Integrating Health Equity into Health Technology Assessment: A Scoping Review

ISPOR Special Interest Group

HTA205

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BACKGROUND

- Health equity has emerged as a critical focus in global healthcare policy, emphasizing the need for frameworks that address disparities across diverse populations.
- Despite its increasing recognition health technology assessment (HTA) practices often lack systematic integration of equity considerations.

OBJECTIVES

We aim to explore how health equity is defined and integrated in HTA, identifying barriers and facilitators for implementation..

- How different countries define health equity, and what methods do they use to consider it in HTA processes?
- What data challenges and gaps exist for including health equity considerations in HTA processes across different regions?
- What are the perceived barriers and facilitators to integrating health equity into HTA across different countries?

METHODS

- We conducted a scoping review (ScR) via a structured search for published literature on Embase and PubMed (2014-2024) and grey literature (2019-2024), following PRISMA-ScR guidelines.
- Studies reporting on health equity definitions, methods, data gaps, barriers, and facilitators of implementation within HTA processes were included (See Table 1).
- Two researchers independently screened studies for eligibility with workflow and data extraction supported by the automation features of the Nested Knowledge platform.

Table 1 :Inclusion and Exclusion Criteria for the ScR

	Parameters	Inclusion(s)	Exclusion(s)
	Outcomes	• Health equity methods considered in HTA processes • Challenges for including health equity considerations in HTA processes • Perceived barriers and facilitators to integrating health equity into HTA • Gaps in guidance and data on health equity integration in HTA	• HTA frameworks, processes, or value assessments without considering equity, disparities, or social determinants of health. • Discission of health equity in general healthcare or public health settings without specific application to HTA or related decision-making processes. • Focused solely on clinical efficacy or effectiveness of specific health technologies without discussing equity or decision-making implications within HTA frameworks.
	Study Design	Observational, Reviews, HTA reports	RCTs, commentary, op-eds, study protocols, news briefs, case report or series
	Geography	Global	NA
	Timeframe	Database search: Last 10 years Grey lit: Last 5 years	NA
	Database	PubMed and EMBASE Grey literature: Reports from national HTA agencies, and organizations	NA

Key: *HTA – health technology assessment; NA – not applicable; RCTs – randomized controlled trials.*

RESULTS

- After evidence screening, the ScR included a total of 25 studies (See **Figure 1**).
  - Studies included in the ScR ranged across multiple countries and HTA agencies
  - See **Figure 2** and **3** for details on distribution of studies across countries and HTA agencies

Figure 1. Studies Included in the Scoping Review

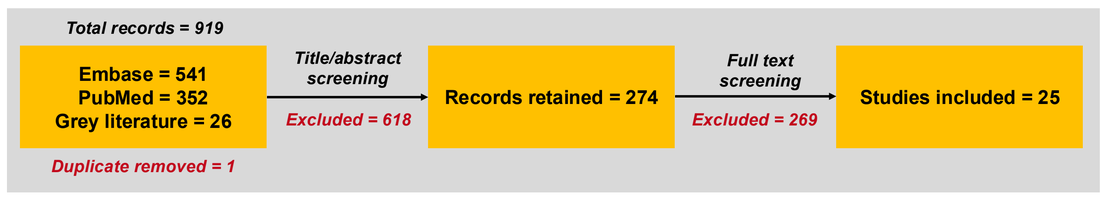
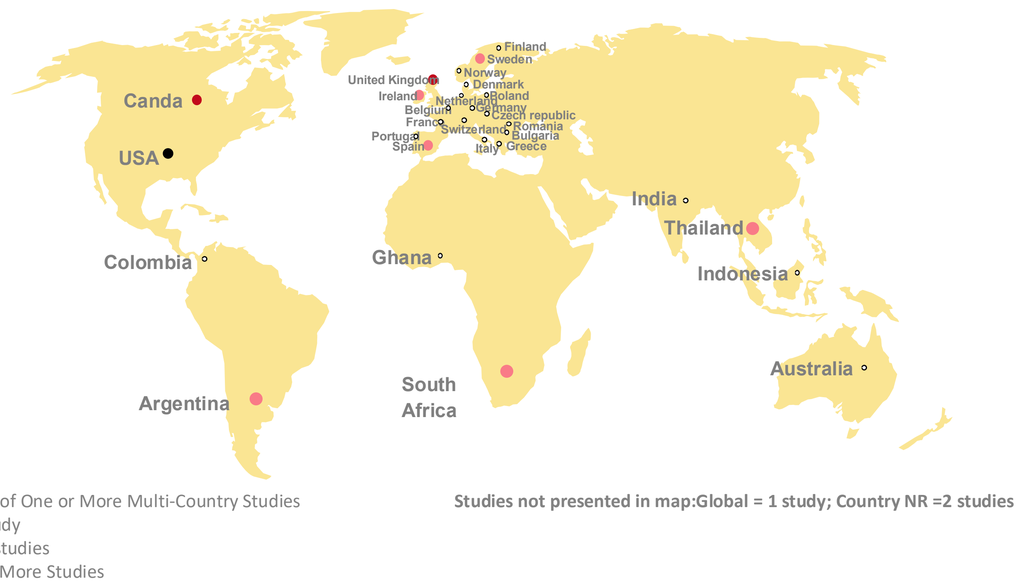


Figure 2: Countries included in the ScR



Studies not presented in map:Global = 1 study; Country NR =2 studies

Key: *CDA – Canada Drug Agency; CMS – Centers for Medicare and Medicaid Services; DCEA – distributional cost-effectiveness analysis; EBW – equity-based weighting; ECEA – extended cost-effectiveness analysis; eunehta – The European Network for Health Technology Assessment; HITAP – Health Information and Technology Assessment Program; HTA – health technology assessment; HTAi – Health Technology Assessment International; ICER – Institute for Clinical and Economic Review; ISPOR–International Society of Pharmacoeconomics and Outcome Research; IVE – Innovation and Value Initiative; LMIC – low- and middle-income countries; MCDA – multicriteria decision making; NA – not applicable; NICE – National Institute for Health and Care Excellence; NR– Not reported; OOPs – Out-of-Pocket spendings; Op-Eds –Opposite the Editorials; PBS - Pharmaceutical Management Agency; PRISMA-ScR – Preferred Reporting Items for Systematic reviews and Meta-Analyses for scoping reviews; RCTs – randomized controlled trials; SBU - Swedish Agency for Health Technology Assessment and Assessment of Social Services; SoDH – social determinants of health; WHO – World Health Organization.*

Figure 3: HTA Agencies Included in the ScR

- **Definitions** of health equity most often cited Whitehead's framework (1992) and the WHO Commission on Social Determinants of Health (1), while others referenced the CMS (2).
- **Deliberative processes** was used in most HTA agencies to incorporate equity, although agencies such as ICER and NICE have piloted quantitative approaches, including DCEA, ECEA, EBW, subgroup analysis, and MCDA (3)(4).
- **Equity-relevant evidence** remains sparse; most settings lack context-specific, stratified outcomes, robust SoDH linkages, equity preference weights/inequality aversion parameters, and adequate proxies for OOPs and opportunity costs.
- **Equity-relevant tools** identified ranged from structured checklists to frameworks such as PROGRESS-Plus (1).

Table 2 shows detailed findings on data gaps, barriers, and facilitators.

Table 2: Findings on Data Gaps, Barriers, and Facilitators

Domains	Findings
Data gaps	Equity-related: SDoH, subgroup outcomes, equity weights, inequality aversion. Cost/resource: opportunity costs, out-of-pocket payments, productivity losses. Methods: limited DCEA/ECEA data, EBW preference elicitation, consumer engagement evidence. Registries/health systems: incomplete cancer registries, LMIC health information systems, long-term screening outcomes, medicine shortages.
Barriers	Methodological gaps: lack of standardization, unclear weighting methods, insufficient guidance on subgroup analysis. Data limitations: scarcity of context-specific and SDoH data, sparse RWD, and limited long-term outcomes. Stakeholder engagement challenges: unclear roles, inconsistent consumer input, ethical complexities. LMIC-specific: reliance on high income country models, lack of transparency in procurement, limited HTA capacity.
Facilitators	Collaboration: between HTA bodies, regulators, and stakeholders. Standardization: clearer frameworks, worked case examples, consensus on weighting. Transparency: in deliberations and reporting. Stakeholder inclusion: engaging patients, policymakers, ethicists, and diverse communities early. LMIC-specific: capacity building, clear guidelines, regional networks (e.g., HTAsiaLink).

Key: *DCEA – distributional cost-effectiveness analysis; EBW – equity-based weighting; ECEA – extended cost-effectiveness analysis; HTA – health technology assessment; LMIC – low- and middle-income countries; SoDH – social determinants of health.*

CONCLUSIONS

- This project underscores the need for standardized, inclusive methods, consensus-building, and actionable strategies for more equitable HTA practices.
- These findings informed the development of an HTA stakeholders survey as part of a key project being carried out under ISPOR Health Equity Research Special Interest Group.

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ISPOR Health Equity Research Special Interest Group: https://www.ispor.org/member-groups/special-interest-groups/health-equity-research

REFERENCES

1. Benkhalti M, et al. *Int J Technol Assess Health Care*. 2021;37:e17. **2.** Agboola F, et al. Institute for Clinical and Economic Review. 2023. Available at: https://icer.org/assessment/health-technology-assessment-methods-that-support-health-equity-2023/ **3.** Cookson R, et al. *Value Health*. 2017;20(2):206-212. **4.** Malcolm, et al. . 2023. *No Half Measures: Health Inequities in Technology Appraisal.* Final Report No. 4144762, 9–50. York Health Economics Consortium.