Equity Is Not Equal:

A Comparative Study of How Equity Is Considered by NICE, ICER, CDA-AMC and PBAC

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Summary

+ Health technology assessment (HTA) agencies tend to lack clear guidelines as to how manufacturers should generate and present equity data and how these bodies will incorporate equity in their decisions. As such the role of equity in decision making by HTA agencies remains unclear.

+ This study aims to examine how equity is currently evaluated and integrated in the processes of four major HTA bodies: NICE (England), ICER (USA), CDA-AMC (formerly CADTH, Canada) and PBAC (Australia).

+ Our results show that:
  • Equity acknowledgment in decision-making was limited, being referred to in only 14% (12/85) of NICE and 32% (41/130) of PBAC appraisals.
  • Socioeconomic status, ethnicity or race, and geographic considerations were the most frequent categories of equity issues identified.
  • Only 6 technologies had equity issues recognised by two or more HTA bodies and none achieved full alignment of the specific equity domains identified across all the agencies reporting equity issues.

Background

Health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalised groups[1]. These groups may experience health inequalities, which are systematic, avoidable and unfair differences in health outcomes[1].

Despite growing awareness of these issues, healthcare systems still face significant barriers to achieving equitable health outcomes[2,3]. These can include regional disparities in access to healthcare services, high out-of-pocket costs for patients, and sociocultural factors that limit access for certain groups.

Achieving equity in health outcomes is a key goal of global health initiatives[4]. However, integration of equity into health technology assessment (HTA) remains poorly understood, with previous research indicating that equity is often overlooked[5].

Moreover, HTA processes typically lack consistent, well-defined measures of health equity impact, such as distributional cost-effectiveness analysis[6,7]. Lastly, lack of data to support these assessments also needs to be addressed to mitigate health inequalities and improve outcomes[7,8].

Methods

Select HTA appraisals across the four major bodies

HTA appraisals or evidence reports published by four major bodies – NICE (England; January 2023 to March 2024), ICER (USA; February 2022 to March 2024), CDA-AMC (formerly CADTH, Canada; November 2021 to November 2023), and PBAC (Australia; March 2023 to November 2023) – were reviewed for equity considerations.

Review HTA appraisals to identify equity issues and classify them as qualitative or quantitative.

Appraisals were assessed to identify equity issues and classified as qualitative or quantitative. Qualitative equity considerations were defined as descriptive assessments without formal measurement, while quantitative equity considerations involved some form of numerical analysis or quantification.

Categorise equity concerns into specific domains

The specific domains of equity discussed within the appraisal were also collected. These included age, disability, ethnicity or race, gender or sex, geographic, pregnancy, religion, and socioeconomic status.

Verify if equity issues are considered in final decision-making

The acknowledgement of these equity issues in the final decision-making provided by the agencies was examined for NICE and PBAC. Values for ICER and CDA-AMC are not available, as these serve primarily as advisory bodies rather than decision-makers.

Evaluate whether similar equity issues are raised across different agencies for the same technology

For appraisals that identified equity issues, we also assessed whether there was alignment between the agencies in terms of the specific equity domains raised.

Results

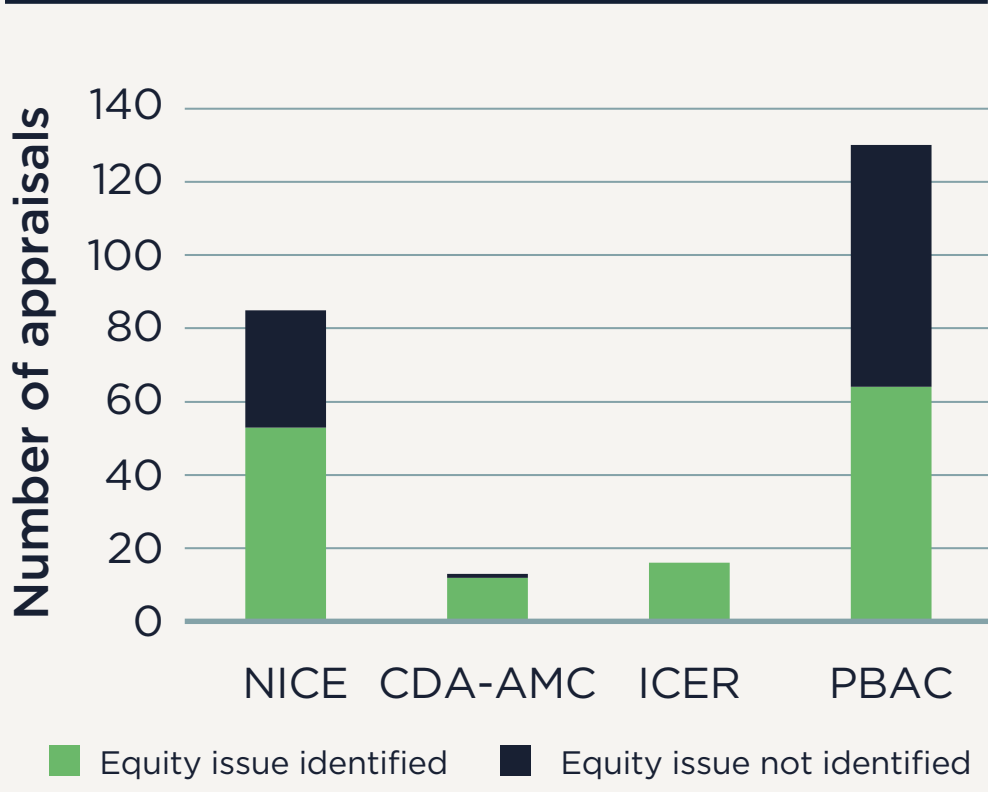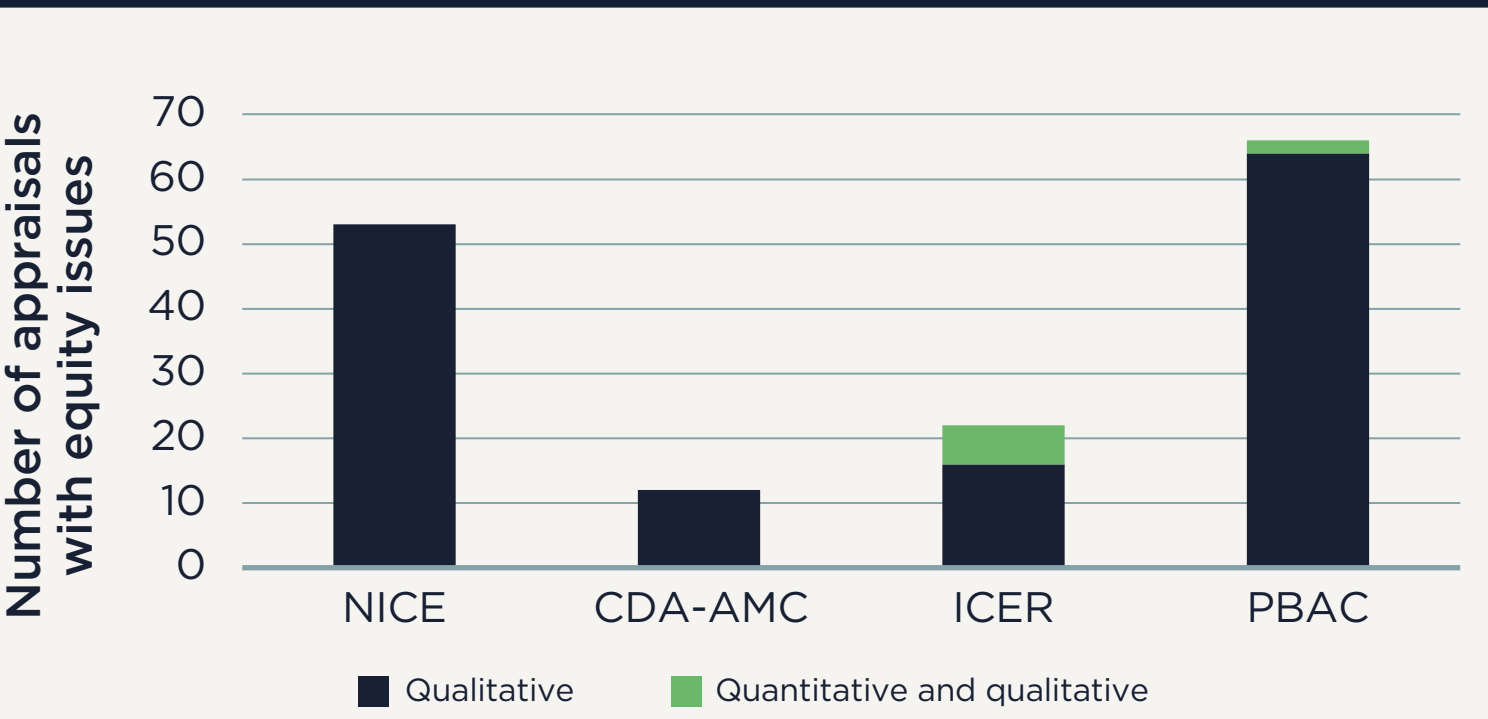Figure 1. Number of appraisals identifying or not equity issues

Figure 2. Number of appraisals with equity issues using qualitative or both qualitative and quantitative approaches to describe equity considerations

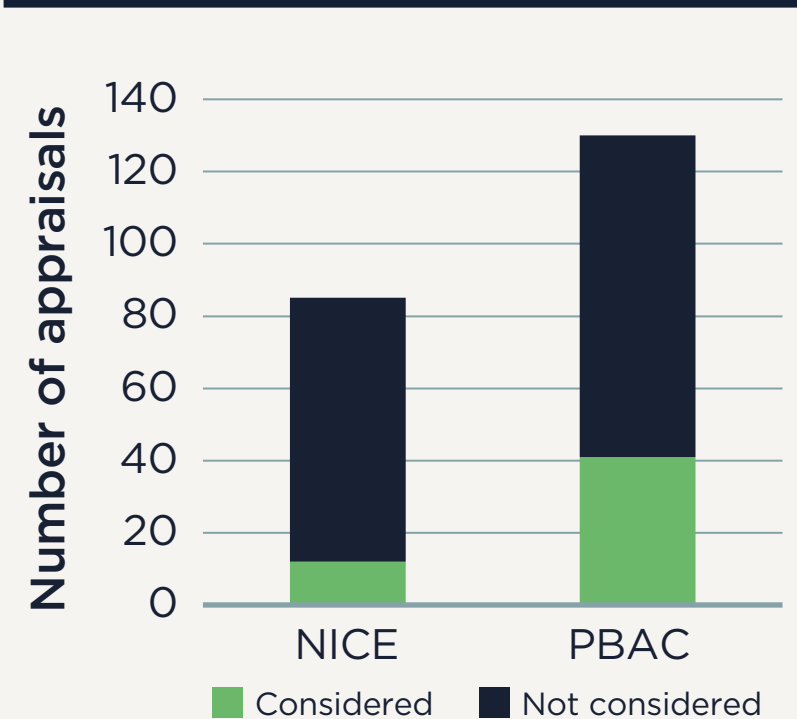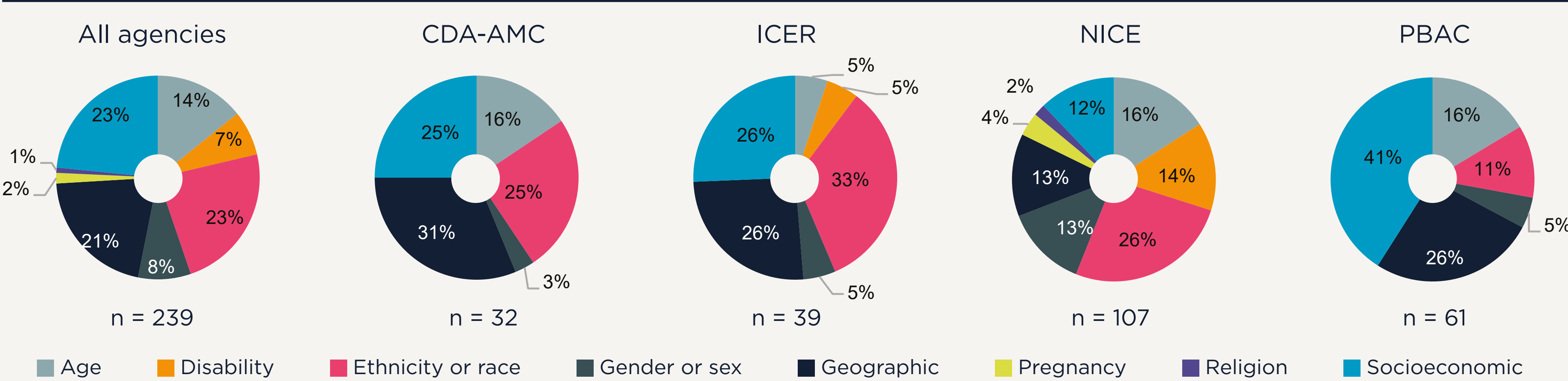Equity issues are not often included in HTA decisions

Figure 4. Percentage of identified issues by domain of equity for all HTA bodies and for each individual organisation.

Legend: ■ Age ■ Disability ■ Ethnicity or race ■ Gender or sex ■ Geographic ■ Pregnancy ■ Religion ■ Socioeconomic

Socioeconomic, ethnicity or race, and geographic considerations are the most common but their frequency changes across different HTA bodies

Table 1. Alignment of equity domains identified by each HTA body for technologies with issues recognised by 2 or more bodies.

Technology	CDA-AMC	ICER	NICE	PBAC
Brexucabtagene autoleucel	Age, Ethnicity or race, Geographic, Socioeconomic	Not assessed	Age, Ethnicity or race	Not assessed
Dapagliflozin	Not assessed	Not assessed	Ethnicity or race	Gender or sex
Empagliflozin	Not assessed	Not assessed	Ethnicity or race, Socioeconomic	Gender or sex
Semaglutide	Ethnicity or race, Socioeconomic	Not assessed	Ethnicity or race	Not assessed
Tirzepatide	Ethnicity or race, Socioeconomic	Ethnicity or race, Disability, Socioeconomic	Ethnicity or race, Socioeconomic	Not assessed
Zanubrutinib	Not assessed	Not assessed	Age	Age, Gender or sex

Few technologies have equity issues across multiple bodies and these display a limited alignment of equity domains

Legend: ⧖ Age ♡ Disability 👥 Ethnicity or race ⚧ Gender or sex 📖 Geographic 🖳 Socioeconomic

Conclusions

Equity issues are identified at varying rates across HTA bodies and are only considered in a small fraction of NICE and PBAC decision outcomes. This gap between identification and formal consideration in recommendations warrants a more comprehensive approach to equity by HTA agencies.

Established methods to quantify the equity impact of new technologies like distributional cost-effectiveness analysis are not being employed. Without quantitative tools, HTA agencies may be overlooking or inadequately assessing the potential to reduce inequities.

Socioeconomic status, ethnicity or race, and geographic considerations are the most frequent issues identified, though alignment across HTA bodies is relatively low. This suggests that even when equity is addressed, agencies may differ in which domains are prioritised, leading to inconsistent consideration of key issues across therapeutic areas and agencies.

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