

## I would like to look at the current status of Health Technology Assessment in EU countries

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HTA is now well established in Europe, with most of the EU and some other European countries having their own HTA initiatives for determining the relative effectiveness of medicines and other medical technologies and interventions.

The various HTA bodies and organisations are linked together through a network called EUnetHTA (European Network of Health Technology Assessment). This involves 34 government appointed bodies from the EU, Croatia and the EEA, which work to develop reliable and transparent information to contribute to stimulating and harmonising HTA activities in Europe.

The latest phase in this networking exercise is the EUnetHTA Joint Action. This builds on the first EUnetHTA project, which ran from 2006-08, and on the work done by the EU's "Pharmaceutical Forum" on relative effectiveness

The EUnetHTA Joint Action 2010-2012 aims to put into practice an effective and sustainable HTA collaboration in Europe. Among other things, it is developing a detailed business model for sustainable EU wide collaboration on HTA, which will play a role in developing recommendations for facilitating country-specific strategic plans for establishing and improving HTA systems.

It is also developing HTA tools and methods, including principles and methodological guidance. An online tool for producing, publishing and storing HTA information and an HTA core model on screening are being developed. The methodological guidance is designed to be appropriate for the assessment of the relative effectiveness of pharmaceuticals, with basic principles and a toolbox that can be used in daily practice. This should be ready by December 2012.

Also under development is a European HTA information management system that will create a single point of access to compatible EUnetHTA tools as well as the storage, exchange and retrieval of information on planned and ongoing HTAs. The ultimate aim is to determine where, and to what extent, EU-wide collaboration on HTA works best, and to consolidate permanent collaboration in these areas. This IMS should be ready by September 2012.

The final report from the EUnetHTA Joint Action, which will include an evaluation of its work, should be ready by December 2012.

Further details of EUnetHTA activities can be found on two websites:

[http://www.eunetha.net/Public/Work\\_Packages/EUnetHTA-Joint-Action-2010-12/](http://www.eunetha.net/Public/Work_Packages/EUnetHTA-Joint-Action-2010-12/)

[http://www.eunetha.net/upload/Joint%20Action/JA%20WP1/GrantAgreement%20Tech%20Annex/JA\\_Annex%20%20-%20part%201.pdf](http://www.eunetha.net/upload/Joint%20Action/JA%20WP1/GrantAgreement%20Tech%20Annex/JA_Annex%20%20-%20part%201.pdf)

Denmark in the lead

The EUnetHTA project is being led by Denmark, which itself is quite well advanced in the HTA area. The Danish Centre for HTA (Dacehta), part of the National Board of Health, also acts as the secretariat for EUnetHTA. Dacehta primarily targets health professionals and decision-makers as well as related research communities.

<http://www.sst.dk/English/DACEHTA/National%20HTA/HTA%20on%20prevention%20of%20heart%20failure%20with%20ICD.aspx>

The Danes have published an interesting document describing a new decision-support tool called a mini-HTA. This is designed to be adaptable to local conditions and can be relatively easily incorporated into local and regional budgets.

[http://www.sst.dk/~media/Planlaegning%20og%20kvalitet/MTV%20metode/Introduction\\_mini-HTA\\_hospital.aspx](http://www.sst.dk/~media/Planlaegning%20og%20kvalitet/MTV%20metode/Introduction_mini-HTA_hospital.aspx)

### **2011 HTA conference**

The 2011 EUnetHTA conference will be held in Gdansk, Poland, on 8-9 December, entitled "HTA in cross-border healthcare in Europe".

[http://www.eunetha.net/Public/Work\\_Packages/EUnetHTA-Conference-2011/](http://www.eunetha.net/Public/Work_Packages/EUnetHTA-Conference-2011/)

The member states that are involved with EUnetHTA, together with their HTA-associated bodies, are as follows:

Austria (GOG, HVB, LBI/HTA)

Belgium (KCE)

Bulgaria (NCPHP)

Czech Republic (MoH)

Denmark (NBoH, CAST – Centre for Applied Research and Technology Assessment)

Estonia (UTA, University of Tartu)

Finland (FinOHTA)

France (HAS)

Germany (DIMDI, IQWiG)

Greece (NSPH)

Hungary (EMKI, ESKI)

Ireland (HIQA)

Italy (AGE.NA.S, AIFA, ASSR)

Latvia (VEC centre for health economics)

Lithuania (VASPVT state healthcare accreditation agency)

Malta (SSD/MSOC)

Netherlands (CVZ)

Poland (AHTAPol agency for HTA)

Portugal (Infarmed)

Romania (SNSPMS)

Slovak Republic (SlovaHTA)

Slovenia

Spain (regional structure - ISCIII/AETS, AETSA, Avalia-t, CAHTAR, OSTEBA, UETS)

Sweden (SBU)

UK (NICE, NETSCC – formerly NCCHTA)

**The EFTA countries involved are:**

Norway (NOKC)

Switzerland (SNHTA)

**One accession country is involved:**

Croatia (Agency for Quality and Accreditation in Health).

In view of the deadline set, I do not have the time to research details of individual HTA activities undertaken in all the various EU member states. However, here is a selection of some of the activities currently under way in certain countries:

**Sweden** is running a number of HTA projects on diet and obesity, diagnosis and treatment of ADHD and autism spectrum disorders, treatment of insomnia and diabetes.

**Germany's** DIMDI produces about 15 HTAS reports annually. These are searchable via the DIMDI website. The work is done mainly by DAHTA@DIMDI, which is developing a database-supported information system to evaluate the efficacy and costs of medical procedures. The HTA programme enjoys funding of some 750,000 Euros a year.

Projects funded by **Denmark's** Dacehta relate to areas such as treatment of diabetes and RA, and individualisation of drug dosage by means of genotyping. Other areas include rehabilitation after breast, colorectal and prostate cancer, advising regions on the use of cancer drugs at the national level based on submitted mini-HTAs from the professional associations, antipsychotic polypharmacy in treating schizophrenia, and multidisciplinary interventions for patients with back pain.

Ongoing programmes at **Belgium's** KCE include treatment of chronic hepatitis B, incremental cost effectiveness of pneumococcal conjugate vaccines, priority groups for seasonal flu vaccinations, breast cancer screening, diagnosis and treatment of thyroid cancer, and a national clinical practice guideline for cervical cancer.

**Austria's** Ludwig Boltzmann Institut deals with HTA: current research projects include horizon scanning in oncology, patient-relevant outcomes versus surrogate outcomes, quality of care in oncology and its measurement, and use of routine data and further relevant secondary data in HTA.

More information on the agencies and organisations listed above are available on the EUnetHTA website, which gives hyperlinks to these agencies' websites and their contact details. The webpage is available at:

[http://www.eunetha.net/Public/About\\_EUnetHTA/Organisation2/Members/Folder-for-EUnetHTA-organisations-profiles/University-of-Tartu/](http://www.eunetha.net/Public/About_EUnetHTA/Organisation2/Members/Folder-for-EUnetHTA-organisations-profiles/University-of-Tartu/)



