- Australia Chapter

Asia Consortium

Asia Consortium develops initiatives in the region

The map shows the Asian continent with various countries highlighted in different colors, representing the geographical scope of the Asia Consortium.

Asia Consortium Committees

- Task-related Committees
 - Asia-Pacific Conference Program Planning
 - Education = Short Courses, Distance-learning
 - Publication = Value in Health Special Issue
- Work-Environment Committees
 - HTA Committee
 - Clinician Committee
 - Decision-maker Committee
 - Industry Committee

**Asia Consortium
HTA Committee Initiative**

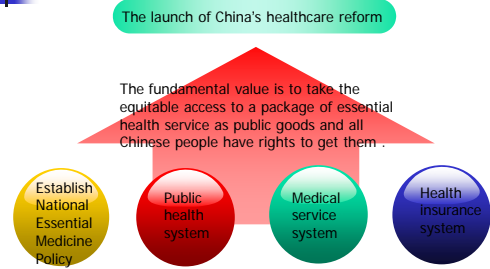
Asia HTA Agency Network [ASIANetHTA] similar to:

The screenshot shows the eunetha website, which is the Asia HTA Agency Network. It features a navigation menu, a search bar, and a list of news items related to HTA activities.

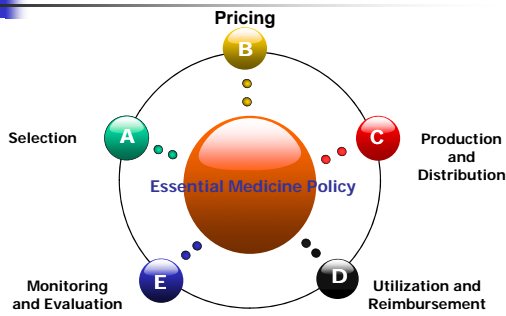
Essential Medicine Policy in China

Hongli Niu
 Department of Health Policy and Regulation, MOH
 2010.9.5

The background of China's Essential Medicine Policy



II. The main content of Chinese Essential Medicine Policy



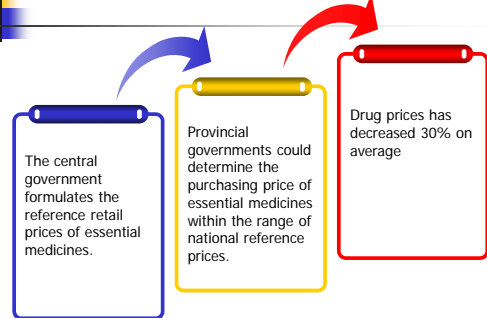
Formulate National Essential Medicine List

- Medicines must be selected according to necessity, safety and efficacy, reasonable price, convenient of use. Including both traditional Chinese medicines and western medicines
- National essential medicines Working Committee "National Essential Medicine List (primary section, 2009 Edition,)" Including 307 items.
- Provinces could supplement appropriate medicines to expand the national essential medicines list according to local conditions.
 Beijing +191
 Tianjin +230
 Zhejiang +150

Ensure Production and Supply of Essential Medicines

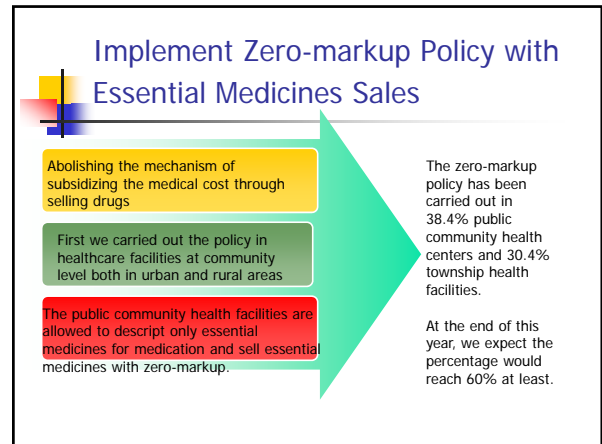
- Open bid, Unified distribution, Chain operations, Reduce the transition cost of essential medicines procurement and distribution.
 - Essential medicines are purchased through the provincial public bidding system to ensure quality and safety.
- 31 provinces have established provincial nonprofit centralized drug purchasing platform.
 60.3% of the counties have carried out bidding, purchasing and distribution of essential medicines at the provincial level.

Price the Essential Medicines Rationally

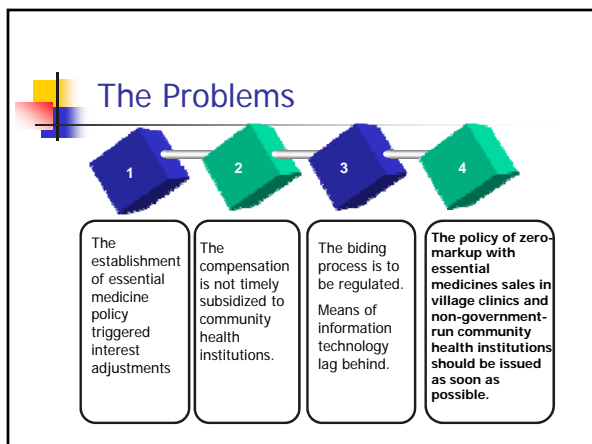
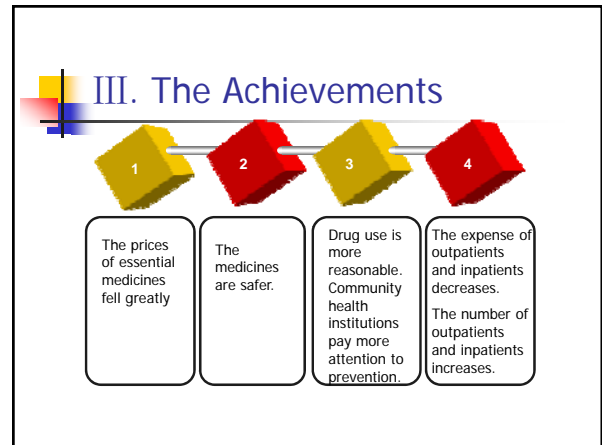


Average Price Drop(%)

Province	Average Price Drop(%)
Tianjin	10.3
Neimenggu	32.0
Zhejiang	32.0
Liaoning	34.3
Shanxi	46.1
Jiangsu	47.7
Ningxia	49.2
Anhui	50.0
Hunan	53.2



- ### Essential medicines will be used and reimbursed reasonably
- All health care institutions and drug stores shall use the essential medicines.
 - The reimbursement ratio would be higher (5%-10%) for essential than for non-essential medicines.
 - Some vaccines and AIDS-related essential drugs will be provided freely by the government
 - The state issued clinical application guidance of essential medicines and essential medicine formulary.
 - The essential medicine policy will be gradually established in the secondary and tertiary hospitals.





Evidence-based Health Policy Decision making through Drug Formulary in Indonesia



Prof. Dr. Iwan Dwiprahasto, MMedSc, PhD
Faculty of Medicine, Gadjah Mada University, Indonesia



Introduction

No. of population	• 234.181.400
No. of Primary Health Centres	• 8.737
No. of hospital (public & private)	• 1.378 buah
No. of drug registered by NADFC	• 13,432
No. of registered herbal & supplements	• > 3200



Ministry of Health of Indonesia

Regulatory authority

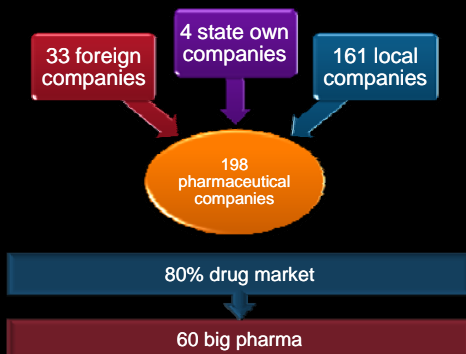
for health service accessibility, quality, standard, equity, affordability



National Agency of Drug and Food Control

the regulatory authority for pharmaceuticals

Pharmaceutical company in Indonesia



Medicine Problems in Indonesia

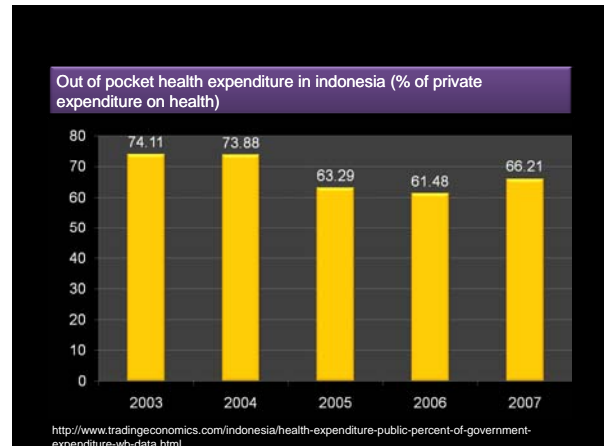
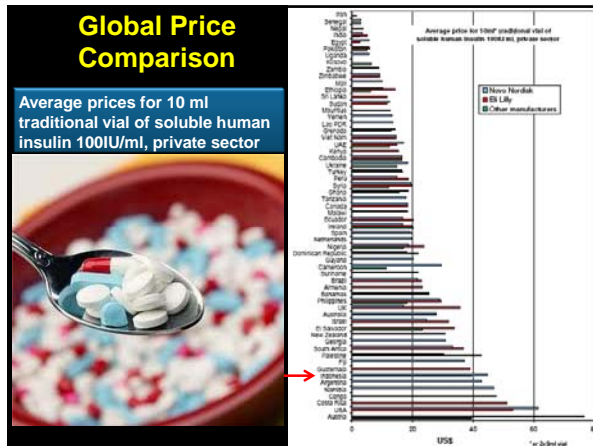
Bizzare drug prices

Availability varies (demographic barrier)

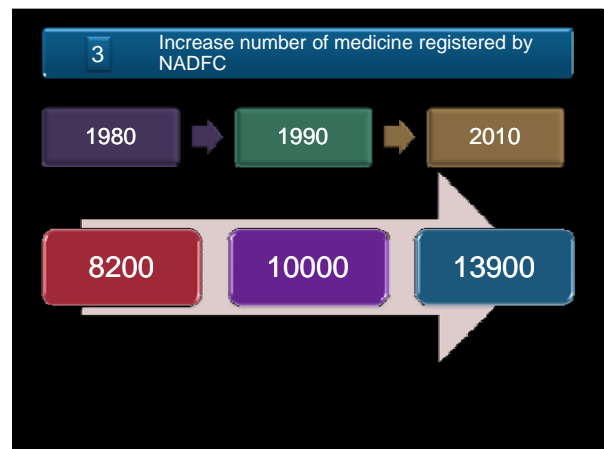
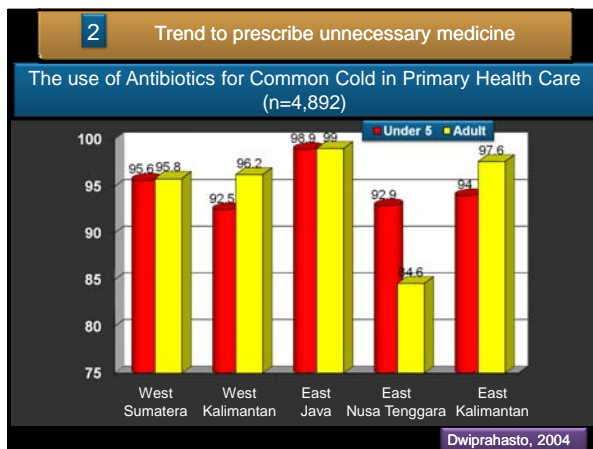
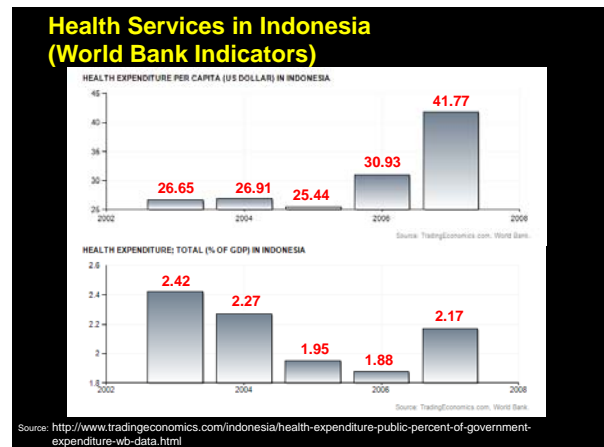
Quality varies (GMP issues)

No price control, 62-68% Out of pocket

National Clinical practice guideline is only available for primary health care

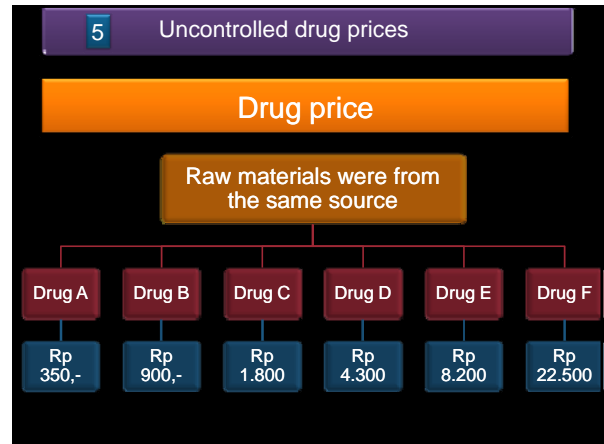


- ### Why we need drug formulary?
- An increased drug expenditure
 - Trend to prescribe unnecessary medicine
 - Increased number of drug registered by NADFC
 - Excessive use of medicine
 - Uncontrolled drug prices
 - Out of pocket



4 Excessive use of medicine

1. R/ Bufect susp 60 ml
2. R/ Luminal 50 mg tab
3. R/ Nalgestan tab
4. R/ Mucohexin 8 mg tab
5. R/ Kenacort 4 mg tab
6. R/ Codein 20 mg tab
7. R/ Lasal 4 mg tab
8. R/ Etaphylline 250 mg tab
9. R/ Lapicef 500 mg cap
10. R/ Curvit CL emulsion 175 ml
11. R/ Pankreoflat tab
12. R/ Cobazin cap 1000 mcg
13. R/ Lysagor tab



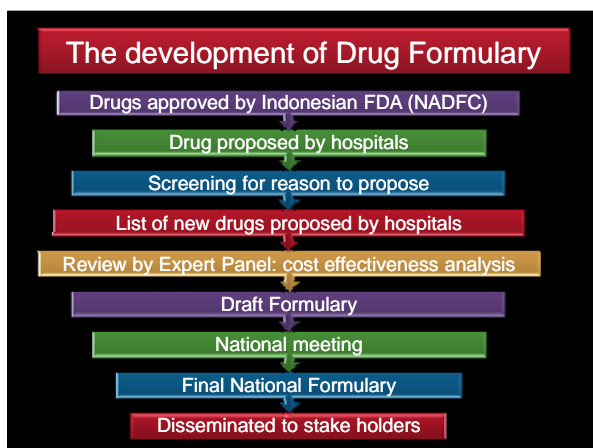
Drug Price varies among cities

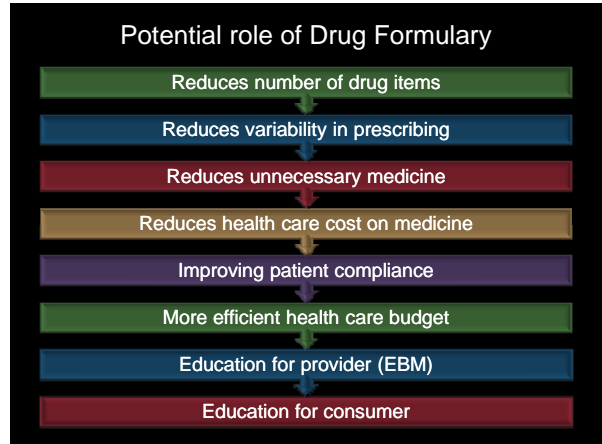
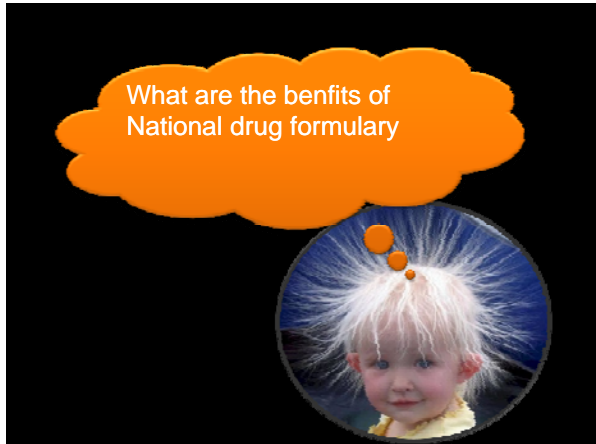
Cities	Mefinal	Aspilet	Accupril	Lapiflox
Jakarta	936	314	11734	8239
Bandung	398*	285	4913	5939
Surabaya	715	175*	4175	9240
Semarang	944*	330	11933*	9009
Medan	405	321	4883	7834
Balikpapan	750	240	4174*	8545
Jayapura	929	375	4856	5134
Palembang	837	360*	4547	7285
Padang	920	322	5475	4985*
Yogyakarta	825	275	4591	12500*

6 Prescribing for out of pocket user

Medicine	Different in prices (in million rupiah)	Potential saving with other medicine(%)
2007		
❖ Concor 5mg Tab	15.055	15 - 39.81
❖ Maintate 5mg Tab	10.7	22.3 - 40.99
❖ Herbesser 30mg Tab	4.865	21.6 - 62.39
❖ Capoten 12.5mg Tab	15.982	38.4 - 93.89
❖ Captensin 12.5mg Tab	37.021	47.3 - 91.21
❖ Capoten 25mg Tab	75.701	35,6 - 94.67
❖ Capoten 25mg Tab	0.138	41.2 - 92.93
❖ Adalat 10mg Tab	3.734	38.4 - 76.27
TOTAL	Rp 563.196 million	

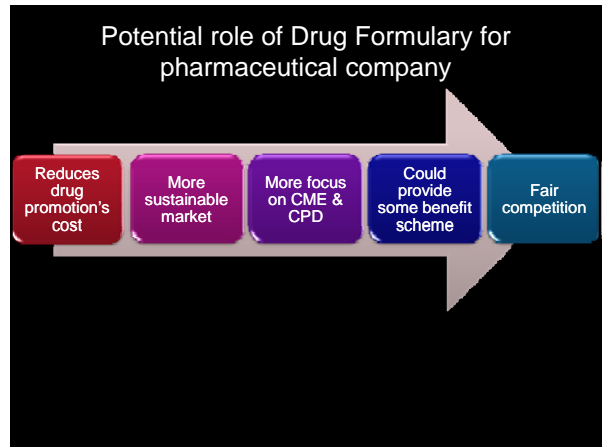
Idham, At thobari, Kristin, Dwiprahasto, 2007





Reduction of drug items

State owned Enterprise	Number of drug item prescribed	
	Before formulary	After formulary
1	987	325
2	1238	511
3	1389	640
4	1423	690
5	1614	620
6	2164	536



HTA under Korea's NHI: Background and Issues

for Networking RoundTable
on the 5th of September, 2010

by

Yang, Bong-min, PhD
Seoul National University
Seoul, South Korea

Mounting Pressure on Financial Sustainability of KNHI

- Demand and supply factors
 - Continuous expansion of coverage
 - Population aging
 - New technologies
 - Growing demand for and expectation of quality health care by consumers
- Structural factor: Fee-for-service

NHI Reforms Considered

source: Health Insurance Reform Committee (2004)

- Triggered by financial instability of NHI system, the following changes were suggested
- Change in reimbursement method
 - FFS → DRG → Global Budgeting
- Design a separate elderly care system
- Introduction of economic evaluation into health care delivery on
 - device
 - **pharmaceuticals**
 - procedures

Introduction of Economic Evaluation into Pharmaceutical Reimbursement Decisions: PLS(positive list system) Policy

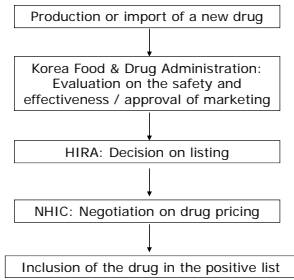
Policy Change

- As a measure of getting value for money in drug expenditures, the government introduced a "Positive List System" in December 2006, which was characterized as
 - Selective listing of drugs
 - Enhanced importance of cost effectiveness in addition to clinical effectiveness
 - Separation of decision on listing from pricing
 - New procedure for price negotiation

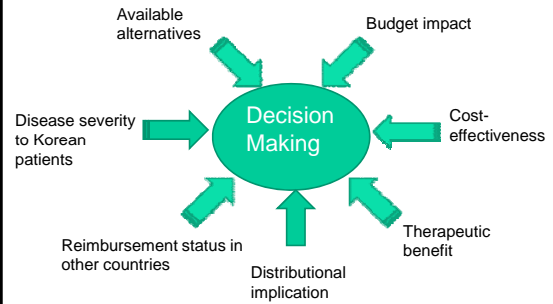
Korean HTA Framework

- HTA data prepared by technology manufacturer
- HTA performed by HIRA, a public body
- Reimbursement decisions made by HIRA as well, by government appointed committee members (external plus internal): both HT assessment and appraisal done by HIRA
- When reimbursement decision made in favor of the proposed technology, pricing is done by price negotiations between manufacturer and NHIC, another public body

Procedure for Reimbursement Decision



Factors Considered in Appraisal



Implications of Recent Policy

- Economic effects
 - Possible to utilize drugs with similar therapeutic effects at lower costs
- Access to new drugs
 - Delayed due to the fourth hurdle and two-tier process for listing and pricing
 - Enhanced access to cost-effective quality drugs
- Dynamic efficiency
 - Industry R & D may be affected
 - May look at incentive compatible pricing

Issues

- Harmonization of evidence requirement: from Korean perspective
 - the issue of transferability of clinical data remains as an important HTA issue in Korea
- Measurement of Preference
 - Tools such as EQ-5D and HUI developed in Europe and North America, when used as they are, may fail to reflect preference of Asian cultural aspects
 - Need own preference index
- Value-based pricing
 - Good price for cost-effective innovative drugs
- Weak manpower infrastructure

Comment

- Under many constraints, Korea's PLS Policy started
- We expect refinements and improvements of the system over the years as it goes

Thank You

Health System Research training to support the National Drug Policy (NDP) implementation in Lao PDR

Presented by: Assoc Prof Kongsap Akkhavong
Deputy Director of National Institute of Public Health,
Ministry of Health – Lao PDR

Introduction

- Swedish International Development Agency (Sida) supported the implementation of the National Drug Policy (NDP) in Lao PDR during 1993-2003
- Contributing to the improvement the quality of life of Lao people, through:
 - Improving the quality assurance system, including policy, law and regulation development and enforcement
 - Improving rational use of drugs (RUD), as well as raising professional competence in the public and private sector
 - Strengthening capacity building of health staff in terms of research through different health system research projects.

Composition of Lao NDP

There are Thirteen elements:

1. Drug legislation and regulation
2. Drug selection
3. Drug nomenclature
4. Drug registration and licensing
5. Drug procurement
6. Financial resources
7. Drug distribution and storage
8. QA of drug substances and pharmaceutical
9. *Rational Use of Drug*
10. Drug advertising and promotion
11. International technical cooperation
12. Traditional Medicine
13. Drug monitor and evaluation

National Drug Policy (NDP) in Lao PDR

NDP has divided in 3 phases for its implementation 1993-2003 (10 years).

- Phase 1: 1993-1995
- Phase 2: 1996-1999
- Phase 3: 2000-2003

Phase 1 of NDP (1993-1995)

- A comprehensive National Drug Policy (NDP) was developed in a participatory process involving many stakeholders from different sectors of Ministry of Health:
 - Food and Drug Department (FDD): main coordinating role
 - Curative department
 - *National Institute of Public Health (NIOPH)*
 - Food and Drug Quality Control Center
 - Medical Supply Center

Phase 2 & 3 of NDP (1996-2003)

- During phase 2 & 3 of NDP, HSR training was implemented and strengthened in collaboration with Karolinska Institute, Sweden:
 - Research methodology training to participants from central and provincial level was organized step by step
 - 11 research projects on priority topics in the pharmaceutical sector were conducted
 - The activities within the HSR have strengthened human resources and provided an evidence based for decision makers

Achievements of NDP implementation in Lao PDR:

- Through NDP implementation, we have established and disseminated the drug law
- Establishment of new Drug therapeutic Committee (DTC) in the hospitals
- Training on Good Manufacturing Practice (GMP)
- Development of standard treatment guidelines (STG)
- Increasing the number of researchers in the countries.

Title of the 6 research projects for NDP implementation in phase II:

1. *Can health messages reduce irrational use of antibiotics*
2. *Use of Trad. Med. In Champassack province*
3. *Knowledge, attitudes and perception about quality of drugs*
4. *Effectiveness of "feedback" for improving quality of treatment based on STG: A randomized trial at provincial hospitals*
5. *Towards an effective NDP implementation*
6. *Regulation of private pharmacies in Savannakhet province*

Title of the 5 research projects for NDP implementation in phase III:

1. *Self-medication with antibiotics for reproductive tract infection in 2 provinces in Laos*
2. *Drug information in private pharmacies: a descriptive study in Vientiane province*
3. *Accessibility of essential drugs in remote areas of Lao PDR*
4. *Improving Performance of Drug Therapeutic Committee (DTC) in Lao PDR*
5. *Developing Tools for Information on Population Drug Use in Lao PDR*

Strength of HSR in Lao PDR

- There is clear policy of the government to support research. Many ministries have established their own research institutes
- Research health master plan has been developing
- Numbers of researchers who have been conducted their research in NDP, some of them have continued for higher education abroad like master and Ph D degree.

Strength of HSR in Lao PDR (cont'd)

- Among 11 research topics of HSR for NDP, 7 have been published in international journal.
- Policy makers have translated the research results into policy and regulation in the hospitals. For instance:
 - *The Rational Use of Drug (RUD)*
 - *The Drug Therapeutic Committee (DTC)*
 - *The Standard Treatment Guideline (STG)*

Constraints:

- Language barrier especially English language
- The dedication of time to learn language and time allocated for research is not their habit
- The funding sustainability for continuing research after research training for capacity building
- Lack of regular information on HSR to Policy makers
- Limitation of linkage between policy makers and researchers

Institutional collaboration:



Karolinska Institute (Sweden), International Health Policy Programme, Thailand (IHPP)

National Health Research Forum



In summary:

- The case of NDP programme achievement was from the evidence of health system research (HSR) using by policy makers.
- The translation of the research outcome into drug law in Lao PDR can be a good model for NDP implementation of some countries.

Thank You

Health Technology and Outcomes Research in Singapore

Gilberto de Lima Lopes, Jr., M.D., M.B.A

Assistant Director for Clinical Research
Assistant Professor of Oncology
Johns Hopkins Singapore International Medical Centre
Johns Hopkins University School of Medicine



The Singapore Health Care System: Philosophy

- Individual and Family Responsibility
- Community and Government Support
- Medisave – Health Savings Account Scheme
- Medishield – Catastrophic opt-out insurance
- Medifund – Endowment Fund



Pharmacoeconomics and Outcomes Research in Singapore

- Ministry of Health
- National Health Care Group
- Singhealth
- Duke/NUS
- Johns Hopkins Singapore



MOH: Health Services Research and Evaluation Division

- Has done HTA since 1995
 - EDTA in Atherosclerosis
 - PET scan
 - Cytokines in the treatment of cancer
- In 2008:
 - Pneumococcal vaccine
 - AEDs
- Very Active in EBM Guidelines
Keng Ho Pwee.
Intl. J Tech Asst Health Care, 2009



Singhealth: Center for Health Services Research

- HTA
 - Proton Beam therapy
 - Endoscopic ultrasound guided bronchoscopy biopsy
 - Hyperbaric oxygen for diabetic ulcer
- Outcomes Research
 - Public survey on perceptions health care
 - Assessment of health literacy

www.singhealth.com.sg



Academic Research

- Duke, NUS, LKYSPP
- Johns Hopkins Singapore
 - Medical Oncology Center
 - Focused HTA and Outcomes Research in Oncology:
 - Trastuzumab in early breast cancer
 - Sorafenib in HCC
 - Aprepitant in prevention of nausea/vomit
 - Oncotype Dx
 - Outcomes of colorectal cancer



HTA Challenges in Singapore

- Study Perspective and Comparators
 - Perspective:
 - Societal
 - Payer (third party or otherwise)
 - Investment?
 - Comparators: Standard of Care
 - BSC
 - Active treatment



HTA Challenges in Singapore

- Time
 - Inflation
 - Discounting
- Costs
 - Direct
 - Indirect



Challenges to Implementation

- Most health care expenditure is private
 - As such individual patients decide on what interventions they will take and pay for after discussion with their physicians



Opportunities for Collaboration

- Stakeholders
 - Ministry of Health
 - Academia
 - Providers
 - Industry
 - Patient Groups
- Help our patients have access to effective medications while efficiently and fairly allocating scarce resources



Thank You!



Johns Hopkins Hospital, Baltimore, MD, USA



Health Technology Assessment in Taiwan

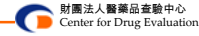
Jasmine R. F. Pwu PhD
Heng-Der Chern, MD, PhD
CDE, Taiwan
September 5, 2010



財團法人醫藥品查驗中心
Center for Drug Evaluation

CDE – HTA Division

Role is to provide
evidence
for public health policy decisions

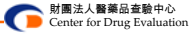


財團法人醫藥品查驗中心
Center for Drug Evaluation

Evidence Requests

Two most important:

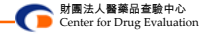
- Drug listing applications
- Dept. of Health projects



財團法人醫藥品查驗中心
Center for Drug Evaluation

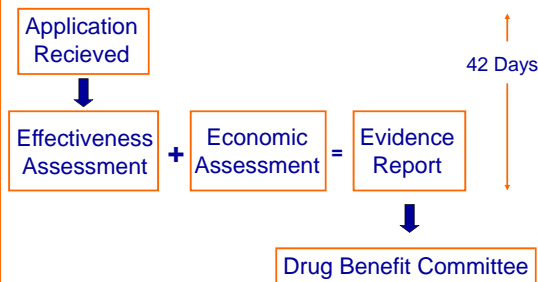
Application Listings

- Submitted to NHI authority
- Drug Benefit Committee make the decisions
 - List or not list
 - Coverage restrictions
- NHI seeks input from CDE-HTA
- CDE-HTA given 42 day deadline



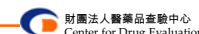
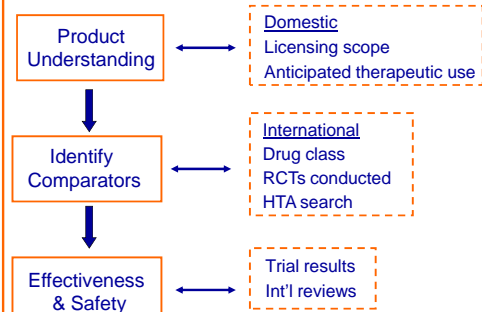
財團法人醫藥品查驗中心
Center for Drug Evaluation

Listing Review Process

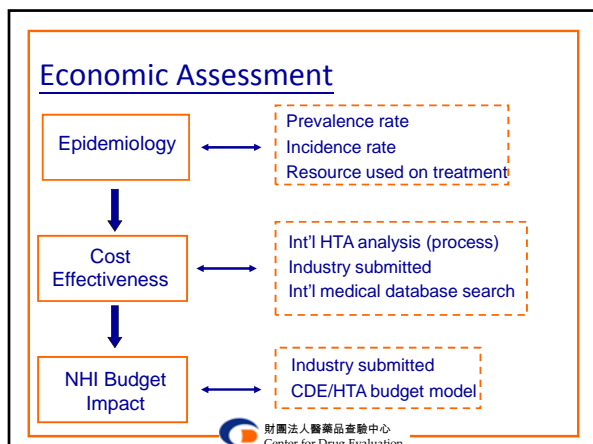


財團法人醫藥品查驗中心
Center for Drug Evaluation

Effectiveness Assessment



財團法人醫藥品查驗中心
Center for Drug Evaluation



- ### Features – initial stage
- Painless induction
 - Capacity built-up
 - Trust gaining
 - International connection
 - System building
- 財團法人醫藥品查驗中心
Center for Drug Evaluation

- ### Issues in knowledge
- Definition of HTA may differ
 - Methodology
 - Effectiveness evaluation
 - Economic evaluation
- 財團法人醫藥品查驗中心
Center for Drug Evaluation

- ### Issues in database
- Infrastructure
 - Many existed database
 - Problems remained:
 - Proper linkage between intervention and outcome
 - Ability of high-standard analysis
- 財團法人醫藥品查驗中心
Center for Drug Evaluation

- ### Issues in guidelines
- Under development
- 財團法人醫藥品查驗中心
Center for Drug Evaluation

- ### Difficulties in applying HTA in drug pricing and reimbursement
- Consensus on the role, scope, component, process of the HTA
- 財團法人醫藥品查驗中心
Center for Drug Evaluation

Positive experiences

- System introduced in a steady pace
- Use of international HTA reports
 - On value of products
 - To learn their HTA process

Thank you for your attention!

สปสช

Pharmacy System under NHSO

The National Health Security Office
5 September 2010

สปสช

NHSO

- A Public organisation established under the **National Health Security Act 2002** (November) : covers 76% population
- Government funded 100 %
- Capitation basis inclusive of pharmaceuticals – 2,401 baht per head

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Stakeholders involvement

Organisation	Mission
National Drug Committee	Essential Drug List
Thai FDA	Regulator
HITAP	HTA
Gov Pharmaceutical Org	Procurement, Supply
HC providers	CPG, practice
NHSO	Payer

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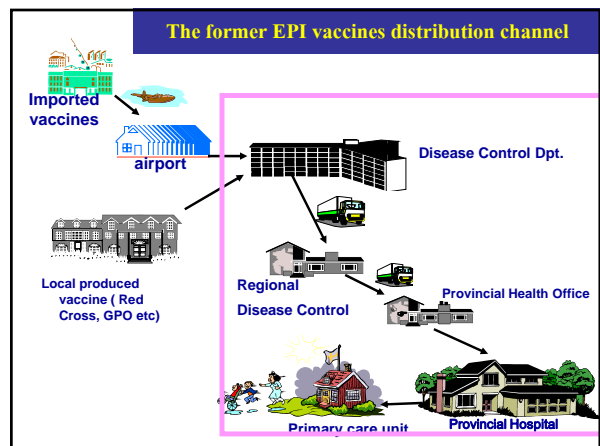
Issues of interests

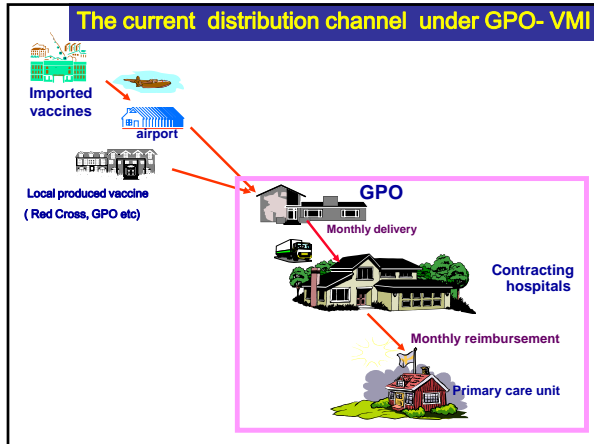
- Accessible care
- Fair reimbursement (money, products)
 - NHSO central purchasing
 - Agreed specification
- Efficient administration

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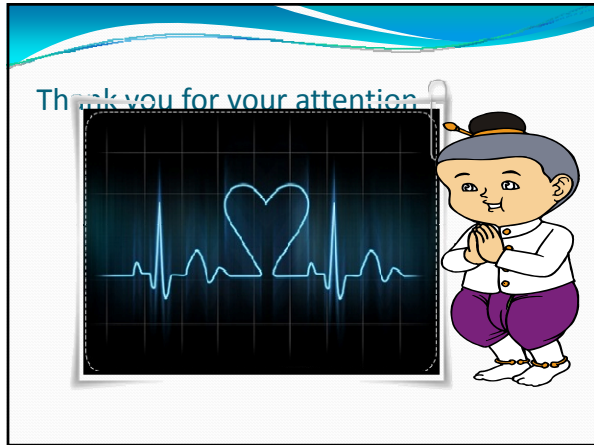
Administration : examples

- EPI vaccines (10) : shortened distribution time
- Antidotes (6) : facilitate access
 - Drugs of little volume and value
 - Life saving drugs
 - Establish pooled demand
 - Negotiate with local producers
 - Negotiate with GPO for imported products
- Pharmacy services : P4P mechanism for ADR, DUE, services at Primary care unit, RUD (antibiotic smart use) etc.





- ### Reflections for BSP
- Health security for all : NHSO ultimate goal
 - Optimum use of limited resources
 - Innovations for better QOL are welcome
 - Pricing and access balance
 - Constructive co-operation



Speakers & Delegates Profile



Asia Delegation Roundtable Discussion — HTA and its Application in Asia

5th September 2010
Phuket, Thailand

Asia Delegation Roundtable Meeting on HTA and
its Application for Asia
5th Sep 2010, Phuket, Thailand

Roundtable Chair



Bong-Min Yang
President
Korea Association of Health Technology
Assessment,
Korea and
Member of ISPOR Board of Directors
Chair of ISPOR Asia Consortium
Executive Committee

Bong-min Yang has a PhD in economics and was former Dean of the School of Public Health at the Seoul National University, South Korea. He has written many papers in health economics and the health care system in Korea and East Asia, such as the recent "The future of HTA in Healthcare Decision Making in Asia," *Pharmacoeconomics* (2009), "Growing Application of Pharmacoeconomics and Outcomes Research in Asia-Pacific Region," *Value in Health* (2009) and "International price comparisons of Alzheimer's drugs: a way to close the affordability gap," *International Psychogeriatrics* (2009).

Prof Yang also has worked as short-term consultant at WHO, ADB, UNDP, and the World Bank. For the Korean government, he served as Chairperson of Health Insurance Reform Committee, and Chairperson of the Drug Pricing and Reimbursement Committee. He currently is serving as President of KAHTA (Korea Association of Health Technology Assessment), Board of Directors of ISPOR, and Chair of ISPOR-Asia Consortium.

Asia Delegation Roundtable Meeting on HTA and
its Application for Asia
5th Sep 2010, Phuket, Thailand

ISPOR Representative



Marilyn Dix Smith
Founding Executive Director
ISPOR

Marilyn Smith received her PhD in Pharmaceutical Science from Ohio State University and was Director of Managed Care Pharmacy, Lederle Laboratories. Being a prominent figure in the industry, Dr Smith was a Technical Review Consultant for the National Cancer Institute and served for 15 years on the Committee of Revision, United States Pharmacopoeia. She also was a co-founder of the American Association for Pharmaceutical Scientists.

Dr Smith has been responsible for implementing the key initiatives of ISPOR, such as ISPOR Research Digest, ISPOR Pharmacoeconomics Guidelines Around the World, ISPOR Managed Care Digest, ISPOR International Digest of Databases, ISPOR Good Research Practices and the 'Health Care Cost, Quality, and Outcomes: ISPOR Book of Terms.'

Asia Delegation Roundtable Meeting on HTA and
its Application for Asia
5th Sep 2010, Phuket, Thailand

Invited guest



Hong Li Niu
Department of Health Policy and
Regulation,
Ministry of Health,
China

Hong Li Niu graduated from Tongji Medical School, Huazhong University of Science and Technology, majoring in social science and health management. She obtained her Masters in Management in 2006.

She has worked in the Department of Health Policy and Regulation, Ministry of Health, China since then, mainly engaging in health policy study. Her main research interests include health system reform and development, health financing and fairness, national drug policy, public hospital administration and reform, and health service quality.

Asia Delegation Roundtable Meeting on HTA and
its Application for Asia
5th Sep 2010, Phuket, Thailand

Invited guest



Xiu Ying Liu
Deputy Director
Department of Research and
Training Program
Management,
Beijing Center for Disease
Prevention and Control
China

Xiu-ying Liu obtained her Bachelor of Medicine, majoring in preventive medicine from the school of Public Health, Hebei Medical University in 2000. She later completed her Masters in Epidemiology and Health Statistics in 2003, and embarked on a job as Research Assistant, Institute of Health Economics and Social Medicine Studies, Beijing Center for Disease Prevention and Control.

Dr Liu is Team Leader of the Evidence-Informed Policy Making network (EVIPNet) in Asia (Beijing team) by the WHO, and played a key role in the 11th Five Years Key Programs for Science and Technology Development of China on Prevention of Major communicable diseases by the Ministry of Science and Technology of the People's Republic of China from 2008-2011. She was also Project Leader of many studies, such as the Study on Risk Management Mode of Public Health Events by the Beijing Municipal Health Bureau from 2008-2010 and the Study on Subjects and Human Resources Development Strategies for Disease Prevention and Control System in Beijing, by the Beijing Health Bureau / Beijing Center for Disease Prevention and Control from 2005-2007.

Asia Delegation Roundtable Meeting on HTA and
its Application for Asia
5th Sep 2010, Phuket, Thailand

Invited guest



Jin Liang Hu
Health Policy and Information
Technology Institute,
Sichuan Medical Science Academy
& People's Hospital,
China

Currently a research assistant at the Health Policy and Information Technology Institute, Sichuan Medical Science Academy & People's Hospital, Mr Hu obtained a Bachelor's in Public Health from the West China University of Medical Science. This was followed by a Masters in Epidemiology & Health Statistics. His main area of research includes health resource allocation and regional health planning, the application of health statistics in health management and health economics and social medicine.

Mr Hu is also a Project Official of Evidence-Informed Policy Network (Evipnet) Sichuan, part of a WHO social and collaborative network that promotes the systematic use of health research evidence in policy-making.

Invited guest



Xie Chunyan
Department of Policy and Regulations,
Ministry of Health,
China

Xie Chunyan graduated from Shandong University with a Masters in sociology in 2008 and proceeded to work at Shanghai Health Development Research Centre, Municipal Health Bureau, China. Her research interests include health policy research, healthcare systems reform and provider payment system reform. She is currently assisting at the Department of Policy and Regulations, Ministry of Health.

Invited guest



Iwan Dwiprahasto
Faculty of Medicine
Gadjah Mada University, Yogyakarta,
Committee Member of National Essential Drugs,
National Health Insurance and Drug Evaluation
Indonesia

Iwan Dwiprahasto obtained his medical degree in 1987 from Gadjah Mada University, Indonesia, and later obtained his Masters in Pharmacoepidemiology from the University of Newcastle, Australia. He also has a PhD in Epidemiology from the London School of Hygiene and Tropical Medicine.

Currently the Chairman of the Indonesian Pharmacologist Association, Prof Dwiprahasto has also been on the Board of the International Clinical Epidemiology Network since 2000. He also sits on various national committees, such as on the committees on Drug Information, Traditional Medicine Evaluation, Patient Safety in Hospital, National Essential Drugs, National Health Insurance and Drug Evaluation. Prof Dwiprahasto has presented widely in the international scientific circuit. He has conducted research on patient safety and was Principal Investigator in several World Bank projects.

Invited guest



Kongsap Akkhavong
Deputy Director
National Institute of Public Health
Ministry of Health
Laos

Kongsap Akkhavong has been Deputy Director of the National Institute of Public Health since 2000, after a stint as Vice Directeur de l'Institute de la Francophonie pour Medecine Tropicale (Laos). He was previously Deputy Director of Mahosot Hospital.

A/Prof Akkhavong is currently Secretary General of the Lao Medical Association. In addition, he is Team Leader of Evipnet Lao, Country coordinator of Poverty and Illness (POVILL) research project in Lao PDR and Team Leader of Quality Assurance/Quality Improvement (QA/QI) of the Ministry of Health. His ongoing research projects not only involve POVILL, but also include a joint project with IHPP-Thailand on "Health Financing Reforms in SEA: Challenges in achieving universal coverage."

Invited guest



Gilberto Lopes
Founder
ISPOR Singapore Chapter and
Consultant Oncologist,
John Hopkins Singapore International
Medical Centre
Singapore

The founder of the ISPOR Singapore Chapter, Dr Gilberto Lopes joined the John Hopkins Singapore International Medical Centre in August 2006 as a Consultant Oncologist. Prior to that, he was awarded Fellow of the Year at the Division of Haematology/Oncology, Sylvester Cancer Center, University of Miami Miller School of Medicine. Before his fellowship, Dr Lopes was Chief Medical Resident and Clinical Instructor at the Miami Veterans Affairs Medical Center and Jackson Memorial Hospital in Miami Florida, USA.

Dr Lopes has received awards such as the Amgen Haematology/Oncology Fellowship Award and the Chief Resident Award by the Florida Chapter of the American College of Physicians, and a grant for Scientific Initiation from the Brazilian National Research Council while he worked with the South American Office for new Anticancer Drug Development.

Invited guest



Heng-Der Chern
Executive Director
Center for Drug Evaluation
Taiwan

Dr Chern received his MD from National Taiwan University in 1983 and his PhD in pharmacology from the University of Pittsburgh in 1994. Before he joined the Center for Drug Evaluation in 1998, Dr Chern was the head of Division of Clinical Pharmacology of National Taiwan University Hospital and associate professor in National Taiwan University. Currently, Dr Chern is Executive Director of Center for Drug Evaluation and in charge of technical review of IND/INDA/HTA for Taiwan's government. Under his leadership, Center for Drug Evaluation is one of a few regulatory agencies in Asia that can perform in-house reviews based on good regulatory science.

In the last 12 years, Dr Chern played a very active role in promoting ICH concept, GCP education, good review practice, bridging study, new drug development and Health Technology Assessment in Asia. He also served as the APEC representative for the ICH-GCG group in ICH 5 and ICH 6.

Dr Chern was involved in many regional harmonization initiatives especially the APEC Network of Pharmaceutical Regulatory Science led by Taiwan since 2000. He was the winner of the 2006 Drug Information Association (DIA) Outstanding Service Award for his contribution to DIA.

Invited guest



Rao-Fang (Jasmine) Pwu
Director,
Division of Health Technology Assessment
Center for Drug Evaluation, Taipei
Taiwan

Currently Director of the Division of Health Technology Assessment, Center for Drug Evaluation, Taipei, Taiwan, A/Prof Pwu is also Adjunct Assistant Professor at Taipei Medical University.

Obtaining her PhD from the College of Public Health, National Taiwan University on "Cost-effectiveness Analysis in Pertussis Vaccination and Treatment of Chronic Viral Hepatitis in Taiwan", A/Prof Pwu's expertise is in economic evaluation, epidemiology, data analysis and biostatistics. She has been a member of ISPOR and the Taiwan Medical Association since 2006 and is currently a Supervisory board member of the Taiwan Society for Pharmacoeconomics and Health Economics (TASPOR).

Invited guest



Netnapis Suchonwanich
Director
Bureau of Fund Administration,
National Health Security Office,
Thailand

Netnapis Suchonwanich is Director of the Bureau of Fund Administration, National Health Security Office, Thailand. Mrs Suchonwanich has held key appointments since the start of implementation of universal coverage in Thailand.

She was Director of Information Technology Management, which was involved in establishing the health insurance information system. This will link up databases from other medical care schemes and personal databases from internal ministries. Her next project involves national ID integration into a single smart card.

Invited guest



Luong Chi Thanh
Executive Director
Central Health Information and Technology
Institute,
Vietnam

Luong Chi Thanh obtained his Diploma in 1982 from the Medical College of Pirogov, Odessa, Ukraine. He subsequently obtained a PhD from Ha Noi Medical University in Neuropsychology.

Dr Luong has published scientific papers covering topics such as hypertension in the elderly, memory impairment in the elderly, depression among the elderly living in communities, and on surveys such as the sex life in the elderly, on care needs of the elderly in communities and on the actual situation of medical library services in Vietnam. He has also published in books on social gerontology, Alzheimer's Disease and functional exploration in the elderly.



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Asia Delegation Roundtable Health Technology Assessment and Its Application in Asia

HTA Reference

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<http://www.ispor.org/HTAspecialissue/index.asp>

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