Objectives 2016-2020

1. **Timely One for all** (1 in EU): REA core for STAs (drugs and devices/ diagnostics) before market access, but with limitation of budget (20% ?). Obligatory „call for collaboration“.
2. **Disinvestment of over- or inappropriate used techs**: Back to original definition of HTA (broad perspective) on established techs with focus on effectiveness, utilization, appropriate use/ delivery: information for planning and management. Aim: release resources for real innovations.

Priorities

1. **High need**: a. high potential impact on health outcomes, b. from health policy because of pressure from the market
2. **Expanding training** for HTA doers to support in raising awareness of decision-makers in national setting (difference to CE-marking and EMA-approval, power of joint assessments: arguments), to less basic/ more advanced training modules
3. **Active brokering**/ liaison managers/ project management

Limitations

1. **Legal limitations** of some (big) countries to use EUnetHTA reports.

2. **Language**, time (local demands), money (collaboration is expensive, lot of unpaid efforts)

3. **Policy issue** such as priority setting/ identificatin of topic, **stakeholder (industry**) involvement – slow down

BUT: **balanced** against increase of power, of credibility, value of outputs.

Modes of operation

1. JA 2 modes are OK
2. 3 levels of possible engagement should stay
3. More active brokering/ stimulation of collab
4. Expanding POP Db to completed/ final reports esp.of those NOT in CRD (reimbursement agencies)
5. Enforecement of collabs between more and less experienced = Capacity building/ learning by doing in

Relations between Network and EUnetHTA

1. Relationship is artificial: HTA network (both levels: strategic/political and technical/ scientific) sets framework of coop
2 . Clear procedues of a bottom-up and top-down priority setting in form of recommendations(what and how) in both directions
3. Strategic/political level of network responsible for vision, procedures, needs. Is representing HTA in MoH/ support to HTA-producers. Close collab between levels.

Improvement of processes

1. SAG (industry view): more f-t-f communication, less mail, less commenting documents
2. HTA-bodies view: communication on what ? Clarification of role of SAG is needed. What SAG brings to HTA, what HTA gives to SAG.
3. Stronger role of other stakeholders (providers and patients: „real experts“is needed), neutralization of industry-wishes/ permanent complaints.
4. Less talk about confidentiality/ more transparency from EUneHTA: website, abstracts on ongoing tasks.