



MaHTAS 20th Anniversary & Launching of Health Technology Assessment (HTA), Clinical Practice Guidelines (CPG) & Horizon Scanning Manuals

The Malaysian Health Technology Assessment Section (MaHTAS) celebrated its 20th Anniversary on 14 August 2015. Malaysia was the first country in Asia to set up a formal HTA programme when the Ministry of Health Malaysia established MaHTAS in August 1995 under the purview of its Medical Development Division. Since its establishment, MaHTAS plays an important role in advocating informed decision making. This was accomplished by conducting assessment of new health technologies, developing and ensuring the implementation of evidence-based Clinical Practice Guidelines (CPG) and conducting related training and awareness programmes. From then on, MaHTAS has produced 62 HTA reports, 294 mini-HTA (Technology Review/TR) reports, and 78 Information Briefs. Many of these reports have been translated into Ministry of Health policies. For example, the National Thalassaemia Prevention and Control Programme, the National Cancer Control Programme, and the Childhood Immunisation Programme. CPGs reduce the variation in clinical practice, and eventually improve healthcare providers' performance and patients' health outcomes. MaHTAS has developed 94 evidence-based CPGs, 24 Quick References, 19 Training Modules/Trainings of the Core Trainers and six Patient Information Leaflets.

A celebration was held in Auditorium Complex E, Putrajaya to commemorate this event. It was officiated by the Deputy Minister of Health, YB Dato' Seri Dr. Hilmi Hj. Yahya. Three manuals, namely the Health Technology Assessment Manual, Manual on Development and Implementation of Evidence-based Clinical Practice Guidelines, and Manual on Horizon Scanning of Health Technologies were officially launched during the ceremony. These manuals will ensure the consistency and transparency of the methods applied in the assessment or development process.



Dr. Graham Harrison, the World Health Organization (WHO) Representative to Malaysia, Brunei and Singapore, then presented a plenary talk on *HTA as a Tool for Universal Health Coverage*. In his talk, Dr. Graham emphasised that all countries need evidence-informed decision-making when setting priorities to meet universal health coverage either in expanding coverage or deciding to provide new technologies.



The session was followed by a forum on *Sharing Perspective and Experience using HTA and CPG*. The moderator for the forum was Dr. Hishamshah Mohd. Ibrahim (Consultant Paediatric Haematologist, Hospital Kuala Lumpur) and the panelists were Dato' Dr. Omar Ismail (National Head of Cardiology Services), Dr. Goh Cheng Soon (Director of Traditional and Complementary Medicine Division), Dr. Sri Wahyu Taher (Family Medicine Specialist, Bandar Sg Petani, Kedah) and Dr. Nor Saleha Ibrahim Tamin (Public Health Physician, Disease Control Division). The panel discussed on how HTA reports and CPGs have helped in setting up programmes, introduction of new technologies and clinical practice. They also discussed on how MaHTAS role can be expanded further to be an excellent centre of evidence-based medicine.



Retirement Ceremony – YBhg. Datin Dr. Rugayah bt Bakri

Towards the end of the ceremony, we bid a fond farewell to our beloved Head of MaHTAS, YBhg. Datin Dr. Rugayah Bakri, who retired after more than 30 years of dedicated service. Datin Dr. Rugayah initiated the Evidence-based Medicine Unit at Institute for Public Health in year 2000.

In 2005, when she was appointed as the Head of MaHTAS she brought over the Evidence-based Medicine Unit to merge with HTA Section in Medical Development Division. Over the following 10 years, she refined the HTA and CPGs methodology, started the CPG implementation strategies, strengthened the economic evaluation capacities and enhanced training and communication strategies. In addition, the horizon scanning of emerging technologies activities was set forth under her leadership.

YBhg. Datin, we wish you all the best for your retirement and may you enjoy a successful life and happiness in the years ahead.



Launching of Clinical Practice Guidelines

Management of Bipolar Disorder in Adults & Management of Autism Spectrum Disorder in Children and Adolescents

In conjunction with the 8th Congress of the Asian Society for Child and Adolescent Psychiatry and Allied Professions (ASCAPAP) and the 19th Malaysia Conference of Psychological Medicine (MCPM), two CPGs entitled Management of Bipolar Disorder in Adults and Management of Autism Spectrum Disorder in Children and Adolescents were officially launched by YB Datuk Seri Dr. S. Subramaniam, the Minister of Health on 20 August 2015 at Sheraton Hotel, Kuala Lumpur.



Management of Dengue Infection in Adults (Third Edition)



The CPG on Management of Dengue Infection in Adults (Third Edition) was launched by YB Datuk Seri Dr. S. Subramaniam, Minister of Health on 4 September 2015 at Auditorium Complex E, Putrajaya. This updated CPG replaced the revised second edition published in 2010.

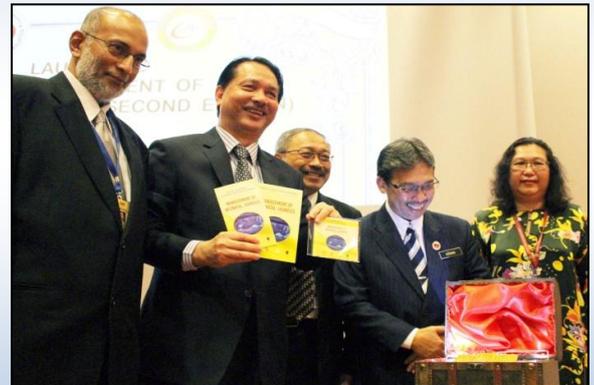
It covers the switch in dengue clinical presentations and changes in clinical management, which includes diagnostic tests, disease monitoring for outpatient and inpatient management, fluid therapy in severe dengue and dengue shock as well as management of multiorgan and multisystem complications. There are also updates on management of dengue infection in pregnancy and modifications in inpatient monitoring chart.



Management of Neonatal Jaundice (Second Edition)

The CPG on Management of Neonatal Jaundice (Second Edition) was launched by the Director General of Health, Datuk Dr. Noor Hisham Abdullah on 26 October 2015 at Hospital Tuanku Ja'afar, Seremban, Negeri Sembilan. This is the first local evidence-based CPG on neonatal jaundice (NNJ), replacing the first edition which was consensus-based guidelines published in 2003.

The new edition of CPG addresses various aspects of NNJ management such as screening, assessment of severity, appropriate treatment and referral plan, as well as follow-up care. The implementation strategies such as Quick Reference and Training Module for healthcare providers were also developed. Following the launching ceremony, a group of multidisciplinary healthcare providers nationwide were trained in Training of Core Trainers (ToT) on the CPG. Subsequently, they will conduct echo trainings on the CPG in their respective states and healthcare facilities.

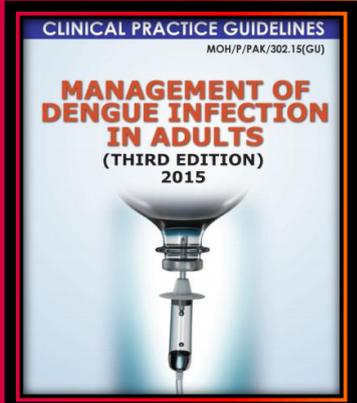


Management of Dengue Infection in Adults (Third Edition)

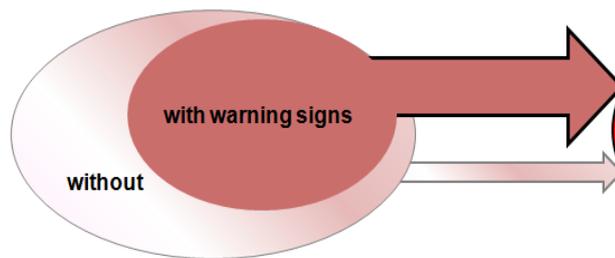
CPG Key Messages

1. Dengue infection is a systemic and dynamic disease with clinical, haematological and serological profiles changing from day to day.
2. Clinical deterioration may occur in the critical phase and is marked by plasma leakage and rising haematocrit (HCT).
3. Look out for warning signs which may indicate severe dengue.
4. Recognition of shock in its early stage and prompt fluid therapy with close monitoring of fluid adjustment may give a good clinical outcome.

Dengue Classification & Level of Severity



DENGUE ± WARNING SIGNS



SEVERE DENGUE

1. Severe plasma leakage
2. Severe haemorrhage
3. Severe organ impairment

CRITERIA FOR DENGUE ± WARNING SIGNS

Probable dengue

- Live in/travel to dengue endemic/hotspot/outbreak area.
- Fever and 2 of the following criteria:
 - Nausea, vomiting
 - Rash
 - Aches and pains
 - Leucopaenia
 - Any warning sign

Laboratory-confirmed dengue

(important when no sign of plasma leakage)

Warning signs*

- Abdominal pain or tenderness
- Persistent vomiting (≥ 3 times per day)
- Persistent diarrhoea (≥ 3 times per day)
- Clinical fluid accumulation
- Mucosal bleed
- Lethargy, confusion, restlessness
- Tender liver
- Laboratory: increase in HCT concurrent with rapid decrease in platelet count

*(requiring strict observation & medical intervention)

CRITERIA FOR SEVERE DENGUE

- Severe plasma leakage leading to :**
- Shock (DSS)
 - Fluid accumulation with respiratory distress
- Severe bleeding**
As evaluated by clinician
- Severe organ involvement**
Liver: AST or ALT ≥ 1000
CNS: Impaired consciousness
Heart and other organs

HTA-CPG Council Meeting 2/2015

HTA-CPG Council Meeting 2/2015, chaired by YBhg. Datuk Dr. Jeyaindran Tan Sri Sinnadurai, the Deputy Director-General of Health Malaysia, was held on 23 November 2015 where five CPGs, one HTA report and ten mini-HTAs were presented.



Table 1: CPGs presented in HTA-CPG Council Meeting 2/2015

- Early Management of Head Injury in Adults
- Management of Type 1 Diabetes Mellitus in Children & Adolescents
- Management of Dengue Infection in Adults (Third Edition)
- Antibiotic Prophylaxis in Oral Surgery for Prevention of Surgical Site Infection
- Management of Unerupted Maxillary Incisors

Table 2: HTA report presented in HTA-CPG Council Meeting 2/2015

Lung Cancer Risk Prediction Model for National Health Risk Assessment Module

Table 3: Mini-HTAs presented in HTA-CPG Council Meeting 2/2015

Infectious Diseases

- Portcount® Pro-Respirator Fit Tester

Neoplasms

- Tyrosine kinase inhibitors as first line treatment for advanced non-small cell lung cancer (with local economic evaluation)

Wellness / Traditional Complementary Medicines

- Traditional postnatal care in restoring women's physical and mental health
- Acupuncture for post-stroke rehabilitation
- Acupuncture as a complementary therapy for musculoskeletal pain
- Spiritual therapy for mental disorders
- Shirodhara for anxiety, insomnia, mental stress, depression or headache
- Deep Tissue Massage as a complementary therapy for musculoskeletal pain

Oral Health

- Digital software for orthodontic records keeping

Skin and Connective Tissue Diseases

- Pulsed Radiofrequency Electromagnetic Field for pain and wound therapy



Traditional Complementary Medicine for Mental Health

Traditional Complementary Medicine (TCM) is widely used in Malaysian community.

Malaysian studies have reported that 69.4% of the Malaysian population used TCM in their lifetime and about 55.6% of people used TCM within a twelve-month period. (Med. J. Malaysia 2015; 70(2): 86)

There are a number of TCM practised by Malaysians for mental health problems such as stress, anxiety and other related condition. MaHTAS had reviewed several practices which claimed to alleviate the suffering of people with mental illness.

Traditional postnatal care in restoring women's physical and mental health

Traditional postpartum or confinement beliefs and practices are common in many cultures, including the three major ethnic groups in Malaysia. In spite of the long standing history of traditional rituals being practiced in postpartum women, its effect and safety profiles are still not fully understood. Therefore, a technology review was conducted to evaluate these profiles of using postnatal massage, breast massage, hot compression and body wrapping, in restoring women's physical and mental health.



In terms of non-Malay traditional postnatal practices, two small randomised controlled studies and a quasi-experimental study found the postnatal massage to be potentially effective in reducing anxiety and stress levels, and improving quality of sleep and mental health status among postnatal mothers. Two pre-post intervention studies among postnatal mothers in Korea found breast massage was effective in relieving breast pain.

Regarding Malay traditional postnatal practices, a cross-sectional study on postpartum massage had found it to be protective against postpartum (postnatal) depression (PND) while hot compression and body wrapping were not statistically significant factors. In a case report of a Malay woman who developed postpartum stroke and received series of Malay massage, the patient was found to have improvement in her speech and fine motor skills. However, no evidence was found on the effectiveness of Malay postnatal breast massage. There was no retrievable evidence assessing the adverse events and cost-effectiveness of these traditional postnatal practices.



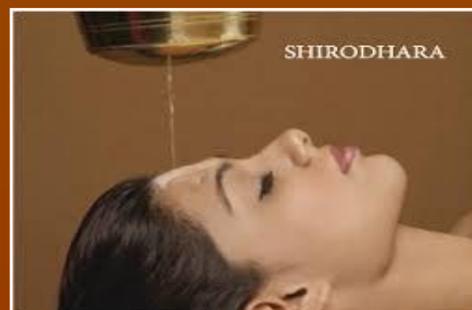
In essence, there was limited fair level of retrievable evidence on the effectiveness of traditional postnatal care in restoring women's physical (breast pain) and mental health (postnatal depression, anxiety, stress and quality of sleep).



Shirodhara for anxiety, insomnia, mental stress, depression or headache

Shirodhara is a widely practised complementary treatment of Ayurveda. It is usually indicated to treat stress, anxiety and insomnia, and to relax the nervous system. In Sanskrit, *shiro* means head and *dhara* means dripping; *Shirodhara* is the process of dripping some medium on the forehead for several minutes.

Limited retrievable evidence suggested that *Shirodhara* is safe. However, it should be performed in an appropriate and safe condition since some subjects were reported to experience headache, chill or other discomfort in some extreme conditions. There was also limited retrievable evidence suggesting the effectiveness of *Shirodhara* in reducing anxiety, insomnia and mental stress. However, the long term effect of *Shirodhara* on anxiety, insomnia and mental stress could not be determined. There was no evidence on the efficacy/effectiveness of *Shirodhara* for depression or headache and no retrievable evidence on cost-effectiveness. It is pertinent to have guidelines to provide safe, quality, and standardised practice of *Shirodhara*, especially in all Traditional & Complementary Units integrated in the government hospitals. Hence, *Shirodhara* conducted by trained personnel may be used in a research environment as a complement therapy to standard treatment for anxiety, insomnia or mental stress. Patients should be referred by clinicians for the treatment.



Spiritual therapy for mental disorders

Medicine, religion and science were considered by the academic, scientific and medical communities in early 20th century, to be separate realms of thought whose presentation in the same text leads to misunderstanding of the issues. Research indicated that religiosity (aspects of religious activity, dedication and belief) and spiritual beliefs and practices were widespread among American population and that these beliefs and practices had clinical relevance. Therefore, towards the end of the 20th century, professional organisations increasingly called for greater sensitivity and better training of clinicians concerning the management of religious and spiritual issues in the assessment and treatment of the patients. These organisations included the American Psychiatric Association in 1989 and the American Psychological Association in 1992, among others.

Eight studies related to the effect of spiritual therapy on mental disorders were included in this Technology Review, consisting of one systematic review and seven cross-sectional studies conducted in the United States and United Kingdom. Most of the findings suggested that religious quality involvement was protective through personal and meditative aspects for depression, anxiety and schizophrenia. However, the long-term effects of spiritual therapy for mental health disorders could not be determined. Hence, there is a need for more research in this area to gauge the beneficial effect of spiritual therapy, religiosity and spiritual beliefs and practices in health outcomes as an adjunctive treatment in patients with mental disorders such as anxiety, depression and schizophrenia.



LUNG CANCER RISK PREDICTION MODEL FOR NATIONAL HEALTH RISK ASSESSMENT MODULE

Lung cancer is the most common cancer worldwide and account for 1.3 million deaths annually. According to the National Cancer Registry, 1,865 cases of lung cancer were diagnosed and registered in Peninsular Malaysia in 2007. The age standardised rate (ASR) was 14.7 per 100,000 for male and 5.6 per 100,000 for female. The incidence increased with age and the peak age-specific incidence rate was among the 70-75 age groups. Most of the lung cancers were detected late where 60% of the cases were at stage IV while those at stage I and II were only 12%.

The National Lung Screening Trial (NLST) suggests that screening programme is appropriate for high risk population. One of the early screening methods is through health risk assessment (HRA) tool. The HRA, also known as health risk appraisal, health and well-being assessment or risk prediction model, is a confidential online questionnaire on risk factors for lung cancer. The HRA incorporates three common key elements which are an extended questionnaire, a risk calculation or score, and some form of feedback i.e. face-to-face with a health advisor or an automatic online report.

In Malaysia, currently HRA modules are available for obesity, mental health, diabetes, heart problems, physical activity and smoking habit. There is no such module for early detection of lung cancer.

In a HTA conducted by MaHTAS, only six articles fulfilled the inclusion and exclusion criteria and included in the review. There was five fair level of retrievable evidence for risk prediction models for lung cancer. The Liverpool Lung Project (LLP) risk prediction model and the Korean risk prediction model were the best models. LLP risk prediction model had good discrimination with an area under curve (AUC) of 0.71. The LLP model also had good ability to distinguish persons who will develop lung cancer by using the predicted 5-year absolute risk. The Korean model was the only model that used Asia population (Korean) and showed excellent discrimination (c -statistic=0.87). For other risk prediction models, although they were well calibrated and validated, they appeared to have modest ability to discriminate between subjects who will be having lung cancer and those who will not.

There was no retrievable evidence either on economic evaluation of risk prediction model for lung cancer, or the cost implication involved in developing a new health risk assessment. The cost involved in validating a model by a prospective cohort validation study could be very costly depending on the number of study participants and years of follow up. Any risk prediction model that is going to be adopted/adapted has to undergo further validation until a well-fitted model with better predictive ability tailored to Malaysia population is established. The model needs continual validation to determine the consistency of its performance. Besides that, the HRA module should only be introduced as part of comprehensive strategies for lung cancer when screening, treatment and rehabilitation are available.



HRA module/risk prediction model for lung cancer needs further validation before being adopted locally.

It should only be introduced as part of comprehensive strategies for lung cancer management.





Guidelines-International-Network (G-I-N) Conference 2015

From 7 to 10 October 2015, two officers from MaHTAS participated in the 12th G-I-N Conference in Amsterdam, the Netherlands. This annual conference gathered international agencies and organisations involved in CPG development and implementation.



The theme for the conference was *Engaging all stakeholders: Guidelines from a societal perspective*. From the perspective of a modern participatory society, stakeholders in developing and implementing guidelines include patients, consumers, healthcare professionals, policy makers, researchers, innovators and industries.

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Five plenary sessions as well as various oral and poster presentations were conducted in the conference.

Asia Health Technology Assessment Policy Forum



The Asia HTA Policy Forum 2015 with the theme of *How can HTA meet the needs of health system/government decision/policy makers?* was held from 29 to 30 October 2015 at the Grand Copthorne Waterfront Hotel, Singapore. It was an interactive policy discussion for those responsible for HTA, coverage/pricing/reimbursement agencies and for industries market access policies in Asia. The aim was to promote an open, in-depth and constructive exchange of views between key people and organisations in public sector to improve the coverage, quality and efficiency of health systems in Asia and promote a market that sustains innovative industries.

Healthcare decision makers around the world are faced with many choices. Decisions must be made around health system structure, coverage, priority areas and health technologies. The complexity of this decision making is exacerbated by limited healthcare resources and an ever increasing number of healthcare interventions which could be offered. HTA is therefore used in many health systems as a tool to support decision making at the national/local level. This forum set out the issues when considering HTA in decision making and source of evidence for HTA. Discussion was also conducted on combining relevant criteria and information to arrive at a decision. This included a spectrum of approaches from the deliberative to a more structured decision making process such as Multi-Criteria Decision Analysis (MCDA).



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Consultation on using Health Technology Assessment for Universal Health Coverage and Reimbursement System



An expert consultation on using HTA for universal health coverage and reimbursement systems organised by WHO was held from 2 to 3 November 2015 in Geneva, Switzerland. This meeting was attended by more than 50 HTA experts from various countries and

organisations including MaHTAS (represented by Mdm Ku Nurhasni Ku Abd Rahim).

Among the aims of the meeting were to establish the role of WHO in the global HTA landscape in terms of technical and process guidance, and to gain consensus on the future of HTA. A number of WHO works were also presented during the meeting such as the results of a global survey of Member States on HTA, and work on priority setting and cost-effectiveness thresholds.

APEC Side Meeting: Health Working Group (HWG) Health Technology Assessment Workshop

Dr Junainah Sabirin from MaHTAS attended the *HTA Workshop: Using Health Technology Assessment for Universal Health Coverage* recently held in Cebu City, Philippines, from 24 to 26 August 2015.

The workshop aimed to inform member states of APEC and WHO in the Western Pacific Region on the importance of HTA in

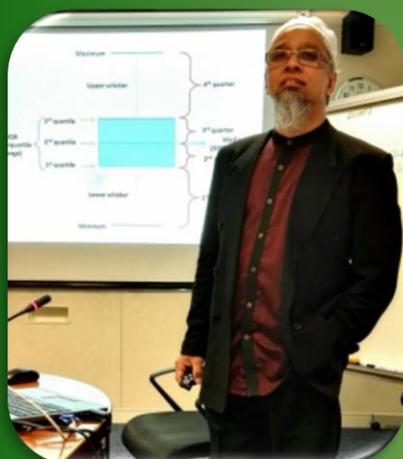


Universal Health Coverage in accordance with the recent World Health Assembly (WHA) resolution, to strengthen capacity-building of HTA in the region as well as to provide a venue for information exchange by drawing on the expertise of major HTA players.

Basic Applied Statistics for Medical Research Workshop

A workshop on Basic Applied Statistics for Medical Research by Professor Dr. Syed Hatim Noor from University Science Malaysia Hospital (HUSM), Kelantan, was conducted from 11 to 12 November 2015. A total of 30 staff from MaHTAS and Medical Development Division attended the workshop. The workshop aimed to provide training to MaHTAS staff on basic statistics, an imperative knowledge and skill essential in the comprehension and preparation of evidence-based reports.

MaHTAS
activities
[LOCAL]



Health Technology Assessment Training for Expert Committee Members and Dental Officers

A HTA training was conducted at the Institute for Health Management, Bangsar from 2 to 4 November 2015.

Thirty-five participants consisted of HTA expert committee members and dental officers attended the training. The participants were introduced to the concept, work process, methodology and utilisation of HTA. They were also divided into groups for hands-on critical appraisal of evidence.

It is hoped that the course has enriched the participants' knowledge and skills in conducting HTA and enabled them to promote the usage of HTA in policy/decision making.



Monash Health Economics Forum 2015

The Health Economic Forum entitled *Access to Medicines by an Evidence-based Approach* was held from 28 to 29 October 2015 at Hilton Hotel, Petaling Jaya, Selangor.

Dr Junainah Sabirin from MaHTAS presented a paper on *Using HTA to Balance Access Equity and Affordability in Malaysia* and also participated as a panelist on the topic of *Data Availability in Performing HTA in Malaysia*.



ToT on CPG Management of Neonatal Jaundice (Second Edition)

This training was conducted at Hospital Tuanku Ja'afar, Seremban, from 26 to 27 October 2015. A total of 57 participants consisting of neonatologists, general paediatricians and family medicine specialists from both hospitals and health clinics attended the training. There was active participation during lectures and case discussions.



Systematic Review on Evidence-based Clinical Practice Guidelines (CPG) Development and Implementation Training Course 2/2015

The second systematic review training was attended by 24 participants from various clinical disciplines, mainly those developing CPG on atopic eczema and chronic kidney disease. It was held at Premiere Hotel, Klang, from 20 to 22 October 2015. Various lectures and group works on CPG development methodology, literature search, critical appraisal and CPG implementation were delivered and conducted for the participants.



Budget Impact Analysis Workshop 2015



A training workshop on Budget Impact Analysis (BIA) was conducted on 8 October 2015 at Meeting Room 4 (Ibnu Al-Razi). Prof. Dr. Nathorn Chaiyakunapruk, a lecturer of Health Economics from the School of Pharmacy, Monash University Malaysia, conducted the workshop. The objective was to create awareness on the importance of BIA in HTA and to build capacity in the conduct of BIA. A total of 23 participants from various departments of Medical Development Division attended the workshop.

HTA Workshop, Queen Elizabeth II, Sabah

This course was organised by the Clinical Research Centre, Queen Elizabeth II Hospital, Sabah from 22 to 23 August 2015. The participants were mainly doctors and pharmacists in Sabah who have minimal exposure to HTA. The objective of the workshop was to create awareness and exposure about the concept of HTA that can later be used to develop policies related to the specific health technologies. The course also increased the understanding of the participants on the processes involved in producing HTA reports.



ToT on CPG Management of Autism Spectrum Disorder in Adults & Adolescents



ToT on CPG Management of Autism Spectrum Disorder in Children & Adolescents was held at Hotel Kings Green, Malacca from 5 to 6 August 2015. A total of 62 healthcare professionals nationwide attended the training. The objective of the training is to actively disseminate contents of the CPG via training of healthcare providers and to assist them in implementing the CPG systematically and effectively. Echo training in the states will be conducted by the core trainers subsequently.

MaHTAS
Internal Training

Cohort Study and Pubmed Search Strategy
(6 November 2015)
presented by: Mr. Syful Azlie & Dr. Noor Aishah



Economic Evaluation
(29 September 2015)
presented by: Mdm. Ku Nurhasni



A series of internal training were conducted by MaHTAS with the main objective to strengthen the capacity and capability of its staff in performing their daily work. The trainers were either MaHTAS senior staff or invited guests who have wide experiences in their respective fields.

RCT Quality Assessment and Critical Appraisal (18 September 2015)
presented by: Dr. Ana Fizalinda



Congratulations
MaHTAS!!!

Dr. Shahril Effendi Shuib was announced as the winner of *Anugerah Inovasi* and MaHTAS was the runner-up of *Pertandingan Tempat Kerja Sejahtera* in conjunction with *Minggu Keselamatan dan Kesihatan*, Block E1, Medical Programme, which was held from 1 to 4 September 2015.



Courses and Workshops conducted from July to December 2015

ToT on CPG Management of Autism Spectrum Disorder in Adults and Adolescents, Malacca - 5 to 6 Aug 2015

Health Technology Assessment Workshop, Queen Elizabeth II, Sabah - 22 to 23 Aug 2015

ToT on CPG Management of Dengue Infection in Adults (Second Edition) - 3 to 4 Sept 2015

Budget Impact Analysis Workshop 2015 - 8 Oct 2015

Systematic Review on Evidence-based CPG Development & Implementation Training Course 2/2015 - 20 to 22 Oct 2015

ToT on CPG Management of Neonatal Jaundice (Second Edition) - 26 to 27 Oct 2015

Health Technology Assessment Training for Expert Committee Members and Dental Officers - 2 to 4 Nov 2015

Basic Applied Statistics for Medical Research Workshop - 11 to 12 Nov 2015

Training, Courses and Workshops Planned from January to December 2016

Intermediate & Advance Economic Evaluation - 7 to 9 Mar 2016

Health Technology Assessment Training 1/2016 for East Coast Region - 5 to 7 Apr 2016

Intermediate & Advance Applied Bio-Statistics for Medical Research Workshop - 25 to 27 July 2016

Systematic Review on Evidence-based CPG Development & Implementation Training Course 1/2016 - 19 to 21 Sept 2016

Health Technology Assessment Training 2/2016 for Expert Committee Members/Central Region - tentatively on Oct 2016

Medical Writing & Publication Workshop - tentatively early Nov 2016

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Turnover of MaHTAS Staff

We are pleased to introduce



Mdm. Ros Aziah Mohd Rashid
Scientific Officer C44
Joined MaHTAS on 01.07.2015



Mdm. Salmiza Mokhtar
Administrative Assistant N17
Joined MaHTAS on 28.09.2015

Thank you for your contribution



YBhg. Datin Dr. Hjh Rugayah Bakri
Deputy Director of MaHTAS
Retired on 14.09.2015



Dr. Wan Nurzaty Iwanie Wan Mohamad
Medical Officer UD48
Left MaHTAS on 01.09.2015