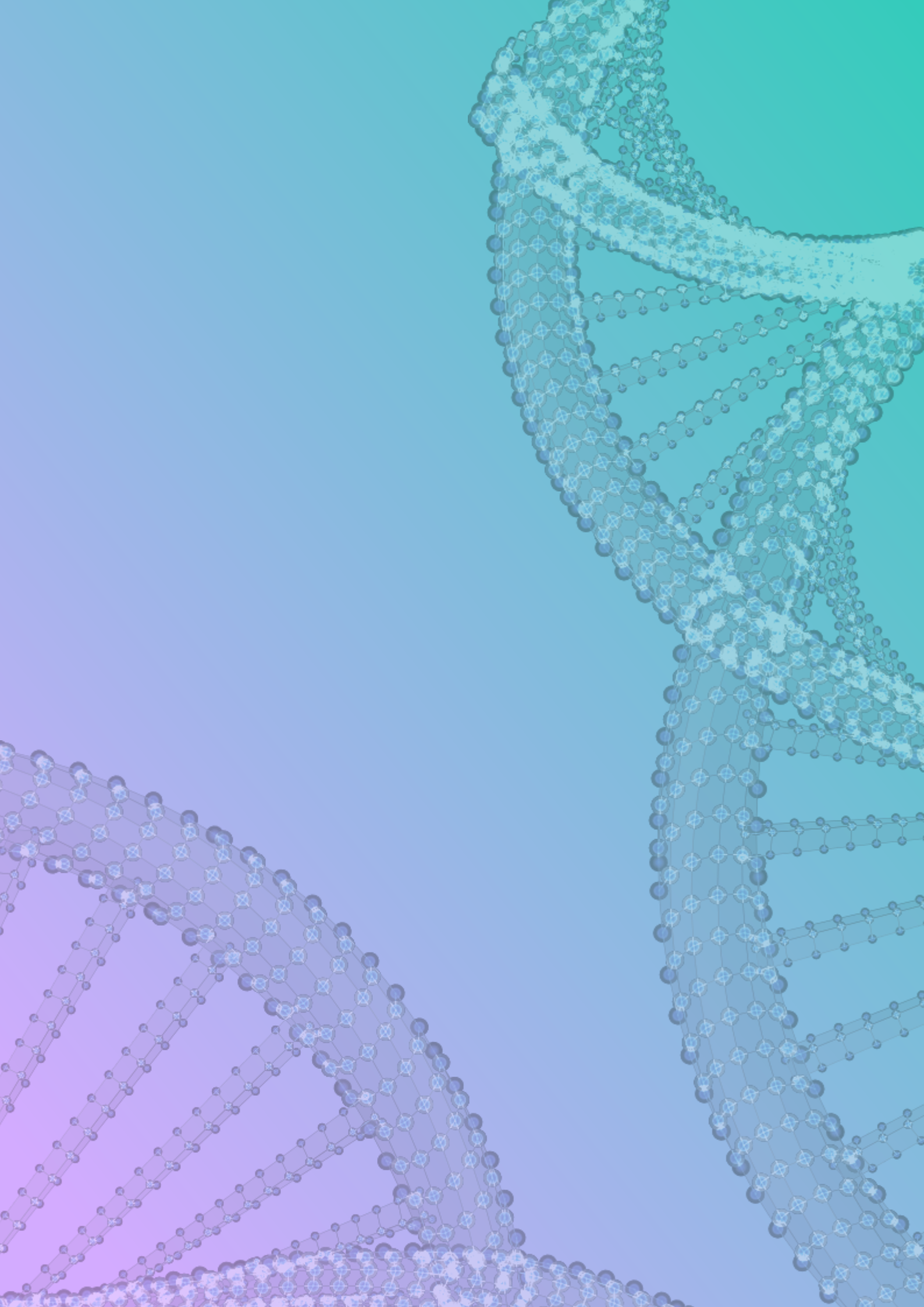


CONCEPT NOTE



Community of Practice

**ASia Precision Medicine Initiative for
Reimbursement & Evidence (ASPIRE)**



About this Document

This document sets out ASPIRE or the ASia Precision Medicine Initiative for Reimbursement & Evidence, a proposed regional Community of Practice for precision medicine reimbursement and Health Technology Assessment (HTA). It builds directly on the outcomes of the Workshop on Paying for Precision Medicine Sustainably in Asia, held in Khao Yai, Thailand, from 2 to 4 June 2026, and on the broader programme of work undertaken under the Precision HeAlth Transformative Technology Assessment Initiative (PHAT-TAI) since 2021.

This document outlines the rationale for ASPIRE, its intended purpose, its participants and their expected roles, and its anticipated development over time. As discussed further below, ASPIRE is established initially as an informal, flexible community. The guidance set out in this document should accordingly be understood as an initial working basis, subject to review and refinement as the community develops, rather than as a fixed set of rules.

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Background and Rationale

The Workshop on Paying for Precision Medicine Sustainably in Asia, held in Khao Yai, Thailand, from 2 to 4 June 2026 (from hereon referred to as the Khao Yai workshop), brought together 32 participants from nine countries under the Precision HeAlth Transformative Technology Assessment Initiative (PHAT-TAI). The workshop demonstrated regional interest in continued collaboration on the reimbursement and Health Technology Assessment (HTA) of precision medicine (PM), and identified a range of evidentiary, financing, infrastructure, regulatory, and patient-related challenges that are common across countries at differing stages of institutional maturity.

Building on this foundation, the ASia Precision Medicine Initiative for Reimbursement & Evidence (ASPIRE) is proposed as a Community of Practice that brings together institutions working in PM in Asia with mutual interests in co-learning and advancing PM initiatives through sustained interaction.

ASPIRE has been initiated by the Saw Swee Hock School of Public Health, National University of Singapore (SSHSPH, NUS) and the Health Intervention and Technology Assessment Program Foundation (HITAP), and is planned to progressively broaden ownership of the network beyond the two institutions. ASPIRE is intended to complement, rather than duplicate, the work already undertaken through PHAT-TAI, the PICCOTEAM framework, and related outputs.

ASPIRE is deliberately designed as a two-way exchange. It is intended for participating institutions to contribute their own experiences, priorities, and areas of expertise, with the direction of the community shaped collectively.

Purpose

ASPIRE is established to:

- Sustain the collaborative relationships and momentum generated by the Khao Yai workshop and the broader PHAT-TAI programme;
- Facilitate peer learning among participating institutions, drawing on the differing expertise and experience each brings;
- Facilitate mutual support among members and create opportunities for undertaking joint projects on PM topic; and
- Maintain a shared knowledge management platform to consolidate relevant tools, outputs from ASPIRE activities, and country materials in one place.

Strategic Fit

Precision medicine and AI-enabled precision health

PM increasingly depends on digital health infrastructure that is developing rapidly across the region, including genomic data platforms, interoperability standards, artificial intelligence (AI), and analytics. Equally important are the coordination and communication mechanisms that connect these systems and the stakeholders who use them. Establishing ASPIRE now allows participating countries to learn from one another while these systems are still being built.

Global policy alignment

The World Health Assembly resolution on PM (WHA 79.8)¹, endorsed in May 2026, provides a policy basis that may support continued institutional and donor engagement with ASPIRE's objectives.

Illustrative Topics for Collaboration

ASPIRE's initial activities are expected to focus on experience sharing, technical workshops, and collaborative work drawing on expertise across participating countries. Illustrative topics include:

- The PICCOTEAM framework, introduced through ASPIRE's first webinar;
- Economic modelling methods for PM, including how they can be adapted to differences in data availability and health system structures across countries;
- Evidence sharing across countries, including the potential development of a regional evidence-generation and sharing platform to identify which evidence for PM can be shared, which requires local adaptation or generation, and where additional real-world evidence would be most valuable for reimbursement and HTA decisions; and
- Broader clinical areas of shared interest, such as oncology and cardiovascular disease, where PM applications and reimbursement questions are actively emerging across the region.

These topics are illustrative and are expected to evolve as participating countries contribute their own priorities and areas of interest.

Guiding Principles

Feasibility and sustainability

Activities are kept at minimum cost and manageable, such as a newsletter, webinars, and a shared repository, rather than relying on new infrastructure or dedicated staffing. Ownership is expected to broaden over time as capacity and interest grow across the network.

¹ World Health Organisation. 2026. WHA 79.8 Precision medicine: a path towards targeted, personalized and equitable care. Seventy-ninth World Health Assembly. Accessible at: https://apps.who.int/gb/ebwha/pdf_files/WHA79/A79_R8-en.pdf

Flexibility and staged development

ASPIRE begins as an informal, flexible community rather than a formally governed structure. Participation is open to both institutions and individuals, allowing the founding institutions, participating countries, and interested individuals to test interest, understand shared priorities, and refine the model based on experience, before considering whether more formal governance arrangements are needed.

Equity

Members of ASPIRE are treated as equal contributors. This is achieved through peer learning, an equal voice in shaping ASPIRE's agenda, and the use of adaptable tools, such as PICCOTEAM, that can be applied on each country's own terms rather than imposed as a fixed template reflecting any single country's context. The structure and activities of ASPIRE remain open to being shaped by participating countries, including the possibility of countries eventually leading their own projects.

Accessibility

Materials are consolidated on a single platform, Guide to Health Economic Analysis and Research (GEAR: <https://www.gear4health.com/>), and communication runs through low-barrier channels, quarterly newsletter and webinars.

Inclusiveness

Membership is voluntary and open to workshop alumni and other interested stakeholders, including HTA agencies, clinicians, patient groups, industry representatives, and academics across the region. Individuals with relevant technical or funding expertise may also contribute to specific activities as resource persons.

Sustained engagement

Regular, low-effort touchpoints, the quarterly newsletter and periodic webinars, keep members engaged between major convenings, with content kept relevant to their day-to-day work to sustain participation over time.

Who Is Involved

Participation in ASPIRE is open to individuals as well as institutions and is voluntary. There is no formal application process or membership criteria at this stage; interest and willingness to contribute are sufficient. The table below sets out how different participants are expected to be involved, recognising that these roles are a practical starting point and may be adjusted as the community develops.

Who	Description	Contribution
Secretariat	HITAP and SSHSPH NUS, serving as the coordinating body at this initial stage. The Secretariat may expand over time to include representatives from other countries demonstrating sustained commitment and capacity, as set out in the roadmap below.	• Serve as the primary point of contact for ASPIRE • Maintain the GEAR repository, newsletter, and contact list • Coordinate the scheduling and logistics of webinars and workshops • Convene discussions and track follow-up actions • Identify and invite individuals or institutions from other countries who could help co-lead specific ASPIRE activities • Identify individuals who could help promote ASPIRE and build engagement within their own country • Co-lead or host activities relevant to national contexts as the Secretariat expands • Lead planning for the second regional workshop
Members	Workshop participants and other interested stakeholders, including HTA agencies, clinicians, academics, patient advocates, and industry representatives across HTAsiaLink countries.	• Participate in webinars and the newsletter as interest allows • Share relevant tools, evidence, or experiences for the shared repository • Propose new topics or members

Knowledge Management and Ways of Working

It is proposed that GEAR serve as the active platform for ASPIRE, hosting the shared materials described in this document and providing the primary space through which members engage with the community's outputs.

Element	Approach
Central platform	The Guide to Health Economic Analysis and Research (GEAR), which already hosts the PICCOTEAM checklist, to be expanded to host workshop reports, country materials, tools, and a resource library.
Content types	PICCOTEAM materials and country-level adaptations, outputs from ASPIRE activities, recorded webinars, a repository of country reimbursement mechanisms, and a directory of members and areas of expertise.
Communication channels	A quarterly newsletter, subject to member preference and secretariat capacity, complemented by periodic webinars and a shared mailing list for ad hoc exchange between members.
Content governance	The secretariat, comprising HITAP and SSHSPH NUS in the initial phase, curates and posts content; members may contribute directly or through the secretariat. Appropriate attribution is maintained for all shared material.

How priorities and activities are set

At this stage, priorities and activities are set informally by the Secretariat, in consultation with members through the newsletter and webinars, rather than through formal voting or decision-making procedures. This reflects ASPIRE's current stage as an informal community rather than a governing body; Section 9 discusses how this may evolve.

Confidentiality

ASPIRE does not currently involve access to confidential country data or binding decision-making, so no formal confidentiality or conflict-of-interest procedures are required at this stage. Members are nonetheless expected to use good judgement in sharing sensitive information, and these arrangements will be revisited if more formal activities are introduced.

Indicative Phased Roadmap

Short term (0 to 6 months)

- Establish the Secretariat, comprising HITAP, SSHSPH NUS, and open participation to interested workshop participants as members;
- Establish the GEAR repository structure and link existing workshop outputs and PICCOTEAM materials.
- Launch the mailing list and issue the first newsletter; AND
- Hold the PICCOTEAM webinar as ASPIRE's first activity, a one-off, approximately one-hour session aimed at a broad audience. The webinar will introduce PICCOTEAM, demonstrate the reference case and web application, explain how the tool can be used, present a case study of its application, and gauge participant interest in further activities.

Resource requirements: staff time from HITAP and SSHSPH NUS within their existing programme budgets; no additional funding required.

Medium term (6 to 18 months)

- Expand the members to include representatives from institutions demonstrating sustained commitment and convening capacity;
- Convene further webinars and technical workshops on topics such as Real-World Evidence, Patient-Reported Outcomes, economic modelling in specific contexts, and clinical areas of shared interest such as oncology and cardiovascular disease; AND
- Explore additional funding sources and partnerships, including linkages to digital health initiatives and opportunities arising from ASPIRE's clinical-area collaborations.

Resource requirements: staff time from expanding members' own institutions; speakers and hosting contributed in-kind by participating organisations; scoping work to identify external funding for activities beyond this point.

Long term (18 to 24 months and beyond)

- Convene a second regional workshop, indicatively in 2028;
- Review ASPIRE's structure and ways of working, and consider whether more formal governance arrangements are warranted based on experience to date (see Section 9); and
- Assess the extent to which ASPIRE has contributed to shared evidence generation and policy development.

Resource requirements: dedicated funding for venue, travel, and logistics for the second regional workshop, at a scale comparable to the Khao Yai workshop; external funding or co-financing from a broader group of countries is expected to be needed by this stage.

Looking Ahead

This document is intended to evolve. As set out in the Guiding Principles above, ASPIRE's structure is a starting point rather than a fixed model. As the community's activities, participation, and shared priorities become clearer, particularly through the experience of running the initial webinar and subsequent activities, this document will be revisited, and more formal arrangements will be considered where a genuine need for them has emerged, rather than being introduced in advance of that need.

Proposed Framework Diagram

The diagram below sets out ASPIRE's knowledge management framework as a simple flow, read from top to bottom. At its centre is a single shared platform, the Guide to Health Economic Analysis and Research (GEAR), which functions as the central knowledge repository for PICCOTEAM tools, outputs from ASPIRE activities, country materials, and a member directory. The four groups described in Section 6 each contribute to this platform. Content held on GEAR is then disseminated through three channels, namely the quarterly newsletter, webinars and workshops (starting with the PICCOTEAM webinar), and open repository access. These channels, in turn, support the community's intended outcomes: two-way peer learning across participating countries, reduced duplication of effort, broader and more shared ownership beyond the founding institutions, and preparation for the proposed second regional workshop.

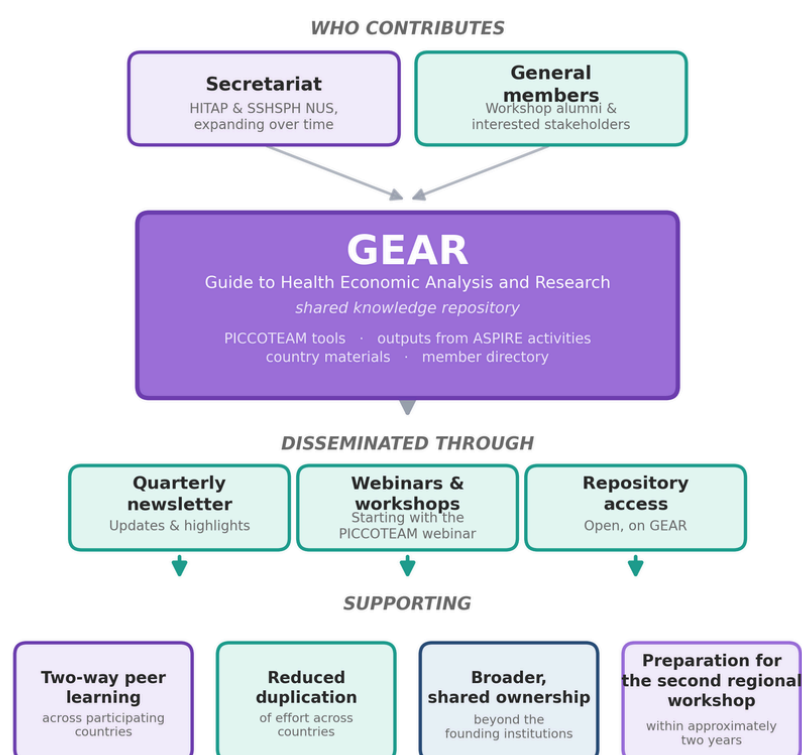


Figure 1. Proposed knowledge management framework for ASPIRE.

