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**EUnetHTA Project Collaboration moving
into
Joint Action on HTA between Member
States and EU Commission
Second Meeting, April 15, 2009**

Brussels

Joint Action on HTA nominated bodies

April 14, 2009 (based on received Lol):

- 31 organisations, 23 Member States, 2 EEA/EFTA
- They will become Associated Partners (APs) in JA (*orgs from EEA/EFTA countries subject to eligibility criteria*)

Countries not represented

- **EU MS:** Cyprus, Luxembourg, Romania, Slovakia
- **EFTA/EEA:** Iceland, Lichtenstein

EUnetHTA Project Partners

64 Partners

55 Partners from 29 countries (21 EU Member States)

9 International Partner Organisations

1 Main Partner

33 Associated Partners

30 Collaborating Partners

What did we do differently?

- Focus on methodology but ALSO on a working process (i.e. developing practical tools)
- Orientation towards results and continuity
- Strong emphasis on the management and organisational support structures for the project

What did we do differently?

- Stakeholder involvement, openness to dialogue and inclusiveness
- Attention to the policy processes in European healthcare
- Continuous attention to delivering a unique and added value to partners and users

After 3 years of an intensive project work EUnetHTA delivered

- The *HTA Core Model* that will allow transparent, shared work of producing HTAs across borders
- The *HTA Adaptation toolkit* for better use of existing HTA reports and adapting them to local contexts
- A system facilitating *evidence development and exchange of information* for promising technologies

After 3 years of an intensive project work EUnetHTA presents

- EUnetHTA *communication and information system*
- Recommendations on *HTA capacity building*
- Latest results on the *interface between HTA and health policy*
- Plans for further work in the *EUnetHTA Collaboration after 2008* in the light of the latest developments in *cross-border health care*

Recommendations from evaluation

1. Secure funding, and maintain a dedicated coordinating secretariat.
2. Assure efficiency through an organisational structure made up of Work Packages managed by a core of dedicated partners, with less committed partners taking part as a wider review group.

Recommendations from evaluation cont.

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.

Recommendations from evaluation cont.

5. Encourage collaboration and communication among all parties to ensure coherence within groups and within EUnetHTA.

6. Continue developing the communication platform and clearinghouse functionality to make EUnetHTA the central reference point for HTA in Europe.

Recommendations from evaluation cont.

7. Arrange face-to-face meetings at start of group or committee work to strengthen social coherence and reach a common understanding of the work.

8. Evaluate the technical communication platform.

9. English has been the main language and should continue to be so.



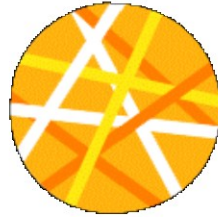
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EUnetHTA Collaboration

EUnetHTA Collaboration Founding Partners



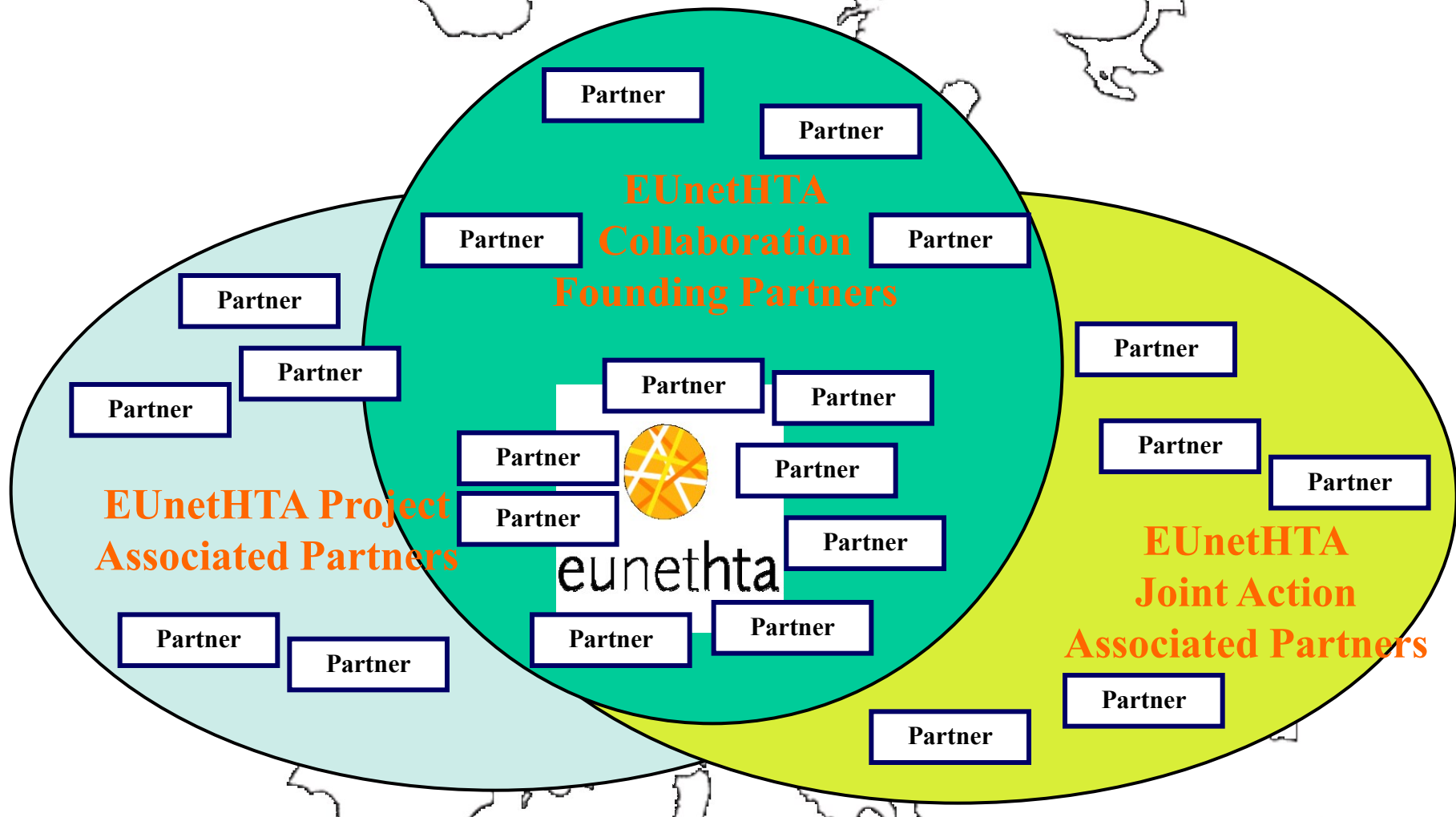
AETS, Agency for Health Technology Assessment, Instituto de Salud Carlos III, Spain
AETSA, Andalusian Agency for Health Technology Assessment, Spain
Age.na.s, Agenzia Nazionale per i Servizi Sanitari Regionali, Italy
AHTAPol, Agency for HTA, Poland
ASSR Regione Emilia Romagna, Agenzia Sanitaria e Sociale Regione Emilia-Romagna, Italy
Avalia-t, Galician Agency for HTA, Spain
CAHTA, Catalan Agency for HTA and Research, Spain
CAST, Center for Applied Research and Technology Assessment, Denmark
CVZ - College voor zorgverzekeringen, Netherlands
DACEHTA, National Board of Health, Denmark
DIMDI, Deutsches Institut für Medizinische Dokumentation und Information, Germany
FinOHTA, Finnish Office for HTA, Finland
HAS, Haute Autorité de Santé / French National Authority for Health, France
IQWIG, Institute for Quality and Efficiency in Health Care, Germany
KCE, Belgian Health Care Knowledge Centre, Belgium
LBI/HTA, Ludwig Boltzman Institute of Health Technology Assessment, Austria
NCCHTA, National Coordinating Centre for HTA, United Kingdom
NOKC, Norwegian Knowledge Centre for the Health Services, Norway
OSTEBA, Basque Office for Health Technology Assessment, Spain
Regione Veneto, Direzione Piani e Programmi Socio Sanitari, Italy
SBU, Swedish Council on Technology Assessment in Health Care, Sweden
SNHTA, Swiss Network for Health Technology Assessment, Switzerland
State Health Care Accreditation Agency, Ministry of Health, Lithuania
UETS, Health Technology Assessment Unit, Agencia Lain Entralgo, Spain
University Hospital "A. Gemelli", Rome, Italy



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EUnetHTA Joint Action

A Venn Diagram to illustrate the transition from EUnetHTA Project Associate Partnership to EUnetHTA Collaboration Founding Partnership to Joint Action Associate Partnership





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Joint Action on HTA 2nd preparatory meeting

**Brussels, Belgium
April 15, 2009**



Joint Action on HTA nominated bodies

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Countries not represented

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- **EFTA/EEA:** Iceland, Lichtenstein

April 16, 2009 16:00 CET

- deadline for Letters of Intent

Joint Action Application: technical details and actions timeline

Application Form:

- To be filled in by the main partner (JA coordinator)
 - NBoH Denmark
- Associated Partners (APs) to review and comment
- Information on staff cost/competences from all APs to be provided
 - *Secretariat sent a special AP form to all JA nominated bodies to fill in!*
- All partners have to send to the Secretariat the Declaration of Honour (fax copies ok)

Joint Action Application: technical details and actions timeline

Proposal Structural requirements:

- **Work packages**
 - 3 horizontal – Coordination, Dissemination, Evaluation)
 - Max up to 6 core work packages
- **Objectives**
 - 1 general and maximum 6 specific objectives
- **Deliverables**
 - Min – 1 and max – 10
 - can't have the same objective and deliverable in several work packages

Joint Action Application: technical details and actions timeline

Timeline:

April 15 – 2nd preparatory meeting in Brussels, first draft proposal for content and organisation of Joint Action on HTA

- presentation is based on the EUnetHTA Collaboration input
- **Aim:** agreement on Work Packages (WPs) and Lead Partners (LPs)

April 16 (16:00CET) – deadline for Letters of Intent

Joint Action Application: technical details and actions timeline

April 15-24 – development (technical and budget) of the JA application by the APs, LPs and coordinating Secretariat

- **APs to the Secretariat** – WP affiliation, fin/admin details, identification of relevant CPs*

LPs to the Secr– content details of their respective WP (following the format of the Application Form) – including budget

Secretariat – collects the data and fills in the Application form; develops the overall budget based on submitted material; contact with the APs for clarification

Joint Action Application: technical details and actions timeline

Associated Partners to provide the Secretariat with:

- a **Letter of Mandate** duly signed by a duly authorized representative of the Ministry/Department of Health (deadline – **April 24, 2009**).
- the **completed Joint Action on HTA Associated Partner Form** (deadline – **April 24, 2009**)
- **Declaration of Honour** – The Secretariat will send you the Declaration of Honour template document for signature after April 24, 2009 - **deadline to send the declaration - May 5, 2009**

Joint Action Application: technical details and actions timeline

Timeline:

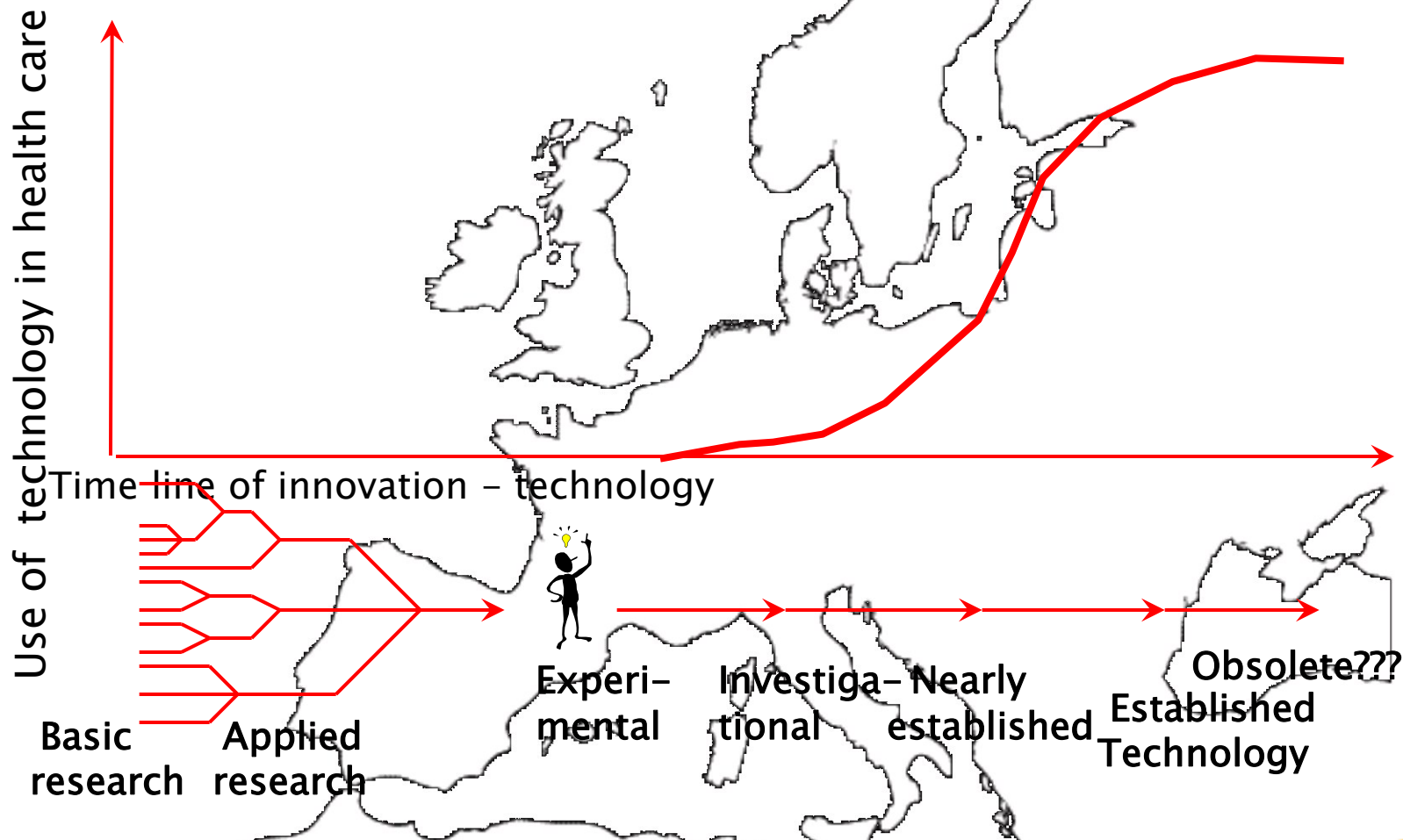
- April 29** – Secretariat submits first draft of the JA proposal for comments by APs and DG SANCO Unit C5
- May 5** – deadline for comments to be sent to the Secretariat
- May 12** – Secretariat adjusts the content, finalises the budget
 - e-meeting with the LPs
- May 20** – deadline for Application submission (Secretariat)



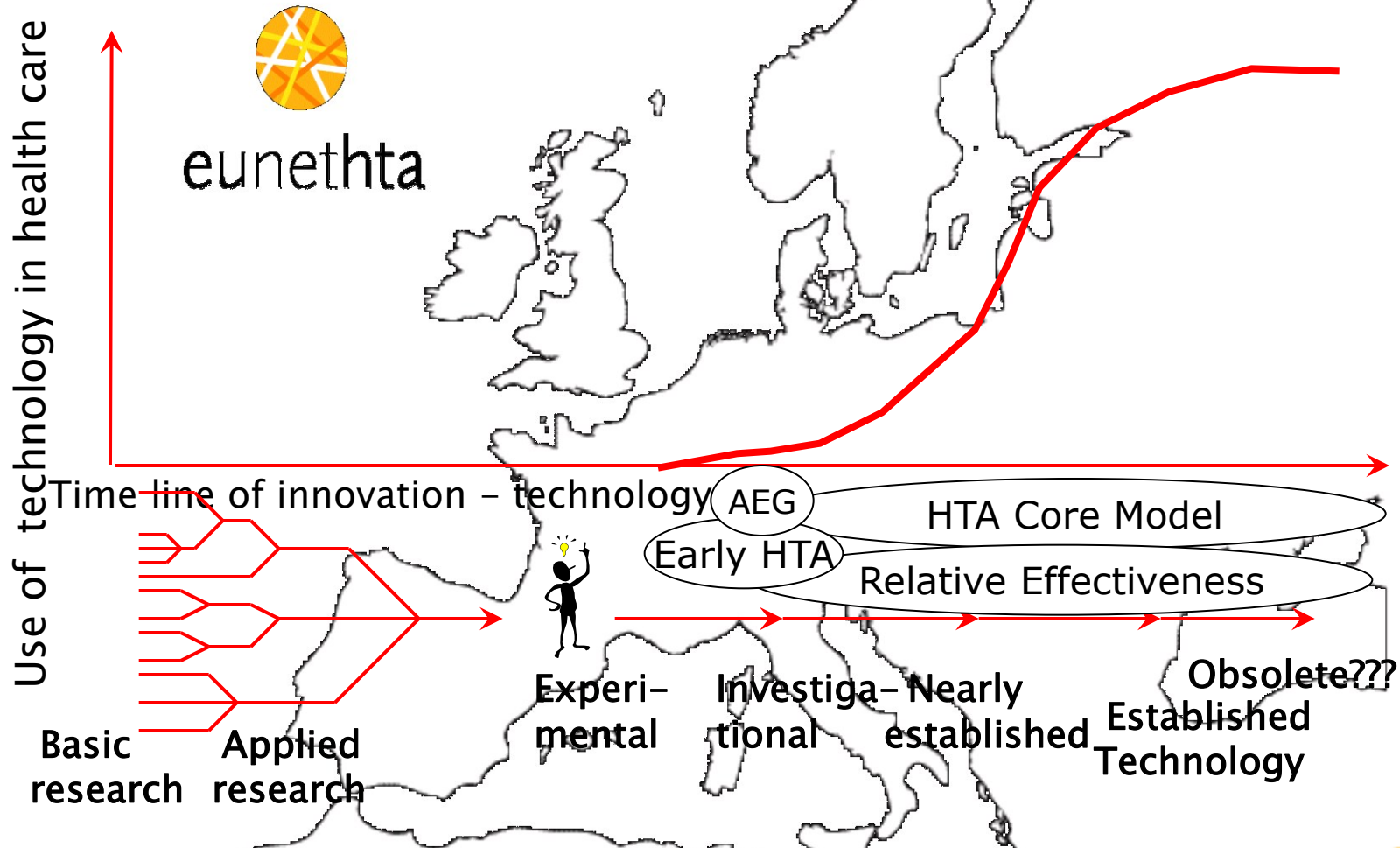
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EUnethTA Joint Action Work Packages and *Work Streams*

The "life cycle" of technologies



EUnetHTA tools and life cycle of technologies



EUnetHTA Functions and JA Work packages

Proposed Work Packages

1. Coordination
2. Dissemination Horizontal
3. Evaluation
4. WP **core HTA** (A. Development, maintenance and utilization of HTA Core Model, B. Core HTA production)
5. WP **relative effectiveness** (RE) of pharmaceuticals
6. WP **new technologies** A. facilitating evidence generation on new health technologies, B. facilitating (pre-market/-reimbursement) assessment of new non-pharm technologies
7. WP **European HTA Information Management System**

PLUS Cross-WP work stream **facilitating the establishment and continuous development of HTA institutions**

AND Cross-WP attention to **life cycle of technologies** perspective including obsolescence

