

Response
2
The Department may, at its discretion, publish part or all of the information provided in your submission on the Department's website or in related documents. If information from your submission is published, the Department may identify you and/or your organisation as the author of the submission. All personal contact details will be removed prior to publishing.
Yes, I consent to my identified submission being published
3
What is your name?
Martin Hensher
7
Please select the type of individual(s) or organisation(s) you represent. Please select all that apply. - Selected Choice
University or research sector
8.1
What is the name of your organisation? - My organisation is called: - Text
Menzies Institute for Medical Research, University of Tasmania; Member, South Australian Health Performance Council
9
Are you making feedback on behalf of your organisation?
Yourself
13
Please select which chapter/s you would like to provide feedback on. You may provide feedback on as many or few chapters as you wish.
5. Futureproofing Australia's systems and processes
18
Please select the topics within the chapter(s) you would like to provide feedback on. 5. Futureproofing our systems and processes
5.3. Consideration of environmental impacts in the HTA,5.5. Capacity and capability of the HTA system,5.6. Strengthen international partnerships and work-sharing
147
Taking all Options within this section: 5.3. Consideration of environmental impacts in the HTA into account.
Overall, to what extent could the options (if implemented) address the issues that relate to them?
Address some but not most of the issue(s)
148
If you would like to expand on your answer above you can do so below:
The options suggested here would represent an important step forward in this increasingly important and urgent space. However, it is critical to recognise that HTA must be treated as just one component of an integrated, overall climate and health strategy. HTA has a very important role to play, but must be fully integrated with other aspects of the drive towards low carbon, climate resilient health systems. Many other regulatory tools (e.g. overall product standards) might actually be more direct and cost-effective tools for reducing the carbon footprint of products than would making HTA the only mechanism. I understand the importance of addressing climate and greenhouse gas emissions but would urge the Review not to discount other key environmental impacts, especially biodiversity loss (particularly when key active ingredients may be sourced from at risk species or ecosystems) and the impact of other forms of pollution.
149.1
If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Environmental impact reporting
Positive
151
Environmental impact reporting
Reporting will provide critical additional data and I would strongly welcome it. But it must be firmly based on international standards and best practice, and well-integrated with other environmental reporting requirements on firms. Avoid getting caught up in semantic arguments about Scope 1/2/3 and onshore versus offshore emissions etc. " reporting must capture full carbon (or other environmental) footprint of products as manufactured and used. Effective reporting must be mandatory and not voluntary, and to standards acceptable to Government, not just using industry ESG metrics.
157
Taking all Options within this section: 5.5. Capacity and capability of the HTA system into account.
Overall, to what extent could the options (if implemented) address the issues that relate to them?
Address some but not most of the issue(s)
158
If you would like to expand on your answer above you can do so below:
[Links to 5.3. Environmental Considerations]
Any moves to incorporate environmental impact assessments in HTA (especially if they require product LCAs to be performed) will quickly encounter major constraints in the workforce available to undertake them. There are only a tiny number of healthcare LCA specialists globally, let alone in Australia - orders of magnitude fewer than the health economics workforce. Indeed, the LCA workforce position is not unlike that of health economics at the very beginning of the HTA era in the early 1990s. It will therefore be imperative to i) prioritise workload effectively (see answers to 5.3), ii) develop an appropriately skilled workforce and iii) maximise scope of international work-sharing. Environmental assessment for HTA should be extremely high on the agenda for international work-sharing as a way of getting best value out of the highly constrained current workforce.
159.1
If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Improve HTA capacity and workforce in Australia
Positive
162
Taking all Options within this section: 5.6. Strengthen international partnerships and work-sharing into account.
Overall, to what extent could the options (if implemented) address the issues that relate to them?
Address some but not most of the issue(s)
163
If you would like to expand on your answer above you can do so below:
Links to 5.3. and 5.5
Any moves to incorporate environmental impact assessments in HTA (especially if they require product LCAs to be performed) will quickly encounter major constraints in the workforce available to undertake them. There are only a tiny number of healthcare LCA specialists globally, let alone in Australia - orders of magnitude fewer than the health economics workforce. Indeed, the LCA workforce position is not unlike that of health economics at the very beginning of the HTA era in the early 1990s. It will therefore be imperative to i) prioritise workload effectively (see answers to 5.3), ii) develop an appropriately skilled workforce and iii) maximise scope of international work-sharing. Environmental assessment for HTA should be extremely high on the agenda for international work-sharing as a way of getting best value out of the highly constrained current workforce.
164.1
If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Harmonisation of HTA evaluations
Positive
164.2
If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Work sharing for individual submissions
Positive
164.3
If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Collaboration with international jurisdictions to deliver sustainable access to health technologies

Very positive

167

In summary, considering all the draft reform options together:

How confident are you that the reform options (if implemented) will make health technology assessments better overall?

Not very confident

229

If you would like to expand on your answer above you can do so below -Work sharing for individual submissions

As noted, I think this is the only realistic way to leverage the currently embryonic global capabilities in healthcare LCA for environmental assessment.

253

Do you have further comments or concerns to add specific to this topic that should be considered? For example, here you can detail any unintended consequences or overlooked considerations if applicable.

It will be vital to develop an effective initial screening process on the materiality of environmental impacts early in an HTA process, to determine which products / applications really need a full LCA, and which do not (see Hensher 2020 <https://doi.org/10.1016/j.resconre>). Some products do indeed have very significant intrinsic environmental impacts; for example the pMDI inhalers cited in the options paper, or perhaps another product that relies on a very endangered species for key inputs. However, most do not; most pharmaceuticals, for example, have broadly similar generic impacts, deriving mainly from the overall environmental impact of common manufacturing processes (e.g. as a consequence of the overall carbon footprint of the manufacturing plant, rather than any unique qualities of the individual product itself). The choice of inhalers "" while well-evidenced "" is thus atypical and potentially misleading in this respect. Full LCAs (which are at least as resource intensive as performing an economic evaluation) should be reserved for those products which will lead to material changes in intrinsic dimensions of environmental impact; generic regulations, reporting requirements, plant certifications and accreditation etc. might be more cost-effective ways of dealing with the majority of products which do not have uniquely salient environmental impacts. It will be essential to be realistic about the currently very constrained capacity available to undertake LCAs in healthcare.

255

If you would like to expand on your answer above you can do so below -Do you have further comments or concerns to add specific to this topic that should be considered? For example, here you can detail any unintended consequences or overlooked considerations if applicable.

[Links to 5.3]

A poorly thought-through approach to introducing a blanket requirement for environmental LCAs in HTA could trigger major problems given the highly limited supply of LCA specialists. Demand would not only outstrip supply gravely; but what little capacity does exist might be misallocated from more important and impactful work elsewhere in the system if the lucrative incentives of the HTA market cause distortions. Lessons need to be learned from the impacts of the early days of HTA on the market for health economists.

256

Do you have further comments or concerns to add specific to this topic that should be considered? For example, here you can detail any unintended consequences or overlooked considerations if applicable.

Please note my earlier advice that Australia should take care not to be seen as "throwing its weight around" in international collaborations on incorporating environmental impacts. We have a great deal of work to do to repair our nation's well-deserved poor global reputation in the area of climate change mitigation.