Are we leaving no one behind?



Health technology assessment as a pathway to social justice

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Background

Health inequality refers to differences in health statuses/outcomes among people. Health inequity occurs due to unjust and systematic factors. Both relate to low socio-economic development and reduced social justice. As a result, many global efforts aim to reduce health inequality/inequity. For example, improving access to quality healthcare and essential medicines is a key objective of the Sustainable Development Goals. Health Technology Assessment (HTA) has been recognized by international health organizations as a potential mean to advance health equality/equity. This research aimed to identify HTA appraisal frameworks of highincome/middle-income countries (HICs/MICs) to assess whether considerations of health equality/equity are included as core principles of the HTA process.

Methods

First, we selected Europe as a region in which most HICs have established HTA entities, and Latin America (LatAm) and Asia as regions in which HICs and MICs

are in the process of establishing HTA entities. Within these, we selected 5 Western and 5 Northern Europe, 5 LatAm and 5 Asian countries with established formal HTA entities. We reviewed the HTA appraisal frameworks for the 15 countries and identified those in which equality/equity were considered as part of the decisionmaking criteria. Second, we reviewed initiatives by the Institute for Clinical and Economic Review (ICER) and the Centers of Medicare & Medicaid Services (CMS) in the USA aiming to improve equality/equity.

Results

First, we found that HTA agencies in HICs and MICs are slowly advancing towards equality/equity goals. Out of the HTA entities identified, only 8 have established equality/equity as part of the decision-making criteria. Most (62.5%) of these corresponded to the European region, and, within this region, to the Northern region. Among these 8 HTA entities, equality/equity criteria was mostly (75.0%) observed during the prioritization stage of the HTA process.

COUNTRIES WITH EQUALITY/EQUITY CRITERIA



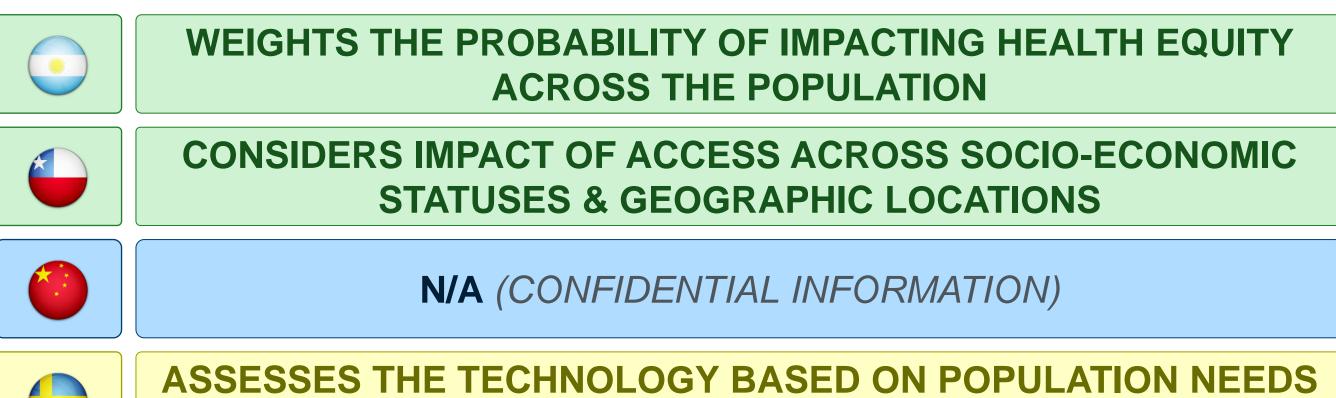
USE OF EQUALITY/EQUITY CRITERIA



PRINCIPLE IN PLACE



MEANS OF PROMOTING EQUALITY/EQUITY



PRIORITIZATION & EVALUATION		AND THE PROMOTION OF SOLIDARITY	
EVALUATION	EQUITY IN ACCESS		
PRIORITIZATION	IMPACT ON EQUITY	ENSURES EQUAL ACCESS AMONG BOTH ADULT AND PATIENT POPULATIONS	
PRIORITIZATION	NEED & SOLIDARITY		
PRIORITIZATION	EQUAL ACCESS	N/A (CONFIDENTIAL INFORMATION)	
PRIORITIZATION	EQUALITY ISSUES	CONSIDERS THE DISTRIBUTION OF HEALTH EFFECTS & OUTCOMES ACROSS THE POPULATION SUBGROUPS	
PRIORITIZATION	EQUITY & SOLIDARITY		
EVALUATION	EQUITY ISSUES	CONSIDERS HEALTH EQUALITY WHEN DRAFTING RECOMMENDATION GUIDELINES	

Second, we found that, in the USA, ICER announced an initiative to evaluate methodology changes to advance health equity goals. The findings of this initiative will be used to update ICER's value assessment framework. Additionally, the CMS is launching the Enhancing Oncology Model (EOM) to improve health equity.

ICER INITIATIVE TO ADVANCE HEALTH EQUITY IN HTA

CMS ENHANCING ONCOLOGY MODEL OVERVIEW

			MODEL OVERVIEW	HEALTH EQUITY STRATEGY
GATHERING OF ADVISORY BOARD	EVALUATION OF POTENTIAL CHANGES TO CURRENT METHODOLOGYUPDATES TO ICER'S 		PERFORMANCE-BASED PAYMENT SCHEME BETWEEN THE CMS AND PARTICIPATING ONCOLOGY	PARTICIPANTS MUST DEVELOP HEALTH EQUITY PLANS TO REDUCE HEALTH DISPARITIES WITH CONSIDERATIONS ON THE

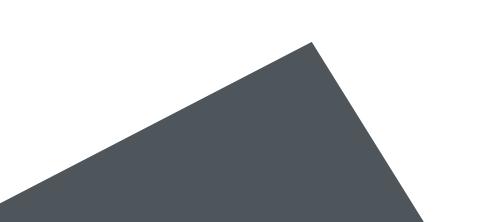
PHYSICIAN GROUP PRACTICES



Conclusions

This research shows that HTA entities are moving towards equality/equity-based policies through considerations on how equality/equity is impacted by new technologies and how are special sub-populations differently affected. The extent to which the existing efforts of HTA entities translate into improved health equality/equity remains uncertain, and more research using inequality/inequity indexes is needed to evaluate population impact.

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