# ROLE OF HEALTH EQUITY IN HEALTH TECHNOLOGY ASSESSMENT IN ASIA: A LANDSCAPE ANALYSIS OF 13 HEALTH SYSTEMS IN ASIA

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## Background

- Health equity-informative health technology assessment (HTA) can help inform decisionmakers on the efficient use of finite resources and equitable access to healthcare services.
- Whether health equity has a role in the HTA processes and decision-making in Asia needs to be explored

## **Objective**

This landscape analysis aimed to explore the role of health equity in HTA processes and decision-making in Asia.

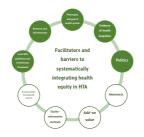
#### **Methods**

- Targeted literature review was performed in PubMed, Embase, and websites of HTA agencies and Ministry of Health in each health system.
- Twenty-two key informants were interviewed in May-June 2023.
- Informants were academics, government officers, and policymakers, representing 13 health systems in Asia, including Brunei Darussalam, Cambodia, China, Indonesia, Japan, Malaysia, Myanmar, Philippines, Singapore, South Korea, Taiwan, Thailand, and Vietnam.
- Descriptive and thematic analyses were performed to summarize the role of health equity in HTA and its facilitators and barriers.

## Results

### Role of Health Equity in HTA

- · Consideration of health equity was recommended in the HTA assessment guidelines of five health systems (China, Indonesia, Philippines, South Korea, Taiwan).
- However, in most health systems, health equity was qualitatively and implicitly implemented in the deliberative HTA process.
- Health equity was frequently considered in HTA in the aspect of specific diseases (e.g., rare diseases and cancer) and special populations (e.g., elderly and children) rather than social factors (e.g., socioeconomic status and geographical location).
- Equity-informative economic evaluations, e.g., distributional cost-effectiveness analyses (DCEAs) were in the infancy stage, as few health systems have begun to perform DCEAs to explore their application.



#### **Facilitators & Barriers**

- Nine themes of facilitators and barriers were identified from interviews
- s, evidence of health inequities, and HTA guideline mendations were commonly described as key drivers to integrate health equity in HTA to align with the health systems' philosophy and goal of achieving equitable healthcare.
- Barriers to comprehensively incorporating health equity in HTA were a lack of data on equity-relevant subgroups and insufficient methodological knowledge and human resources of analysts and

Table 2 Facilitators and barriers to systematically integrating health equity in HTA identified from in-depth interview										ews		
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Themes and sub-themes of facilitators and barriers	Brunei Darussalam	Cambodia	China	Indonesia	Japan	Malaysia	Myanmar	Philippines	Singapore	South Korea	Taiwan	Thailand	Vietnam
Philosophy and goal of health system													
Equity is embedded in health system	- /			-/-	- /	- /	- /	- /	- /	/	/	/	- /
Evidence of health inequities													
Evidence availability	-/	1		- /		/	- /	- /	- /	- /	- /	- /	- /
Challenges in identification and categorization of subgroups			- /						- /				
Politics													
Political priority	-/	- /	/	-/	/	/	- /	- /	- /	/	/	/	
Public and societal pressure	-/							- /		- /			
Political instability							- /						
Awareness			/	/	/		- /	- /	- /	/	/		
Local HTA guidelines and institutional framework													
Dedicated HTA institution	/	1					/						/
Guideline recommendations	-/		/	-/	/	/	- /	- /	- /		/		- /
Law and regulatory framework							- /	- /		/			
Recommendations by leading HTA agencies			/						- /	/			
Equity-informative methods													
Method complexity	/		/			/			1				1
Challenges in defining and measuring health inequities		/			/								- /
Add-on value													
Add-on value of health equity consideration	/	1	/			/	/		1				1
Value of time and effort spent to consider equity	-/					/			- /				
Resource and infrastructure													
Technical capacity (manpower)	1	1	/	/	1	/	/	1	1			/	- /
Capacity building (knowledge)	- /	- /	/			/	- /				/	/	
Data resources		1					- /						
Funding							- /					/	

## Conclusion

- Health equity is commonly considered in HTA in a qualitative manner in most health systems in Asia.
- We encourage that health equity should be systematically integrated in HTA, and improvement in evidence availability and capacity building are warranted to strengthen the role of health equity in HTA.



















