

## Editorial

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# HTA flourishing in Asia

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This is the first time that *The International Journal of Technology Assessment in Health Care* is publishing a Special Issue on *Health Technology Assessment in the Asian Region*. During the call in 2018 we received twenty-four abstracts of which fifteen abstracts were selected after screening and were invited to submit full papers. Finally, ten articles completed the process and appear in this issue.

In the last two decades, HTA has grown considerably in the Asian region. Governments, especially in the low- and middle-income countries (LMICs) in the region, are using HTA for priority setting for health policy (1). One of the main drivers of spread of use and strengthening of HTA capacity in the region has been the establishment of the HTAsiaLink network in 2011 (2). This issue provides a current update for researchers and policymakers working on HTA in the region.

Some articles provide methods or an overview of HTA in Asia and LMICs. Country level case studies are drawn using extensive reviews of literature and deep understanding of policy processes. It is very heartening to note that authors identify value and use of HTA in the Asian region to be a mix of influence from both government and social aspects. Below are brief appetizers for articles in this issue.

Teerawattananon et al. (3) interviewed representatives from nine countries in Asia to detail the pathways, characteristics and practices of HTA in the region. Although several similarities in the HTA process and its application toward decision-making in the countries were identified, variation in stakeholder engagement and the number of topics assessed due to limited availability of resources and technical capacity was also clear.

Kaur et al. (4) conducted a systematic review to identify priority setting criteria for health resource allocation decisions in LMICs. Forty-four studies were included in the final analysis. Cost-effectiveness and health benefits were the most cited criteria used for priority setting for allocations of resources in public health. Multi-criteria decision analysis was applied more in upper middle-income countries, whereas lower-income countries used an accountability for reasonableness approach for priority setting.

Perera et al. (5) used a decision analytic Markov model to estimate the cost-effectiveness of a predicted dengue vaccination strategy in Sri Lanka. The results demonstrate significant regional variation across the districts. Important factors affecting the cost-effectiveness of the vaccine included disease incidence and the need for pre-vaccination screening.

Avdeyev et al. (6) used hospital administrative records in the hospital-based HTA (HB-HTA) unit in Kazakhstan. The unit has prepared fifty-one rapid and mini-HTA reports between 2015 and 2017. Of these health technologies, seventeen were not recommended for implementation, and hospital decision-makers agreed on all but one technology. This saved about 1 million US dollars. The establishment of the HB-HTA unit also provided impetus toward informed decision-making, key drivers for strategy, and improved hospital management practices.

Dabak et al. (7) report the use of HTA for the Maternal and Child Health Voucher Scheme in Myanmar and its implications on policy. A review of documents submitted to a Health System Strengthening program and recording of tacit knowledge of the persons involved in the process was conducted. A heuristic framework was used to analyze the HTA process conducted during implementation of the program. The results suggest that in order to strengthen the policy process, principles and methods of HTA can be applied throughout the process in countries with limited resources and capacity.

Ogura et al. (8) describe an overall assessment of the application of cost-effectiveness criteria in Japan's national health insurance system. The analysis was performed by manufacturers in accordance with the Medical Council Guidelines and reviewed by external experts. After a pilot adoption of cost-effectiveness evaluation, price adjustments were done for three items, and a decision was made to examine seven additional items more closely.

Leelahavarong et al. (9) reviewed the literature on HTA in Thailand, focusing on institutional structures, elements for introduction and contribution to policy. HTA has been integrated in development of the National List of Essential Medicines and the Universal Health Coverage Scheme benefits package in Thailand. Although political will, leadership, and resource allocation were the contributing factors, the absence of a governing body and strategic plan for HTA systems development as well as the lack of formal mechanisms for financial support, were seen as challenges. The lessons learned from the Thai experience could guide other developing countries.

Kao et al. (10) describe the implementation of technology assessment and its impact in Taiwan both in health policy and social care. The 10-year implementation of HTA has supported the government's decision-making capacity in health resource allocation and improved patient care. A combined contribution of both government and social factors has supported the use of HTA in Taiwan.

Roza et al. (11) provide an overview of the evolution of HTA in Malaysia, based on a review of administrative data, public information, and impact evaluation findings. The formal establishment of HTA in Malaysia in 1995 within the Ministry of Health has expanded to include horizon scanning of health technologies and implementation of evidence-based clinical practice guidelines.

Darawsheh et al. (12) explored main barriers and facilitators to implementing HTA in Kuwait from stakeholders' perspective. Using the semi-structured qualitative interviews with Ministry of Health officials and academics, the study reported following factors as barriers for building HTA in Kuwait: low awareness, institutional and human capacity, fragmented healthcare system, poor communication between researchers and policy-makers, and including country's wealth, politics, as well as quality, availability and sharing of data.

HTA is growing and changing health policy in Asia. The authors contributing to this issue have advanced our knowledge of HTA implementation and its challenges in the Asian region. Thanks to them all.

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