醫護行者 Health In Action

To eliminate health inequity in societies 消除社會上的健康不公平

The Legislative Council Panel on Health Services
2nd March 2018 Meeting on
"Cancer Strategy"

Submission from Health In Action

A. Importance of transparent, evidence-based Health Technology Assessment

1. In recent months there has been much debate in Hong Kong about how to fund expensive drugs, including cancer drugs, where the underlying dilemma lies in a conflict of values between a utilitarian (maximizing benefit for greatest number) versus an equity (providing equitable care for every individual) approach.[1] This is not a unique problem in Hong Kong, as healthcare budget is limited everywhere. Health technology assessment (HTA) is widely implemented globally, including in the United Kingdom, Canada, Korea, Taiwan, Thailand and many other jurisdictions, to make evidence-based decisions about new drug listings (Appendix).

2. The World Health Organization defines HTA as "the systematic evaluation of properties, effects, and/or impacts of health technology. It is a multidisciplinary process to evaluate the social, economic, organizational and ethical issues of a health intervention or health technology. The main purpose of conducting an assessment is to inform a policy decision making."[2] Thus, HTA does not only consider drugs, but also vaccines, devices, and other types of medical related interventions. The role of HTA is facilitate the allocation of healthcare funding and its objectives and to maximize health benefits by using limited resources and to provide evidence for the regulator to regulate the drug pricing. Thus in the long run, HTA ensures cost-effectiveness and clinical effectiveness of medical related interventions.[3]

3. The Drug Advisory Committee (DAC) in Hong Kong is responsible for making decisions regarding the type of drugs that could be on the Hospital Authority Drug Formulary (HADF). This process lacks transparency as to the decision-making process and evidence of health economics evaluation,[4] thus resulting in public debates on whether individual drugs should be listed in HADF or not. Currently, individual patient access programs exist in Hong Kong where pharmaceutical companies provide discounted or free drugs to patients under special circumstances, but such mechanisms are unsustainable and limited.

[1] Lai TYY, Leung, G. M. . Equity and efficiency in healthcare: are they mutually exclusive? HKJOphthalmol. 2010;16(1):1-4.
[2] World Health Organization, health technology assessment definitions. Available at: http://www.who.int/health-technology-assessment/about/Defining/en/ [accessed 26 February 2018]
[3] Thokala P, Duenas A. Multiple criteria decision analysis for health technology assessment. Value Health. 2012;15(8):1172-81.
[4] Wu O, Cheung, B., Wong, C. Health Technology Assessment And The Decision-Making Process Of New Drug Listing In Hong Kong. International Journal of Technology Assessment in Health Care. 2017;33(1):14.

4. Suggestions:
   The **Drug Advisory Committee** should publish to the public its methodology of evaluation, the clinical and economic evidence evaluated, and process of decision-making when considering drug listings. In the long run, the **Hong Kong government** should consider establishing a transparent, evidence-based HTA agency to evaluate the cost-effectiveness of new drugs and other healthcare interventions in order decide whether or not it would receive public subsidy, on par with HTA agencies overseas. This HTA agency should also have a role in conducting international drug price comparisons and negotiating drug price with pharmaceutical companies.

B. Hidden health inequities behind cancer trends

5. Although the general trends of cancer screening and treatment are improving in Hong Kong, there could be hidden health inequities behind these apparent successes which warrant urgent attention. Public health evidence shows that commonly adopted preventive measures could worsen health disparities for disadvantaged groups (such as ethnic minorities and working poor).[5] For example, health education which targets individual lifestyle behaviour (such as regular exercise, balanced diet) and voluntary health screenings (such as colorectal cancer and cervical cancer screening) could widen health disparities, because these measures are more effective among people with higher education and income, as they tend to be more health conscious and often have more resources to uptake healthy behaviour. The extent of health inequities in Hong Kong is largely unknown due to the lack of health data based on socioeconomic groups.

6. Suggestions:
   The **Department of Health** and **Hospital Authority** should collect routine data based on socioeconomic profiles in order to assess the extent of health inequalities in cancer and other health statistics. The **Department of Health** should take into accout the needs and characteristics of disadvantages groups when designing health promotion campaigns, including preventive education and cancer screening. The **Hong Kong government** should adopt an upstream and cross-sector perspective in planning the preventive section of its Cancer Strategy, in line with World Health Organization's approach of "Health In All Policies".

C. Setting health targets in line with global standards

7. The World Health Organization stated that between 30-50% of all cancer cases are preventable, and prevention offers the most cost-effective long-term strategy for the control of cancer. It has recommended that local governments establish indicators to track the implementation of health promotion measures, such as reducing cancer incidence by type of cancer by a certain percentage. In fact, China has set the goal of increasing overall cancer 5-year survival rate by 15% by 2030 in its "Healthy China 2030" national strategy.[6] It remains unclear whether the Hong Kong government has set specific indicators or targets to reduce the risk of cancer and other diseases.

[5] Gordon-Dseagu V. Cancer and health inequalities: An introduction to current evidence, Cancer Research UK. Available at http://www.cancerresearchuk.org/prod_consump/groups/cr_common/@nre/@pol/documents/generalcontent/crukmig_1000ast-3344.pdf [accessed 26 February 2018]

[6] 中共中央国务院《"健康中国 2030"规划纲要》Available at: http://www.gov.cn/zhengce/2016-10/25/content_5124174.htm [accessed 26 February 2018]

8. Suggestion:
   The **Hong Kong government** should establish clear indicators and specific targest to curb the cancer epidemic, it should also consider establishing an overall city-wide health strategy in order to enhance poilcy coherence and facilitate cross-sector collaboration for the vision of a healthy Hong Kong.

D. Conclusion

We have highlighted three crucial aspects that the Hong Kong government must address when devising its Cancer Strategy, which requires balancing between the principles of efficiency and equity, as well as maintaining international standards of transparency and evidence-based policy making.

Appendix: Health technology assessment process of selected countries

Health Technology Assessment for cancer drugs in Canada:[7,8,9,10,11]

- Many countries in the world do not have a separate HTA process for cancer drugs. Surprisingly, Canada is the only country that has a distinct HTA process for cancer drugs. The main regulatory body is Health Canada, but at the national level there are two committees responsible for setting up recommendations. One of them is "Pan-Canadian Oncology Drug Expert Review Committee" (PERC) that is responsible for cancer care drugs, and the other one is the "Canadian Drug Expert Committee" (CDEC). Both of these committee relay their recommendations to the "Committee to Evaluate Drugs" (CED) that works at the provincial level, which further relays their recommendations to the "Ministry of Health" (MOH), that is mainly responsible for the funding. All of these recommendations of PERC, CDEC and CED are taken into account by the executive officer at the MOH, and the executive officer exerts pressure on the drug companies to lower their drug prices.
- According to the "Pan Canadian Oncology Drug Review" (PCODR), whenever a drug manufacturing company synthesizes a new drug, it has to go through a series of channels before being included in the formulary. After the drug has been clinically approved, it has to comply with the PCODR guidelines of submitting evidence to PCODR regarding the safety of the drug along with the "pharmacoeconomic evaluation" and the "budget impact analysis". Hence, this signifies that the cancer drug has proven to be cost-effective. If a drug manufacturing company fails to follow such guidelines, then the PCODR will not allow that particular drug to be on the formulary.

National Institute for Health and Care Excellence (NICE) in the United Kingdom: [11,12,13,14,15]

- In the UK, NICE is responsible for the HTA process and they also regulate drug prices that are supplied to the National Health Service (NHS). They set up price thresholds for pharmaceutical companies. If a company does not negotiate their prices as per to the needs of NICE, which is highly unlikely, then that drugs fails to be on the formulary. Consequently, these drug companies' prices are negotiable in the UK. Therefore, NICE ensures that people are provided care that is effective and accessible to everyone in the country.

[7] Hoch JS, Beca J, Sabharwal M, Livingstone SW, Fields AL. Does it Matter Whether Canada's Separate Health Technology Assessment Process for Cancer Drugs has an Economic Rationale? Pharmacoeconomics. 2015;33(8):879-82.
[8] Martin J, Polisena J, Dendukuri N, Rhainds M, Sampietro-Colom L. Local Health Technology Assessment in Canada: Current State and Next Steps. Int J Technol Assess Health Care. 2016;32(3):175-80.
[9] Samjoo IA, Grima DT. Comparison of Oncology Therapy Reimbursement Recommendations Made by Health Technology Assessment Agencies in Australia, Canada, Sweden, And United Kingdom. Value in Health. 2014;17(3).
[10] Xie F, Bowen JM, Sutherland SC, Burke N, Blackhouse G, Tarride JE, et al. Using health technology assessment to support evidence-based decision-making in Canada: an academic perspective. Expert Rev Pharmacoecon Outcomes Res. 2011;11(5):513-21.
[11] Dranitsaris G, Papadopoulos G. Health technology assessment of cancer drugs in Canada, the United Kingdom and Australia: should the United States take notice? Appl Health Econ Health Policy. 2015;13(3):291-302.
[12] Dixon P, Chamberlain C, Hollingworth W. Did It Matter That the Cancer Drugs Fund Was Not NICE? A Retrospective Review. Value Health. 2016;19(6):879-84.
[13] Savage P. Development and economic trends in cancer therapeutic drugs in the UK from 1955 to 2009. J Oncol Pharm Pract. 2012;18(1):52-6.
[14] Savage P, Mahmoud S. Development and economic trends in cancer therapeutic drugs: a 5-year update 2010-2014. Br J Cancer. 2015;112(6):1037-41.
[15] Hughes DA. Pharmacoeconomics. Br J Clin Pharmacol. 2012;73(6):968-72.

HTA process in Asian countries: South Korea, Taiwan, and Thailand [15,16,17]

- South Korea, Taiwan and Thailand have HTA agencies and these countries also focus on providing cost-effective drugs using pharmacoeconomic evaluation as their key strategy to regulate the drug prices. These countries have universal health insurance and the HTA conducts the decision-making process.
- South Korea: "Korean Food and Drug Administration" (KFDA) regulates the prices of the drugs and ensures that only those drugs that are proven to be effective are put on the prescription list. The pharmacoeconomic evaluation is conducted by the "Health Insurance Review and Assessment Service" (HIRA). An interesting fact about Korea is that they also conduct a comparative analysis prior to setting up the prices of the drugs. This is a strategy for keeping the drug prices low. Comparative drug pricing analysis is conducted by "National Evidence based Healthcare Collaborating Agency" (NECA).
- Taiwan and Thailand: "Taiwan Bureau of Food and Drug Analysis" and the "Centre for Drug Evaluation" (CDE) conduct the HTA process. However, in the past drug prices were associated with the effectiveness of the drug, but HTA regulated this process by adopting an evaluating process for evaluating the effectiveness of a drug. In Thailand, the "Thailand Food and Drug Administration" ensures the pharmacoeconomic evaluation.

[16] Kamae I. Value-based approaches to healthcare systems and pharmacoeconomics requirements in Asia Pharmacoeconomics. 2010;28(10):1-8.

[17] Beckerman R, Chowdhury CA, Park S. Guardians of opportunity: emerging health technology assessment in Brazil, South Korea and Taiwan. Journal of Pharmaceutical Health Services Research. 2013;4(3):125-9.