In spring, the WHO World Health Assembly passed a resolution that urges the countries to consider establishing national systems of health intervention and technology assessment, encouraging the systematic utilization of independent health intervention and technology assessment in support of universal health coverage to inform policy decisions, including priority-setting, selection, procurement supply system management and use of health interventions and/or technologies, as well as the formulation of sustainable financing benefit packages, medicines, benefits management including pharmaceutical formularies, clinical practice guidelines and protocols for public health programmes.

There is now an official Strategy for EU cooperation on HTA.

By end of the year the Council of the EU adopted conclusions on HTA that invited Member States and the European Commission to “further enhance the joint work on HTA” through collaboration between “national regulators, HTA bodies, the European Medicines Agency and the HTA Network throughout the life cycle of the products, without compromising the independence and respective prerogatives of regulatory and HTA processes”.

These high-level policy priorities mean that the demand for practical, useful HTA to inform decision-making must be met by the HTA institutions in Europe and their scientific and technical network, EUnetHTA. That is obviously a big challenge which I, however, find that we can meet in Europe today.

- What is the capacity in HTA domain at UE level? How do you categorize the European HTA agencies?

FBK: The EU Member States’ competencies in the field of healthcare are well-known, so this I hear this as a question about capacity in and between Member States. There obviously is variation across European countries in terms of formal basis and capacity to do HTA. We have the well-established institutions, agencies, with a clear mandate within their country’s / region’s health management system, institutions that support pricing/reimbursement and other decisions by providing certain HTA expertise on demand without a defined formal/legal role in the system, and what we could call “cells” or “groups” within, say, ministries of health / statutory health insurance who provide some HTA service.

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EUROPEAN COLLABORATION IN THE FIELD OF HEALTH TECHNOLOGY ASSESSMENT

Interview with: Prof. Finn Boerlum KRISTENSEN, President of European Network for Health Technology Assessment (EUnetHTA)

Head of Coordinating Secretariat of European Network for Health Technology Assessment, EUnetHTA (www.eunethta.eu), in the Danish Health and Medicines Authority (DHMA), Copenhagen, since 2006. Chairman of the EUnetHTA Executive Committee since 2010. Adjunct professor in health services research and health technology assessment at University of Southern Denmark since 1999.


Numerous scientific publications in HTA, Health Services Research, epidemiology and Policy Analysis.

Report: Mr. Finn Børlum Kristensen, the level of progress in the health technology developing is in increasing and in this context, the need for HTA is more acute than ever was. At European level there are a lot of HTA agencies having as main scope to support decision making process and to assure citizens that health technologies have a good clinical effectiveness and they are safe and effective, and their evaluation is made also on other relevant aspects.

- In your opinion, what are the new challenges in the field of HTA at European level?

Finn Boerlum Kristensen: Within this year 2014 we’ve seen a steep rise in the political interest in HTA.
- What is the range of expertise among the HTA agencies currently operating at European level?

FBK: The range is from state-of-the-art or excellence to being at the start of a steep learning curve!

R: Mr. President, you have been coordinating the European Network for HTA since 2006 and in this position you are in contact with different HTA approaching patterns and also, with many institutions related with HTA production and policy making process.

-What are the principles the EunetHTA is based on?

FBK: First of all, the general principles of HTA were agreed upon internationally back in the 1980ies, and further refined by e.g. the EU supported EURASSESS project in the 1990ies. This is also what EUnetHTA builds upon. This is definitely multidisciplinary! One can say that, today, HTA is the applied confluence of Evidence-Based Medicine, Policy Analysis, Health Economics, and certain social and humanistic sciences. Second, EUnetHTA was established to create an effective and sustainable network for HTA across Europe.

-What is the mission and the main goals of EunetHTA?

FBK: The mission of EUnetHTA is to support the collaboration between European HTA organizations that brings added value to healthcare systems at the European, national and regional level. Through its activities, EUnetHTA

- supports efficient production and use of HTA in countries across Europe
- provides an independent and science-based platform for HTA agencies in countries across Europe to exchange and develop HTA information and methodology
- provides an access point for communication with stakeholders to promote transparency, objectivity, independence of expertise, fairness of procedure and appropriate stakeholder consultations
- develops alliances with contributing fields of research to support a stronger and broader evidence base for HTA while using the best available scientific competence.

- Who are the main beneficiaries of the EunetHTA activities?

FBK: The primary target group is the HTA entities in Europe. This will support them so that they on a voluntary basis can improve quality and efficiency in their output to inform the decision-makers in their specific context. And the context may be a country, region or institution. I should also mention the payers, providers, patients, and industry as indirect and direct beneficiaries of our output.

- What do you consider to be the main benefits and what perspectives can you see for these networks?

FBK: Better decisions and higher transparency in the use of evidence in decision-making among the HTA agencies and their “customers”. The perspective is that EUnetHTA is a preferred facilitator of high-quality HTA collaboration in Europe. HTA agencies shall consider EUnetHTA an efficient way of collaborating.

R: To evaluate health technologies is a complex task, and it requires cooperation and involvement of many sectors and expertise.

- What kind of partners and collaborators does your network have and what is the vision regarding the necessity to expand the sphere of collaboration?

FBK: Forty-nine partner organizations designated by Ministries of Health and a large number of regional agencies and non-for-profit organizations that produce or contribute to HTA. To have a real image you must see the entire list of our partners: http://www.eunethta.eu/partners

R: The concerns of your network in developing HTA production in Europe are visible also through the results of some of the initiatives started in the previous years, including the EunetHTA Joint Actions. The EUnetHTA Joint Action2 is a project on going and many organizations and partners work together in a defined framework and in a European scientific environment.

- What are the main objectives and expected results of this project?

FBK: The general objective of the EUnetHTA Joint Action 2 (JA2) on Health Technology Assessment (HTA) is to strengthen the practical application of tools and approaches to cross-border HTA collaboration. JA2 aims at bringing collaboration to a higher level resulting in better understanding for the Commission and Member States of the ways to establish a sustainable structure for HTA in the EU. Specifically, the JA2 has developed recommendations on the implementation of a sustainable European cooperation on HTA according to the requirements of Art. 15 of the Directive for cross-border healthcare.

The strategic objectives of the JA2 are:

- To strengthen the practical application of tools and approaches to cross-border HTA collaboration
- To aim at bringing collaboration to a higher level resulting in better understanding for the Commission and Member States (MS) of the ways to establish a sustainable structure for HTA in the EU
- To develop the above mentioned recommendations.
- What do you consider could be the successful factors for this kind of initiatives?

**FBK:** Ultimately that this initiative “lands” as a permanent scientific and technical cooperation with a designated legal entity to host voluntary network activities between national institutions.

- What are the tools developed in this project?

**FBK:** Let me mention:

- HTA Core Model and a number of applications including Model for Rapid Relative Effectiveness Assessment (REA)
- Planned and Ongoing Projects Database (POP)
- Evidence database on new technologies (EVIDENT)
- Adaptation Glossary & Toolkit
- Methodological guidelines
- Template for providing evidence in industry submissions to HTA organisations (ongoing)
- Procedures for joint HTA early dialogue with technology developers on evidence generation

- How can you see being used the tools developed in this project after the project will be finished?

**FBK:** Most probably there will be a third Joint Action right after the end of EUnetHTA JA2. This Joint Action should in my opinion focus on joint production of HTA information - with the joint work being targeted at being readily integrated in national activities facilitating routine implementation/application of the results of joint work within the national settings improving and increasing capacity to engage in joint work and implement results in national settings testing and delivering a final workable model for the scientific and technical mechanism of permanent European network cooperation on HTA.

- What is your vision on HTA developing in Europe, and what would be the perspectives for further development of this domain?

**FBK:** My vision is a much more consistent use of the HTA approach in healthcare planning and decision-making. This does not take away freedom or responsibility from the appropriate decision-makers, be they politicians, healthcare managers, or clinicians. On the contrary, because HTA builds on principles of transparency, objectivity, independence of expertise, fairness of procedure and appropriate stakeholder consultations, it supports good governance and works well in democracies. Frankly speaking, I don’t think one can consider this as a reduction in freedom and responsibility when we’re talking about providing the best healthcare to patients across Europe with the resources available.

- What message do you want to provide to these professionals and stakeholders?

**FBK:** Involve yourselves in these international developments, make use of the outputs in your own context, and express your opinion on how this scientific and technical network collaboration in Europe shall develop.

Thank you for your kindness to answer to questions.

**Interview conducted by:** Marius Ciutan

**Useful background:**


www.eunethta.eu

