

HTA in Indonesia:
*Current Progress and Future
Direction*

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HTA Committee, MOH RI

A bit history ...

- HTA (without formal economic analysis) started in Indonesia in 2003
- Small unit in the Directorate General of Medical Care 2003-2008:
 - ❖ No clear organization
 - ❖ No official staff
 - ❖ No guideline
 - ❖ No experience
 - ❖ No clear budget

More than 40 assessments were done

Examples

- Vit K prophylaxis
- Blood transfusion
- Preoperative preparation
- Immunomodulators
- Influenza vaccine
- Tonsillo-adenoidectomy
- Ozone therapy
- Ciprofloxacin
- ESWL
- Hormone replacement therapy
- Management of sinusitis
- COPD
- Liposuction
- Hearing screening

National HTA Committee

- MOH Decree, 21 April 2014
- Organizational structure
 - ❖ Chairman
 - ❖ Secretary
 - ❖ Members
 - ❖ Secretariat
- Under the Secretary General / Center for Health Financing and Security

Job description

- Developing concept and activities
- Developing HTA Guidelines
- Accepting proposals from stakeholders
- Priority setting the proposals
- Developing *ad hoc Panel* to execute HTA process
- Providing recommendations to the MOH



Buku Panduan Penilaian Teknologi Kesehatan

**Efektivitas Klinis
dan Evaluasi Ekonomi**

**Pusat Pembiayaan dan Jaminan Kesehatan
Kementerian Kesehatan RI
Komite Penilaian Teknologi Kesehatan
Jakarta, 2017**



Health Technology Assessment (HTA) Guideline

**Indonesian Health Technology
Assessment Committee (InaHTAC)
Ministry of Health
Republic of Indonesia**

Jakarta, 2017

Ad hoc Panel

- Ad hoc Panel is supposed to be established for each topic
- Consists of:
 - ❖ Member(s) of HTA Committee
 - ❖ Experts of professional organizations
 - ❖ Academia
 - ❖ Other relevant experts

Methods in HTA

- **Secondary data:** Original articles, integrative literature (SR, meta-analysis)
- **Primary data**
 - ❖ Real world clinical data and cost for economic analysis
 - ❖ Consensus development
 - ❖ Technical studies (functionality, validation)
 - ❖ Expert (and user) opinion
 - ❖ Epidemiological and observational studies
 - ❖ Clinical trials

List of studies (2015-2017)

2015

- **Sildenafil** for the treatment of pulmonary artery hypertension
- **Economic analysis of CAPD vs. HD** in patients with ESRD

2016

- **Alprostadil** for duct-dependent congenital heart disease

2017

- Clinical effectiveness and economic evaluation of **cetuximab** for metastatic colo-rectal cancer
- Economic evaluation of **bevacizumab** for the additional treatment of metastatic colo-rectal cancer
- Factors associated with the use of **imatinib** and **nilotinib** in patients with chronic granulocytic leukemia
- Clinical and economic evaluation of **insulin analog** compared with **human insulin** for type 2 diabetes: *review and cost survey.*

Studies in 2018

1. Economic evaluation of the adjuvant therapy of **trastuzumab** to chemotherapy for patients with metastatic breast cancer HER2+
2. Clinical effectiveness and economic evaluation of a combination (**rituximab** and chemotherapy) vs chemotherapy alone for patients with non-Hodgkins lymphoma
3. Economic evaluation of a combination **lapatinib** and capecitabine compared to capecitabine alone in metastatic breast cancer patients with HER2 + who failed with trastuzumab

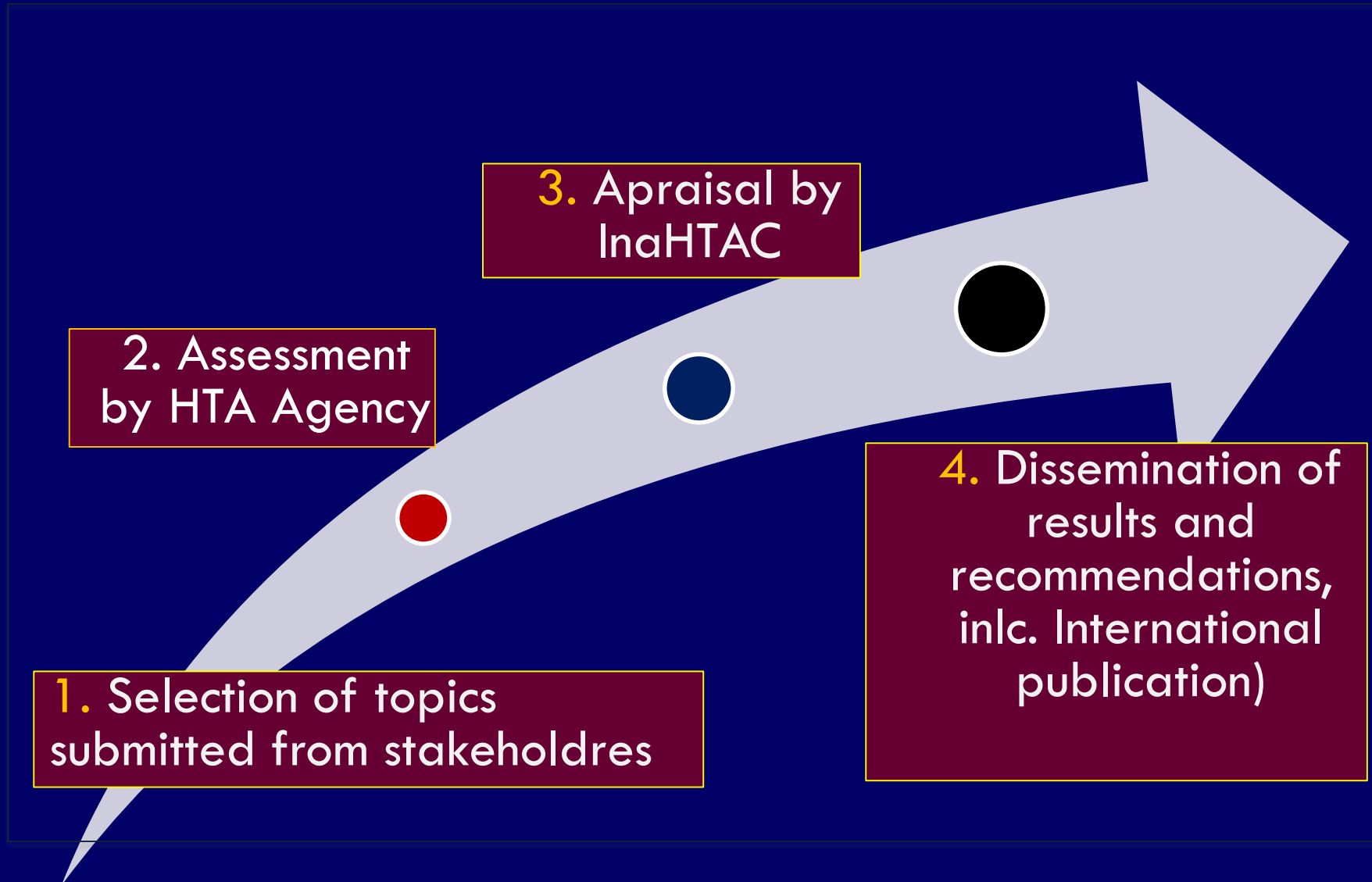
InaHTAC Roadmap:

- **First transitional period: 2016-2021**
 - ❖ Follows the current regulation
 - ❖ Starts to involve universities and research institutions to conduct HT assessment
 - ❖ Still depends on international organizations support
- **Second transitional period: 2021-2026**
 - ❖ Capacity building: Master, PhD for full time staff
 - ❖ Institutional strengthening
- **Independent HTA Commission by 2026**

InaHTAC Roadmap

- In the future **the assessment** will be performed by universities / research institutions (**HTA-Agencies**)
- The results of the assessment will then be **appraised** by InaHTAC
- We have performed HTA workshops for:
 - ❖ **University of Indonesia**
 - ❖ **Gadjah Mada University**
 - ❖ **Airlangga University**
 - ❖ **Padjadjaran University**
 - ❖ **Hasanuddin University**
 - ❖ **Muhammadiyah University, Purwokerto**

InaHTAC Roadmap: Future HTA Process



Member(s) of HTAC
Academia
Professionals
Others

HTA



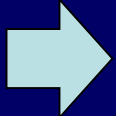
Assessment

Appraisal



HTA Agencies

- Universities
- Research Institutes



InaHTAC

Challenges ...

- Institutionalization
- Capacity building
- Political commitment
- Others
 - ❖ Coordination with other agencies
 - ❖ Threshold reference

Accountable and Transparent Process

- Topic identification and prioritization
- Determining the method to be used
- Experts and stakeholder involvement
- EBM cycle:
 - ❖ Formulating problems into specific questions
 - ❖ Literature searching
 - ❖ Critical appraisal of the evidence
 - ❖ Synthesis of the appraisal results

Accountable and Transparent Process (Cont.)

- Collecting the necessary primary data
- Data analysis, modelling, etc
- Conclusions and recommendations
- Disseminating the HTA results
 - ❖ Including time for appeal / input from stakeholders
- Monitoring the recommendations

International collaboration and supports

- **PATH** (Program for Appropriate Technology in Health) - Seattle
- **iDSI** (International Decision Support Initiative) - Japan
- **NICE** (National Institute for Health and Care Excellence) International - London
- **HITAP** (Health Intervention and Technol Assessment Program) - Bangkok
- **WHO**
- **AIPHSS** (Australia-Indonesia Partnership for Health System Strengthening)
- **HTAi** (Health Technology Assessment International)
- **HTAi Asia Policy Forum**
- **HTAsialink**

Forms of supports

- Discussions
- Consultations
- Workshops
- On-the-job training for PICs in Bangkok (PATH and HITAP)
- Invitations to join international conferences
- Study tour to NICE
- Staffing and administrative issues

Policy makers

**Evidence-informed
Policy making**

**Policy
action**

**Packaging &
advocacy for
policy**

**Synthesis of evidence
to knowledge**

**Assessing and
evaluating research evidence**

Research

Researchers

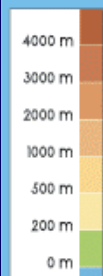
Closing remarks

- HTA in Indonesia is in the early phase of development
- Though initially we wanted to “run more quickly” we received “no rush” advice
- Political commitment is mandatory for developing better institution, capacity building, and other processes related with assessment.

INDONESIA



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- National Capital (8,350,000 in 2000)
- over 2,000,000
- over 1,000,000
- over 500,000
- over 100,000
- other main city
- other city
- Chief town of province

Thank you

