

Navigating Health Technology Assessment: A Comparative Analysis of Singapore and Australia's Approaches



Introduction

Health Technology Assessment (HTA) is becoming a key driver of healthcare decision-making in APAC, evaluating the value of health interventions such as drugs, diagnostics, and devices.



HTA is a core part of the evaluation of new healthcare technologies in Singapore and Australia. This brief comparison of HTA processes in Singapore and Australia highlights core principles, key differences, and strategic implications for stakeholders.

HTA in Singapore: The Agency for Care Effectiveness (ACE)



Role

The Agency for Care Effectiveness (ACE) is Singapore's national HTA body responsible for evaluating drugs, vaccines, and devices, primarily implants.

Assessment Criteria

Assessments consider clinical need, effectiveness, cost-effectiveness, and budget impact.

Process

Companies may submit dossiers, or ACE conducts their own internal evaluations.

Recommendations

Recommendations guide subsidy listing under various schemes such as the Medication Assistance Fund (MAF), Cancer Drug List (CDL), and Implants Subsidy List (ISL).

Stakeholder Engagement

Currently focused on clinical input, with a growing role for patients in topic nomination and providing lived experiences during the evaluation process.

International references

ACE reviews other HTA agencies decisions, including Australia, UK and Canada, and determines which issues raised in these submissions are relevant to Singapore.

HTA in Australia: PBAC and MSAC

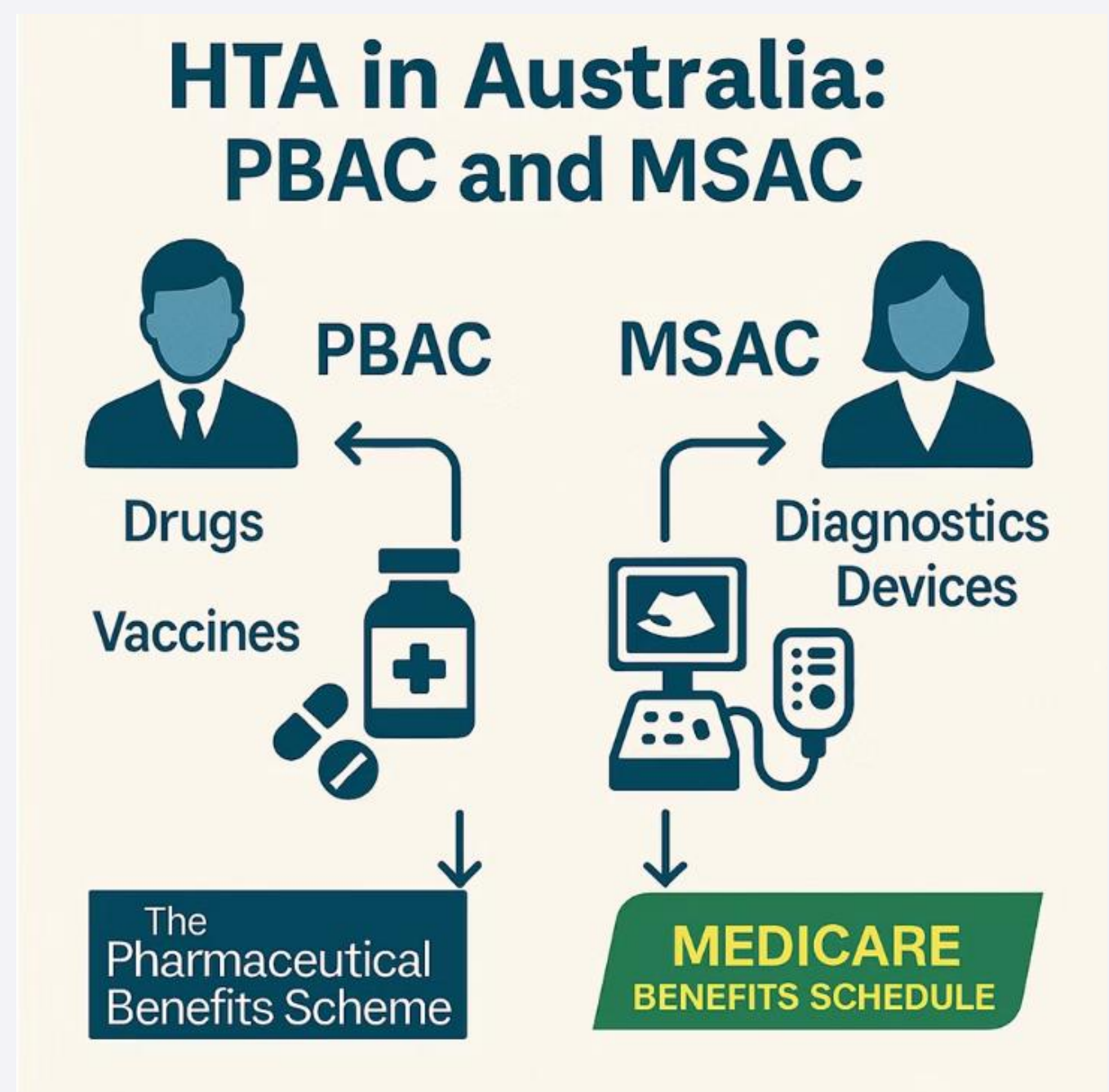
Australia has a broader HTA system through two main advisory committees:

PBAC

The Pharmaceutical Benefits Advisory Committee (PBAC) assesses medicines and vaccines for public subsidy under the Pharmaceutical Benefits Scheme (PBS).

MSAC

The Medical Services Advisory Committee (MSAC) evaluates medical services, diagnostics, and selected devices for inclusion in the Medicare Benefits Schedule (MBS).





Assessments criteria consider clinical need, effectiveness and safety, cost-effectiveness, budget impact, and appropriate comparators. Industry submits dossiers that are evaluated by independent academic groups.

Australia's HTA framework is highly transparent, with public summaries and committee minutes published online. Stakeholder engagement is structured and well-established, including formal mechanisms for public submissions, particularly in MSAC processes.

Comparative Insights

Both countries apply HTA for public funding decisions and share methodological foundations. However, there are important differences between the two systems in terms of their remit, evaluation criteria, and evaluation process.

Dimension	 Australia (PBAC/MSAC)	 Singapore (ACE)
Remit	Broader: includes medical services, diagnostics	Drugs, vaccines, devices (implants)
Evaluators	Independent external academic groups	Internal assessments along with external academic groups
Stakeholder Engagement	Broad, includes public consultation and submissions	Targeted, evolving involvement
Methods and Criteria	Criteria includes clinical need, effectiveness and safety, cost-effectiveness, budget impact	Similar to Australia, with a more pronounced emphasis on financial impact
Transparency	Explicit process with guidance documents available; detailed summary of committee discussions publicly available	Explicit process with guidance documents available; short summaries publicly available

Stakeholder Engagement and Implications

For pharmaceutical and medical device companies, navigating HTA in Australia and Singapore requires strategic alignment with local evaluation frameworks and health system priorities.

In Australia, the established and transparent processes demand early planning, high-quality evidence, and locally relevant economic modelling. For industry, early engagement and tailoring submissions to local HTA requirements is crucial. Strategic pricing and alignment with national health priorities improve the likelihood of success. For patients and advocacy groups, Australia provides formal mechanisms for public input, particularly through MSAC's structured submission processes.

Singapore's HTA process also demands high quality clinical and economic evidence to inform decision-making, with growing emphasis on demonstrating value for money and ensuring budgetary certainty for payers. Most submissions involve a risk-sharing agreement in the form of expenditure caps to manage financial impact. In addition to assessments led by ACE, company-led submissions, where pharmaceutical companies submit dossiers directly for review, have become increasingly common. While initially limited to oncology, the scope has progressively expanded to non-oncology indications. In Singapore, patient involvement is sought during topic selection and there is also opportunity to share lived experiences through structured surveys supporting technical evaluations.

Conclusions



HTA systems in Singapore and Australia reflect a shared commitment to evidence-based healthcare, shaped by their respective institutional contexts. As HTA continues to gain momentum across the APAC region, cross-country learning, capacity-building, and regional collaboration will be invaluable. Both systems will need to address emerging challenges including the integration of real-world evidence, health system sustainability, and improving equitable patient access for diverse patient populations. Tailored, country-specific strategies will be essential for achieving reimbursement success in this dynamic region.

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