156th SESSION OF THE EXECUTIVE COMMITTEE

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F. HEALTH TECHNOLOGY ASSESSMENT AND INCORPORATION INTO HEALTH SYSTEMS

Background

1. At the 28th Pan American Sanitary Conference (PASC) in September 2012, the Member States were pioneers when they adopted the first resolution on health technology assessment (HTA) and the incorporation of health technologies into health systems. Resolution CSP28.R9 adopted an innovative policy paper that proposes linking HTA with the decision-making processes involved in incorporating these technologies into health systems *(1)*. The resolution has had worldwide impact: in 2013, the countries of SEARO[1] adopted a resolution on HTA *(2)* and, in 2014, the World Health Assembly adopted resolution WHA67.23 on this same issue *(3)*. Resolution CSP28.R9 also recognizes the importance of the HTA Network of the Americas (RedETSA)—created in 2011 with PAHO acting as its secretariat—and urges the countries to participate actively in this network. This report to the Governing Bodies of PAHO presents the progress achieved in the Region in the implementation of Resolution CSP28.R9.

Progress Report

2. In recent years there have been clear advances in the institutionalization of HTA in the Region, both at the regional and national levels. Countries that have moved forward on this issue include: *a)* Argentina, with the creation of a national network (RedARETS), the consolidation of a coordinating unit (UCEETS), and the recognition of IECS as a WHO Collaborating Center; *b)* Brazil, with the strengthening of a national commission (CONITEC) and the expansion of a national network (REBRATS) with more than 75 institutions; *c)* Colombia, with the strengthening of a national institute (IETS); and *d)* Chile, with the creation of a national HTA commission.

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[1] See the list of acronyms at the end of the document.

3.   The Region was mapped to determine the status of HTA and information from 28 countries was gathered,[2] revealing clear advances in its use[3]. Twelve countries of the Region have HTA units, commissions, or institutes. The responses from the countries indicate that the Region has 76 institutions that carry out some type of HTA-related activity: 49% of them are governmental and 34% are academic institutions.

4.   Seven countries[4] reported already having laws that require some use of HTA in decision-making processes. Beyond legislation, the actual linkage between decision-making and the conclusions reached through HTA is highly diverse across the Region. On the basis of the responses received, it appears that only in Brazil are the conclusions of HTA always taken into account for decision-making. In contrast, seven countries[5] reported that decisions are made without reference to HTA. The other countries[6] reported different levels of frequency in the use of HTA to support decision-making.

5.   Other important findings of the mapping indicate: *a)* significant production of documents[7] on HTA, especially in Argentina, Brazil, Canada, and Colombia; *b)* high use of HTA reports from other countries in decision-making; *c)* widespread use of methodological guides among RedETSA countries and, in contrast, no use in countries outside the Network; and *d)* little consideration of ethical and equity-related aspects as explicit decision-making criteria.

6.   Despite the major progress, the results of the mapping show great heterogeneity: although some countries have made important achievements, others have not institutionalized HTA at all. In the countries of the Caribbean, for example, implementation of HTA remains at low levels. Nevertheless, seven Caribbean countries[8] have commissions or structures in charge of selecting products from the essential medicines list, which could serve as the starting point for establishing HTA units.

7.   At the regional level, the main limiting factors or obstacles observed in HTA implementation were a lack of skilled human resources, budgetary or financial needs, limited inclusion of HTA as a decision-making tool, and lack of access to databases.

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[2] Mapping was split into two components: diagnosis of HTA capacities and decision-making processes. Interviews were held with key staff members of ministries of health, HTA institutions, and other academic and health institutions between 2014 and early 2015. A total of 147 responses were received from 28 countries.

[3] The survey on decision-making process was prepared as a part of the Advance–HTA project, jointly with EASP, LSE, and NICE. The survey on HTA capacities was prepared by the RedETSA countries, based on a mapping survey carried out in MERCOSUR.

[4] Bermuda, Bolivia, Brazil, Chile, Colombia, Suriname, and Uruguay.

[5] Barbados, Guatemala, Honduras, Mexico, Panama, Saint Martin, and Trinidad and Tabago.

[6] Argentina, Bermuda, Bolivia, Canada, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Jamaica, Paraguay, Peru, Saint Lucia, Suriname, Uruguay, and Venezuela.

[7] The countries reported a production of approximately 3,900 documents on HTA since 2010.

[8] Antigua and Barbuda, Dominica, Grenada, Jamaica, Suriname, and Trinidad and Tobago, and Turks and Caicos Islands

8.   Considering the need for training in the Region, the launch of the first course on HTA at the PAHO Virtual Campus represented very significant progress. In September 2014, with the support of IECS (Argentina), the tutored virtual course "Introduction to health technology assessment and economic evaluation" was launched. A total of 352 people from 19 countries requested admission to the course but only 47 participants from 16 countries could be accepted.

9.   Networked collaboration plays a key role in the development of HTA. Since its creation, RedETSA has grown (it is currently made up of 26 institutions from 14 countries)[9] and has contributed to strengthening HTA in the Region. In addition to mapping capabilities and decision-making processes, there have been other important achievements: for example, the Network has allowed the development of a forum for the exchange of information by consolidating the PRAIS community of practice,[10] establishing a virtual forum where reports can be shared, subjects of interest addressed, and consultations made on specific technologies; and eight meetings and workshops were held to discuss different issues such as the role of HTA in universal health coverage and the interaction between HTA and regulation in the countries. Also in recent years, there has been considerable collaboration with other regional HTA networks, such as EUnetHTA and HTAsiaLink, and with the global HTA Network (INAHTA), which has seen a significant increase in affiliation of countries of the Region.[11]

10.   Progress has been made in the adoption of an integrated approach to HTA in support of decision-making, which includes assessment, selection, incorporation, and rational use. The first experience in the implementation of this approach was in the Caribbean in 2013. Similarly, Paraguay is in the process of creating an office responsible for HTA and rational use—the first in the Region to integrate both issues. An integrated course in selection, HTA, and rational use is also in being designed at the PAHO Virtual Campus.

11.   The rational use of technologies is an essential element in the implementation of an integrated approach, and significant progress has been achieved, such as the adoption of standardized mechanisms for the preparation of clinical practice guidelines in 12 countries.

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[9] Argentina, Brazil, Bolivia, Canada, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Mexico, Paraguay, Peru, and Uruguay.

[10] Currently, there are 63 participants belonging to the organizations that make up RedETSA, and 150 documents.

[11] INAHTA, created in 1993, currently has 13 member institutions from eight countries of the Region (Argentina, Brazil, Canada, Chile, Colombia, Mexico, the United States, and Uruguay). The institutions from Argentina, Brazil, Colombia, and Uruguay have joined since 2012.

Action Required to Improve the Situation

12.   The most important actions required to reduce the existing gaps and improve the situation in the countries of the Region with regard to the use of HTA as a tool to support decision-making include:

a)   Expansion of RedETSA: Considering the significant gap in the use of HTA in the countries that do not belong to the Network, the countries of Central America and of the Caribbean that are not part of the Network[12] are a priority for expansion. The data obtained in the mapping serve as a baseline to guide this effort.

b)   Preparation of a continuous training strategy: Considering the high demand for training in the Region, a strategy is needed that addresses the different needs of the countries, including training in the analysis and preparation of reports on HTA, as well as activities to raise awareness among decision-makers. More space will be made available at the Virtual Campus in order to respond more adequately to this demand.

c)   Strengthening of the links between assessments and decision-making: Currently, the weak links between HTA and decision-making in the Region makes it a priority to implement activities aimed at strengthening the connection, both in legislation and in fact.

d)   Development of tools that support the countries in the application of HTA to their decision-making processes: A set of relevant decision-making tools is now in development,[13] which will be more useful for countries in an early stage of HTA implementation.

e)   Increasing the exchange of information on HTA among the countries of the Region: Despite the progress made in the production of HTA documents, it is necessary to extend their availability to all countries. The RedETSA database is in development and will include reports on HTA and each country's decisions on the incorporation of technologies. A project for short professional exchanges among RedETSA institutions is also being prepared.

Action by the Executive Committee

13.   The Executive Committee is requested to take note of this progress report and to formulate the recommendations it deems relevant.

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[12] Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Dominican Republic, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Nicaragua, Panama, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago, and Venezuela.

[13] Prepared by PAHO and other institutions as part of the Advance-HTA project.

List of Acronyms

Acronym	
CONITEC	Comissão Nacional de Incorporação de Tecnologias no Sistema Único de Saúde (National Commission on the Incorporation of Technologies into the Unified Health System)
EASP	Escuela Andaluza de Salud Pública (Andalusian School of Public Health)
EUnetHTA	European Network for Health Technology Assessment
HTAsiaLink	Asian Health Technology Assessment Network
IECS	Instituto de Efectividad Clínica y Sanitaria (Institute for Clinical Effectiveness and Health Policy)
IETS	Instituto de Evaluación Tecnológica en Salud (Institute of Health Technology Assessment)
INAHTA	International Network of Agencies for Health Technology Assessment
LSE	London School of Economics and Political Science
NICE	UK National Institute for Health and Care Excellence
REBRATS	Rede Brasileira de Avaliação de Tecnologias em Saúde (Brazilian Health Technology Assessment Network)
RedARETS	Red Argentina Pública de Evaluación de Tecnologías Sanitarias (Argentine Public Network for Health Technology Assessment)
RedETSA	Red de Evaluación de Tecnologías en Salud de las Américas (Health Technology Assessment Network of the Americas)
SEARO	WHO Regional Office for South-East Asia
UCEETS	Unidad Coordinadora de Evaluación y Ejecución de Tecnologías en Salud (Coordinating Unit for Health Technology Assessment and Implementation)

References

1.   Pan American Health Organization. Health technology assessment and incorporation into health systems. 28.ᵃ Pan American Sanitary Conference. 64th Session of the Regional Committee of WHO for the Americas; 2012 Sep 17-21; Washington (DC). US. Washington (DC): PAHO; 2012 (Resolution CSP28.R9) [cited 2015 Feb 27]. Available from: http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=18918&Itemid=270&lang=en

2.   Regional Office for South-East Asia. Health intervention and technology assessment in support of universal health coverage [Internet]. Sixty-sixth Session of the WHO Regional Committee for South-East Asia, 2013 Sep 11-13; New Delhi, India. New Dehli: SEARO; 2013. (Document SEA/RC66/R4) [cited 2015 Feb 27]. Available from: http://www.searo.who.int/mediacentre/events/governance/rc/rc_66_report.pdf?ua=1

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