February 23 2024

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Letter of support for submission to *Health Technology Assessment Policy and Methods Review— Consultation 2*

Climate change is the biggest health threat of the 21st century[1]— healthcare is a significant contributor globally, responsible for 4-5%[2] of emissions— bigger than aviation. Climate impacts will increase the burden on healthcare systems, and its emissions. Rising water levels, floods, displacements, wildfires and other climate impacts are already very costly to human health. The Centre for Sustainable Medicine at the Yong Loo Lin School of Medicine at the National University of Singapore welcomes the the opportunity to contribute to the *Health Technology Assessment Policy and Methods Review - Consultation 2.* I would also like to extend my gratitude for making space for our contribution.

A reform to the HTA is critical to eliminate currently unaccounted for subsidies to healthcare products with high carbon footprints when lower carbon footprint options are available and clinically acceptable. Subsidies to higher carbon products are contributing to climate impacts on health, which is in direct contradiction with the Hippocratic Oath's fundamental principle of medical ethics to *Do No Harm*.

Our interest lies in providing input on section ***5.3. Consideration of environmental impacts in the HTA*** and is broken down into the 6 options sections as provided by the paper:

1. *Reporting of environmental impacts, starting with embodied greenhouse gas emissions, in the assessment of cost-effectiveness by Australian HTA bodies.* **Yes, environmental impacts should be reported** in the assessment of cost-effectiveness by the Australia HTA bodies, and they should require the inclusion of scopes 1, 2 and 3 through the use of process-based life cycle assessments (LCAs) following internationally recognized methodology such as ISO 14 040, ISO 14 044 and ISO 14 064.

[1] The Lancet Countdown on health and climate change. Report. 2018. Available at: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32594-7/abstract
[2] Arup. Health Care's Carbon Footprint. Report. Available at: https://www.arup.com/perspectives/publications/research/section/healthcares-climate-footprint

Centre for Sustainable Medicine
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We believe that the submission from Prof. Morton et al. titled *"Decarbonising health and aged care through Health Technology Assessments: A policy priority"* offers a guiding path for environmental impacts to be considered in the HTA. This paper offers guidance on emissions reporting, and provides leadership on international alignment, which is needed right now.

2. *Potential for use of these data in approval and reimbursement decisions.*
   Yes, the environmental performance data should be used for approval and reimbursement decisions. The carbon footprint of devices should be reported on a per patient or per use basis in order to account for the introduction of reusable devices, which are likely to have a higher carbon footprint than single-use devices when only accounted for at the time of production, but not when divided over time and uses.

3. *Potential for public reporting of these data, to inform clinical decision-making.*
   Yes, the data should be publicly reported. This will insure transparency towards better clinical decision-making, and will also tip and pressure industry to decarbonize faster, and foster an environment of healthy competition towards net zero healthcare.

4. *Development of guidance documents and examples to facilitate environmental impacts reporting.*
   Yes. Guidance documents will be required at multiple levels in order to guide practitioners and patients in decision-making and in impacts reporting.

5. *Alignment with international best practice in comparable jurisdictions.*
   Yes. The Australian HTA bodies should seek to align with international best practice in comparable jurisdictions. The UK NICE and the Canadian Drug and Health Technology Agency are good partners in international collaboration, which will help in speed and scale of implementation.

   Australia and Singapore have a history on collaboration on HTAs, particularly in the context of institutional partnerships, notably on the ACCESS Consortium (Australia, Canada, Singapore, Switzerland, United Kingdom). Singapore's *Agency for Care Effectiveness* has been providing leadership on HTA reviews.

   As a nascent and rapidly growing organization, the Centre for Sustainable Medicine— part of the Yong Loo Lin School of Medicine at the National University if Singapore— is developing capability to provide further commentary on HTAs, particularly on climate- and environmental performance-related

aspects. We know there is a large interest within the Singapore healthcare community as well.

6. *The role of international standards for carbon foot printing of health technology products*
   International standards are critical. LCAs must follow ISO standards 14 040, 14 044 and/or 14 064 in order to avoid double-counting or undercounting, and insure transparency and alignment on boundaries and functional units.

The requirement of LCA studies (inclusive of all scopes) for HTA will be seen as a positive tipping point in shifting our societies towards a net zero emissions future. The voice of healthcare workers is trusted and respected, and we must show leadership to tackle the most pressing issue of our time. I commend your work in helping to improve healthcare systems, and I look forward to working with you in improving our climate performance.

Warmest regards,

Prof Nick Watts
Director, Centre for Sustainable Medicine
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