EUnetHTA project

OVERVIEW OF RESULTS

YEARS 2006-2008

The EUnetHTA-project has
been supported by a grant from the
European Commission

EUROPEAN NETWORK FOR HEALTH TECHNOLOGY ASSESSMENT

EUnetHTA Secretariat / March 28, 2009

List of Contents

Abbreviations

AEG	"Access with Evidence Generation" mechanism
AETSA	Agencia de Evaluación de Tecnologías Sanitarias de Andalucía, Spain
AETS	Agencia de Evaluación de Tecnologias Sanitarias, Spain
AHRQ	Agency for Healthcare Research and Quality, USA
AHTAPol	Agency for HTA in Poland
ASR	Agenzia Sanitaria Regionale, Emilia Romagna, Italy
ASSR (AGENAS)	Agenzia per i Servizi Sanitari Regionali, Italy
AP	Associated Partner (within the EUnetHTA project)
AVALIA-T	Galician Agency for Health Technology Assessment, Spain
CADTH	Canadian Agency for Drugs and Technologies in Health (former CCOHTA), Canada
CAHTA	Catalan Agency for Health Technology Assessment and Research, Spain
CAST	Centre for Applied Health Services Research and Technology Assessment, University of Southern Denmark, Denmark
CEDIT	Commitee for Evaluation and Diffusion of Innovative Technologies, Direction de la Politique Médicale, France
CEESTAHC	Central and Eastern European Society for Technology Assessment in Health Care
CMTP	Center for Medical Technology Policy, USA
CP	Collaborating Partner (within the EUnetHTA project)
CRD	Centre for Reviews and Dissemination, University of York, United Kingdom
CVZ	College voor zorgverzekeringen, The Netherlands
DACEHTA	Danish Centre for Health Technology Assessment, Denmark
DAHTA@DIMDI	German Agency for Health Technology Assessment at the German Institute for Medical Documentation and Information, Germany
DES	Drug eluting stents
DIA	Drug Information Association
DSI	Danish Institute for Health Services Research, Denmark
EPPOSI	European Platform for Patients' Organisations, Science and Industry
EUCOMED	European medical technology industry association
EUnetHTA	European network for Health Technology Assessment
EUPHA	European Public Health Association
EuroScan	The European Information Network on New and Changing Health Technologies
FinOHTA	Finnish Office for Health Technology Assessment, Finland
FIPRA	Finsbury International Policy & Regulatory Advisers (senior Public Policy and Regulatory Advisers network)
HAS	Haute Autorité de Santé, France
HPV	Human Papilloma Virus
HSS	Horizon Scanning System
HTA	Health Technology Assessment
HTAi	Health Technology Assessment international
HunHTA	Unit of Health Economics and Health Technology Assessment, Corvinus University of Budapest, Hungary
ICTAHC	Israeli Center for Technology Assessment in Health Care, Israel
iHIQA	Interim Health Information and Quality Authority, Ireland
INAHTA	International Network of Agencies for Health Technology Assessment
IQWIG	Institute for Quality and Efficiency in Health Care, Germany
ISPOR	International Society for Pharmacoeconomics and Outcomes Research
IPHRS	Institute for Public Health of Republic of Slovenia
IUMPS	Institut Universitaire de medicine sociale et préventive Lausanne, Switzerland
KCE	Belgian Health Care Knowledge Centre, Belgium
LBI@HTA	Ludwig Boltzmann Gesellschaft GmbH, Austria
LP	Lead Partner (within the EUnetHTA project, organisation responsible for leading and managing work in a Work Package)
MoH	Ministry of Health
MS	Member State (of the European Union)
MSAC	Medical Services Advisory Committee, Australia
NBoH	National Board of Health
NCCHTA	National Coordinating Centre for Heath Technology Assessment, United Kingdom
NICE	National Institute for Clinical Excellence, United Kingdom
NOKC	Norwegian Knowledge Centre for the Health Services, Norway
OECD	Organisation for Economic Co-operation and Development
OSTEBA	Basque Office for Health technology Assessment, Spain

PHGEN	Public Health Genomic European Network
SBU	Swedish Council on Technology Assessment in Health Care, Sweden
SNHTA	Swiss Network for Health Technology Assessment, Switzerland
STAKES	National Research and Development Centre for Welfare and Health, Finland
TU Berlin	Technische Univrsität Berlin, Germany
UETS	Unidad de Evaluación de Tecnologías Sanitarias, Spain
UCSC	Università Cattolica del Sacro Cuore, Policlinico universitario “A. Gemelli”, Italy
WHO-HEN	World Health Organisation, Health Evidence Network
WIHE	Winterthur Institute of Health Economics, Switzerland
WP (1-8)	Work Package (within the EUnetHTA project)
ZonMw	The Netherlands Organisation for Health Research and Development, The Netherlands

Technical Fact Sheet

Project	European network for Health Technology Assessment (EUnetHTA)
Project No.	2005110(790621)
Programme	Public Health Programme 2003-2008; Health Information and knowledge 2005
Unit of DG Sanco	Risk Assessment (from January 2007; previously – Health Information)
Start Date of Project	January 1, 2006
Duration	36 months
Objectives	The overall strategic objective of the network is to connect public national/regional health technology assessment (HTA) agencies, research institutions and health ministries, enabling an effective exchange of information and support to policy decisions by Member States, thus • reducing overlap and duplication of effort and hence promote more effective use of resources, • increasing HTA input to decision-making in member states and the EU and hence increasing the impact of HTA, • strengthening the link between HTA and health care policy making in the EU and its member states, • supporting countries with limited experience with HTA
Tasks/Work packages	WP1 Coordination WP2 Communications WP3 Evaluation WP4 Common Core HTA (HTA Core Model) WP5 Adapting existing HTAs to new contexts (HTA Adaptation toolkit) WP6 Transferability to health policy WP7 Monitoring development for emerging/new technologies and prioritisation of HTAs WP8 Systems to support HTA in MS with limited institualisation of HTA
DG Sanco Representative	Mr. Panagiotis Daskaleros
EUnetHTA Project Leader	Prof. Finn Børlum Kristensen
Main Beneficiary and its WP Affiliation	National Board of Health of Denmark, Danish Centre for HTA (DACEHTA) – WP1,2,4,5,6,7
Associated Beneficiaries / Partners and their WP Affiliation	1. Ludwig Boltzman Institute of Health Technology Assessment, LBI@HTA, Austria - WP1,5,7 2. KCE - Belgian Health Care Knowledge Centre, Belgium – WP2,4,5,6 3. Ministry of Health, Cyprus –WP2,8 4. CAST - University of Southern Denmark, Center for Applied Research and Technology Assessment, Denmark – WP6,7,8 5. DSI- Danish Institute for Health Services Research, Denmark - WP4,5,6 6. University of Tartu, Department of Public Health, Estonia – WP4,5,6,7,8 7. FinOHTA - Finnish Office for HTA (STAKES), Finland – WP1,4,5,6 8. HAS - Haute Autorité de Santé / French National Authority for Health, France – WP1,2,5,7 9. DAHTA@DIMDI- German Agency for HTA at the German Institute for Medical Documentation and Information, Germany – WP1,2,3,5,6 10. Technische Universitaet Berlin, Germany – WP4,5,6 11. University of Bremen, Interdisciplinary Centre for HTA, Germany – WP7 12. University of Lübeck, Institute for Social Medicine, Germany – WP4,7 13. HunHTA - Unit of Health Economics and Health Technology Assessment, Corvinus University, Hungary – WP2,8 14. iHIQA - interim Health Information and Quality Authority, Ireland – WP6,7 15. ASR - Agenzia Sanitaria e Sociale Regionale, Emilia Romagna, Italy – WP2,3,5,7

	16. Università Cattolica del Sacro Cuore, Policlinico universitario "A. Gemelli", Health Technology Assessment Unit and Laboratory of Health Economics (Institute of Hygiene), Italy – WP4,5,6,7,8 17. Regione Veneto, Italy – WP2,3,5,7 18. VSMTA - Health Statistics and Medical Technology State Agency, Latvia – WP3,8 19. Ministry of Health, Republic of Lithuania – WP4 20. NOKC – Norwegian Knowledge Centre for the Health Services, Norway – WP1,3,4,5,6,7,8 21. Institute of Public Health, Republic of Slovenia – WP5,6,7,8 22. AETS - Agencia de Evaluación de Tecnologias Sanitarias, Spain – WP3,6,7,8 23. AETSA - Andalusian Agency for Health Technology Assessment, Spain – WP4,5,7 24. AVALIA-t, Galician Agency for Health Technology Assessment, Spain – WP4,6,7,8 25. CAHTA - Catalan Agency for Health Technology Assessment and Research, Spain – WP1,2,8 26. OSTEBA - Basque Office for Health Technology Assessment, Spain – WP4,5,7 27. Servicio Canario de la Salud, Spain – WP5,6 28. UETS - Unidad de Evaluación de Tecnologías Sanitarias, Agencia Laín Entralgo, Spain – WP2,6 29. SBU - Swedish Council on Technology Assessment in Health Care, Sweden – WP1,2,3,4,7 30. CVZ - College voor zorgverzekeringen, The Netherlands – WP6,7 31. ZonMw, Netherlands Organisation for Health Research and Development, The Netherlands – WP4,5 32. NCCHTA - National Coordinating Centre for HTA, United Kingdom – WP1,4,5,6 33. Cochrane Collaboration (Secretariat), United Kingdom – WP2,3,4,5,6,7,8
Collaborating Partners	1. MSAC - Medical Services Advisory Committee, Australia – WP3 2. Hauptverband der Österreichischen Sozialversicherungsträger, Austria – WP5,6,8 3. Gesundheit Österreich GmbH, Austria – WP4,5 4. CADTH (former CCOHTA) - Canadian Agency for Drugs and Technologies in Health, Canada – WP2 5. HTA and Health Service Research, Center of Public Health, Århus, Denmark – WP6 6. CEDIT - Commitee for Evaluation and Diffusion of Innovative Technologies, Direction de la Politique Médicale, France – WP6,7 7. German HTA Association, Germany – WP8 8. IQWIG - Institute for Quality and Efficiency in Health Care, Germany – WP6,8 9. Public Health Genomics European Network (PHGEN), German Center for Public Health Genomics (DZPHG), Germany – WP5,6,7,8 10. University of Iceland, Faculty of Medicine, - replaced by Directorate of Health in 2007, Iceland – WP4,5,6,8 11. ICTAHC - Israeli Center for Technology Assessment in Health Care, Israel – WP7 12. Agency for HTA in Poland, AHTAPol, Poland – WP2,4,5,7,8 13. CEESTAHC - Central and Eastern European Society for Technology Assessment in Health Care, Poland – WP8 14. Institute of Molecular Medicine, Portugal – WP4,5,6,8 15. SNHTA - Swiss Network for Health Technology Assessment, Switzerland – WP1,2,3,4,5,6,7,8 16. CRD - Centre for Reviews and Dissemination, University of York, United Kingdom – WP2 17. AHRQ - Agency for Healthcare Research and Quality, Center for Outcomes & Evidence, USA – WP2,6

	New Collaborating Partners that joined EUnetHTA in 2007: 1. AGENAS (ASSR), Italy (WP5, WP8) 2. National School of Public Health and Health Services Management, Romania (WP8) 3. NICE, UK (WP7) 4. CMTP, USA (WP7) 5. Ministry of Health, Serbia (WP8) **European/International Organisations:** 1. Council of Europe - Directorate General III - SOCIAL COHESION – WP6,8 2. European Observatory on Health Systems and Policies - WP7,8 3. EuroScan - European Information Network on New and Changing Health Technologies – WP2,7,8 4. G-I-N Executive - Guidelines International Network – WP2,4,6 5. HTAi - HTAi Secretariat – WP6,8 6. INAHTA - INAHTA Secretariat – WP2,6,8 7. OECD - Organisation for Economic Cooperation and Development – WP3,6,7 8. WHO - Health Evidence Network (HEN) – WP1,6,8
Project Contacts	• Ministry of Health, Czech Republic • Ministry of Health, Greece • Ministry of Health, Luxembourg • Ministry of Health, Malta

Deliverables

All deliverables were submitted to the Commission within the timeframe of the project.

Deliverable (number, title)	Nature	Access	Confidentiality level
D1 An organisational structure for a European network for HTA – including a supporting Secretariat a) project years 2006-2008 b) EUnetHTA Collaboration proposal (years 2009 -)	Other	a) described on the EUnetHTA website: **http://www.eunethta.eu/About_EUnetHTA/Organisation2/** b) document available for download - **http://www.eunethta.eu/upload/EUnetHTA Collaboration proposal/EUnetHTA Collaboration Proposal_Final_June2008.pdf**	Public
D2 An elaborate Communication Strategy of the network	Other	Internal document	Restricted
D3 An internal evaluation of the project	Report	document available for download - **http://www.eunethta.eu/upload/WP3/Internal_Evaluation_EUnetHTA_2006-08.pdf**	Public
D4 The framework for an external evaluation of EUnetHTA	Other	Internal document	Restricted

D5 A generic methodological HTA framework based on current best practices (HTA Core Model™) a) HTA Core Model™ for Diagnostic Technologies b) HTA Core Model™ for Medical and Surgical Interventions	Guide-lines	a) document available for download - **http://www.eunethta.eu/upload/WP4/Final Deliverables/HTA Core Model for Diagnostic Technologies 1 0r.pdf** b) document available for download - **http://www.eunethta.eu/upload/WP4/Final Deliverables/HTA Core Model for Medical and Surgical Interventions 1 0r.pdf**	Public
D6 Two pilot examples of Core HTAs for different types of questions a) Core HTA on Drug Eluting Stents b) Core HTA on MSCT Angiography	Report	a) document available for download - **http://www.eunethta.eu/upload/WP4/Final Deliverables/Core HTA on Drug Eluting Stents.pdf** b) document available for download - **http://www.eunethta.eu/upload/WP4/Final Deliverables/Core HTA on MSCT Angiography.pdf**	Public
D7 Handbook on Core HTA development	Guide-lines	Document available in electronic format (according to the Grant Agreement conditions): **https://fio.stakes.fi/htacore/handbook.html**	Public, electronic format
D8 HTA Adaptation toolkit – from existing HTAs into other contexts a) HTA Adaptation Toolkit b) Glossary of HTA Adaptation terms	Guide-lines	a) document available for download - **http://www.eunethta.eu/upload/WP5/EUnetHTA_HTA_Adaptation_Toolkit_October08.pdf** b) document available for download - **http://www.eunethta.eu/upload/WP5/Glossary of HTA Adaptation Terms November 2007.pdf**	Public
D9 Applicability testing of core information from existing HTA reports in various national environment using the toolkit a) applicability testing, round 1 b) applicability testing, round 2	Report	a) document available for download **http://www.eunethta.eu/upload/WP5/EUnetHTA HTA Adaptation Toolkit_Applicability testing round one response summary report December 07 update.pdf** b) document available available for download - **http://www.eunethta.eu/upload/WP5/Microsoft Word - AppTest2 Report June 2008 review July08.pdf**	Public
D10 A book containing a systematic overview of the HTA & health policy links “Health Technology assessment and Health Policy-making in Europe” (developed in collaboration with the European Observatory on Health Systems and Policies)	Report	document available for download **http://www.euro.who.int/Document/E91922.pdf**	Public

D11 An open EUnetHTA Stakeholder Forum to exchange views, expectations/feedback on HTA with stakeholders	Other - *website*	EUnetHTA Stakeholder Forum website - **http://www.eunethta.eu/Stakeholder_Forum/**	Public
D12 Web-based toolkit to facilitate European collaboration on evidence generation on promising health technologies	Data-base	document available for download **http://www.eunethta.eu/upload/Work Package 7/WP7A Deliverable Dec 2008 (adjusted).pdf**	Public
D13 A structured information information service on high volume, costly, rapidly developing, emerging technologies	Other – electro-nic news-letter	Document available for download - **http://www.eunethta.eu/Communication/Newsletter_WP7_2008/**	Public
D14 A clearinghouse functionality prototype	Other	document available for download - **http://www.eunethta.eu/upload/Work Package 2/EUnetHTA e-knowledge_1Deliverable14.pdf** Appendix 1 (to be viewed together with the report) - **http://www.eunethta.eu/upload/Work Package 2/V-Modell-XT-Complete-1 2 1-english.pdf**	Public
D15 A handbook on HTA capacity building and institutionalising HTA	Guide-lines	document available for download - **http://www.gencat.cat/salut/depsan/units/aatrm/pdf/eunethta_wp8_hb_hta_capacity_building.pdf**	Public
D16 Final report from the project	Report	Subitted to the Commission on March 28, 2009. Will be made publicly available after the review of the Commission	Public
D 17 EUnetHTA Conference “HTA’s Future in Europe”	Confe-rence	The conference was held on November 20, in Paris at Pasteur Institute (registered participants – 440). Proceedings from the conference are availabled for download on the conference website - **http://www.eunethta.eu/Home/EUnetHTA_Conference_HTAs_Future_in_Europe/**	Public

Introduction

The rationale for Health Technology Assessment

The overarching values of health systems in the European Union are universality, access to good quality care, equity and solidarity[i].These values imply that there should be efficient use of resources on effective care that provides the best possible service for all users of the health system.

An area of debate in all health systems relates to the introduction, use and disinvestment of health technologies that might be innovative, but also complex and costly. Hence there is a need to evaluate the effects and implications of using new technology compared with existing health technologies[ii] and also to compare the value of existing technologies, to ensure equitable, high quality healthcare and efficient use of all resources. Health Technology Assessment (HTA) provides an objective process that seeks to inform policy makers about the implications of using a health technology in a particular health system so that they can formulate national/regional health policies that seek to uphold these values.

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[iii]. In this context, health technology is a general term for any form of health intervention, ranging from methods for health promotion, to diagnostic processes and all forms of treatment.

The intention of HTA is to inform decision making related to the planning, delivery and monitoring of safe, effective and sustainable health services that have rapid uptake of effective health technologies and are patient focused. Indeed, at the Informal Health Council in 2007, it was stated that health care quality standards across the different health systems in the EU could be improved by HTA[iv] and in 2008 the WHO Tallinn Charter pointed out that HTA should be used to support more informed decision making.[v]

The proliferation of HTA

Health care policy is a national issue that takes account of the cultural, social, economic and systems context of a Member State and its regions. Likewise, the implications or value of a health technology must be considered in the context of a specific health system. This has led to establishment of HTA agencies that serve a country, region or hospital.

The first national agency for HTA in Europe was established in Sweden in 1987 to inform the Swedish government and county councils about the value of health technologies[vi]. Since then the number of national and regional HTA agencies mandated to support healthcare decision making has grown steadily, especially in Western Europe. In the 2000s, national agencies were established in Austria, Belgium and Poland. By early 2008, the International Network of Agencies for HTA had 46 members worldwide, including 31 European countries[vii]. Despite this increase in HTA activity, some Member States (e.g. Estonia, Malta, Luxembourg, Portugal, Slovakia, Slovenia) do not presently have the national expertise or capacity to form an HTA agency.

The organisation of HTA related activities in European countries varies widely, reflecting the form of their health system, their funding, type and scope of assessment, responsibilities in addition to HTA and relationship to decision making[v]. However, there are some aspects of the HTA process that draw on the same evidence (e.g. evidence to determine clinical effectiveness comes from scientific publications indexed in international databases)[viii], but there is often duplication of effort to collect such evidence and surprisingly few joint projects to share assessment tasks.

European collaboration on HTA

The European Commission has funded three major projects over 1994 – 2002 that sought to support collaboration on HTA methods and working: EUR-ASSESS[ix,] HTA-Europe[x] and ECHTA/ECAHI[xi.] The later projects stressed the need for a permanent structure to support HTA coordination in Europe to avoid duplication, maximise scarce resources, strengthen HTA in Member States and ultimately contribute to the better health of all European citizens. It was proposed that the structure to support HTA coordination should include all Members States via a Steering Committee, with an administrative group to support the activities of the network, mechanisms to involve relevant European expertise and funding support[vi].

In 2003, the European Parliament and the European Council adopted a programme of Community action in the field of public health (2003-2008)[1] that outlined the need for knowledge sharing in relation to health policies and specifically to:

- develop and maintain networks for the exchange of information on best practice in public health and the effectiveness of health policies;
- support and promote activities related to good practice and sound guidelines for public health, based on scientific data;

and

- improve the analysis and knowledge of the impact of health policy;

[1] 2002, Article 3.2d and Annex of Decision No 1786/2002/EC

- develop criteria and methodologies for assessing policies and their impact on health;
- review, analyse and support the exchange of experiences on health technologies.

In 2004, the European Council concluded that the exchange of expertise and information through HTA may be enhanced through systematic EU-wide cooperation, in order to assist the Members States to plan, deliver and monitor health services effectively, based on the best available scientific evidence on the medical, social and economic implications of health technology[xii].

Following a recommendation by the High Level Group on Health Services and Medical Care (consisting of government representatives of EU Member States) and a call for proposals in the work programme of the European Commission Health and Consumer Protection Directorate General (DG SANCO), this three-year project called the European network for HTA (EUnetHTA) was developed by partners and supported by the European Commission. Its purpose was to create an effective and sustainable European network for HTA that would create common information frameworks for HTAs and promote the use of HTA in health care policy making in Member States. Its vision was that through sharing of work and avoidance of duplication, partners could increase high quality HTA output to inform national/regional policy making. This was set in the context of subsidiarity, recognising the responsibility of Member States for healthcare issues. Thus it was never intended to create common HTA conclusions on single technologies across Europe, but to promote effective collaboration to allow the best decisions to be made efficiently in the national context.

The EUnetHTA Project took account of the previous European collaborative work on HTA and established an organisation that sought inclusion of all Member States, with wide involvement of experts, involving 64 partners (50 from European Countries, 5 from Australia, Canada, Israel and USA and 9 international organisations) in eight Work Packages (WP1-WP8). Three-year work programme was developed and supported by a well-organised management function. On this firm basis, the EUnetHTA Project quickly established an open network supported by state-of-the-art communication tools to promote exchange of information and development of tools to assist the coordinated provision of HTA information.

EUnetHTA aims and objectives

The EUnetHTA Project was established to create an effective and sustainable network for HTA across Europe that could develop and implement practical tools to provide reliable, timely, transparent and transferable information to contribute to HTAs in Members States. The overall strategic objective of the network was to connect public national/regional HTA agencies, research institutions and health ministries, enabling an effective exchange of information and support to policy decisions by the Member States. The objectives were developed in 2005 and were adjusted reflecting the experience, needs and outcomes from the work performed in the project and changing healthcare systems policy environment.

The strategic objectives of the EUnetHTA Project were to:

- reduce overlap and duplication of effort and hence promote more effective use of resources;
- increase HTA input to decision-making in Member States and the EU and hence to increase the impact of HTA;
- strengthen the link between HTA and health care policy making in the EU and its Member States; and
- support countries with limited experience with HTA.

Specific objectives were defined to facilitate rapid, productive collaboration that would lead to the development of a range of practical tools to deliver the strategic objectives. Work Packages were aligned with specific objectives and each was expected to produce substantial deliverables, as shown in Table 1. In addition, milestones were set over the three-year project period for each Work Package, taking account of interdependencies across Work Packages.

Table 1: Objectives and planned deliverables for each Work Package

Specific Objectives	Key Deliverables	Work Package
To establish the organisational and structural framework for the network with a supporting secretariat	• The EUnetHTA organisational structure including a supporting Secretariat • Final report from the project • EUnetHTA conference presenting the project results	1 Coordination
To effectively disseminate and handle HTA results, information sharing and coordination of HTA activities through the development and implementation of elaborate communication strategies and description of Clearinghouse functionality	• Communication strategy • A clearinghouse functionality - detailed identification of the clearinghouse needs of different target groups and consecutive structure development to be ready for practical application after 3 years • EUnetHTA conference presenting the project results	2 Communications
	• Internal evaluation of the project • Framework for external evaluation	3 Evaluation

To produce generic Core Models for HTAs on two essential categories of health technology questions: interventions and treatment, as well as Core HTAs on selected topics for each category	• Core HTA structure/model • 2 pilot examples of Core HTAs for different types of questions (e.g. diagnosis and treatment) • A handbook on Core HTA.	4 HTA Core Model
To develop and implement generic tools for adapting assessments made for one country to new contexts	• A toolkit for adapting Core HTA results from existing HTAs into other contexts including a HTA Glossary of adaptation • Applicability testing of core information from 2 existing HTA reports in various national environments using the toolkit	5 HTA Adaptation Toolkit
To develop and implement effective tools to transfer HTA results into applicable health policy advice in the Member States and EU – including systems for identification and prioritisation of topics for HTAs and assessment of impact of HTA advice	• EUnetHTA Open Forum for stakeholders to exchange views and expectations/feedback on HTA • A book containing a systematic overview of the HTA & healthcare policy links in selected Member States & EU representing different health systems, remuneration systems, etc	6 Transferability of HTA to health policy
To structure prioritisation for HTA and provide health care decision makers with policy relevant information on new and emerging technologies	• A prototype of a structured information service on high volume, costly, rapidly developing, emerging technologies	7 Monitoring development of emerging and new technologies and prioritisation of HTA
To provide tools to monitor the development of health technologies and to share data and results of this monitoring	• A set of monitoring tools for emerging/new technologies	7 Monitoring development of emerging and new technologies and prioritisation of HTA
To establish a support system for countries without institutionalised HTA activity	• Handbook on HTA organisations. The handbook will compile the results and information extracted from the review and the survey of HTA organisations	8 System to support HTA in Member States with limited institutionalisation of HTA

Structure and methods; partners and countries involved

The EUnetHTA Project was funded for three years from 2006 to 2008. A contract was agreed with the Main Partner, the National Board of Health of Denmark (Danish Centre for HTA) and 33 Associated Partners who all co-funded the Project. A further 30 Collaborating Partners ensured that the Project involved additional regional and national HTA agencies, research institutions and relevant international organisations (the involvement of these organisations grew from 24 at the start of the project). In addition, Ministries of Health in Member States that did not have any involvement in the Project were kept informed of progress.

The EUnetHTA Project was a complex undertaking involving the multi-disciplinary staff of 64 organisations in 33 countries across the world (See *Appendix 1* for the list of countries and partners involved in the EUnetHTA project and their WP affiliation). The individual Work Package reports will include the lists of the individuals that were involved in the WP work from each of the participating organisations[2]. The objectives of the Project were challenging and required a high level of commitment from the Lead and Associated Partners. Each Work Package had a Lead Partner who was responsible for coordination of activities in that Work Package and timely production of all deliverables according to an agreed contract. Two Work Packages (WP2 and WP7) had two distinct streams of work and so each had a Co-Lead Partner.

A variety of scientific approaches were used in the Work Packages including literature searches, survey questionnaires, Delphi surveys, pilot and applicability testing of tools, structured reviews of drafts, and many meetings and other forms of collaboration to build consensus. The methods used are described in detail in each Work Package report.

To ensure the achievement of objectives and consistence and high quality of work, clear delegation of management and coordination responsibilities was needed to ensure the adequate involvement and performance of each contributing organisation. This was achieved through the functioning of the Main Partner as the Secretariat and by the establishment

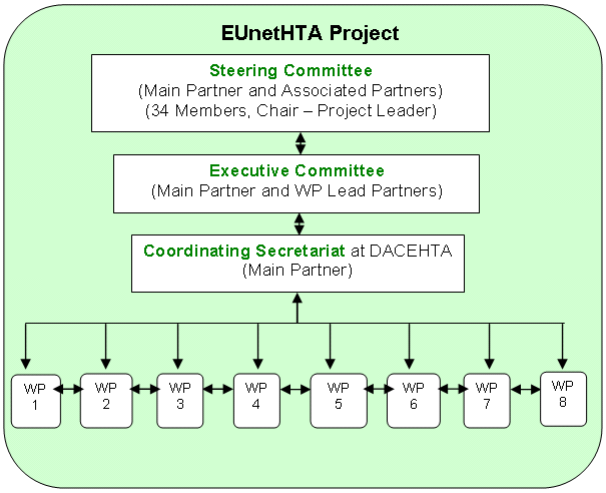
[2] The full Technical Report of the EUnetHTA Project was submitted to the Commission on March 27 and will be made available after the completion of the Commission's review.

of an Executive Committee including the Main and Work Package Lead Partners to ensure operational delivery of the project. A Steering Committee was formed and included one representative from each Associated Partner organisation. The Steering Committee was chaired by the Director of the Main Partner (Project Leader). Figure 1 shows the organisational structure of the Project. The Standard Operating Procedures (SOP) Manual was developed in the first months of the project, endorsed by the Steering Committee in May 2006, and was guiding the governance and management of the project throughout 3 years.

To ensure the responsiveness of the EUnetHTA Project to the needs of the Member States and the EU, regular updates on the progress of the Project were given to DG SANCO and the High Level Group on Health Services and Medical Care. Additionally, the Secretariat regularly monitored and informed the Executive Committee and all EUnetHTA Partners about healthcare policy developments at the EU level. Partners were also encouraged by the Executive Committee to make contact with their Ministry of Health to discuss the work of the EUnetHTA Project and gain support for ongoing work nationally. Moreover, EUnetHTA Partners presented the Project in many European, international and national meetings. (See Appendix 2 for the details on the project internal and external meetings).

Key stakeholders, who are not directly involved in the EUnetHTA Project but have an interest in its work, are policy makers, patients, healthcare professionals and health technology manufacturers. Organisations representing these groups were identified and worked with in a variety of ways during the Project. Furthermore, from the outset of the Project, anyone could access information on the public website (**www.eunethta.net**), subscribe to regular updates and provide comments on the proposal for future collaboration on HTA in Europe and participate in the validation/commenting process for some of the project deliverables (eg, HTA Core Model, piloted Core HTAs, Adaptation Toolkit, Handbook on the institualisation of HTA).

Figure 1. EUnetHTA Project Organisational Structure



Results of the project

Overview

Earlier EC funded HTA projects provided good methodological guidance on HTA. The EUnetHTA Project progressed this work by placing emphasis on developing practical tools, systems and structures that would allow application of the good methodological guidance on HTA in a transnational HTA collaboration. The purpose of its work was to avoid duplication and ensure better use of resources available for HTA work, and enhance effective uptake of evidence-based input to health policy and planning. Therefore the EUnetHTA Project aimed to create tools and systems (concrete outputs) to facilitate sharing of information and coordination of HTA activities.
All planned deliverables were presented by the end of the Project, as shown in the Technical Fact Sheet of this report. Additional outputs were also created, as shown by the **emboldened** entries in Table 2 and those in *italics* were altered after initial work.

Table 2: Objectives and planned deliverables for each Work Package

Work Package	Planned Key Deliverables	Actual Key Deliverables
1 Coordination	• The EUnetHTA organisational structure including a supporting Secretariat • Final report from the project • EUnetHTA conference presenting the project results	• The EUnetHTA organisational structure including a supporting Secretariat • Interim and final technical reports • EUnetHTA conference presenting the project results • **Development of proposal for future HTA collaboration in Europe from 2009 onwards** • **Sharing of information about assessments of two specific health technologies (HPV, age-related macular degeneration)**
2 Communications	• Communication strategy • A clearinghouse functionality - detailed identification of the clearinghouse needs of different target groups and consecutive structure development to be ready for practical application after 3 years • EUnetHTA conference presenting the project results	• Communication strategy • A clearinghouse functionality - detailed identification of the clearinghouse needs of different target groups and consecutive structure development to be ready for practical application after 3 years • EUnetHTA conference presenting the project results • **Website/Information platform** • ***Working prototype of the 'HTA Information System' to enable networking and a platform for EUnetHTA tools***
3 Evaluation	• Internal evaluation of the project • Framework for external evaluation	• Internal evaluation of the project • Framework for external evaluation
4 HTA Core Model	• Core HTA structure/model • 2 pilot examples of Core HTAs for different types of questions (e.g. diagnosis and treatment) • A handbook on Core HTA	• HTA Core Model • Pilot examples of HTA core information for medical/surgical interventions and diagnostic technologies • A handbook on HTA Core Model
5 HTA Adaptation Toolkit	• A toolkit for adapting Core HTA results from existing HTAs into other contexts o including an HTA Glossary of adaptation • Applicability testing of core information from 2 existing HTA reports in various national environments using the toolkit	• A toolkit for adapting core HTA results from existing HTAs into other contexts published on web o An HTA Glossary of adaptation terms • Applicability testing on the basis of existing HTA reports in various national environments using the toolkit

6 Transferability of HTA to health policy	• EUnetHTA Open Forum for stakeholders to exchange views and expectations/feedback on HTA • A book containing a systematic overview of the HTA & healthcare policy links in selected Member States & EU representing different health systems, remuneration systems, etc	• EUnetHTA Open Forum for stakeholders to exchange views and expectations/feedback on HTA • A book containing a systematic overview of the HTA & healthcare policy links in selected Member States & EU representing different health systems, remuneration systems, etc – "HTA and health policy making in Europe: current status, challenges and potential" • **A meeting with stakeholders and discussion/topic catalogue** • **A strategy proposal for stakeholder involvement in the future**
7 Monitoring development of emerging and new technologies and prioritisation of HTA	• A prototype of a structured information service on high volume, costly, rapidly developing, emerging technologies	• A newsletter providing structured information about high impact emerging/new technologies
	• A set of monitoring tools for emerging/new technologies	• A web-based toolkit to facilitate European collaboration on evidence generation on promising health technologies
8 System to support HTA in Member States with limited institutionalisation of HTA	• Handbook on HTA capacity building for Members States with limited institutionalisation of HTA	• Handbook on HTA capacity building for Members States with limited institutionalisation of HTA, based on a survey of HTA organisations • **Information management in HTA Organisations - Survey Report** • **HTA Organisations report** • **HTA curricula worldwide**

It is evident from Table 2 that the EUnetHTA Project achieved its specific objectives, with some additional achievements. However, it was not just production of the deliverable, but the quality and usability of the output that was paramount in this Project which intended to deliver *practical tools* as well as "real-time" transnational collaboration made possible by the processes and facilities developed through the project . Hence the following sections outline the rigorous methodologies used to determine users needs, gather best practice, pilot tools, refine and quality assure these deliverables. Tools to facilitate sharing of information will be addressed first, then systems to support the sharing of HTA knowledge across Europe will be presented.

Tools to facilitate sharing of information

The scope and process of an HTA is heavily dependent on the context of the Member State. HTA reports on the same technology and key policy question can often vary markedly among countries. Hence some form of harmonisation and standardisation of the structure of HTA reports and underlying assessment methods would be helpful. This would enable production of HTA reports to a certain standard and facilitate extraction of information that may be relevant to another Member State or another project.

For medicines, clinical trials methodology to support marketing authorisations has been standardised for over a decade[xiii]. Guidance is available on the design, conduct, analysis and reporting of trials and evidence summaries. This was approved by industry groups and regulatory agencies in Europe, Japan and the USA and as regulators act as 'enforcers' of the guidance it has real impact. This has provided transparency of approach, clarification of the required methodology and enabled readers to use reports more efficiently. For HTA, INAHTA developed a checklist for the content of HTA reports[xiv]. This is helpful, but the checklist is not sufficiently detailed to create a generic framework suitable for all HTA reports and there is no mandate for implementation.

The EUnetHTA Project aimed to build on all previous work that sought to improve approaches to HTA by the development of practical tools for information sharing. The key elements of this were the HTA Core Model, the HTA Adaptation Toolkit and the system for monitoring new and promising health technologies.

HTA Core Model

The HTA Core Model should define a clear structure for HTA information and provide guidance on the content, i.e. the elements to go in the structure. Standardisation of the individual elements in an HTA report in this way should not only facilitate transparency, improved quality and comprehensiveness in the development of reports, but it should allow the individual elements of information to be extracted from the report.

As the assessment of different types of health technologies can vary, it was recognised that different forms of the core model might be needed. So the EUnetHTA Project developed two applications of the HTA Core Model for the most commonly assessed health technologies, namely medical/surgical interventions and diagnostic technologies.

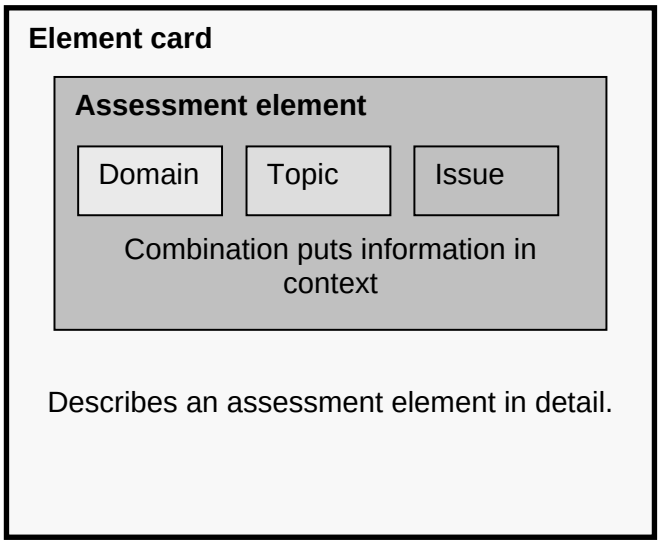
The HTA Core Model was developed on the basis of the multidisciplinary approach recommended in previous European projects and using the 'domains' first defined in the EUR-ASSESS project:

- health problem and current use of technology;
- description and technical characteristics of the technology;
- safety;
- effectiveness;
- costs/economic evaluation;
- ethical analysis;
- organisational aspects
- social aspects; and
- legal aspects.

Within each domain 'topics' are defined, with associated 'issues' which in turn should be translated to actual research questions. For example, the domain of clinical effectiveness may address the topic of mortality by one or more questions such as 'What is the effect of the technology on mortality?'. The basic unit of the model is the 'assessment element', which is an issue in a specific topic in a specific domain. (Note there may be similar issues in other domains, e.g. mortality may be assessed in safety, so it is all three levels that define the specific element.)

Each assessment element has an 'element card' that contains the detail about the hierarchical structure of the element and an explanation of its content. This is depicted in Figure 2.

Figure 2. HTA Core Model – Element card



As an example, the final HTA Core Model for medical/surgical interventions currently contains three to eight topics within each domain and six to 29 issues, which is a total of 133 assessment elements. For the diagnostic model, there are three to nine topics in each domain, with six to 31 issues, totalling 153 assessment elements. So on average, in each model, each topic is associated with three issues.

The importance (critical, important, optional) and transferability of assessment elements determines their status in the Core HTA, as shown in Table 3.

Table 3. Core elements

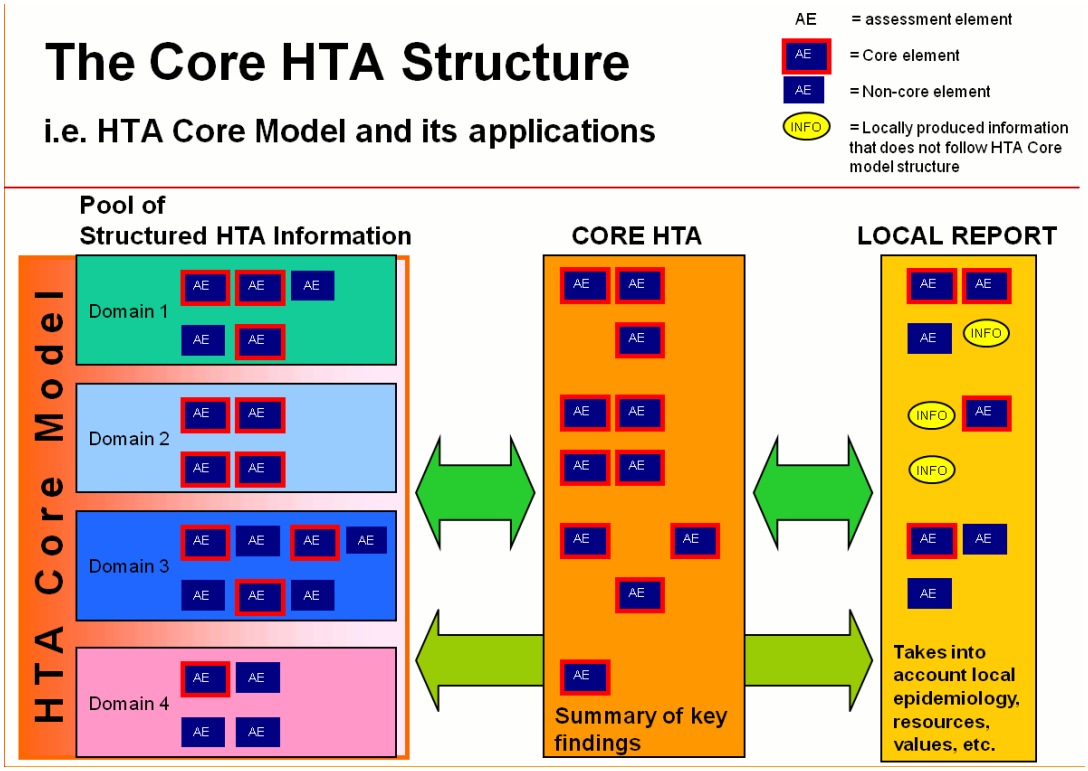
CORE MATRIX	Importance

		Optional	*Important*	*Critical*
Transferability	*Complete*	Not core	Core	Core
	Partially	Not core	Core	Core
	Not	Not core	Not core	Core

In practice, core elements can be used to

- take an existing Core HTA and use it as the basis for a local report that considers also local circumstances, epidemiology, resources, values etc to determine recommendations about the use of the technology; or
- HTA producers can utilize the HTA Core Model to freely select elements that are relevant to their context (perhaps limiting the number of domains that are considered) and add local information to the Core HTA, including some non-core assessment elements (See Figure 3); or
- enable distributed production of HTA reports (joint working among institutions) by use of the standard structure.

Figure 3



The HTA Core Model was tested by producing two Core HTAs: one on drug eluting stents vs bare metal stents and one on multi-slice computed tomography for coronary angiography (CT). This work was purely for testing purposes, it was not to create HTA reports for decision-making. These used the distributed production approach, with over 30 investigators from 10 or more countries involved in each HTA led by the WP Lead Partner.

In addition, structured validation of the models was performed twice by Work Package members to obtain detailed feedback on the assessment elements. After the first validation exercise substantial changes were made to the safety, organisational and social domains. After the second validation exercise almost all respondents agreed or strongly agreed with the domain descriptions, methodology chapters, topics, issues and their coverage. There were a few disagreements that were resolved with clarification of terminology, removal of redundant issues and a few additions of essential issues. In this validation exercise, more than 80% of respondents agreed or strongly agreed for seven of the eight questions related to the feasibility of the HTA Core Model. The agreement was less strong for conducting Core HTAs, but still greater than 50%.

This HTA Core Model needs further development to ensure it is optimal for everyday use in HTA. In particular, the different granularity of the model in each domain varies, the terminology and definitions require further harmonisation and

there is overlap of domains. The next step is to empirically test the HTA Core Model by applying it to several new HTA topics and using that experience to refine the model.

HTA Adaptation Toolkit

The HTA Adaptation Toolkit sought to facilitate better use of existing HTA reports by developing a toolkit to use parts of HTA reports that could be adapted to inform policy in other countries or contexts. This should reduce the time and costs associated with developing an HTA report and thus free HTA capacity to do more HTAs.

HTA reports can be adapted in a number of ways:

- using the existing report as background;
- building on the original search strategy;
- extracting relevant information; and
- adopting without major changes (with translation if necessary).

Only a very small number are simply adopted. Most will require adaptation of both information and data to take account of local needs, requiring the systematic evaluation and extraction of relevant data and information from an existing report.

In a survey of HTA agencies/networks, the majority of respondents felt that work in the following domains would be more applicable and adaptable across different countries and settings:

- technology use;
- safety;
- effectiveness;
- economic evaluation; and
- organisational aspects.

Consequently these domains were taken forward into the HTA Adaptation Toolkit.

The HTA Adaptation Toolkit is a series of checklists providing a systematic method to determine the policy relevance, and the reliability and transferability of data and information, in an existing report to a new context. It will help the user to determine whether the existing report (or part of it) addresses similar issues, is of sufficient quality and is applicable to the new context.

The HTA Adaptation Toolkit has two sections:

- speedy sifting – a screening tool to enable rapid sifting of existing HTA reports to assess their possibility for adaptation; and
- main toolkit – more comprehensive tool with questions on reliability and transferability.

The Toolkit went through two rounds of quality assurance/applicability testing: firstly to test each of the five domains and the speedy sifting section, then to test the Toolkit in its entirety. This led to changes that were incorporated into the final version.

As part of the HTA Adaptation Toolkit, but also as a standalone deliverable, a glossary was created of HTA terms and concepts relating to adaptation. The glossary does not provide one explanation for each term, but collates the meanings of terms from different HTA organisations and so contains 100 descriptions of 42 terms. It provides a resource for identifying issues related to different uses and meaning of various HTA terms that should be considered when adapting a report from one setting to another.

The HTA Adaptation Toolkit (including glossary) are currently available on the web in pdf form. An interactive version is planned for late 2009. Further testing, review and improvement are required, as is closer integration with the HTA Core Model.

Sharing information on emerging/new technologies and prioritisation of HTA

A growing number of agencies are investing in early identification, prioritisation and assessment of emerging and new technologies in the form of ‘horizon scanning’, ‘alerting’ or ‘early warning systems’. This proliferation of work led to a call for collaboration to share information and methodologies. As a result, in 1998, the International Information Network on New and Emerging Health Technologies (EuroScan) was founded as a collaborative network of agencies for the exchange of information on important emerging new drugs, devices, procedures, programmes, and settings in health care.

The long-term aim of EuroScan is to establish a permanent network among agencies and organisations involved in early awareness and alert activities to:

- evaluate and exchange information on new and emerging health technologies;
- develop the sources of information used;
- share applied methods for early assessment; and
- disseminate information on early identification and assessment activities.

For the EUnetHTA Project to add value to horizon scanning it was agreed to develop and test a newsletter on new and emerging health technologies that would be distributed to policy makers across Europe. Since this newsletter could potentially impact national agenda setting for discussion of emerging and new technologies throughout Europe, the underlying processes of its production needed to be transparent and reproducible.

To identify potentially interesting technologies that might be suitable for the newsletter, entries that had been added to the EuroScan database in the past six months were listed. Pharmaceuticals within 6 months of authorisation or other technologies already diffused by more than 10% in the EU were removed from the list. Structured information on each of the remaining technologies was then provided to a prioritisation panel of experts from six EU countries. This process resulted in 104 technologies for consideration in a pilot issue of the newsletter and 73 for the first issue. Significance criteria and a scoring scheme were developed with the prioritisation panel based on a system created by EuroScan and taking account of the anticipated impact of the technology. The average scores were then used to prioritise which technologies should be reported in the newsletter.

The newsletter articles were written in a standard format of one page, providing information on the technology, burden of disease, existing technologies, evidence base, potential impact and references. A pilot issue was sent to policy makers for review in spring 2007. Most felt that the newsletter was relevant (75%) and easy to understand (90%), but only 53% felt that the articles focused on substantial issues. Several wanted more information on clinical and cost effectiveness and did not understand that such information was not available at this early stage. A substantive issue was raised about the timeliness of the reporting as some technologies had already been introduced into healthcare systems. However, this had been partly caused by the use of experts across the EU to score and prioritise topics, which proved time consuming.

The first issue of ‘On the Horizon’, a newsletter produced by EUnetHTA in collaboration with EuroScan and the National Horizon Scanning Centre in England, was published in 2008 (www.eunethta.net/Communication/Newsletter_WP7_2008). It presented articles on technologies ranging from buccal insulin for diabetes to nicotine vaccines for smoking cessation.

This work showed the importance of sharing information on new and emerging technologies, but that collaboration needs to be developed to satisfy the needs of the intended audiences. In future, this might be better achieved by an electronic information service. Alternatively (as suggested by EuroScan) a database could be developed with a core set of early awareness information on technologies that would allow Member States to develop their own early warning assessments.

Facilitating evidence generation for promising health technologies

Decision makers face increasing pressure to adopt new health technologies as soon as they are available to the healthcare system, to ensure rapid access to innovative treatments. However, at this stage there can still be uncertainty about the real-life benefits, risks and value of the technology in the specific healthcare setting. (Here, uncertainty may relate to wide statistical variation in an estimate of effect or value judgements about the application of controlled trials to a different context). So early decisions to adopt technologies into routine care may prove medically or financially inappropriate, but delaying access could withhold potential benefits. To reduce the risk of inappropriate decisions, high quality, timely assessments with monitoring procedures may be helpful to gather additional evidence on the value of promising technologies that are expected to have a major impact on health care.

The EUnetHTA Project has defined ‘Access with Evidence Generation’ as a policy mechanism allowing patients access to a promising health technology whilst a critical mass of evidence is generated quickly to inform a subsequent, more robust assessment (with less uncertainty). A survey has shown that such mechanisms have been used for many years in medicines regulation in Europe, particularly in the form of conditional licensing. More recently, HTA has been used to support the reimbursement/coverage of promising technologies with the collection of specific evidence to reduce areas of uncertainty about the use of the technology in a standard clinical setting. This is often called ‘conditional reimbursement’ or ‘coverage with evidence development’[I].

Several countries are developing such Access with Evidence Generation activities but information on these is not easily accessible. This is a major limitation in this new field of activity where there could be major advantages in sharing experiences. Also the collection of additional data takes time and resources and if information is not shared there could be duplication of activities, either for new clinical studies or in the establishment of systematic data collection, such as registries of prospective datasets. So there is a requirement to share information about planned, ongoing or completed systematic data collection and encourage the funding of prospective studies (including pragmatic trials) to generate new evidence.

To facilitate this sharing of information about decisions relating to Access with Evidence Generation, a web-based toolkit has been created that consists of structured questionnaires and a database for obtaining and storing information. This can be used by HTA organisations to enquire about ongoing work or to share existing work. It provides information about the level of diffusion of the technology in different healthcare systems, the status of any HTA, monitoring actions including protocols and results and use of new evidence for a final reimbursement/coverage decision.

The next step in this collaborative enterprise is to develop tools that facilitate joint working to generate evidence. This may be achieved by agreeing common criteria for data collection and then collecting data simultaneously or collaboratively across several countries.

Sharing HTA knowledge across Europe

The EUnetHTA Project has published two important books that can serve as resources for supporting the development of HTA across Europe.

HTA and health policy making in Europe[vi] includes systematic reviews and commentaries from a range of perspectives about the relationship between HTA and healthcare policy making. Its aim is to demonstrate how HTA is used in policy making and improve the responsiveness of HTA so that it can effectively inform policy. The book includes chapters that review policy making; the use of knowledge; HTA; health systems, health policy and the link to HTA; the impact of HTA; the needs of policy makers and future challenges for HTA in Europe. It discusses factors that might enhance or hinder the contribution of HTA to policy making, summarises strategies to improve HTA utilization, identifies how HTA agencies in Europe could collaborate to tackle issues and how such efforts might be integrated into quality improvement in health systems.

The *Handbook on HTA capacity building* was based on the results of two surveys of HTA organisations and a consensus workshop discussing the scope, structure, work processes and visibility of HTA organisations. The handbook provides guidance to those establishing a national HTA organisation in a country with limited HTA capacity and is also helpful to other countries where HTA is more developed. The book contains practical advice about the aspects that should be considered when establishing an HTA agency including:

- moving from sporadic HTA to a formal HTA programme;
- aims and scope of an HTA programme;
- organisational and legal framework;
- structure – including human resources and facilities;
- HTA process; and
- dissemination of HTA products.

It includes advice on issues ranging from identification of suitable professionals and training opportunities to securing financial support and promoting interaction with decision makers.
Additionally a survey on the information management in the HTA organsiations and the HTA curricula compilation has been produced.

Involving Stakeholders

Another important aspect of building the knowledge base about HTA collaboration across Europe was the engagement of stakeholders. The EUnetHTA Project Steering Committee developed a definition of stakeholders that focussed on organisations and outlined the role of stakeholders, as follows:

> *Stakeholders are groups or organisations which potentially will be affected by, or have an interest in, and may, in a consultative role, influence the actions or aims of an organisation, project or policy direction.*

As the EUnetHTA Project addressed collaboration in Europe, focus was placed on European umbrella organisations to ensure that there was no interference with national stakeholder processes.

On this basis, the EUnetHTA Project created a Stakeholder Open Forum to share information and gain feedback from stakeholders. It used a web-based discussion facility and a face-to-face meeting to discuss plans for future HTA collaboration across Europe. At this meeting it presented a draft stakeholder policy. The participants agreed that this policy should be forwarded to those responsible for taking forward collaboration in EUnetHTA in the future along with notes from the meeting and a discussion topic catalogue, which reflected the issues that stakeholders found unclear or problematic.

Communication and information system

The work of the EUnetHTA Project was supported by a state-of-the-are communication system, which included web-based tools such as an e-meeting[3] facility to support communication between the large numbers of members in each Work Package, who were spread widely across Europe – on average 75 e-meetings were held annually allowing efficient use of resources and reduction of the carbon footprint of the project's activties. A well structured extranet site, with separate areas for each Work Package, allowed members to interact with their own team and see the progress of other work. This created a social network that was a key enabler to the delivery of the outputs. The website had high specification tools including a calendar, group mail, discussion forums, voting functions and form templates. All these helped build the efficiency and capacity of the network.

One deliverable in relation to the EUnetHTA communication and information system was a prototype for a clearinghouse facility, which aimed to provide a single point of access to HTA related information, HTA reports, publication databases and web-based versions of the EUnetHTA tools. A detailed prototype report was published at the start of year 3 of the project, based on innovative information systems technology theories. It underwent review by the Lead Partner organisations and a gradual evolution of current communication tools was developed by the end of the EUnetHTA Project. The resulting HTA Information System platform to be further developed and implemented in practice includes the

[3] Details of the technology used are descried in the EUnetHTA Project 1st Interim Technical report.

EUnetHTA web site, integration of tools developed in WPs, integration of information developed in WPs, a database for proposed, planned and ongoing projects, a contact database of individual members, experts, organisations and groups, communication tools, and personalisation of the website for the individual user. This will be developed further in 2009 as part of the activities of the EUnetHTA Collaboration.

Internal evaluation

Internal evaluations of the project were performed annually to determine how well this large network was working and identify and assist with any difficulties that needed resolution. The evaluations used a variety of qualitative research methods, including individual interviews with Work Package Leaders, surveys of Work Package participants, Secretariat, Steering Committee, Stakeholder Forum and extraction of information from minutes, plans etc. The evaluations concluded that all deliverables were produced in a timely manner, some with delay according to the initial work plan, and effective collaboration between Work Packages was established, but this was time consuming. The large number of participants involved in each Work Package, along with a heavy workload for individuals was challenging and it was noted that sustained participation frequently came from a subset of the whole group. A range of communication methods were used with varying degrees of success and language itself was a challenge. However, the benefits of collaborative working were highly valued, in terms of international experience, knowledge exchange and development of tools.

One organisation left the Project and four joined, resulting in a total of 64 organisations participating at the end. This shows significant commitment of partners and in many cases partners committed additional resources to ensure that outputs were delivered to a high quality and on time. Participants' attitudes towards the new emerging practices improved over the Project period and there was a perception of added value for individual organisations.

Discussion and recommendations

The EUnetHTA Project

The work of the EUnetHTA Project has involved two clear strands

- delivering tools and information to support HTA in Europe; and
- developing a well-functioning network of national HTA organisations that can share information and undertake joint work.

It has sought to create practical tools and systems that support the development of HTA information to:

- monitor emerging technologies and facilitate new evidence generation;
- enable identification and summarisation of all aspects that impact on the use of a health technology by way of the HTA Core Model; and
- adapt HTA information from one context to another using the HTA Adaptation Toolkit.

It has also provided reference information to support training and development of new and existing HTA organisations.

As presented in Table 2, each Work Package delivered a range of practical tools to improve the quality and timeliness of HTA across Europe. These tools provide high quality information and methodological frameworks for HTA that facilitate sharing of information in and across national or regional systems when health technologies are assessed for new or continued use in health care systems. However, as identified in the internal evaluation, members agree that it will be essential to test all the tools in real life settings, ie for use in everyday HTA work.

A challenge for this Project was that work needed to be undertaken in parallel streams to develop the tools and information systems. Most work was at draft stage in year 2 and finalised at the end of year 3. So given the highly innovative, evolving nature and time consuming work that was required, it was a challenge to have detailed collaboration among sub-projects. This was facilitated by monthly Executive Committee e-meetings, but it was impossible to ensure all details of ongoing work and the terminology being used was consistent across work packages. Hence an important part of the future work will be to consolidate consistency of terminology and structure across tools.

The internal audit found that the dedication and drive of the Project Leadership and Secretariat were instrumental in helping the EUnetHTA Project achieve its objectives; not just the deliverables, but also the well-functioning network. As a result, EUnetHTA members have noted many elements of added value from their collaboration in the Project, including[xvi]

- advancing methodological developments in the practical application of HTA;
- discussion about the content of HTA;
- providing an arena for increased international collaboration between agencies, institutions, and individuals working with HTA;
- increased international visibility and credibility through participation in the EUnetHTA;
- challenge to thinking about current working processes;
- improved understanding of the role of HTA in relation to other processes in healthcare policy making;
- better connected to HTA colleagues in Europe;
- better informed about HTA processes in Europe; and
- increased attention to stakeholder involvement.

At the EUnetHTA conference in 2008, stakeholders were given the opportunity to comment specifically on the added value of EUnetHTA. An industry representative focused on the value of the HTA Core Model to support collaboration about the required elements of HTA, which will increase the efficiency and quality of the process. Whilst the Director General of the Ministry of Health in Slovenia emphasized the importance of an EU network to build on the work of other countries that have more experience and a colleague of his noted the value of 'gathered expertise' and advice[4].

At the end of the Project all Work Packages made recommendations for future work, as summarised in Table 4. Detailed recommendations from each Work Package are presented in the individual Work Package reports later in this document.

Table 4. Working table of recommendations (abridged; see individual WP reports for full recommendation lists)

WP	Key recommendations
1	Build on the effective collaboration established in the EUnetHTA Project to create a permanent, sustainable collaboration for HTA in Europe with robust governance and a practical orientation to good communication, collaborative networks and practical functions.
2	The HTA Information System needs to be continuously developed: web-based tools need to be implemented and members need to be motivated to use tools.
3	The findings of the EUnetHTA Project internal evaluation need to be taken into account when setting up future HTA collaborations.
4	Overlaps in the domains of the HTA Core Model need to be reviewed. Further applications of the model (e.g. for screening, systems that support care, etc) should be considered. An online version of HTA Core Model should be created. HTA organisations should be encouraged to test and apply the HTA Core Model in their work and feedback experiences. The HTA Core Model should be used in education and training.
5	An interactive web-based version of the HTA Adaptation Toolkit should be developed to encourage use of the Toolkit and take suggestions for new terms in the glossary. The Toolkit should be extended to facilitate adaptation of HTA reports on diagnostic screening and screening. The Toolkit should be integrated more closely with other EUnetHTA Project outputs, such as the HTA Core Model.
6	In future collaborations on HTA, efforts should be made to obtain balanced stakeholder representation in a process that will promote legitimacy and which all targeted stakeholders find fair and transparent. The outputs from the EUnetHTA Project (a draft stakeholder policy and associated discussion topic catalogue) should be used as a foundation for continued dialogue and involvement with stakeholders. The links between HTA and policy need to be continually developed, with more focus on regulatory and policy measures (i.e. HTA's relation to management/organisation of health systems). Where evidence is lacking, more primary research needs to be done, especially for context-dependent issues.
7	Methods for disseminating information on new and emerging technologies that satisfy intended audiences need to be developed further, by: - using consensus methods to determine the various interests of representatives from EU Member States and creating an electronic information service 'on demand'; and/or - developing a core set of early awareness evidence for some technologies to enable HTA Agencies to develop their own early assessments. EUnetHTA Partners should supply relevant, accurate and up-to-date information to the web-based system collecting structured information about evidence generation for promising health technologies. Develop tools that facilitate joint work to generate evidence in the Access with Evidence Generation framework by agreeing common criteria for data collection and collecting data simultaneously or collaboratively across several countries.
8	The handbook on HTA capacity building should be used as a guide to those wishing to establish a national/regional HTA function, using its approaches to institutional development that learn from experience of existing HTA organisations.

[4] **http://www.eunethta.eu/News_archive/Whats_the_added_value_of_EUnetHTA/**

	An enhanced international coordination strategy for HTA is recommended.

Hence although this Project has been highly successful, there is a need to continue collaboration in HTA across Europe to ensure that all the good work is put into practice, used and developed further. This major recommendation is addressed in the next section.

A sustainable network for HTA across Europe

Policy background

A recent report on the financial sustainability of health care in Europe found that HTA can play a major part in evidence-based decision-making, but it needs to deliver timely and relevant information that reflects the dynamics of technology and the health care system[ii]. The review notes a number of challenges relating to the use of HTA across Europe:

- many countries have several bodies dedicated to HTA, with unclear roles and responsibilities;
- greater stakeholder involvement is needed to help manage uncertainty (particularly consumers)
- a variety of processes for prioritising technologies for assessment are used that are generally not transparent and focus only on new technologies;
- evidence requirements to support HTA are not uniform and some methodological questions remain; and
- re-assessment must be a key component of the process.

The review concluded that HTA can play a valuable role in health-care decision making but HTA must be *transparent, timely, relevant*, and *usable*.

Use of EUnetHTA Project tools will ensure that high quality, *relevant* HTAs are produced using a process agreed across Europe, improving *transparency* and *usability*. This harmonisation and standardisation will enable better joint working to gather HTA information and improve the *timeliness* of HTA and its impact. This should also support the Tallinn Charter[xviii], agreed in June 2008 by national Ministers of Health in the 52 countries of the WHO European Region. It states that 'health technology assessment should be used to support more informed decision making'. As Sorenson, Kanavos and Drummond indicate[xvii], decision-makers should be well equipped to implement decisions that capture the benefits of new technologies, overcome uncertainties and recognise the value of innovation, within the constraints of overall health system resources.

DG SANCO has supported the development of HTA across Europe since the 1990s, as shown by its financial support to previous major projects. Its overall policy aim is to support the development of HTA through collaboration, including the area of pharmaceuticals. This can be achieved by the establishment of a network and development of tools to ensure added value at the EU level. DG SANCO finds that there has been 'very positive' progress on HTA collaboration as a result of the EUnetHTA Project.[xix]

In July 2008, the European Commission published the proposal for a directive on cross-border health care[xx], which provides for the establishment of an EU network for HTA (Article 17). Its intent is to enable Member States to facilitate development and functioning of an HTA network that connects national and regional HTA agencies. This European HTA network will support HTA cooperation and ensure provision of objective, reliable, timely, transparent and transferable information on the short- and long-term effectiveness of health technologies and enable an effective exchange of this information within the network. The European Council, the European Parliament and the European Commission are discussing an EU network for HTA in relation to their handling of the directive proposal as a whole. The process of adopting and implementing a Directive which would include an article on a network of European HTA institutions and its implementation at the Member States level will most likely take several years.

According to the proposed directive, the European Commission will adopt measures to establish and manage the EU network for HTA and define the information to be exchanged[xviii]. Future developments will be dependent on the interest shown by Member States and the decisions taken on the cross-border health care proposal. If the proposed approach is endorsed, options for the establishment and management of the network will be developed by DG SANCO. Hence a possible communication on HTA could be issued in 2010, but this will depend on the priorities agreed by the new Commission.

Alongside this high-level European policy work, there is a need to ensure the continuity of EUnetHTA and that the work of the Project is used, piloted and developed. So, building on the effective collaboration that has been created in the EUnetHTA Project, the encouragement of the European Commission and the support of Member States that host EUnetHTA members, the Partners have decided to create a sustainable, permanent European HTA collaboration to ensure continuation of communication, collaboration networks and activities. The proposal for this 'EUnetHTA Collaboration' was developed over a 12 month period by the EUnetHTA Project Executive and Steering Committees, which included public consultation and discussions with Member States and DG SANCO. The final version of this proposal was published in June 2008[xiv]. During the autumn of 2008, a group of 25 organisations in 13 EU Members States, plus Norway and Switzerland worked as 'founding partners' to establish the organisation to create continuity for EUnetHTA beyond 2008. As a result EUnetHTA continues during 2009 as the 'EUnetHTA Collaboration'.

Ultimately the EUnetHTA Collaboration will involve HTA agencies and others involved in the production of HTA information and it is hoped that it will have support of European governments, the European Commission and

international health organisations. Its vision is to contribute to the generation of HTAs to inform policy and health care decision making in European countries so that new health technologies can be adopted and obsolete technologies abandoned in a well-informed and robust manner, hence bringing about high quality, safe, accessible, sustainable, ethical and efficient health care for citizens across Europe.

This EUnetHTA Collaboration will develop and implement the work of the EUnetHTA Project aiming to:

- help reduce unnecessary duplication of HTA activities;
- develop and promote good practice in HTA methods and processes;
- share what can be shared; and
- facilitate local adaptation of HTA information.

At the EUnetHTA conference in 2008, a World Health Organisation advisor[iii] stated that a European network of HTA institutions is useful and needed to:

- bridge the know-do gap on all levels of health systems;
- enhance information and knowledge transfer;
- connect global evidence and local decision making;
- enable access to information for all European countries, both rich and poor;
- feed the European research agenda, identifying topics which are relevant for health systems; and
- ultimately strengthen health systems.

The permanent EUnetHTA Collaboration will seek to do this by creating a structure that has robust governance to enable timely and effective decision making and implementation, has a practical orientation to focus on rapid progress that allows cultural and contextual flexibility, supports the functions of the Collaboration and creates long-term viability, utility and value of all activities. Similar to the EUnetHTA Project, the EUnetHTA Collaboration will be driven by a a core Executive Committee supported by a coordinating Secretariat and a Plenary Assembly including all Partners.

Its main functions will be to:

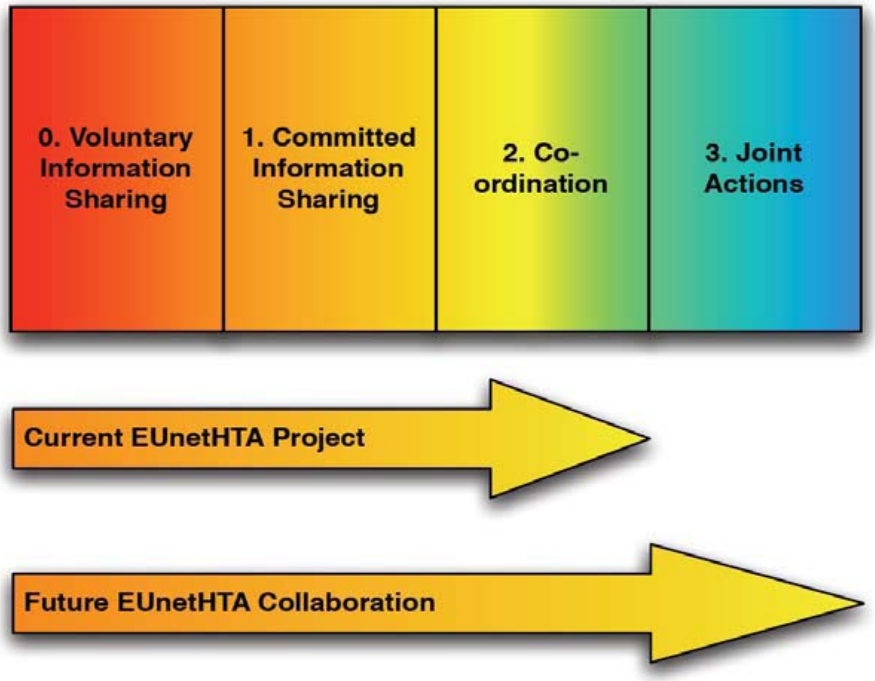
- offer a contact point to provide a gateway to the HTA community in Europe;
- provide the European HTA Information and Communication system;
- develop and improve common processes for performing and reporting HTA;
- provide information on emerging/new technologies and facilitate new evidence generation;
- facilitate the establishment and continuous development of HTA institutions; and
- pilot processes for production of HTA core information.

In doing this work, the EUnetHTA Collaboration will take cognisance of the recommendations arising from the internal evaluation of the EUnetHTA Project, namely to:

1. secure funding and maintain a dedicated Secretariat;
2. assure efficiency through an organisational structure made up of well-defined functions (like Work Packages) managed by a core of dedicated partners, with less committed partners taking part as a wider review group;
3. continue developing and evaluating the tools as necessary, and in real settings;
4. involve people in the work to ensure commitment, a high level of knowledge and a broad basis for decision making processes;
5. encourage collaboration and communication among all parties to ensure coherence of work within groups and across EUnetHTA;
6. continue developing the communication platform and clearinghouse functionality to make EUnetHTA the central reference point for HTA in Europe;
7. a face-to-face meeting is important at the start of group work to strengthen social coherence and reach a common understanding of work;
8. evaluate the technical communication platform;
9. continue having English as the main language.

The Collaboration's aim will be to develop the collaborations that have emerged from the EUnetHTA Project so that more coordinated and joint work can be undertaken as shown in Figure 4. This coordinated work on specific HTAs performed in a methodologically sound and transparent way should increase the volume and quality of HTAs.

Figure 4: The "Spectrum of Collaboration"



After this permanent HTA collaboration is fully established it will be important to ensure that it adds value to existing international HTA related networks and is having the desired impact on reducing duplication and improving transparency, efficiency and quality.

Appendices

Appendix 1

EUnetHTA Project Partners and their participation in Work Packages (WP)

Organisation	Country	Work Package
EU Member States		
1. Ludwig Boltzman Institute of Health technology Assessment - LBI@HTA (AP)*	Austria	1,5,7
2. Gesundheit Österreich GmbH (CP)*	Austria	4,5
3. Hauptverband der Österreichischen Sozialversicherungsträger (CP)	Austria	5,6,8
4. Health Care Knowledge Centre - KCE (AP)	Belgium	2,4,5,6
5. Ministry of Health (AP)	Cyprus	2,8
6. Centre for Applied Health Services Research and Technology Assessment, University of Southern Denmark - CAST (AP)	Denmark	6,7,8
7. Danish Institute for Health Services Research - DSI (AP)	Denmark	4,5,6
8. Danish Centre for HTA - DACEHTA (Main partner)	Denmark	1,2,4,5,6,7
9. HTA and Health Services Research, Center of Public Health (CP)	Denmark	6
10. University of Tartu, Department of Public Health (AP)	Estonia	4,5,6,7,8
11. Finnish Office for HTA - Finohta (AP)	Finland	1,4,5,6
12. Haute Autorité de Santé – HAS (AP)	France	1,2,5,7
13. Assistance Publique- Hôpitaux de Paris, Direction de la Politique Médicale, Comité d'évaluation et de diffusion des innovations technologiques - CEDIT (CP)	France	6,7
14. German Agency for HTA at the German Institute for Medical Documentation and Information - DAHTA@DIMDI (AP)	Germany	1,2,3,5,6
15. Institute for Social Medicine, Medical University Luebeck (AP)	Germany	4,7
16. Technische Universität Berlin, Department Health Care Management (AP)	Germany	4,5,6
17. Kompetenzzentrum Klinische Studien Bremen, Center of competence for clinical studies Bremen (AP)	Germany	7
18. German HTA Association (CP)	Germany	8
19. Institute for Quality and Efficiency in Health Care - IQWIG (CP)	Germany	6,8
20. Public Health Genetics European Network – PHGEN at German Centre for Public Health Genetics (CP)	Germany	5,6,7,8
21. Health economics and Technology Assessment Unit, Department of Public Policy and Management, Corvinus University of Budapest - HunHTA (AP)	Hungary	2,8
22. Health Information and Quality Authority - HIQA (AP)	Ireland	6,7
23. Agenzia Sanitaria e Sociale Regione Emilia-Romagna (AP)	Italy	2,3,5,7
24. Agenzia Nazionale per i Servizi Sanitari Regionali, Age.na.s. (CP from 2007)	Italy	5, 8

25.	Università Cattolica del Sacro Cuore, Policlinico universitario "A. Gemelli", Health Technology Assessment Unit and Laboratori of Health Economics (Institute of Hygiene) (AP)	Italy	4,5,6,7,8
26.	Regione Veneto (AP)	Italy	2,3,5,7
27.	Health Statistics and Medical Technology State Agency - VSMTA (AP)	Latvia	3,8
28.	Ministry of Health (AP)	Lithuania	4
29.	Central and Eastern European Society for Technology Assessment in Health Care - CEESTAHC (CP)	Poland	8
30.	Agency for Health Technology Assessment in Poland - AHTAPol (CP)	Poland	2,4,5,7,8
31.	Institute of Molecular Medicine (CP)	Portugal	4,5,6,8
32.	National School of Public Health and Health Services Management	Romania	8
33.	Institut za varovanje zdravja Republike Slovenije (AP)	Slovenia	5,6,7,8
34.	Instituto de Salud Carlos III (ISCIII), Agencia de Evaluación de Tecnologías Sanitarias - AETS (AP)	Spain	3,6,7,8
35.	Agencia De Evaluación De Tecnologías Sanitarias De Andalucia - AETSA (AP)	Spain	4,5,7
36.	Catalan Agency for HTA - CAHTA (AP)	Spain	1,2,8
37.	Galician Agency for HTA (AP)	Spain	4,6,7,8
38.	Basque Office for HTA - OSTEBA (AP)	Spain	4,5,7
39.	Servicio Canario de la Salud/ Servicio de Evaluación y Planificación / Consejería de Sanidad del Gobierno de Canarias (AP)	Spain	5,6
40.	Unidad Evaluación Tecnologías Sanitarias - UETS (AP)	Spain	2,6
41.	Swedish Council for Technology Assessment in Health Care - SBU (AP)	Sweden	1,2,3,4,7
42.	College voor Zorgverzekeringen - CVZ (AP)	The Netherlands	6,7
43.	Netherlands Organisation for Health Research and Development - ZonMw (AP)	The Netherlands	4,5
44.	National Coordinating Centre for HTA – NCCHTA (AP)	UK	1,4,5,6
45.	Centre for Reviews and Dissemination - CRD (CP)	UK	2
46.	National Institute for Health and Clinical Excellence - NICE (CP from 2007)	UK	7
EEA Countries			
47.	Directorate of Health (CP)	Iceland	4,5,6,8
48.	Norwegian Health Services Research Centre – NOKC (AP)	Norway	1,3,4,5,6,7,8
EFTA Countries			
49.	Swiss Network for HTA - SNHTA (CP)	Switzerland	1,2,3,4,5,6,7,8
Other European Countries			
50.	Ministry of Health (CP)	Serbia	8
Countries outside Europe			
51.	Medical services Advisory Committee - MSAC (CP)	Australia	3
52.	Canadian Agency for Drugs and Technologies in Health -	Canada	2

CADTH (CP)		
53. Israelian Centre for technology Assessment in Health Care - ICTAHC (CP)	Israel	7
54. Agency for Healthcare Research and Quality - AHRQ (CP)	USA	2,6
55. Center for Medical Technology Policy – CMTP (CP from 2007)	USA	7

International organisations

56. Health Technology Assessment International - HTAi		6,8
57. European Observatory on Health Systems and Policies (CP)		7,8
58. WHO European Office, Health Evidence Network - HEN (CP)		1,6,8
59. Council of Europe, Directorate General III Social Cohesion (CP)		6,8
60. OECD Biotechnology Division Directorate for Science, Technology and Industry (CP)		3,6,7
61. Guidelines International Network - GIN(CP)		2,4,6
62. International Network of Agencies for HTA - INAHTA (CP)		2,6, 8
63. Cochrane Collaboration, International Secretariat (AP)		2,3,4,5,6,7,8
64. European Information Network on New and Changing Technologies - EuroScan (CP)		2,7,8

Project contacts in other EU Member States

Ministry of Health	Czech Republic	No WP affiliation
Ministry of Health	Greece	No WP affiliation
Ministry of Health	Luxembourg	No WP affiliation
Ministry of Health	Malta	No WP affiliation
Ministry of Health	Poland	No WP affiliation

AP: Associated Partner; CP: Collaborating Partner

Appendix 2

External meetings/presentations of EUnetHTA in 2006-2008

Date	Place	Audience	Content of the presentation	Presenting Institution
01/2006	Trento, Italy	Italian HTA Network Conference	European HTA collaboration, EUnetHTA project	DACEHTA
02/2006	Bielefeld, Germany	PHGEN meeting	EUnetHTA project, organisational aspects in HTA	DACEHTA
02/2006	Brussels, Belgium	Working Group on Relative Effectiveness Meeting	EUnetHTA project	DACEHTA
02/2006	Luxembourg	6th meeting of the Network of Competent Authorities	EUnetHTA project	DACEHTA
03/2006	Rome, Italy	Meeting the Italian APs in the EUnetHTA project	Regional coordination of HTA in MS	DACEHTA
04/2006	Vienna, Austria	Meeting of Regulatory	EUnetHTA project	LBI@HTA

		Bodies on Medical Devices		
05/2006	Copenhagen, Denmark	Meeting with FIPRA	EUnetHTA project	DACEHTA
05/2006	Copenhagen, Denmark	Meeting with EUCOMED	EUnetHTA project, involving stakeholders in the European HTA process	DACEHTA
05/2006	Paris, France	Senior Management team at HAS	EUnetHTA project, European collaboration on HTA in individual MS	HAS/DACEHTA
06/2006	Brussels, Belgium	High Level Group Meeting	Update on the EUnetHTA project	DACEHTA
06/2006	Manchester, United Kingdom	OECD Expert meeting on "The Evaluation of Clinical Validity and Clinical Utility of Genetic Tests"	EUnetHTA project	HAS
07/2006	Adelaide, Australia	HTAi Annual Conference	EUnetHTA project, Work in Progress	DACEHTA, HAS, LBI@HTA, NCCHTA, FinOHTA
08/2006	Seoul, Korea	World Congress on Medical Physics and Biomedical Engineering 2006 "Imaging the Future Medicine	EUnetHTA presentation, abstract	MoH of Cyprus (in cooperation with the EUnetHTA Executive)
10/2006	Brussels, Belgium	Working Group on Relative Effectiveness Meeting	Update on the EUnetHTA project progress	DACEHTA
10/2006	Pavia, Italy	Conference "HTA: Evaluazione e Diffusione in Italia"	EunetHTA project, international HTA collaboration	DACEHTA, UCSC
10/2006	Copenhagen, Denmark	ISPOR, 9th Annual European Congress	EUnetHTA Project: Clearinghouse, emerging technologies and monitoring systems, Core HTA model Development, Adapting HTAs in various contexts	DACEHTA, DAHTA@DIMDI, FinOHTA, NCCHTA (HAS contributed)
10/2006	Bad Gastein, Austria	European Health Forum Gastein	EUnetHTA project, European HTA activities, involvement of the stakeholders in the European HTA process	Diverse group of speakers; organized by DACEHTA (details can be seen on www.eunethta.eu)
11/2006	Montreaux, Swtzerland	EUPHA Annual Conference	EUnetHTA project update	DAHTA@DIMDI
11/2006	Seville, Spain	Spanish HTA Network Annual Conference	European HTA collaboration	DACEHTA, AETSA
12/2006	London, United Kingdom	1st Health Care Winter Symposium, Blenheim Palace	European HTA collaboration	DACEHTA
12/2006	Brussels, Belgium	Meeting with the representatives from DG Sanco, Unit C7-Risk Assessment	Progress of the EUnetHTA project	DACEHTA
12/2006	Luxembourg	7th meeting of the Working Party on Health Systems	Update on the EUnetHTA project	DACEHTA
12/2006	Brussels, Belgium	Seminar on Health Investments	EUnetHTA project, role of TA in health investment decisions	KCE
12/2006	London, United Kingdom	HTA for Medical Devices across Europe, seminar	Core HTA of the drug eluting stents, EUnetHTA project update	FinOHTA

2007				
03/2007	Vienna, Austria	19 DIA Annual Euromeeting	European cooperation on HTA	DACEHTA
03/2007	Brussels, Belgium	EHMA/Commission's Conference on the Consultation process	Participation in general discussions on the health strategy in Europe	DACEHTA
04/2007	Berne, Switzerland	Annual Meeting of the Swiss HTA Network	EUnetHTA project	DACEHTA
05/2007	Kiel, Germany	ESF-Ifn Conference on the Global Health Economy	EUnetHTA project, international regulation of new medical technology: health technology adoption in the European Union, North America, East Asia, and the developing world	DACEHTA
05/2007	Arlington, USA	ISPOR 12th Annual International meeting	Particpation in the ISPOT HTA Council discussions (EUnetHTA project)	DACEHTA, DIMDI
06/2007	London, UK	Meeting with the Department of Health, NCCHTA	Update on the EUnetHTA project and discussion of plans for the sustainable EUnetHTA collaboration after 2008	DACEHTA/NCCHTA
06/2007	**Barcelona, Spain**	**HTAi Annual Conference**	**EUnetHTA project, launch of WP4, 5, 7 products; poster presentations from various WPs, and EUnetHTA exhibition (*please see detailed description in Chapter 4 of the current report)***	**FinOHTA, DACEHTA, HAS, LBI/HTA, NCCHTA, DIMDI, University of Bielefeld (details can be found at www.eunethta.eu)**
09/2007	Cartagena, Columbia	ISPOR1st Latin America Conference	EunetHTA project, international HTA collaboration	DACEHTA
09/2007	Prague, Czech Republic	PHGEN project meeting	EUnetHTA project update	DACEHTA
09/2007	Lubeck, Germany	EBM/EBHC course at the University of Lubeck	EUnetHTA project update	DACEHTA, University of Lubeck
10/2007	Helsinki, Finland	EUPHA Conference	EUnetHTA Project, Specifically results from WP4, WP6 and WP8	DACEHTA, CAHTA, FinOHTA
10/2007	Dublin, Ireland	ISPOR European Congress	EUnetHTA project, WP4 Core HTA Model; HTA Council discussions	Diverse group of speakers from EUnetHTA Members organisations
10/2007	Copenhagen, Denmark	EPPOSI Workshop "The reality of Orphan Medicines"	Role of HTA; introduction to EUnetHTA work	DACEHTA
10/2007	Venice, Italy	Medmatic@ Fair	EUnetHTA project (through Regione Veneto exhibition at the Fair)	Regione Veneto
10/2007	Berlin, Germany	Successful Funding and Reimbursement of Medical Devices, HTA workshop	Core HTA of the drug eluting stents, EUnetHTA project update	Technische Universitet Berlin
11/2007	Paris, France	Annual Conference of the French Society for Public Health	Oral presentation on sharing information in Europe on health technologies (WP7)	HAS
11/2007	Krakow, Poland	2nd International Evidence-Based Healthcare Symposium	European HTA collaboration	DACEHTA

11/2007	London, United Kingdom	HTA UK Conference	HTA Adaptation toolkit (WP5); EUnetHTA project	NCCHTA
12/2007	Manchester, United Kingdom	NICE Annual Conference	HTA Adaptation toolkit, EUnetHTA project	NCCHTA
12/2007	Trier, Germany	3rd European Symposium on pharmaceutical law (organized by Academy of European Law), seminar on HTA	Update on the EUnetHTA project; Core HTA model	Technische Universitet Berlin
2008				
01/2008	Rome, Italy	Ministry of Health of Italy	EUnetHTA project results	DACEHTA, UCSC
02/2008	Rome, Italy	HTAi Policy Forum	EUnetHTA project, Preliminary results	NOKC
03/2008	Tel/email contact	EuSANH-ISA F/ project	Potential cooperation with EUnetHTA	DACEHTA, EUnetHTA Executive Committee
03/2008	Tel/email contact	Comparative Effectiveness research/HTA in US, AcademyHealth group, US	European experience in HTA	DACEHTA Project Leader
04/2008	Antalya, Turkey	1st ISPOR Summer School	HTA Adaptation toolkit translated into Turkish distributed	NCCHTA in collaboration with the Turkish ISPOR Chapter
06/2008	Tallinn, Estonia	WHO European Ministerial Conference on Health Systems	EUnetHTA results; EUneHTA exhibition	DACEHTA, FinOHTA, HAS, CAHTA
07/2008	Montreal, Canada	HTAi Annual Conference	EUnetHTA project, Preliminary results	DACEHTA, HAS, CAST, CAHTA
09/2008	Seoul, South Korea	ISPOR 3rd Asia-Pacific Conference	EUnetHTA project preliminary results	DACEHTA
11/2008	Paris, France	EUnetHTA Conference "HTA's Future in Europe"	EUnetHTA project results	EUnetHTA partners
11/2008	Athens, Greece	ISPOR 11 Annual European Congress	EUnetHTA project results	DACEHTA, IQWIG
12/2008	London, UK	Health Technology Assessment World Europe 2008	EUnetHTA project results	DACEHTA

Articles on EUnetHTA in 2006

Date	Journal/publication	Article	Author
03/2006	Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz	Toward a sustainable European Network for Health Technology Assessment	DACEHTA
04/2006	Eurohealth	EUnetHTA and health policy-making in Europe	DACEHTA
05/2006	Journal of the European Association for Health Information and Libraries	EUnetHTA - The First European Network to Assess Health Technology	KCE
04/2008	Handbook on HTA, DACEHTA, Denmark	Chapter on EUnetHTA approaches (HTA Core model)	DACEHTA
06/2008	Health Policy, Volume 87	Emerging health technologies: Informing and supporting health policy early	LBI-HTA

06/2008	Policy Brief of the European Observatory on Health Systems and Policies	How can the impact of health technology assessments be enhanced?	Kristensen (DACEHTA) and Busse (TU Berlin) contributed

EUnetHTA WP face-to-face meetings

WP	Location	Number of meetings	Schedule
WP1	Copenhagen, Denmark	3	January 27, 2006 May 11, 2006 (1st Steering Committee meeting) May 29, 2008 (2nd Steering Committee meeting)
	Barcelona, Spain	1	March 22-23, 2007
	Stockholm, Sweden	1	October 11-12, 2007
	Zürich, Switzerland	1	December 6-7, 2007
	Paris, France	1	April 17-18, 2008
	Vienna, Austria	1	September 25, 2008
	Paris, France	1	November 19, 2008 (WP LPs coordinating meeting in preparation for the EUnetHTA Conference)
WP2	Stockholm, Sweden	1	March 17-18, 2006
	Cologne, Germany Düsseldorf, Germany	2	December 8-9, 2006 November 26-27, 2007
	Nicosia, Cyprus	1	May 11-12, 2007
WP3	Oslo, Norway	1	February 24, 2006
	Bologna, Italy	1	June 10, 2008
	Venice, Italy	1	October 13-14, 2008
WP4	FinOHTA, Helsinki	3	September 19, 2006 January 18-19, 2007 (All APs to participate) November 5-6, 2007
	Tartu, Estonia	1	June 5-6, 2008
WP5	London, UK	1	June 4-5, 2006
	Venice, Italy	1	September 27-28, 2007
WP6	Copenhagen, Denmark	1	March 30, 2006
	Berlin, Germany	1	March 15-16, 2007 (workshop with policy makers)

	Rome, Italy	1	June 13, 2008 (meeting with Stakeholders)
WP7	Seville, Spain	1	November 14-15, 2006
	Dublin, Ireland	1	April 12-13, 2007
WP8	Ljubljana, Slovenia	1	March 5-6, 2007
	Barcelona, Spain	1	June 20, 2007
	Santiago di Compostella, Spain	1	October 2, 2008
WPs 4-7	Copenhagen, Denmark	1	March 31, 2006

Other EUnetHTA face-to-face meetings

Dates	Location	Meeting objective
Jan 12, 2006	Stockholm, Sweden	WP1 and WP2 Lead partbers meeting to develop the Project Launch strategy
Jan 16, 2006	Stockholm, Sweden	WP2 Lead Partners meeting, SBU and DAHTA (DIMDI)
October 3-6, 2006	Bad Gastein, Austria	WP1/6 LP organised a parallel Forum at the European Health Forum Gastein – launch of the EUnetHTA dialogue with Stakeholders
November 24, 2006	Stockholm, Sweden	EpiServer (EUnetHTA website editing software) Training course for Editors in each Work package
December 5, 2006	Luxembourg	WP1 LP presents EUnetHTA to the Health Systems Working Party (on request from DG SANCO)
December 14, 2006	Southampton, UK	WP5 LP and WP2 Co-Lead Partner met to discuss the needs of WP5 in developing the webbased solution for the Adaptation toolkit
December 15, 2006	Brussels, Belgium	WP1 LP meeting with DG SANCO C7 Unit (C7 took over from Unit C2 the coordination of the EUnetHTA project on the Commission's side)
March 30, 2007	Paris, France	WP7 LP and WP2 Co-Lead Partner met to discuss the needs of WP7 in developing the database prototype
April 25, 2007	Brussels, Belgium	WP1 LP meeting with the DG SANCO C7 coordinators, discussion of the project progress (1st Interim report)
June 15-20, 2007	Barcelona, Spain	Launch of the WP4, 5, 7 products at the HTAi conference (EUnetHTA workshop); WP1,2,4,5,7 Lead Partners organized the workshop. EUnetHTA exhibition.
September 20, 2007	Brussels, Belgium	WP1 LP meeting with the DG SANCO C7 coordinators, discussion of the project progress
October 11, 2007	Stockholm, Sweden	WP2 Lead Partner coordinating meeting, SBU and DAHTA (DIMDI)
October 30, 2007	Paris, France	WP7 LP and WP2 Co-Lead Partner met to review the solutions presented by the WP2 Co-Lead partner

November 11-12, 2007	Paris, France	WP1, 2 and 7 Lead Partners' (EUnetHTA Conference Organising Committee) meeting in preparation for the EUnetHTA Conference (November 20, 2008). Meeting with the conference bureau and visit to the conference venue.
January 28, 2008	Brussels, Belgium	WP1 LP meeting with the DG SANCO C7 coordinators, discussion of the project progress (2nd interim report)
February 7, 2008	Helsinki, Finland	WP4 Group on Social Aspect of the core model meeting
July 10, 2008	Brussels, Belgium	WP1 and WP4 Lead partner presentation of the EUnetHTA project progress and EUnetHAT Collaboration proposal to the High Level Group on Medical Services (on request from DG SANCO)
September 3, 2008	Brussels, Belgium	WP1 LP meeting with the DG SANCO, discussion of the project progress and future steps to ensure sustainability of the European network for HTA
October 8, 2008	Stockholm, Sweden	WP1 and WP2 meeting in preparation for the EUnetHTA Confernce in Paris (Nov 20, 2008)
October 14, 2008	Paris, France	Project Leader and WP7 Lead Partner meeting to discuss preparations for the EUnetHTA Conference (as part of the French EU Presidency)
October 24, 2008	Brussels, Belgium	WP1 LP meeting with the DG SANCO, discussion of the project progress and future steps to ensure sustainability of the European network for HTA (Relative Effectiveness issues)
November 20, 2008	Paris, France	EUnetHTA Conference "HTA's Future in Europe" (open for attendance by all EUnetHTA partners and other interested parties)

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