

CALL GUIDE

The Health Technology Assessment (HTA) Philippines invites interested Filipino researchers to submit capsule proposals under the 2023 HTA) Research Agenda Program (*HTA Research Topics 2023 - Batch 2*).

The HTA Research Agenda 2023 - batch 2 consists of projects that aim:

- (1) to generate evidence for the development of HTA Council recommendations on coverage decisions for DOH and PhilHealth, using current HTA methodologies and,
- (2) to develop HTA Methods Guides specific to the assessment of health technologies classified as Medical and Surgical Procedures and for Preventive and Promotive Health.

HTA Research Agenda 2023 - Batch 2 topics

The following are the research topics to be funded under this Call for Capsule Proposals:

METHODS GUIDE DEVELOPMENT:

- 1. HTA Methods Guide for assessing health technologies classified as *Medical and Surgical Procedures***
- 2. HTA Methods Guide for assessing health technologies for *Preventive and Promotive Health***

Please refer to the attached Annex C for the details on the project objectives, suggested methodology, project duration, and budget allotment.

General Guidelines

1. There shall be two (2) stages in the proposal evaluation. The first is the submission of a capsule proposal, and the second is the submission of the full proposal. The full proposal is submitted only upon approval of the capsule proposal.
2. The capsule proposal should not be more than two (2) pages (Arial font 11, single spacing). Deadline for the submission of the capsule proposal and other requirements is **15 December 2023**.
3. The capsule proposal shall be evaluated based on the following criteria:
 - a. *Relevance & Sensitivity - Alignment of the research questions and objectives to the research agenda*

- b. *Technical/Scientific - Sound methodology; alignment to the research questions and HTA Methods Guide*
 - c. *Data Management - Technical merit on handling and management of data.*
 - d. *Financial Feasibility - Alignment of the projected project costs to the allocated budget for the research*
 - e. *Proponent's / Institutional Capacity - Good track record or CV with proven competence to implement and complete the project within the approved duration and budget.*
 - f. *Conflict of interest (COI) - No significant COI; following the COI declaration in the HTA Process Guide*
4. The review process will take **2 weeks or less** provided that all the requirements have been submitted. The proponent may need to revise the capsule proposal on the basis of the recommendations of the reviewers.
 5. Proponents of approved capsule proposals shall be notified to proceed to the submission of the full proposal (*details to be provided*).

Note: These guidelines only refer to the review of capsule proposals. A separate set of guidelines shall be issued for the processing and approval of the full proposal.

Who may apply for the grant?

Filipinos with **at least a Master's Degree** in a relevant field, have proven research competence / track record, and **employed in universities/colleges, research agencies/institutions, hospitals, and other health related agencies** are eligible to apply for the research grant.

How to apply?

The interested researchers shall submit the following requirements to htaresearch@dost.gov.ph:

1. **Capsule proposal** [Annex A; [Link to downloadable template](#)]
2. **COI declaration** of the primary investigator [Annex B; [Link to template](#)]
3. **Cover Letter** to the HTA Division - DOST addressed to:
ANNE JULIENNE G. MARFORI, RPh, MSc
 Chief, HTA Division
 Department of Science and Technology

Deadline of submission of the above requirements: 15 December 2023

Any concerns or questions?

For any questions, comments or concerns, please email us at htaresearch@dost.gov.ph:

ANNEX A - Template of Capsule Proposal

Title:

Authors:

Affiliations:

- I. BACKGROUND:**
- II. OBJECTIVES:**
- III. METHODOLOGY:**
- IV. ESTIMATED BUDGET**
- V. DURATION OF PROJECT IMPLEMENTATION**

Note: The capsule proposal should not be more than two (2) pages (Arial font 11, single spacing).

ANNEX B - COI Declaration Form

DECLARATION OF CONFLICT OF INTEREST

1. CURRENT FINANCIAL INTERESTS

To the best of your knowledge, do 1) you or any of your relative within the fourth (4th) civil degree, by affinity or consanguinity, 2) organization in which you serve as an officer, director, trustee, general partner, or employee and/or 3) entity with whom you are negotiating or have any arrangement concerning prospective employment have any current involvement or financial link with any policy determining activity of the office/agency/advisory body/committee:

a. **INVESTMENTS** (e.g. stocks, bonds, retirement plans, trust, partnerships, sector funds, etc.) **NONE** (If "none", skip to Item b.)

ESTABLISHMENT	TYPE OF INVESTMENT	OWNER (self, spouse, etc.)	NUMBER OF SHARES	CURRENT VALUE	CHECK PERCENTAGE NET WORTH		
					LESS THAN 5%	5-15%	MORE THAN 15%

b. **EMPLOYMENT** (Full or Part Time) (Current or Under Negotiation) **NONE** (If "none", skip to Item c.)

ESTABLISHMENT	RELATIONSHIP	POSITION IN FIRM	DATE EMPLOYMENT OR NEGOTIATIONS BEGAN

c. **CONSULTANT/ADVISOR** (Current or Under Negotiation) **NONE** (If "none", skip to Item d.)

ESTABLISHMENT	TOPIC/ISSUE	AMOUNT RECEIVED	DATE FROM	DATE TO	RELATED TO LISTED PRODUCTS/ INDICATIONS/ ISSUES

d. **CONTRACTS/GRANTS** (Current or Under Negotiation) **NONE** (If "none", skip to Item e.)

TYPE OF AGREEMENT (contract, grant)	PRODUCT UNDER STUDY AND INDICATIONS	AMOUNT OF REMUNERATION TO		TIME PERIOD	SPONSOR*	YOUR ROLE**	AWARDEE	RELATED TO LISTED PRODUCTS/ INDICATIONS/ ISSUES
		INSTITUTION	YOU					
								<input type="checkbox"/> YES <input type="checkbox"/> NO
								<input type="checkbox"/> YES <input type="checkbox"/> NO
								<input type="checkbox"/> YES <input type="checkbox"/> NO
								<input type="checkbox"/> YES <input type="checkbox"/> NO

* Government, Establishment, Institution, Individual
 ** Site Investigator, Principal Investigator, Co-Investigator, Employee, Partner, No Involvement, or Other

IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL PAGES

1. CURRENT FINANCIAL INTERESTS (Continued)

e. INTELLECTUAL PROPERTY (PATENTS/ROYALTIES/TRADEMARKS)

NONE (If "none", skip to Item f.)

FOR	ESTABLISHMENT	RELATED TO LISTED PRODUCTS/ INDICATIONS/ ISSUES	IF "YES", EXPLAIN BELOW AND INDICATE INCOME RECEIVED
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

f. EXPERT WITNESS (Last 12 Months or under negotiation)

NONE (If "none", skip to Item g.)

I appeared for or against the following listed establishment(s) and issue(s)

FIRM AND ISSUE	AMOUNT RECEIVED	RELATED TO LISTED PRODUCTS/ INDICATIONS/ ISSUES	IF "YES", EXPLAIN BELOW AND INDICATE INCOME RECEIVED
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

g. SPEAKING/WRITING (Last 12 Months or under negotiation)

NONE (If "none", skip to Item 2.)

FIRM	TOPIC/ISSUE	AMOUNT RECEIVED		DATES	RELATED TO LISTED PRODUCTS/ INDICATIONS/ ISSUES
		HONORAR-IUM	TRAVEL		
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

2. PAST FINANCIAL INTERESTS

a. To the best of your knowledge, do 1) you or any of your relative within the fourth (4th) civil degree, by affinity or consanguinity, 2) organization in which you serve as an officer, director, trustee, general partner, or employee have any past involvement with any policy determining activity of the office/agency/advisory body/committee:

YES NO NOT TO MY KNOWLEDGE

b. If "Yes." describe involvement.

FIRM/PRODUCT	FINANCIAL INVOLVEMENT (e.g. contract/consultant)	ROLE	DATES	RELATED TO LISTED PRODUCTS/ INDICATIONS/ ISSUES
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL PAGES

3. OTHER INVOLVEMENTS (Other Kinds of Relationships) **NONE** (If "none", skip to Item 4.)
 Using the list of products/firms/issues, identify anything that would give an "appearance" of a conflict which has not been disclosed above (e.g. involvement in a lawsuit, researcher initiated study, gift of research materials, etc.).

4. CERTIFICATION STATEMENT
 I, _____ designated as _____ of the _____
(First Name, MI, Family Name) (Position/Designation, when applicable) (Name of Agency, Office, Bureau, Service, Hospital, or Unit)
 do hereby declare on my honor that the above information is true and complete, to the best of my knowledge. If there are any changes, I will promptly notify you. This includes any change that occurs before or during the meeting or work itself and through the period up to the publication of the final results or completion of the activity concerned.
 My response contains ____ pages.

NAME AND SIGNATURE OF DECLARANT	DATE
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CONFIDENTIALITY STATEMENT
 The primary use of this information is for review of the Public Health Ethics Committee (PHEC) to determine compliance with applicable conflict of interest with laws and regulations.
 This confidential report will not be disclosed to any requesting person, unless authorized by law.
 Falsification of information or failure to file or report of information required to be reported is subject to disciplinary action by the DOH.

FOR PHEC USE ONLY

NAME AND SIGNATURE OF REVIEWING OFFICIAL	DATE
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COMMENTS OF REVIEWING OFFICIAL

IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL PAGES

ANNEX C - KEY DETAILS ON THE RESEARCH TOPICS

METHODS GUIDE DEVELOPMENT

No	Topic	Objectives	Suggested Methodology	Project Duration	Budget
1	HTA Methods Guide for assessing health technologies classified as Medical and Surgical Procedures	<p>General objective: To develop a Health Technology Assessment Methods Guide for the assessment of health technologies classified as medical and surgical procedures</p> <p>Specific objectives:</p> <ul style="list-style-type: none"> • To review the current HTA Philippines Methods Guide and methodologies in other settings and to identify applicable methodologies relevant to the assessment of the clinical, economic, and ethical, legal, social, and health systems impact of medical and surgical procedures • To identify or develop methods for the assessment of medical and surgical procedures • To conduct expert consultation to validate the proposed assessment methodologies • To draft a methodological framework for the assessment of medical and surgical procedures • To validate the methodological framework through a pilot assessment of an existing medical and surgical procedure • To develop a manuscript discussing the development of the methods guide that will be ready for journal publications 	<ul style="list-style-type: none"> • Literature review of methodologies or HTA methods guide from other settings • Critical appraisal of the applicability of methodologies to the Philippine setting • Consultation with experts on the proposed methods • Validation of drafted methods guide through the conduct of a pilot assessment 	6 months	Php 1,500,000.00

No	Topic	Objectives	Suggested Methodology	Project Duration	Budget
2	HTA Methods Guide for assessing health technologies for Preventive and Promotive Health	<p>General objective: To develop a Health Technology Assessment Methods Guide for the assessment of health technologies for preventive and promotive health.</p> <p>Specific objectives:</p> <ol style="list-style-type: none"> 1. To review the current HTA Philippines Methods Guide and methodologies in other settings and to identify applicable methodologies relevant to the assessment of the clinical, economic, and ethical, legal, social, and health systems impact of preventive and promotive health technologies 2. To identify or develop methods for the assessment of preventive and promotive health technologies 3. To conduct expert consultation to validate the proposed assessment methodologies 4. To draft a methodological framework for the assessment of preventive and promotive health technologies 5. To validate the methodological framework through a pilot assessment of an existing preventive and promotive health technology 6. To develop a manuscript discussing the development of the methods guide that will be ready for journal publications 	<ul style="list-style-type: none"> ● Literature review of methodologies or HTA methods guide from other settings ● Critical appraisal of the applicability of methodologies to the Philippine setting ● Consultation with experts on the proposed methods ● Validation of drafted methods guide through the conduct of a pilot assessment 	6 months	Php 1,500,000.00