



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

1 February 2019

DEPARTMENT CIRCULAR

No. 2019 - 0040

**FOR: ALL PROFESSIONAL MEDICAL SOCIETIES, ACADEME,
CIVIL SOCIETY ORGANIZATIONS AND OTHERS
CONCERNED**

**SUBJECT: Call for Nominations for the Health Technology Assessment
Committee (HTAC)**

To support the implementation of the Universal Health Care, the Department of Health is calling for nominations for the members of the Health Technology Assessment Committee (HTAC) that shall have the following functions: (1) facilitate provision of financing and/or coverage recommendations on health technologies to be financed by DOH and Philhealth; (2) oversee and coordinate the HTA process within DOH and Philhealth; and (3) review and assess existing DOH and Philhealth benefit packages. The following are the qualifications of the HTAC members:

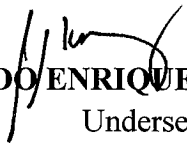
1. person of moral and intellectual integrity;
2. recognized specialist in the following fields of expertise:
 - a. Core Committee:
 - i. Public health epidemiology
 - ii. Health economics
 - iii. Ethics
 - iv. Sociology/ Anthropology
 - v. Clinical trial/ Research methods
 - vi. Clinical epidemiology or Evidence- based Medicine
 - vii. Medico-legal
 - viii. Public health
 - b. Subcommittees:
 - i. Drugs
 - ii. Vaccines
 - iii. Clinical equipment and devices
 - iv. Medical and surgical procedure
 - v. Preventive and promotive health services
 - vi. Traditional medicine

3. with at least 3 years experience in evidence appraisal; and
4. willingness to disclose conflicts of interest.

A screening committee shall evaluate all applicants based on the submitted credentials, and once selected, a Department Personnel Order shall be issued as basis for their official appointment. Trainings on HTA and honoraria shall likewise be provided to the members.

All interested individuals shall submit their curriculum vitae and accomplished Declaration of Conflict of Interest Form, herewith attached, through the Pharmaceutical Division at email address pnf.doh@gmail.com or hand carry the documents at 4th floor, Philippine Blood Disease and Transfusion Center, Quezon Avenue, Diliman, Quezon City. Deadline for the submission of nominations is until **28 February 2019**.

By Authority of the Secretary of Health:


ROLANDO ENRIQUE D. DOMINGO, MD, DPBO
Undersecretary of Health
Health Regulation Team

DECLARATION OF CONFLICT OF INTEREST

1. CURRENT FINANCIAL INTERESTS

To your knowledge, do 1) you, your spouse, minor child, general partner, 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 the meeting/task issues (including competing companies)?

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 % 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. 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 NUMBER OF SHARES
		<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 f.)
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
		<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)

FIRM	TOPIC/ISSUE	AMOUNT RECEIVED		DATES	RELATED TO LISTED PRODUCTS/ INDICATIONS/ ISSUES
		HONORARIUM	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 your knowledge, do 1) you, your spouse, minor child, general partner, 2) organization in which you serve as an officer, director, trustee, general partner, or employee have any past involvement with the meeting/task issues:

YES NO NOT TO MY KNOWLEDGE

b. If "Yes", describe involvement.

FIRM/PRODUCT	FINANCIAL INVOLVEMENT	ROLE	DATES	RELATED TO LISTED PRODUCTS/ INDICATIONS/ ISSUES
				<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, (name) _____, (position and company or special _____), of the Republic of the Philippines, do hereby declare on honor that the above information is true and complete, to the best of my knowledge. If there are any changes, I will notify you before the meeting/task.

My response contains _____ pages.

SIGNATURE

DATE

CONFIDENTIALITY STATEMENT

The primary use of this information is for review of the Department of Health, to determine compliance with applicable confidentiality 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.

IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL PAGES.