
EUnetHTA
ASSEMBLY & FORUM
14-15 APRIL 2021

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1 FOREWORD

Dear friends of EUnetHTA, old or brand new, from close and afar.

It is once more, and now for the last time, my honour to invite you to the 2021 virtual EUnetHTA Assembly & Forum. It is a great pleasure to see the high interest you have all shown in EUnetHTA over the years and the interest you show by registering for this two day event. The theme for the meeting is ***"how has EUnetHTA contributed to a future European HTA system"*** and I am sure that this will engage a lot of you.

In my foreword from last year, I wrote about the major development and changes that I had seen over the past 12 months, meaning from February 2019 to February 2020. Needless to say, that now seems like a very normal year compared to the one we have just experienced. In early February 2020 I still felt a need to call the IT department before I had a digital meeting where both partners were supposed to have their cameras on. Today, nothing is more natural than to expect that we can meet, talk, discuss, agree and perhaps agree not to agree – all over our laptops. To welcome delegates to a fully virtual event has become the new normal.

EUnetHTA has answered the pandemic by giving COVID-19-related tasks the highest priority. After decisions in the Executive Board, we have adapted and adopted our budget and processes, as well as our production and update cycle of the rolling collaborative reviews. In less than one year, EUnetHTA has done more than 20 rolling collaborative reviews on COVID-19-related topics. In parallel, other EUnetHTA work has been going on to finish deliverables and milestones from the Grant Agreement. Most of them were already, from the planning phase, meant to run until the end of the project.

The EUnetHTA Executive Board has also spent a lot of time and effort on the work with a Future Model of Cooperation (FMC). The aim of this work has been to define a platform for how joint HTA work can be organised in a future permanent system. The work has not intruded upon the political process going on in the European Council, but has been more technical and focused on experiences and lessons learned. The process to take the European Commission proposal on a future model for HTA cooperation to a decision in the European Council is still ongoing, and it is still not for us in EUnetHTA to come with our opinion on the political processes, but to continue our work in the best way possible.

A genuine involvement from stakeholders such as patients, consumers health care professionals, pharma and non-pharma industry and payers has always been important to EUnetHTA, and interaction with these groups has been a high priority. This work and the EUnetHTA experiences are presented in the document "Engaging stakeholders in EUnetHTA" (due to be published in April 2021).

I recommend you visit the EUnetHTA website, which provides a "EUnetHTA one-stop shop" for HTA collaboration in Europe and sets the tone for a sustainable working environment for the future.

As we now move on from the long period of our three Joint Actions, from 2006 until 2021, we look forward to a period where the project-based work as we have come to know will come to an end, but the valuable network of more than 80 engaged HTA bodies all over Europe will prevail. And, when the Commission proposal is (finally) through, the Council and Trilogue will know the legal framework for our future cooperation. I am confident that EUnetHTA as a network is equipped with the expertise and tools to continue fostering progressive, cross-country partnerships in Europe.

Again, I would like to thank all our partners and guests for joining us at this, our last EUnetHTA Assembly and Forum, and I hope that the two events provide useful insight into EUnetHTA's contributions to the past and future European HTA landscape.

Niklas Hedberg
Chair of EUnetHTA Executive Board

2 AN INTRODUCTION FROM THE EUROPEAN COMMISSION - DG SANTE

I would like to warmly thank EUnetHTA for organizing this important event, which ends more than a decade of EUnetHTA projects and hopefully starts a new journey for EU cooperation on HTA. This new journey was opened by EUnetHTA, and is paved with its solid joint work and many achievements. I would like to thank EUnetHTA coordinators and all partners, but also all stakeholders who contributed to the work of this and previous Joint Actions. Without your expertise and personal dedication, which continues to drive HTA cooperation, we would not be here.

2020 has been a very difficult year due to the COVID-19 pandemic. However, this unprecedented situation also showed the value of European cooperation. In this context, I would like to reiterate my appreciation for EUnetHTA's decision to mobilise its resource and prioritise, for its last year, COVID-19-related joint work. Both rapid collaborative reviews on testing methods and rolling collaborative reviews on treatments for COVID-19 are useful tools, not only to HTA bodies but also to other authorities and organisations. Participation of EUnetHTA experts in meetings with our colleagues from the European Centre for Disease Prevention and Control, and the Joint Research Centre, and sharing of information on testing methods and clinical trials for COVID-19, are valuable examples demonstrating the relevance of your work at the European level.

I think what the crisis has shown more than anything else is that we are all very connected, dependent upon each other, and that only by efficient structured and sustainable cooperation can we make the best use of resources and better face common challenges. As European Commission, we can only provide the framework under which the cooperation can deliver its maximum benefits. We have used the EUnetHTA as a blueprint for the new EU HTA framework. The proposed legislation enshrines important principles for HTA joint work: high quality, timeliness, independence and transparency, principles already identified by EUnetHTA as essential elements of the cooperation. We are convinced that, like EUnetHTA, the new EU framework will evolve into a robust and trustful mechanism, supporting national decision-making for the benefit of patients, healthcare providers and industry.

Ms. Stella Kyriakides, the EU Commissioner for Health and Food Safety, has very explicitly reiterated her commitment to the HTA Proposal. And we – the European Commission - will continue working with the co-legislators, the Council, and the European Parliament, with the aim of putting in place a sustainable and efficient framework of cooperation that can provide EU added value and can bring to the next step the important work already built up by all of you.

The EUnetHTA Forum has been an excellent platform for the European HTA community and its stakeholders, a platform for productive mutual exchange of not only knowledge and experiences, but also for identifying challenges and common opportunities.

Now, I would like to call on all of you to help us further in implementing the next steps. I hope that the ongoing negotiation will be successful. We know from experience that whatever will come out of the co-legislative process may not be the perfect solution for all players, but it will provide the framework to work efficiently together. We also know that to deliver on its promises, any new cooperation framework requires not only a solid legal text, but also commitment and dedication of all players. This is the pinnacle of EUnetHTA and I hope the European institutions can continue to count on the dedication of the HTA community to make any future EU HTA framework a success.

Andrzej Rys
Director
European Commission
Health and Food Safety Directorate General
Health Systems, Medical Products and Innovation Directorate

3 AN UPDATE FROM THE EUNETHTA SECRETARIAT

Lead Partner
Zorginstituut Nederland (ZIN), The Netherlands.

Objectives

- Provide scientific and technical coordination support for European HTA collaboration activities, to facilitate the integration of such activities in the whole lifecycle of technologies.
- Provide coordination support to the network and the JA3 activities that increase the use, quality, and efficiency of joint HTA work at the European level to support evidence-based, sustainable, and equitable choices in healthcare and health technologies, and to ensure re-use in regional and national HTA reports and activities in order, notably, to avoid duplication of assessments.
- Ensure dialogue with EUnetHTA's stakeholders through coordinated communication and interaction.

HIGHLIGHTS AND ACHIEVEMENTS OVER THE COURSE OF JA3

1. DELIVERY OF A SERIES OF SUCCESSFUL ASSEMBLY AND FORUMS

Since 2016, the EUnetHTA Secretariat has managed and hosted annual Assembly and Forums. The event is split over two days, with the first focusing on the EUnetHTA consortium i.e. beneficiaries, and the second day focusing on external stakeholders. The Assembly is a prime opportunity for EUnetHTA to confer with its 80+ partners since the day is used to provide important updates about the past year's work, as well as providing a networking opportunity for the diverse group of organisations affiliated with the network. While the Forum creates a networking platform, it goes beyond this by facilitating discussions on current trends in HTA and related healthcare topics.

Held every year of the Joint Action, the event usually sees around a hundred people in attendance on the first day and more than two hundred on the second day. While the 2020 and 2021 versions were held online due to the COVID-19 pandemic, events have been held in a number of locations over the years:

- 2016 – Brussels – The Square
- 2017 – Amsterdam – NH Schiphol Airport
- 2018 – Cologne – Lindner City Plaza
- 2019 – Amsterdam – The West-Indisch Huis

The events have been widely praised by partners and stakeholders alike for their practical organisation, the content of the discussion and presentation sessions, and the invited panelists.

The 2018 version of the event also saw the introduction of the Welcome Guide – a comprehensive overview that provides updates from the consortium and work packages over the past 12 months. The Guide is widely recognised as an important publication in the run-up to the Assembly and Forum, and provides EUnetHTA with the opportunity to keep the public up-to-date as work within the Joint Action progresses.

2. THE CREATION OF A ROBUST DIGITAL PLATFORM FOR CROSS-PARTNER COLLABORATION

The EUnetHTA Intranet site functions as a one-stop-shop for consortium partner collaboration. Set up in the early years of the project, the online cloud-based system allows EUnetHTA partners to effortlessly work together to co-develop and co-create. The effectiveness of the SharePoint site lies in the fact that it is a bespoke IT system, personalised for the needs of EUnetHTA and its partners. Some of its key benefits include:

- Allowing partners to confidentially share files and documents – particularly when it concerns highly sensitive information surrounding the development of Joint and Collaborative Assessments, Early Dialogues, and PLEGs.
- Serving as a central hub for news about the project, providing partners with an update on the project's developments in real time.
- Serving as the central repository for all meeting and conference material.
- Hosting a number of key EUnetHTA databases such as the Address Book, the Declaration of Interest (DOI) Database and the Registry Evaluation and Quality Standards (REQueST) Tool (in development).

- Functioning as a key information exchange mechanism for reporting, in particular financial reporting.
- Providing access to the Companion Guide.

The EUnetHTA SharePoint site has been subject to continuous improvement measures over the course of JA3 and is currently being prepared for project closure. These final modifications will allow the uninterrupted operation of the Intranet site post-JA3, providing partners with a vital tool to continue communication and cooperation

3. THE SET-UP OF A CENTRAL COMMUNICATIONS HUB FOR THE PROJECT

The EUnetHTA Secretariat manages both internal and external communications.

EUnetHTA's external communications strategy aims to disseminate network awareness of and access to EUnetHTA products and services to the HTA community and beyond, in as transparent a manner as possible. Specifically, this works to increase: the application of joint methodologies, the implementation of Joint Products, and the network collaboration with HTA stakeholders.

The website acts as a repository for all publications and information on EUnetHTA's activities, while the quarterly EUnetHTA Magazine, together with LinkedIn and Twitter posting, develop awareness that drives traffic towards the website. Social media is also used to issue calls for stakeholder collaboration at specific points along the assessment development process, helping to regularly advertise project initiation and participation opportunities to the 3000+ social media followers. Equally, external-facing survey generation permits feedback from across the stakeholder pool to help analyse the efficacy of working methods and identify opportunities for improvement.

Internally, JA3 information flow has been tightened by the active participation of WPs in the monthly SharePoint newsletter. These allow partners to stay apprised of various WP working focus, as well as the tracking of project deliverables. SharePoint-based surveys provide a platform for internal progress assessment, while active news updates keep partners in the loop on upcoming HTA-related activities and/or partner-driven initiatives. Finally, the Secretariat is able to support WPs in an editing capacity to assist in language and grammatical consistency of project deliverables and other external publications.

The new EUnetHTA Website layout

4. INITIATING KEY GOVERNANCE CHANGES

The Executive Board

The complexity of the Joint Action and its objectives required an optimisation and adaptation of the project's governance structure and, in 2018, the Executive Board therefore decided to reorganise itself. This reorganisation signalled a strategic move away from a decentralised governance structure to one that operated on the basis of collective responsibility. This entailed the appointment of a Chair and two Vice-Chairs, as well as carving out a formal role definition for itself as a governance body and for the three new positions. In particular, the redefinition allowed the Board to:

- Be collectively responsible for the success of the Joint Action and the completion of project deliverables, thus shifting accountability for strategic matters from work package leads to the Executive Board.
- Be collective representatives of the Board – giving each member the mandate to represent the board on public platforms.
- Formally invite the Heads of Agencies Group to provide strategic direction on key project issues and challenges.
- Be flexible and respond quickly to emergency situations, such as the COVID-19 pandemic.
- Increase consistency and accountability.
- Identify and address transversal topics.
- Break up silos created due to the project structure of JA3.

Since the implementation of the reorganisation, the Executive Board has been able to take a more direct and active role in the affairs of the Joint Action, allowing it to respond quickly to the urgent needs and day-to-day challenges of the project. In particular, the fact that matters of strategic importance were now dealt with directly by the Board allowed members to proactively address cross-work package issues in an open and transparent way, and in line with the overall objectives of the project.

The setup and coordination of a number of topic-specific groups
Since 2018, the Secretariat has initiated the creation of and then coordinated a number of cross-work package task groups and subgroups. The groups were set up in order to tackle larger issues, which were of cross work package interest, collectively and to avoid topics being dealt with by work packages in isolation (an unavoidable characteristic of a project-based structure). The Secretariat also set up standardised and consistent processes and templates to complement the creation of the working groups. These documents allowed groups to be set up in a transparent and open way with clear deliverables, objectives, responsibilities and reporting structures.

A full list of the working groups the Secretariat has coordinated and supported is as follows:

Task groups:
- Future Model of Cooperation on HTA (FMC-HTA)
- Conflict of Interest (COI)
- Patients, Consumers, and Healthcare Professionals (P&C/HCP)
- TF HTA and MDR/IVDR - Medical Devices
- EUnetHTA Common Phrases and GRADE (ECP-GRADE)
- HTA Core Model

Subgroups:
- Submission Dossier and Assessment Template - Pharmaceuticals (SDAT-PHARMA)
- Population, Intervention, Comparator and Outcomes (PICO)

More information about these groups can be found in Section 12 of this Guide.

5. FORMATION OF THE EUNETHTA HEADS OF AGENCIES GROUP

On 13 June 2017, in a meeting facilitated by the EUnetHTA Secretariat and supported by DG SANTE (European Commission), Heads of HTA agencies from countries represented in the EUnetHTA JA3 Executive Board came together to discuss opportunities for closer HTA collaboration in Europe.

The group serves as a strategic body that both guides the progress of the Joint Action and supports the Executive Board in its work. The group meets on a biannual basis and usually holds a two-day meeting, with the first day focusing on pharmaceuticals and the second day on medical devices. The group has led the way in fostering cooperation on HTA between its member agencies by spearheading a number of initiatives which include:

- The creation of the EUnetHTA Prioritisation List (EPL) in 2018. The EPL was put together in response to a low number of industry bodies coming forward to work with EUnetHTA on the Joint Assessment of pharmaceutical products. It expresses the identified significant interest of national HTA bodies in relation to individual compounds as presented in the list. By proactively selecting those topics in direct collaboration with national bodies, EUnetHTA strives to increase the implementation

of Joint Assessments at the national level. A second iteration of the list has since been published. Both versions were extremely successful in increasing the number of Joint Assessments EUnetHTA was able to undertake.

- Increasing implementation on a national level. By coming together on a regular basis, heads were able to reiterate the importance of joint HTA at the national level, thus increasing potential uptake and implementation of EUnetHTA products.
- The HOFA group continues to serve as an information and viewpoint exchange mechanism for the HTA regulation.
- Exploring the potential setup of an independent Heads of Agencies Group. In their October 2020 meeting, the heads agreed to explore the creation of a standalone Heads of Agencies Group that could continue post-JA3 and would remain a consistent element of HTA cooperation through the various formats of collaboration expected in the next decade. The group is also envisaged to support preparations for the future EU HTA system. A working group has been set up and the subject is currently being explored by members of the EUnetHTA Executive Board and HOFA Group.
- Support of preparation of Future EU HTA System.

6. THE INTEGRATION OF NEW PARTNERS

Over the course of JA3, the network has welcomed a number of new partners, from Lithuania to Ukraine. These partners joined JA3 with the aim of collaborating more closely with the network, as well as taking on some of the key learnings of the project.

With the entry of each new partner, the Secretariat has endeavoured to make the induction process efficient and informative. Early on, an SOP was developed to define each step in the induction process, from when meetings should be set up to how the Secretariat could put each new partner in touch with the right contacts.

This work has created a vital educational opportunity for those new partners who want to learn from the variety of experts EUnetHTA has pooled. By participating in joint work, new partners are able to not only gain important first-hand insights into EUnetHTA processes, but are also able to use this experience to build up their own national profile. This ultimately seeks to serve the central aim of EUnetHTA, which is to avoid duplication and support efforts to cooperate on HTA.

7. FINANCIAL MANAGEMENT

The financial management of 67 beneficiaries in the Joint Action is a substantial undertaking and a key part of the Secretariat's day-to-day work. The Secretariat undergoes a lengthy process to ensure that the project is continuously running to budget and that any risks are communicated well in advance. Part of the financial management of the JA includes:

- Maintaining regular contact with 67 beneficiaries with regard to their financial status.
- Preparing for internal (ZIN) audit requests as well as supporting partners in their own audit requests.
- Generating regular, bespoke financial reports based on work package needs.
- Computing ongoing cost estimations for EUnetHTA products and services.
- Preparing for upcoming costs together with partners to ensure effective budgetary management.
- Putting together biannual financial reports which feed into the regular project reporting cycle.

Due to COVID-19, the Executive Board felt it was important to have a more regular reporting system so the project could quickly allocate resources to COVID-19-related work when required. As such, a light reporting system was set up, meaning partners were requested to submit timesheets on a monthly basis. This consequently required monthly outreach and analysis in order to ensure close and accurate monitoring.

8. CONTINUING TO ADVANCE CLOSER INTERACTION WITH STAKEHOLDERS

Stakeholders are a key part of EUnetHTA's work and have been integral contributors throughout the course of Joint Action 3. A number of meetings were held each year of the Joint Action with stakeholders, and these included larger gatherings such as the Forum, as well as more specific meetings with individual stakeholder groups. Stakeholders were also regularly approached for inclusion in production activities.

In December 2020, the Secretariat also hosted a large-scale meeting with all stakeholders. The meeting was well attended and served as an opportunity to provide stakeholders with an update from each work package. The Secretariat also presented the paper it authored entitled "Engaging stakeholders in EUnetHTA". The draft document brought together the ways the different production teams worked with stakeholders throughout JA3. It set out overarching methods of engagement as well as progress in the individual product areas.

The document was also circulated for stakeholder consultation and vital feedback was received, which is currently being worked into a final version due to be circulated at the end of April 2021.

While challenges remain, the work in JA3 has laid the groundwork for the inclusion of stakeholders in the future production of joint work. Processes such as the establishment of a comprehensive Conflict of Interest procedure, as well as the development of a number of product-specific stakeholder SOPs have been important milestones in stakeholder engagement, and will be the foundation for further inclusion as cooperation on HTA evolves.

9. A QUICK RESPONSE AND ACTION PLAN TO DEAL WITH THE COVID-19 CRISIS

Following discussion of a proposal brought forward by DG SANTE, in the May 2020 meeting EUnetHTA's Executive Board agreed with the need for the project to mobilise itself to carry out key functions in response to the COVID-19 outbreak.

EUnetHTA collaboration on COVID-19 was deemed important as:

- The COVID-19 emergency has highlighted the importance of EU cooperation to safeguard the health of EU citizens.
- The HTA community should contribute to the efforts to make sure that the response to the crisis is based on the best available scientific evidence.

Consequently, the Executive Board made a number of decisions which aimed to prioritise COVID-19-related work in EUnetHTA's final year (2020-2021).

- Prioritising COVID-19-related Joint and Collaborative Assessments, Early Dialogues and PLEGs.
- Prioritising the evaluation of COVID-19 testing, vaccines and treatments overall.
- Tying together all key products – including work on PLEG – to conduct work on the complete lifecycle of treatments.
- Exploring the potential use of 'rolling collaborative reviews' for monitoring COVID-19 treatments. This entails monitoring the development of evidence on treatments (ongoing trials) and the continuous assessment/update of incoming data (published data from completed trials) in a living document prior to approval. Note: This format is not meant to replace an REA at the time of approval, but to be one step ahead in order to satisfy the 'acute' needs of health policy.
- Acting as a central coordinating body for COVID-19, bringing together partners, experts and relevant information.

10. SUPPORTING THE ADVANCEMENT OF HTA COOPERATION IN EUROPE

Over the course of Joint Action 3, the Secretariat, along with lead and co-lead partners of work packages, has also been involved in emphasising the technical and scientific benefits of HTA cooperation. This objective standpoint has fed into discussions surrounding the European Commission regulation on HTA, as well as any interim and related projects and initiatives.

The Secretariat has also coordinated the response of EUnetHTA partners to requests from EU institutions to demonstrate the scientific elements of cooperation.

11. PREPARING FOR THE FUTURE

An important element of concluding the Joint Action and working towards the achievement of its objectives is preparing for the future, and the Secretariat is undertaking a number of activities pertinent to this:

- Work on the potential development of an individual Heads of Agencies Group (more information is provided under point 5).
- Work on the exploration of a standalone EUnetHTA Network. EUnetHTA's network of partners is an essential springboard for HTA cooperation in Europe. The success of JA3 and the positive feedback from partners indicates that the wider network continues to strongly support closer collaboration on HTA. For this reason, the Secretariat, together with the Executive Board, is exploring how the network could evolve post-JA3.
- Continuing to support discussions on the European Commission regulation on HTA on a technical level.
- Exploring avenues to continue collaboration on HTA in the immediate aftermath of the Joint Action.

All activities aim to comply with the objective of JA3 to provide scientific and technical coordination support for European HTA collaboration activities, standing next to the Secretariat's commitment to ensuring all required deliverables and milestones are completed to a high standard and are delivered to the European Commission by the end of the project.

"EUnetHTA and EMA have come a long way together: starting from the first project on improving the EPAR, through development of a parallel scientific advice platform, as well as exchanges on products and methodologies. We need to build on these achievements: optimising the path from development, evaluation through to medicines access is the foundation for our work. Prospective planning of evidence and engagement in methodologies, as well as mutual understanding of decision-making, are all paramount. The more we ensure that clinical evidence is designed to substantiate the clinical benefit, or its clinical value, the better we deliver in the interest of our ultimate stakeholder, the patient.

We are looking forward to continue collaborating with the HTA community, embracing together new challenges through innovative technologies as well as new types of evidence, all this facilitated by a robust framework that allows attributing value to a technology from different perspectives that matter for patients."

Michael Berntgen,
Head of Scientific Evidence Generation Department;
European Medicines Agency

4 DISSEMINATION

Lead Partner
The Instituto De Salud Carlos III (AETS-ISCIII, Spain)

Other Partners
Health Services Management Training Center (SU, Hungary), National Institute for Health and Care Excellence (NICE, United Kingdom), Agency for Health Quality and Assessment of Catalonia (AQuAS, Spain), University Hospital A. Gemelli (UCSC Gemelli, Italy), Austrian Institute for Health Technology Assessment (AIHTA, Austria), Haute Autorité de Santé (HAS, France), Swiss Network for HTA (SNHTA) Switzerland).

Objectives
- Support EUnetHTA in the dissemination of information on JA3.
- Collaborate in identifying and improving stakeholder engagement.
- Elaborate and coordinate the implementation of a training strategy.
- Explore and improve strategies for promoting EUnetHTA activities.

HIGHLIGHTS AND ACHIEVEMENTS OVER THE COURSE OF JA3

1. COMMUNICATION STRATEGY AND TOOLS

The JA3 Communication Strategy was made available at the beginning of the JA3 and guided the dissemination activities during the JA3. The following communication channels and tools have been active during the JA3: A Graphical Guide, including infographics, the Magazine, the internal newsletter, the website, the intranet, the Welcome Guide, a leaflet, PowerPoint templates, as well as social media activity. All of them are available in the intranet section “The Commons”.

2.DISSEMINATION REGISTRY

It has served to routinely collect and analyse the dissemination activities performed by the EUnetHTA partners. The final report of the Dissemination Registry is available in the intranet section ‘The Commons' and analyses the 217 activities carried out. 80% of them were events, while 14% were scientific publications, and the rest of another type.

3. STAKEHOLDER ANALYSIS AND SUPPORT IN STAKEHOLDER ENGAGEMENT

A report analysing the activities performed by EUnetHTA in collaboration with stakeholders was put together and made available to EUnetHTA partners.

WP2 has collaborated with other WPs to make further progress in stakeholder involvement, produced an information leaflet for patients about their involvement in assessments, maintained an informal Stakeholder Registry for EUnetHTA consultations, and participated in the task group for Patient and HCP involvement.

4. TRAINING DEVELOPMENT

A Training Strategy was produced with emphasis on the future mode of cooperation post-2021 (available within the final WP2 Report). This document includes an inventory of EUnetHTA related training material. WP2 has also developed a virtual classroom within the intranet storing previous available material and creating new content during JA3. It currently includes 28 videos, 14 webinars, 13 slide decks and 24 training reports.

5. AUTHORING AND COPYRIGHT RULES (ARCI)

A document containing the authorship and copyright rules to guide the elaboration of EUnetHTA outputs was produced and endorsed by the Executive Board.

6. FINAL REPORT WITH RECOMMENDATIONS ON DISSEMINATION FOR A FUTURE MODEL OF COOPERATION

The WP2 final report outlines a summary of the activities performed by WP2, and provides lessons learned and recommendations for the future. The appendices include the ARCI document, the final Dissemination Registry report, the final Training Strategy and the consensus HTA definition.

5 EVALUATING OUR WORK

Lead partner
Dental and Pharmaceutical Benefits Agency (TLV, Sweden)

Other partners
Hauptverband der Österreichischen Sozialversicherungsträger (HVB, Austria), Higienos Institutas (HI, Lithuania), National and Kapodistrian University of Athens (NKUA, Greece), Swiss for Network Health Technology Assessment (SNHTA, Switzerland), Zorginstituut Nederland (ZIN, Netherlands).

Objectives
While evaluating EUnetHTA Joint Action 3, the evaluation team tries to answer the following questions:

- Is the project reaching its objectives?
- To what extent are the different parts of the project contributing to the common goals of the project?
- Are the different parts of the project being implemented as planned?
- What work is being done to facilitate future European HTA collaboration?

The purpose of looking into these questions is to promote collaboration, optimise resource use, and to enable the project as a whole to achieve its goals.

HIGHLIGHTS AND ACHIEVEMENTS OVER THE COURSE OF JA3

1. BI-ANNUAL EVALUATION REPORTS

During EUnetHTA Joint Action 3 seven bi-annual evaluation report have been produced. The purpose of the bi-annual reports is to be descriptive reports that aim to give an overview of how the different activities (deliverables and milestones) in EUnetHTA progress continuously, and to monitor resources used. For each bi-annual report the evaluation team has gathered information from stakeholders or EUnetHTA partners partners through interviews or surveys on various topics that were thought to be of value.

2. YEARLY INTERIM EVALUATION REPORTS

The evaluation team has produced three yearly interim reports during JA3 with the purpose to provide more in-depth analysis of the project. These are deeper analysis of information gathered in the bi-annual reports and reflections regarding reports produced by other parts the project, such as the yearly implementation reports.

ACTIVITIES OVER THE PAST YEAR

FINAL EVALUATION REPORT

During the last year of JA3, the evaluation team has focused on gathering information for the final evaluation report, which is due to be finished a few months after the end of the project. The final evaluation report will have information from a stakeholder and partner survey, and analysis of resources used and of the achieved deliverables and milestones in JA3.

For the final year of JA3, the evaluation team has taken over some of the tasks regarding the implementation of EUnetHTA assessments. The evaluation team has continued to collect implementation data during this year and will present updated information about implementation in the final evaluation report. As of the beginning of February 2021, a total of 37 Joint or Collaborative Assessments have been published under JA3, of which 13 are for pharmaceutical technologies and 24 are for other technologies. The evaluation team has also assisted the work done in EUnetHTA as a response to COVID-19 by creating implementation reports for the rapid collaborative reviews and rolling collaborative reviews, with the purpose of making feedback available for the partners coordinating and leading that work within EUnetHTA.

STATUS OF ACTIVITY

The Stakeholder Survey was open from December 2020 to April 2021, and the partner survey was open from February to March 2021. Both surveys are now being analysed. Implementation data have been collected from the end of October 2020 to early January 2021 and will be collected again in early June 2021. Data of resources used and deliverables have been collected and analysed up until November 2020. After May 2021, the data for the final months of the project will be added to the final evaluation report.

"Innovation should be the driving force in the European cooperation on HTA."

Julia Chamova,
Senior Director, Global Networks; ISPOR

6 JOINT PRODUCTION

Lead Partner
The Norwegian Institute of Public Health (NIPHNO, Norway)

Co-Lead Partners
Pharmaceutical Technologies (PT): National Health Care Institute (ZIN, the Netherlands) and Norwegian Medicines Agency (NOMA, Norway)
Other Technologies (OT): Austrian Institute for Health Technology Assessment (AIHTA, Austria)

Other Partners
Joint Production consists of around 60 partner organisations that are all non-profit organisations that produce or contribute to HTA.

Objectives
- Production of Joint and Collaborative Assessments.
- Refine the production processes of jointly produced assessments based on lessons learned and experiences from Joint Action 2 and 3.
- Provide recommendations for horizon scanning, topic identification, selection and prioritisation.
- Facilitate the implementation of jointly produced assessments.
- Provide input for a sustainable model of European collaboration on jointly produced assessments after 2021.

HIGHLIGHTS AND ACHIEVEMENTS OVER THE COURSE OF JA3

Pharmaceuticals	Other Technologies
16 assessments =	27 assessments =
3 assessments ongoing	3 assessments ongoing
13 published assessments	24 published assessments
2 published RCRs	2 published RCRs
2 ongoing RCRs	

**cut-off date March 30, 2021*

**cut-off date March 30, 2021*

The assessment production process was continuously updated based on feedback sessions with authors and industry, as well as updated procedural guidance and templates.

1. COVID-19-related work was prioritised, which resulted in the production of rapid and rolling collaborative reviews as well as a publication monitoring database. Please see below for more information.

2. Topic Identification Selection and Prioritisation (TISP): recommendations were created following the pilots "EUnetHTA Prioritisation Lists (EPL)".

3. Stakeholder engagement:
   a. Recommendations for and facilitation of patient involvement were established: different involvement approaches were tested, procedures and a guidance document were established, including relevant templates such as the EUnetHTA patient input template (translated into 22 official EU languages). 12 out of 27 OT and 14 out of 16 PT assessments successfully involved patients.
   b. Recommendations for Health Care Professional (HCP) involvement was established: different approaches were tested, which led to the publication of a guidance document. All OT assessments and 12 out of 16 PT assessments successfully involved at least one HCP.
   c. Collaboration with Competent Authorities/Regulators and Notified Bodies: coordinated activities were developed to explore synergies. A dedicated EUnetHTA Task Force on HTA and Medical Device Regulation (MDR) was created, a vision paper was established and three EUnetHTA workshops were held.
   d. Collaboration with the European Medicines Agency (EMA): 1) joint support for identifying relevant patient and HCP organisations for specific activities and 2) a process for collaboration between the EMA and EUnetHTA in the context of joint production under JA3 WP 4 (implemented in November 2016, after discussion in the technical meeting of June 2016).
   e. Exchange with industry: 1) Production of industry procedural manuals and FAQs and 2) technical meetings between EUnetHTA and MedTech Europe (May 2019), as well as annual technical meetings between EUnetHTA and EFPIA.

4. Updates and recommendations for templates and methodological procedures:
   a. Recommendations for a standard process in defining the European Population, Outcomes (PICO) and publication of related frequently asked questions (FAQs).
   b. Recommendations for common phrases and use of GRADE.
   c. Establishment of Plain Language Summary template.
   d. Recommendations for a future submission dossier and assessment report templates of pharmaceutical technologies.

5. Evolution of project management activities:
   a. In OT: Establishment of a pool of activity centre project managers across Europe: decentralised project management was enabled and performed for approximately half of the OT assessments.
   b. In PT: developed a structured project management system and fine-tuned the production timelines and steps based on feedback from the authoring teams.

6. Establishment of the Statistical Specialist Network to support assessment teams.

ACTIVITIES OVER THE PAST YEAR

COVID-19-related work was prioritised in the production of EUnetHTA assessments. In total, four Rapid Collaborative Reviews in OT and PT were conducted (of which two were updated). In addition, 23 Rolling Collaborative Reviews in PT were produced and are updated on a (bi)-monthly basis. These products aim to provide decision-makers with a timely synthesis of available evidence on the comparative effectiveness of diagnostics and treatments relevant to the management of the current pandemic. More information about the different COVID-19 procedures and methods can be found here.

In addition, a COVID-19 publication monitoring is carried out on a bi-weekly basis. This activity aims to create a clear overview of the responses of EUnetHTA partners to the pandemic. This database is updated bi-weekly to provide an up-to-date overview of developments in treatments and diagnostics for COVID-19.

Status of activity: The activity is ongoing.

Recommendations for a production process of EUnetHTA assessments as part of a Future Model of Cooperation on HTA after JA3 were established by W4 LP and Co-LP partners. The report aims to give an overview of the work that has been carried out so far in JA3, the experiences, and recommendations based on these experiences and lessons learned. It underwent consultation by WP4 partners. WP6 LP also contributed to parts of the report.

Status of activity: The report will be published in May 2021.

A Fact Check Evaluation was undertaken to provide information, including both opinions and empirical data, regarding the use of the fact check (an opportunity to provide comments to a draft of the project plan and/or the assessment report) by the manufacturer within EUnetHTA assessments. The Fact Check Evaluation was performed as a collaboration effort between WP4 and WP6.

Status of activity: Completed and published in the EUnetHTA Companion Guide.

A dedicated EUnetHTA task group developed a framework paper which presents a proposal on how to partially use GRADE in the EUnetHTA context. Partial use of GRADE means that assessment authors use the instrument (i.e. domains) of GRADE to assess certainty of evidence, but no grading is undertaken. This leaves the flexibility and adaptability to be modified locally to reflect the national contexts. Recommendations for type of formulations to be used, or not to be used, in EUnetHTA assessments were additionally outlined in two different concept papers. The outputs of the task group will need to be implemented after JA3.

Status of activity: Completed and published in the EUnetHTA Companion Guide.

A dedicated EUnetHTA task group developed recommendations for future submission dossier and assessment report templates for pharmaceutical technologies. Two surveys among EUnetHTA partners were carried out in the summer of 2020. One survey was conducted to identify evidence requirements for a submission dossier and to facilitate future revisions of the EUnetHTA submission dossier template. Another survey was carried out to collect feedback on the current assessment report template, to find areas of improvement, and to facilitate future revisions of the EUnetHTA assessment report template.

Status of activity: Completed and published in the EUnetHTA Companion Guide.

A dedicated EUnetHTA task group developed a position paper on the PICO framework. This position paper clarifies EUnetHTA's conceptualisation and perspective of the PICO, and provides recommendations for a standard process in defining the PICO question(s) in EUnetHTA assessments.

Status of activity: Completed. An FAQ is published.

A EUnetHTA Plain Language Summary (PLS) template was developed by conducting a comprehensive literature review of PLS studies and reviewing existing PLS designs, guidelines and templates. The developed template was then shared for consultation with selected EUnetHTA authoring agencies and patient and healthcare professional agencies.

The aim of a PLS is to disseminate and share information about EUnetHTA assessments to non-HTA experts and researchers, such as patients, policy-makers, healthcare professionals and the general public.

Status of activity: Completed. The PLS has been piloted for a couple of PT and OT assessments.

Development of the Statistical Specialist Network. This network was established in April 2020 with the remit to support EUnetHTA authoring teams of PT and OT assessment with their questions related to statistical analyses, or to support the authoring teams with reviewing the statistical analyses. Currently, 25 individual statistical experts joined the network.

Status of activity: Network is established and is available to provide support in case the EUnetHTA assessment teams have questions.

A 3rd EUnetHTA Workshop of the Taskforce on HTA and medical device regulation (MDR) was held online on 04.11.2020: besides an update on the progress in implementation of the MDR/in vitro diagnostic regulation (IVDR) and on the status quo of the proposal for a regulation on HTA in the European Union, this EUnetHTA e-meeting initiated a dialogue on the evaluation of software as a medical device.

Status of activity: The documentation (slides and minutes) were published on the EUnetHTA website.

7 EARLY DIALOGUES

Lead partner
Haute Autorité de Santé (HAS, France)

Co-Lead partner
Gemeinsamer Bundesausschuss (G-BA, Germany)

Early Dialogue Working Party (EDWP) Members
AEMPS/AETSA/AQuAS, AIFA, G-BA, HAS, NICE, NIPN, NOMA, RER

Other partners
In total, there are 27 partners involved.

Objectives
The objective of the work on EDs is to support the generation of good quality evidence for proper HTA, generally pre-approved, by:
- Developing and establishing an organisational structure for EU EDs either by HTAbs only (Multi-HTA ED) or by EMA and EUnetHTA (parallel consultation).
- Delivering Early Dialogues: answering specific questions of the pharmaceutical company, during a meeting or in writing.
- Evaluating how the collection of fees from industry and the redistribution among partners could best be implemented, and using that information to develop a sustainable model for delivering EDs.

HIGHLIGHTS AND ACHIEVEMENTS OVER THE COURSE OF JA3

1. A SUSTAINABLE ORGANISATION OF EARLY DIALOGUE (ED) ACTIVITY

A sustainable organisation of EDs has been put in place during JA3 with a one-stop shop supported by a dedicated secretariat, scientific and administrative coordination, an established EDs Working Party (EDWP) as a standing committee, systematic patient contributions, a prioritisation of innovative technology, consolidated positions on research questions and associated PICO delivered, establishment of procedures and templates adapted based on the experience of more than 25 EDs, and the definition of an ED Financing Mechanism with conditions for implementation.

A. ED Governance

EDs are a cornerstone activity of the collaboration and a critical first step in preparation of future JA and PLEG (lifecycle approach for products). Coordinated by the ED Secretariat at HAS, EDs are structured around the Early Dialogues Working Party (EDWP). The composition of the EDWP at the end of JA3 is as follows: AEMPS, AIFA (RER as an alternate), G-BA, HAS, NIPN, NOMA. NICE is participating in the EDWP for multi-HTA EDs. The role of the EDWP is to review procedures and templates, to

evaluate and prioritise all ED requests, and to participate in nearly all EUnetHTA EDs, thus ensuring a high-quality and consistent EUnetHTA contribution on EDs. They also take turns in the roles of Scientific Coordinator and Rapporteur for each ED.

The HAS ED Secretariat coordinates the EDs by not only acting as the primary contact point for industry and EMA, but also through the production and update of the procedures, templates, and guidance documents needed for EDs in collaboration with G-BA.

Multiple guidance documents, templates, and procedures have now been produced for Early Dialogues, including:

- Guidance for Parallel Consultations (co-written with EMA), including detailed procedure.
- Guidance for Multi-HTA EDs (pharma), including detailed procedure.
- Guidance for EDs for Medical Devices.
- Guidance on the Roles of the Scientific Coordinator and Rapporteur in pharmaceutical EDs.
- Templates for Applicants for all types of EDs (Request Letter/Draft Briefing Book).
- Templates for the HTAb (List of Issues, Final Recommendations, PowerPoint templates for internal meetings).

B. ED Prioritisation

A set of selection criteria for products requesting EDs was established by the EDWP. These criteria were published on the EUnetHTA website and included in the EUnetHTA ED Guidance document. The EUnetHTA Selection Criteria state that the product should aim to bring added benefit to patients, i.e. by:

- A new mode of action for the indication; and
- Targeting a life-threatening or chronically debilitating disease; and
- Responding to an unmet need of patients (no treatment or only unsatisfactory treatment available).

The same criteria were applied to all EDs throughout JA3, including the prolongation period.

Selection of products, based on an open call to industry, was carried out during the summer of 2020 to restart ED activities put on hold due to the COVID-19 crisis. This approach allows for a better planning for EDWP partners to take over the coordination functions.

Following the EDWP decision, the HAS ED Secretariat systematically provides feedback to the company explaining the EDWP reasoning.

2. PRODUCING EDs DURING JA3

A. 38 EDs conducted during JA3

Since 2017, EUnetHTA has been offering EU HTA Early Dialogues. In total, 119 requests for ED were received during JA3. Of these, 94 were requests for pharmaceutical parallel consultations, 32 of which were accepted. In terms of Multi-HTA EDs, 23 requests were received resulting in six EDs for pharmaceutical products and one ED for a medical device. Finally, two requests for qualification on the development of patient reported outcomes were received. Despite interest from multiple HTAb, EUnetHTA did not accept the requests due to resource constraints. Table 1 below provides an overview of all requests received since the beginning of EUnetHTA JA3.

TABLE 1: ED REQUESTS DURING JA3

TOTAL REQUESTS FOR EARLY DIALOGUES (119*) IN JA3			
Therapeutic Field *(indication)*	MULTI-HTA EARLY DIALOGUES *(23 requests)*		PARALLEL CONSULTATIONS (PC) *(94 requests)*
	Pharmaceutical Products *(6 accepted requests)*	**Medical Devices** *(3 requests)*	**PCC** *(32 requests)*
Cancer	2 *(completed)*	1 *(completed)*	10 *(completed)*
Metabolic disorders		1 *(withdrawn by applicant)*	
Neuro-degenerative disorder	1 *(completed)*		4 *(completed)*
Viral disease	1 *(completed)*		1 *(completed)*
Other	2 *(completed)*	1 *(withdrawn by applicant)*	16 *(completed)* 1 *(withdrawn by applicant)*

** Including 2 requests for qualification in parallel with EMA not included in the therapeutic field breakdown.*

We note that:

- 17/119 (14.29%) requests came from SMEs (resulting in seven PCs);
- 19/119 (15.97%) were requests for ATMP products (resulting in ten PCC/PC, one Multi-HTA [note: the EDWP agreed that an additional product met the selection criteria but, due to resource constraints, had to be refused].
- 33/119 (27.73%) were requests related to products with an Orphan designation, resulting in 13 PC and 3 Multi-HTA.

B. Analysing the EDs conducted: Topics covered during EDs, HTAb Alignment and impact of EUnetHTA Final Recommendations on Industry Clinical Development
The WP5A Lead (HAS) and Co-Lead (G-BA) partners conducted an analysis of the Briefing Books received for the first 21 completed "EUnetHTA" EDs (3 Multi-HTA, 18 PCC) for pharmaceuticals, showing:

- The PICO criteria and study design were discussed in almost all the EDs, the topic of health economics was addressed in more than half of the EDs, and Post Launch Evidence Generation (PLEG) in one third of the EDs.
- A high percentage of alignment between HTAb with more than 80% of full alignment (which does not prevent supplementary national specification) on all PICO items, except for recommendations on PRO where approaches could differ between agencies performing health economics evaluation and those focusing on clinical evaluation.
- A good signal of better evidence for future HTA, since modifications were already proposed by the Applicant in 12 out of 21 (57%) EDs after receiving the EUnetHTA List of Issues. This includes major changes like the addition of a study (2/21), changes of comparator (3/21), design adaptation (8/21), and primary endpoint choice (5/21), but also population criteria, intervention, and other outcomes. Further clinical development adaptations can be expected after applicants have received the final EUnetHTA recommendations.

C. Establishing Successful Patient Contribution:
More than 85% of EDs involved patients (see table 2) and 100% of those involved were satisfied with the interaction and the interview, according to the analysis of 19 patient feedback questionnaires.

TABLE 2: SUMMARY OF PATIENT INVOLVEMENT IN EUNETHTA EDS BY APPROACH

Approach	Number of EDs	Number of patients/ED
Approach 1 Individual patient - interviewed regarding the disease and their experience	5 EDs (3 with approach 1 & 2)	5 French patients
Approach 2 Approach 1+ discussion with local HTA body regarding submission file (without applicant)	17 EDs (4 with approach 2&3)	19 German patients 2 French patients 4 EU Representatives 1 Italian patient
Approach 3: Expert Approach 1+ discussion with all participating HTA bodies regarding the submission file and participation in the F2F meeting with the applicant	11 EDs (4 with approach 2&3)	8 EU Representatives 5 French patients

3. DEVELOPING AN EARLY DIALOGUES FINANCING MECHANISM (EDFM)

One of the largest hurdles during JA3 has been the establishment of a sustainable financing mechanism for Early Dialogues. A Framework Agreement commented on and agreed by the EDWP, legal experts, and a business consultant was delivered in June 2020 and could, in theory, serve as the basis for a contractual agreement to set up an EDFM. While the framework (including fees) for the EDFM has been developed, it could not be piloted during JA3 due to the lack of an agency to function in the role of the EDFM Secretariat (the 'banker') for the short time period.

8 POST LAUNCH EVIDENCE GENERATION AND REGISTRIES

Lead partner
Haute Autorité de Santé (HAS, France)

Activity Center Leads
Italian Medicines Agency (AIFA, Italy), Galician Agency for HTA (avalia-t, Spain), National Institute for Heath and Care Excellence (NICE, United Kingdom), and Dental and Pharmaceutical Benefits Agency (TLV, Sweden).

Other partners
In total, there are 27 partners involved.

Objectives
The objective of the work on PLEG and Registries is to set up and consolidate common activities on Post Launch Evidence Generation by:
- Piloting joint work on defining requirements for Post Launch Evidence Generation (PLEG), for specific products or data sources registries, (PLEG pilots);
- Developing a tool to support HTA organisations in guiding and evaluating registry quality towards effective usage in HTA (REQueST®).

HIGHLIGHTS AND ACHIEVEMENTS OVER THE COURSE OF JA3

1. HAVING A GLOBAL VIEW ON PLEG PRACTICES OF EUNETHTA PARTNERS ON THE NATIONAL LEVEL

A survey to understand PLEG practices in various countries was conducted by WP5B Lead (HAS) in December 2019. 12 WP5B partners participated in the survey, whose main results are summarised below:

- Of the 12 survey respondents, 10 assess pharma, two assess only MD, and two assess both.

- More than half of HTAb have procedures in place with the possibility to make official requests for PLEG. In more than 75% of cases, the PLEG request is made at the time of the assessment/appraisal but details of the request are usually defined later and can even be part of the pricing & reimbursement negotiations. A few agencies indicated they are still developing a formal PLEG request procedure.
- In the majority of cases, PLEG is used for re-assessment of the added value of a technology but they can also contribute solely to the monitoring of good usage of the health technology.
- The responsibility for setting up data collection and running the analyses lies mainly with the manufacturers (60%) in pharma, and with the HTAb with support of scientific societies (75%) in MD. In connection with data collection responsibilities, companies are generally the data owners of PLEG, especially for pharma. The exception is AIFA, which is the sole owner of post-launch data at the national level. In a few cases, the Ministry of Health oversees implementation of post-launch data and is the data owner.
- In the case of European collaboration, a majority of the agencies evaluating drugs estimate that the collaboration could take place even before the HTA has started (70%). However, this is not the case for the medical device agencies, where the vast majority have no opinion on the timelines of a potential collaboration. Most agencies are not in favour of collaboration starting during the production of the HTA report but recommend starting once the evidence gaps have been defined, for instance, after national appraisal. When the collaboration follows a European joint assessment, the process can start during the production of the HTA report once the evidence gaps have been defined. In case the technology is assessed at national level only, collaboration can only start once the HTA report has been published.
- Some agencies have different practices for PLEG, depending on the topic concerned, but most of them refer to the usage of registries (mainly disease registries). Many of them are involved in discussion or in decision in the method for development of post-launch data. The earlier the PLEG request can be anticipated and formalised, the easier it will be for the agencies to exchange on their request, on protocol under study, and on potential opportunities to share data. Data sharing in particular should be anticipated as only a few agencies own the data and are able exchange them without asking permission.

2. ENSURING THE QUALITY OF REGISTRIES: THE REQUEST TOOL

The Registry Evaluation and Quality Standards Tool (REQueST) has been developed by JA3 work package 5 strand B. It is designed to support more systematic and widespread use of registry data in HTA and for regulatory purposes by enabling consistent evaluation of the suitability and reliability of registries for HTA.

The standards set out in the tool are universal and essential elements of good practice and evidence quality that are, therefore, relevant and applicable to different types of registries. REQueST builds upon the existing guidance on registry quality and provides a means to adopt and implement best practice. To the knowledge of WP5 partners, there are no other existing tools fit for that purpose.

The tool can be used by both evidence developers to assess the quality of their registry, and by international or national organisations considering whether to use registry data for HTA and regulatory purposes. EUnetHTA partners are encouraged to use the tool in all joint activities in which registry quality is to be defined or assessed. Moreover, EUnetHTA partners can use the tool on an individual basis when assessing the quality of registries for HTA purposes in their everyday work.

An Excel version of the tool was approved by WP5B partners after pilot testing and public consultation. Since its publication, the tool has been used in two EUnetHTA PLEG pilots (see below) and in several individual national PLEG activities. Some of the national PLEG activities that have been finished by May 2020 reported very positive feedback on the tool from registry holders. This feedback also helped highlight possible improvements to the tool, including the development of an IT version, which would make it even more user-friendly. A SharePoint version using Microsoft Power App functionalities (which greatly improves user experience) was therefore developed and tested through evaluation of two national registries.

In addition to the tool itself, a vision paper on the options for the sustainable availability and use of REQueST after the end of Joint Action 3 has been developed. The paper also underwent partner, stakeholder, and public consultations. A phased approach to tool implementation has been agreed.

3. PILOTING COMMON PLEG

Three product-specific pilots have been performed. All were based on proposals made by the WP5B activity centres (i.e. AIFA, TLV and avalia-t) and arose from evidence gaps identified in their respective national assessments. The three agencies were leading the production of their respective pilots and have been the main authors of the pilot documents. EUnetHTA partners have responded positively to the calls for collaboration and have participated as co-authors or reviewers of the documents. More details on each pilot can be found in Table 3.

The objective of the pilots was to agree, among participating agencies, on the common evidence gaps and the common dataset for real world evidence generation for the products in question, in order to fill in the gaps identified at the moment of the assessment. Moreover, the use of the REQueST® tool to define the quality requirements for the registries to be set up has been tested in the LVAD pilot. These jointly defined requirements reflected or were used by participating agencies as a basis to set up PLEG on the national level. The corresponding reports are published on EUnetHTA website (https://eunethta.eu/pleg/).

TABLE 3. EUNETHTA JA3 PRODUCT-SPECIFIC PLEG PILOTS

Product	Indication	N° of HTA bodies	Specific Pilot Objective	Data Sources
Spinraza®	Spinal muscular atrophy	6	Collect data on long term outcomes and drug use in a real-world setting	Registries
Ibrance ®	Metastatic breast cancer	3*	Collect utilisation data (treatment length and any dose adjustments) as a good proxy for treatment effectiveness	Registries and claims databases
Left-ventricular assist devices (LVAD)	End-stage heart failure	4	Collect data on use and long-term outcomes in a real world setting and on characteristics of patients that benefit the most from these devices	Registries

4. PILOTING REGISTRIES

Two registry-specific pilots have been carried out. This type of pilot is performed in collaboration with registry owners and consists of assessing the suitability of existing registries for HTA PLEG purposes, in terms of the variables collected (minimum dataset) and the quality of the data collection. The pilot report includes non-binding recommendations from participating HTA bodies on these two aspects and is published at https://eunethta.eu/pleg/.

The first pilot was performed together with EMA and concerned the European Cystic Fibrosis Society Patient Registry (ECFSPR). The collaboration and pilot production was coordinated by WP5B lead (HAS) with four HTA bodies participating actively in the work and four other HTA bodies observing. In agreement with the ECFS, only the summary of the pilot report was made public.

The second pilot was a HTA-only pilot, which concerned the European Society for Blood and Marrow Transplantation (EBMT) registry and it specifically focused on the suitability of this registry for post-launch follow-up of CAR T therapies. The collaboration and pilot production were coordinated one more time by WP5B lead (HAS), with eight HTA bodies participating actively in the work, and one HTA body observing. The assessment of the quality of the data collection was performed using the REQueST® tool.

"EUnetHTA is Powerful Efficiency. I feel that EUnetHTA has contributed to the European HTA landscape by increasing harmonization of products and methods."

Claudia Wild, Chief Executive Officer,
Austrian Institute for Health Technology Assessment GmbH

9 QUALITY MANAGEMENT, SCIENTIFIC GUIDANCE AND TOOLS

Partners
Institute for Quality and Efficiency in Health Care (IQWIG, Germany)

Co-lead partner (not during the prolongation phase)
Belgian Health Care Knowledge Centre (KCE, Belgium).

Other partners
In total, there are 26 partners involved.

Objectives

- Establishment of a sustainable quality management system (QMS) for EUnetHTA.
- Launch and maintenance of the EUnetHTA Companion Guide, a comprehensive online repository providing relevant support and guidance for the production of HTA reports to assessment teams and project managers.
- Development, evaluation and maintenance of all components of the Companion Guide: QMS concept, process flows, Standard Operating Procedures (SOPs), templates, guidelines, IT tools, recommendations, and further guidance documents.

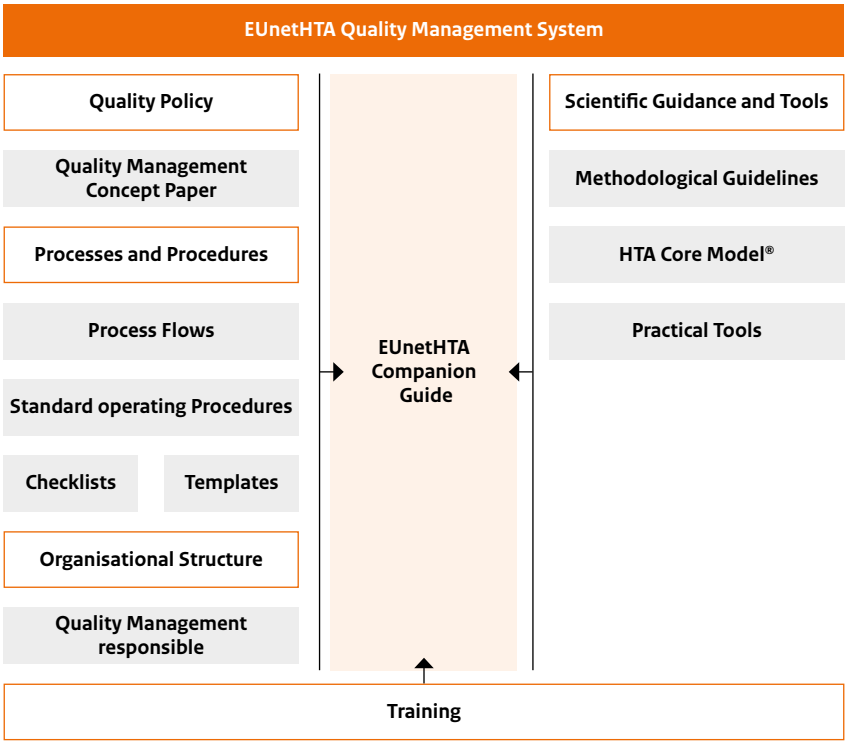
HIGHLIGHTS AND ACHIEVEMENTS OVER THE COURSE OF JA3

1. ESTABLISHMENT OF A QUALITY MANAGEMENT SYSTEM FOR EUNETHTA

As one of the central deliverables of JA3, EUnetHTA set up a sustainable quality management system (QMS) to ensure that the joint work is of a sufficiently high and consistent standard. The aim was to create a framework consisting of QMS structures (quality policy, processes, procedures and organisational structures, see Table 4) combined with quality management measures (quality planning, quality assurance, quality control and quality improvement). Besides meeting the aim of high-quality processes and outcomes, the QMS should help improve efficiency as well as transparency and standardisation of processes and methods. Continuous evaluation

helped to identify gaps and shortcomings in processes and structures. With the establishment of a QMS for the production of joint assessment reports, EUnetHTA has taken a significant step towards a sustainable model for scientific and technical collaboration within European HTA.

TABLE 4: EUNETHTA QUALITY MANAGEMENT SYSTEM



2. DEVELOPMENT AND IMPLEMENTATION OF THE EUNETHTA COMPANION GUIDE

All elements of the QMS were incorporated into a web-based platform, the EUnetHTA Companion Guide, which was launched in May 2018. The Companion Guide is of restricted access and available to all EUnetHTA partners. After being piloted on the first assessments, a user test of the EUnetHTA Companion Guide has been conducted among WP4 partners with a focus on the user-friendliness of the tool. Several measures for improvement have been identified and a revised version was re-launched in September 2019. To facilitate navigation, the Companion Guide provides graphical overviews of the available content and options to filter the content, depending on the user's role in the assessment. The user has access to training modules providing information on how to use the Companion Guide and the methods, tools and SOPs included. Moreover, the training material enables HTA producers to develop necessary QM and HTA capabilities that can support the work of EUnetHTA's partner organisations both during the joint and national work.

3. REVISION OF THE HTA CORE MODEL®

The HTA Core Model® is a methodological framework of EUnetHTA for the production and sharing of HTA information that was initially developed as part of the EUnetHTA project between 2006 and 2008. Based on the feedback received from the assessment teams in JA3 and previous Joint Action phases, a major revision of the model and its integration into the newly established Quality Management framework was completed in JA3. A so-called Core Model Working Party was established that comprised representatives from eight partner organisations with experience in the development of the HTA Core Model® and/or its practical use at the EUnetHTA or national level (for either pharmaceutical or other technologies) and the EUnetHTA Secretariat. The primary aim of the group was to make the HTA Core Model® sustainable for the future. As a first step, the reporting structure was translated into an assessment report template for a full assessment of other technologies. This structure facilitates reading of the assessment reports to enhance their further uptake. Moreover, the template facilitates writing the assessment reports by guiding the authors through EUnetHTA's methodological and procedural requirements and by providing them with a clear and easy-to-handle structure. This could be realised by integrating the HTA Core Model® into the new EUnetHTA QMS. Two assessment teams piloted the new template and explored its usability for EUnetHTA assessments of other technologies, starting in June 2020.

4. DEVELOPMENT AND REVISION OF PROCESSES, TEMPLATES, TOOLS AND GUIDELINES

Several WP6 working groups defined processes and methods to support assessment teams in creating high-quality assessment reports. Existing guidelines, templates and tools were refined, while missing parts were newly created and integrated into the new QMS framework. Based on a common quality management concept and defined development and revision procedures, 27 partner organisations jointly developed and maintained around 40 standard operating procedures (SOPs) and other components of the QMS.

The SOPs describe in detail who is responsible for which task during the assessment process, and provide timelines for the different assessment phases and tasks. Furthermore, SOPs and other guidance documents address the qualifications and skills needed for setting up an assessment team, internal and external review processes, as well as identification of and collaboration with external stakeholders. Process flows have been developed that provide graphical overviews of all SOPs and guidance documents relevant for the assessments in chronological order. Based on the feedback received via several channels and a prioritisation exercise conducted at the beginning of JA3, the existing guideline on information retrieval was updated. A concept for the revision of the guideline on direct and indirect comparisons was also finalised. In addition, a new methodological guideline on the assessment of economic evaluations was developed and a concept for another new guideline on the critical assessment of clinical evidence was completed.

5. ESTABLISHMENT OF THE INFORMATION SPECIALISTS NETWORK

The Information Specialist Network was established in March 2019. As of today, 71 information specialists from 26 EUnetHTA partner organisations form part of this network. Project managers of the assessment teams can contact the network if an information specialist is missing in the assessment team or if information retrieval-related issues arise. So far, the network has been involved in identifying information specialists for individual assessments (as dedicated reviewers), and in providing advice via e-mail to other information specialists on how to apply the SOPs on information retrieval. Moreover, it provides training and facilitates regular exchange between information specialists. The network has installed a steering committee that answers methodological and practical questions arising during the assessments, and coordinates maintenance of the information retrieval guideline and SOPs. The network has supported the work related to COVID-19 by providing tools and support for literature screening in some of the Rolling Collaborative Reviews (RCR).

ACTIVITIES OVER THE PAST YEAR

Maintenance of the Quality Management System and EUnetHTA Companion Guide
WP6 has continued maintaining the EUnetHTA Companion Guide and its content during the prolongation of JA3. As a measure of continuous quality improvement, a survey has been sent out to all members of the assessment teams and the project managers after publication of each assessment report. The feedback on further needs for updates of processes, templates, guidelines and tools, and missing parts has been compiled and fed into the work related to the Future Model of Cooperation on HTA.

Status of activity: The feedback system will be continued until the end of JA3.

Continuation of the work on standard operating procedures
Drafting of three SOPs has continued during the prolongation phase. In addition, a few SOPs have been updated to reflect the recommendations developed by EUnetHTA's task groups.

Status of activity: The development and revision of SOPs has been completed. Additional needs for the revision of SOPs after JA3 have been identified by the assessment teams' survey and fed into the work related to the Future Model of Cooperation on HTA.

Piloting and revision of the HTA Core Model® Template for Other Technologies
Two assessment teams piloted the new template and explored its usability for EUnetHTA assessments of other technologies starting in June 2020.
Based on the feedback received from the assessment teams and project managers, a minor revision of the template has been conducted.

Status of activity: The work on the template is completed.

10 IMPLEMENTATION

Partners
The National Institute for Health and Care Excellence (NICE, United Kingdom)

Co-Lead partner
Italian National Agency for Regional Health Services (Agenas, Italy)

Other partners
In total, there are 57 WP7 partners.

Objectives

- To provide technical support to WP1 about implementation issues, so as to enable WP1 to develop a mechanism of HTA cooperation that successfully takes implementation issues at national, regional and local (hospital) levels into account.
- To facilitate uptake and implementation in national, regional and local settings of EUnetHTA tools and jointly produced HTA information in EUnetHTA (from previous joint actions and as well as in JA3 from WP4, 5 and 6) and reuse of HTA reports produced by Member States.

HIGHLIGHTS AND ACHIEVEMENTS OVER THE COURSE OF JA3

1. In the first year of JA3, WP7 carried out collaborative work with WP1 and WP3 to develop a metric tool to measure use of EUnetHTA assessments. The metric tool was incorporated into the WP7 feedback survey to measure the use of JA3 assessments and to provide feedback to production work packages.

2. The first WP7 deliverable was a piece of research and analysis of pharmaceutical and non-pharmaceutical HTA processes from 59 agencies in 31 countries to identify both key implementation challenges and how agencies within their existing processes could engage in HTA cooperation and use EUnetHTA assessments. The work was coordinated with work being carried out by the EC to inform the impact assessment for the HTA regulation proposal.

3. During JA3, the Implementation work package carried out three case studies, including interviews with 40 agencies to support in-depth consideration of specific aspects of implementation:
   a. The experience of using EUnetHTA JA2 assessments and lessons from JA2 that can be applied in JA3.
   b. How EUnetHTA relative effectiveness assessments could inform economic evaluations.
   c. Use of EUnetHTA tool and guidelines by EUnetHTA partners.

The last case study was a collaborative case study with WP6 to inform their methods development review cycle.

4. WP7 created a number of tools and procedures to support implementation. These included: an implementation strategy, a feedback system to capture the use of and experience of using JA3 assessments, a baseline using JA2 data from which to measure changes in JA3, interviews, intranet webpages, webinars and presentations about the experience of using JA3 assessments.

5. Five reports were published every six months providing up-to-date implementation data and interview data about the use of JA3 assessments. By the end of June 2020, the data collection system has captured 298 uses of 27 published EUnetHTA assessments, with an increased use in pharmaceutical assessments in JA2 compared with JA3.

6. The final strand of activity has been technical support for developing the Future Model of Cooperation on HTA. The work undertaken had three elements:
   a. The work started with focus groups held with partners and an internal report that described and analysed the gaps and challenges to support transforming EUnetHTA activities into a sustainable model of HTA cooperation.
   b. Technical support then focused on supporting the Executive Board to audit existing elements of HTA cooperation and identifying the areas that were missing or needed improvement.
   c. Finally, work has supported the Executive Board to prepare a White Paper that compiles the learnings and recommendations from the JA3 (see the next section for further details about the development of a Future Model of Cooperation on HTA).

11 FUTURE MODEL OF COOPERATION ON HTA (FMC-HTA)

A key objective of EUnetHTA Joint Action 3 (JA3) is to support voluntary cooperation at scientific and technical level between HTA agencies by developing the underlying scientific and technical principles for a Future Model of Cooperation on HTA. Work developing a Future Model of Cooperation on HTA started in October 2018 with an audit of the existing elements of a model that had been put in place, and identification of the most important areas that needed further work or were missing.

The initial work was taken forward by a task group comprised of 17 EUnetHTA partners. Once this work was completed, the work to develop the final output was taken forward by the EUnetHTA Executive Board. The work developing a Future Model of Cooperation on HTA has intensified in the final year of EUnetHTA.

The work on a Future Model of Cooperation on HTA aims to bring together the JA3 learnings, recommendations and outstanding issues to inform further development work and to guide the implementation of a future model after EUnetHTA JA3 ends.

The data sources for the work are primarily the work carried out by the task group, and the work package milestones and deliverables. The model of HTA cooperation considers both the principles of general HTA cooperation (that is, cooperation across activities) and also principles of activity-specific cooperation. It covers areas fundamental to sustainable HTA cooperation such as participation, governance, support systems, topic identification, methodology, procedures and evaluation.

The output of this work is currently out for consultation with EUnetHTA partners and stakeholders before it is finalised and published at the end of JA3.

12 AN OVERVIEW OF TRANSVERSAL GROUPS IN EUNETHTA

TASK GROUPS

CONFLICT OF INTEREST

Objectives
Ensure consistent understanding and application of the EUnetHTA DOI procedure. Check in: What is working well? What needs to be clarified/improved? Identify limitations of the DOI procedure and tool (i.e., template). Develop new adapted procedures and tools. A Conflict of Interest Committee that assesses the DOI forms of each individual participating in a joint activity prior to his/her involvement.

Status
Continuous group.

PATIENTS, CONSUMERS AND HEALTHCARE PROFESSIONALS

Objectives
To define a common/consistent strategy for PC&HCP contribution to EUnetHTA WP4&5 activities and to facilitate the deliverables, namely of WP4 and WP5, with respect to how patients/consumers (P&C) and healthcare providers (HCP) will be involved at project level.

Status
Deliverable submitted and approved.

HTA AND MDR/IVDR - MEDICAL DEVICES

Objectives
To explore possible synergies between EUnetHTA activities on medical devices and in vitro diagnostics, and the regulators (competent authorities supported by the EU Commission (DG GROW) in implementing the MDR/IVDR) – similar to EMA-EUnetHTA collaboration in the area of medicinal products.

Status
Continuous group. Deliverable submitted and approved.

COMMON PHRASES AND GRADE

Objectives
To avoid the use of sentences/words in an assessment report which may unintentionally imply or predetermine reimbursement decisions in some jurisdictions.
To recommend on the use or non-use of GRADE or other internationally adopted rating systems in Joint Assessments.
To provide a scenario-based set of standardised formulations regarding the textual presentation of results and conclusions in PT & OT JAs/CAs for increased consistency.

Status
Deliverable submitted and approved.

SUBGROUPS

SUBMISSION DOSSIER (PHARMA)*

Objectives
Collect feedback from EUnetHTA partners on what information and data would be required in a future template.
Based on the feedback, provide recommendations for a future template.
If needed, make minor but necessary amendments to the current (JA2) template, based on the outputs and recommendations of other EUnetHTA subgroups and task groups.

Status
Deliverable submitted and approved.

ASSESSMENT TEMPLATE (PHARMA)*

Objectives
Collect feedback on the current EUnetHTA assessment report template (revised in March 2019) from authoring teams, EUnetHTA partners and users of EUnetHTA assessments.
Compare the current EUnetHTA assessment report template with the tables of contents in published national HTA reports to identify areas of improvement.
Use the outputs of other EUnetHTA subgroups and task groups.
Make minor changes to the current template and provide recommendations for a future template (based on input received through the objectives above).

Status
Deliverable submitted and approved.

**Part of the single subgroup Submission Dossier and Assessment Report Template (SDAT-PHARMA)*

POPULATION, INTERVENTION, COMPARATOR AND OUTCOME (PICO)

Objectives

To develop an official document providing guidance on the scoping process and the development of research question(s), i.e. PICO(s), to be reported in the Project Plan (PP) and developed in the Relative Effectiveness Assessment (REA).
To develop a document applicable to both pharmaceuticals and other technologies, addressing and highlighting specific issues where necessary.
To state which elements of methods must be reported in the Project Plan/Protocol.

Status

Deliverable submitted and approved.