

EUnetHTA comments on the Discussion Document:

“Health in Europe: A Strategic Approach”



Copenhagen, February 9, 2007

As a response to the invitation from the Commission to comment on the discussion document: “Health in Europe: A Strategic Approach”, the European network for Health Technology Assessment (EUnetHTA) ¹ hereby forwards its contribution to the process.

Definition

Health technology assessment (HTA) is a multidisciplinary process that summarises information about the medical, social, economic and ethical issues related to the use of a health technology in a systematic, transparent, unbiased, robust manner. Its aim is to inform the formulation of safe, effective, health policies that are patient focused and seek to achieve best value.

Despite its policy goals, HTA must always be firmly rooted in research and the scientific method.

Key cross-border challenges

A key challenge for health services is the management of innovation/technology while ensuring the sustainability of the healthcare system and the best scientific evidence basis for the treatments provided. HTA is a key activity in improving this management. HTA can provide a *common core* of information about the medical, social, economic and ethical issues related to the use of a health technology in a systematic, transparent, unbiased, robust manner, and *this information can be consequently adapted at national levels (national/regional/local)* in order to provide a basis for decisions on use of technologies in the Health Services.

Technology development and introduction to health care is globalised, and needs for decisions and policies on the role of particular technologies emerge almost at the same time in Member States. Here, HTA can contribute substantially to a shared information base for decision-making to be adapted and transferred to various national decision-levels. The production of HTA should be coordinated at a European level, while the decisions should be made in the Member States in order to take account of national differences and priorities, and the principle of subsidiarity. In addition the HTA methodology leads to conclusions not only on efficacy and effectiveness. It also identifies neglected and relevant areas for clinical research, often in the fields outside commercial sponsorship.

European coordination of HTA and European Health Strategy – focus on core issues and implementation

Within *the core issues* of the Strategy, HTA is an important activity which contributes to ensuring effectiveness of health services by providing a shared evidence base for

¹ EUnetHTA (www.eunetha.net) coordinates the efforts of 24 EU Member States in evaluating health technology in Europe and is supported by a grant from the European Commission.

polymaking and thereby ensuring a useful infrastructure which enables quality improvements and leads to high quality health care.

HTA's potential to support the Member States and to contribute to efficiency and effectiveness of health services is tremendous and should be promoted.

In November 2004 The High Level Group on Health Services and Medical Care indicated that "HTA has become a political priority and there is an urgent need for establishing a sustainable European network on HTA..." (Executive Summary, Brussels, 30 November 2004, HLG/2004/21FINAL). EUnetHTA is working on establishing this sustainable network

The future European collaboration for HTA will be an instrument for cross boarder coordination. The aim is to avoid duplication, to create a common understanding of what constitutes good and efficient practice in developing a scientific basis for decisions in health care irrespective of health care systems, and to develop tools to strengthen the coordination and cooperation between European HTA organisations. The added value of this collaboration is to ensure a structured and systematic approach to providing HTA information to policy and decision making at all levels in the Member States through mobilising and significantly reinforcing the synergies between the existing national HTA entities and competences. Independent scientific advice, transparency and respect to the principle of subsidiarity should be guaranteed, while keeping a non-prescriptive policy orientation. The EUnetHTA project is finished at the end of 2008, and a future collaboration should be in place before the end of this project period.

The development of a sustainable network to inform policy and decision making does not mean harmonising national health or social security systems. The benefits that different health and social security systems provide and their organisation remain the responsibility of the Member States. EUnetHTA avoids duplication of HTA effort and builds on what already exists as a result of European and international collaborations in HTA and relevant fields.

During the current EUnetHTA project period (2006-8) *the open method of coordination* for healthcare and long-term care should be the non-legislative tool for the High Level Group on health services and medical care to continue developing the mechanisms for practical cooperation on HTA. The next steps should be taken in 2007 to ensure that there be a continuation of EUnetHTA into a sustainable European Collaboration for HTA with a coordinating facility by the end of 2008. Concomitant to using the open method of coordination to develop the Network further into a committed collaboration, legal certainty of such collaboration should be provided. Any need for enabling legislation to be adopted by the Council and European Parliament to create a sustainable collaboration on the basis of the existing EUnetHTA should be analysed.

The Health Strategy should continuously prioritise the EUnetHTA initiative and provide a sustainable support to Member States' efforts in coordinating effective use of resources available for HTA in Europe. This joint initiative would complement the work of national health systems in providing better quality, equality, and healthy life years for the EU citizens.

Implementation:

The future European Collaboration for HTA should ensure a structured and systematic approach to providing HTA information to policy and decision making at all levels in the Member States through reinforcing the synergies between the existing national HTA entities and competences. EUnetHTA is currently working on establishing the common grounds for this future collaboration. To ensure an implementation, continuous attention and support from the EU is needed. The aim is to consolidate the European collaboration on HTA and to establish a sustainable collaboration, which complements and supports the work of the national health systems, and ensures an effective use of HTA resources at a European level.

EUnetHTA is systematically working on ensuring the stakeholder involvement in HTA process and is therefore at present developing a Stakeholder Forum. The forum is currently primarily web based, however will develop further to include meetings, workshops, conferences, etc. Policies for stakeholder involvement during the project period are also being developed, and a long-term strategy for stakeholder involvement in the European HTA is foreseen to be developed in cooperation with relevant stakeholders.

On behalf of the EUnetHTA Steering Committee

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Austria

- Ludwig Boltzman Institute of Health Technology Assessment, LBI@HTA (former ITA)

Belgium

- KCE - Belgian Health Care Knowledge Centre

Cyprus

- Ministry of Health Cyprus

Denmark

- CAST - Center for Anvendt Sundhedstjenesteforskning og Teknologivurdering, University of Southern Denmark, Center for Applied Research and Technology Assessment
- DSI- Danish Institute for Health Services Research
- DACEHTA – Danish Centre for Evaluation and HTA, National Board of Health

Estonia

- University of Tartu, Department of Public Health

Finland

- FinOHTA - Finnish Office for HTA (STAKES)

France

- HAS - Haute Autorité de santé / French National Authority for Health (AP)

Germany

- DAHTA@DIMDI- German Agency for HTA at the German Institute for Medical Documentation and Information
- Technische Universität Berlin
- University of Bremen, Interdisciplinary Centre for HTA
- University of Lübeck, Institute for Social Medicine

Hungary

- HunHTA - Unit of Health Economics and Health Technology Assessment, Corvinus University

Ireland

- iHIQA - interim Health Information and Quality Authority

Italy

- ASR - Agenzia Sanitaria Regionale, Emilia Romagna
- Università Cattolica del Sacro Cuore, Policlinico universitario "A. Gemelli", Health Technology Assessment Unit and Laboratory of Health Economics (Institute of Hygiene)
- Regione Veneto (AP)

Latvia

- VSMETA - Health Statistics and Medical Technology State Agency

Lithuania

- Ministry of Health of the Republic of Lithuania

Slovenia

- Institute of Public Health of the Republic of Slovenia

Spain

- AETS - Agencia de Evaluación de Tecnologías Sanitarias
- AETSA - Andalusian Agency for Health Technology Assessment
- CAHTA - Catalan Agency for Health Technology Assessment and Research
- Galician Agency for Health Technology Assessment
- OSTEBA - Basque Office for Health Technology Assessment
- Servicio Canario de la Salud
- UETS - Unidad de Evaluación de Tecnologías Sanitarias, Agencia Laín Entralgo

Sweden

- SBU - Swedish Council on Technology Assessment in Health Care

The Netherlands

- CVZ - College voor zorgverzekeringen
- ZonMw, Netherlands Organisation for Health Research and Development

The United Kingdom

- NCCHTA - National Coordinating Centre for HTA

EEA Countries:

Norway

- NOKC - Norwegian Knowledge Centre for the Health Services

International Organisations:

- Cochrane Collaboration – The Cochrane Collaboration Secretariat