CALL GUIDE

The Health Technology Assessment (HTA) Philippines invites interested Filipino researchers to submit capsule proposals under the 2024 HTA Topics - Batch 4 Call *[FEC topics and Cycle 1 topics for Economic Assessments and Ethical, Legal, Social, and Health Systems Implication (ELSHI) Assessments; and, Cycle 2 topics for Clinical Assessments]*

- The **2024 HTA Topics - Batch 4 Call (Cycle 2 Clinical Assessments and FEC/Cycle 1 Economic and ELSHI Assessments)** consists of prioritized health technology topics under the HTA general track.

2024 HTA Topics - Batch 4 Call

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

Clinical Assessment

1. Dexmedetomidine (as hydrochloride) for intensive care unit (ICU) sedation and procedural sedation
2. Glucose (544mL) + amino acids (315mL) + electrocytes + lipids (141mL), 1000mL for disease-related malnutrition in hospitalized patients
3. High protein (as Semi Modular Enteral Nutrition) for protein supplementation
4. Pacorexib for short-term treatment of acute pain and post-operative pain
5. Zinc oxide + calamine for incontinence-induced dermatitis and diaper dermatitis

Economic Assessment

For Cost-Effectiveness/Utility Analysis (CEA/CUA) + Budget Impact Analysis (BIA) + Household Financial Impact (HFI) Analysis

1. Tirofiban in combination with heparin compared to usual care [e.g., unfractionated or low-molecular weight heparin (alone), aspirin, clopidogrel] among patients aged > 19 years old with coronary ischemic syndromes (CIS) undergoing coronary angioplasty or atherectomy
2. Tirofiban in combination with heparin compared to usual care [e.g., unfractionated or low-molecular weight heparin (alone), aspirin, clopidogrel] among patients aged > 19 years old with Non-ST Elevation Acute Coronary Syndrome (NSTE-ACS) including Non-ST Elevation Myocardial Infarction (NSTEMI) or Unstable Angina (UA)

For Cost-Minimization Analysis (CMA) + BIA + HFI Analysis

3. Paliperidone palmitate 3-months (PP3M) compared to Paliperidone palmitate 1-month (PP1M) among adult patients with schizophrenia who have been adequately treated with PP1M for at least four months

ELSHI Assessment

1. Tirofiban in combination with heparin compared to usual care [e.g., unfractionated or low-molecular weight heparin (alone), aspirin, clopidogrel]among patients aged > 19 years old with coronary ischemic syndromes (CIS) undergoing coronary angioplasty or atherectomy
2. Tirofiban in combination with heparin compared to usual care [e.g., unfractionated or low-molecular weight heparin (alone), aspirin, clopidogrel] among patients aged > 19 years old with Non-ST Elevation Acute Coronary Syndrome (NSTE-ACS) including Non-ST Elevation Myocardial Infarction (NSTEMI) or Unstable Angina (UA)
3. Paliperidone palmitate 3-months (PP3M) compared to Paliperidone palmitate 1-month (PP1M) among adult patients with schizophrenia who have been adequately treated with PP1M for at least four months

Please refer to the attached ***Annex C*** for the specific Terms of Reference (TOR) per topic assessment.

General Guidelines

1. There shall be two (2) stages in the proposal evaluation. First is the submission of a capsule proposal, and the second is the submission of a full proposal. The full proposal is to be submitted only upon approval of the capsule proposal.
2. Interested and eligible proponents may notify the HTA Philippines through email of their expression of interest to submit a capsule proposal (along with other requirements discussed under *How to Apply* section) within ten (10) working days from the posting of the call. From the date of expression of interest, proponents shall submit capsule proposals within ten (10) working days.
3. The methodologies of the capsule proposal should be guided by the interim second edition of the Philippine HTA Methods Guide.
4. Interested proponents are enjoined to submit proposals of the listed health technologies, as shown under *Annex C*.
5. For the estimation of budget proposal, below are our recommended rates depending on the specific clinical, economic and ELSHI assessment methodologies which should be guided by an initial scoping of available evidence:

Clinical Assessment Method	**All-in New Rates** *(inclusive of tax)*	**Duration**
Pairwise	₱ 400,000.00	**6 months** 5 months (clinical assessment) + 1 month (payment processing)
Network Meta-Analysis (NMA)	₱ 800,000.00	

Economic Assessment Method	Estimated All-in New Rates	Duration
Cost Minimization Analysis (CMA) + BIA + HFI Analysis	₱ 550,000.00	**7 months** 6 months (economic assessment) + 1 month (payment processing)
Model-based CMA + BIA + HFI Analysis	₱ 750,000.00	**9 months** 8 months (economic assessment) + 1 month (payment processing)
Cost-Effectiveness Analysis (CEA) + BIA + HFI Analysis	₱ 850,000.00	**10 months** 9 months (economic assessment) + 1 month (payment processing)
ELSHI Assessment Method	**Estimated All-in New Rates**	**Duration**
Scoping review only	₱ 300,000.00	**3 months** 2 months (ELSHI assessment) + 1 month (payment processing)
Scoping review + adopting Qualitative Systematic Review (QSR)	₱ 400,000.00	**5 months** 4 months (ELSHI assessment) + 1 month (payment processing)
Scoping review + de novo SR/updating QSR	₱ 550,000.00	**7 months** 6 months (ELSHI assessment) + 1 month (payment processing)
Scoping review + primary data collection	₱ 550,000.00	**7 months** 6 months (ELSHI assessment) + 1 month (payment processing)

6. 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
7. The review process of the HTA Philippines is aimed to be accomplished within five (5)

working days from the receipt of the proposal **provided that complete requirements have been submitted**. The proponent may need to revise the capsule proposal on the basis of the recommendations of the reviewers and the deadline for this shall be communicated by the HTA Philippines to the proponent.

8. 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 proposals.

Who may apply for the grant?

Researchers 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?

Interested researchers shall submit the following requirements via email to **htaresearch@dost.gov.ph**:

- **Capsule proposal** should not be more than two (2) pages (Arial font 11, single spacing) [*Annex A*; Link to downloadable template]
- **Budget Proposal:** [*General Guidelines #5*: Current HTA PH recommended rates for clinical assessment can be adopted and basis of the budget proposal]
- ***Curriculum Vitae* (CV)** or **Personal Data Sheet (PDS)** of the Project Leader and Team Members
- **COI Declaration** of the Project Leader and Team Members [Annex B; Link to downloadable template]
- **Cover letter** to the DOST- HTA Division addressed to:

ANNE JULIENNE G. MARFORI, RPh, MSc
Chief, HTA Division
Department of Science and Technology

1. HTA Philippines will also require the proponent to submit an ethics clearance for studies involving human subjects, if applicable, before the start of project implementation.
2. For submissions from the private sector/non-government organizations, please include the following additional requirements of the Implementing Agency/ Institution:
   - Business/ Mayor's Permit
   - PhilGEPS registration
   - Latest Income Tax Return

- Certification of completion from previous grants/contracts

Deadline of submission of the abovementioned requirements: *Within 10 working days after expression of interest*

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**

VI. **LIST OF REFERENCES:**

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

ANNEX B. Disclosure of Conflict of Interest (COI) Form

DISCLOSURE OF CONFLICT OF INTEREST

PART 1. FINANCIAL INTERESTS ***[Note: Declare all relevant activities for the last 5 years)***
refers to any competing monetary and in-kind benefits interests gained (e.g., salary or other payments for services or equity interests such as stocks, stock options, intellectual property rights, other incentives, among others)

To the best of your knowledge, do you or any of your relatives within the fourth (4th) civil degree have any involvement with any of the following within the last five (5) years:

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) (Last 12 Months, Current or Under Negotiation) □ NONE (If "none", skip to Item c.)

ESTABLISHMENT	RELATIONSHIP	POSITION IN FIRM	DATE EMPLOYMENT OR NEGOTIATIONS BEGAN

c. CONTRACTS/GRANTS □ **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
		INSTITU-TION	YOU					
								□ YES □ NO
								□ YES □ NO
								□ YES □ NO
								□ YES □ NO

* Government, Establishment, Institution, Individual

** Site Investigator, Principal Investigator, Co-Investigator, Employee, Partner, No Involvement, or Other

d. SPEAKING/WRITING □ **NONE** (If "none", skip to Item g.)

FIRM	TOPIC/ISSUE	AMOUNT RECEIVED		DATES	RELATED TO LISTED PRODUCTS/ INDICATIONS/ ISSUES
		HONORARIUM	TRAVEL		
					□ YES □ NO
					□ YES □ NO
					□ YES □ NO

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
		□ YES □ NO	
		□ YES □ NO	
		□ YES □ NO	

OTHER FINANCIAL INVOLVEMENTS (Other Kinds of Relationships) □ **NONE** (If "none", write "N/A'.)
Identify any form of rewards or incentives that would give an "appearance" of a conflict which has not been disclosed above.

_____

_____

_____

_____

PART 2. PERSONAL NON-PECUNIARY INTERESTS
Such interests include, but are not limited to:

- personal views or moral conviction on the importance of a particular area or topic that can influence the scientific opinions of other people;
- a clear opinion, reached as the conclusion of a research project, about the clinical and/or cost- effectiveness of an intervention under review;
- a public statement in which an individual covered by this Code has expressed a clear opinion about the matter under consideration, which could reasonably be interpreted as prejudicial to an objective interpretation of the evidence;
- holding office in a professional organization or advocacy group with a direct interest in the matter under consideration;
- other personal relations or reputational risks in relation to an intervention under review

To the best of your knowledge, do you have any *personal non-pecuniary interest* related to the health technology as well as its competing products, including but not limited to the following:
Note: For all past activities, they should be declared regardless of the time/period of involvement.

a. MEMBERSHIP TO A PROFESSIONAL ORGANIZATION OR ADVOCACY GROUP (Full or Part Time) (Last 12 Months, Current or Under Negotiation) □ NONE (If "none", skip to Item c.)

ESTABLISHMENT	RELATIONSHIP	POSITION IN THE ORGANIZATION	DATE INVOLVEMENT BEGAN	SPECIFIC TOPICS/ISSUES ADVOCATED FOR, IF ANY

b. MEMBERSHIP TO SPEAKER'S BUREAU □ NONE (If "none", skip to Item d.)
(Past, Current or Under Negotiation)

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

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

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

d. EXPERT WITNESS (Past, Current 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
		□ YES □ NO	
		□ YES □ NO	
		□ YES □ NO	

OTHER PERSONAL, NON-PECUNIARY INVOLVEMENTS (Other Kinds of Relationships) **□ NONE (If "none", write "N/A'.)**
Identify any past or ongoing personal relations or reputable risks that would give an "appearance" of a conflict which has not been disclosed above (e.g., involvement in a lawsuit, researcher initiated study, personal views or moral conviction on the importance of a particular area or topic that can influence the scientific opinions of other people, activities of the organization in which you serve as an officer, director, trustee, general partner, or employee).

_____

_____

_____

_____

IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL PAGES

PART 3. 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 in 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**

CONFIDENTIALITY STATEMENT

The primary use of this information is for review of the HTA Philippines to determine compliance with its General Procedures in the Disclosure and Management of Conflict of Interest.

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 DOST.
FOR HTA PHILIPPINES USE ONLY

NAME AND SIGNATURE OF REVIEWING OFFICIAL	**DATE**

COMMENTS OF REVIEWING OFFICIAL
IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL PAGES

ANNEX C - KEY DETAILS ON THE RESEARCH TOPICS

2024 HTA Topics - Batch 4 Call	
Topic Assessment	**Link to TOR**
Clinical Assessment	
1. Assessment of Health Technologies for selected priority topics under the 2024 Health Technology Assessment (HTA) Research Agenda • Dexmedetomidine (as hydrochloride) for intensive care unit (ICU) sedation and procedural sedation • Glucose (544mL) + amino acids (315mL) + electrocytes + lipids (141mL), 1000mL for disease-related malnutrition in hospitalized patients • High protein (as Semi Modular Enteral Nutrition) for protein supplementation • Pacorexib for short-term treatment of acute pain and post-operative pain • Zinc oxide + calamine for incontinence-induced dermatitis and diaper dermatitis	https://bit.ly/49MIxno
Economic Assessment	
1. Tirofiban in combination with heparin compared to usual care [e.g., unfractionated or low-molecular weight heparin (alone), aspirin, clopidogrel]among patients aged > 19 years old with coronary ischemic syndromes (CIS) undergoing coronary angioplasty or atherectomy	https://bit.ly/TirofibanCIS-CEA
2. Tirofiban in combination with heparin compared to usual care [e.g., unfractionated or low-molecular weight heparin (alone), aspirin, clopidogrel] among patients aged > 19 years old with Non-ST Elevation Acute Coronary Syndrome (NSTE-ACS) including Non-ST Elevation Myocardial Infarction (NSTEMI) or Unstable Angina (UA)	https://bit.ly/TirofibanNSTE-CEA
3. Paliperidone palmitate 3-months (PP3M) compared to Paliperidone palmitate 1-month (PP1M) among adult patients with schizophrenia who have been adequately treated with PP1M for at least four months	https://bit.ly/PP3M-CMA
Topic Assessment	**Link to TOR**
ELSHI Assessment	
1. Tirofiban in combination with heparin compared to usual care [e.g., unfractionated or low-molecular weight heparin (alone), aspirin, clopidogrel]among patients aged > 19 years old with coronary ischemic syndromes (CIS) undergoing coronary angioplasty or atherectomy	https://tinyurl.com/ELSHI-TOR *Note: The final TOR to be developed is based on the type of ELSHI assessment to be conducted (after approval of full proposal)*
2. Tirofiban in combination with heparin compared to usual care [e.g., unfractionated or low-molecular weight heparin (alone), aspirin, clopidogrel] among patients aged > 19 years old with Non-ST Elevation Acute Coronary Syndrome (NSTE-ACS) including Non-ST Elevation Myocardial Infarction (NSTEMI) or Unstable Angina (UA)	
3. Paliperidone palmitate 3-months (PP3M) compared to Paliperidone palmitate 1-month (PP1M) among adult patients with schizophrenia who have been adequately treated with PP1M for at least four months	