Organizations Responsible for the Evaluation of Health Technologies Globally: a Scoping Review

HTA21

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Introduction

The process of health technology assessment (HTAs) is a valuable tool for the pursuit of equitable and sustainable healthcare systems. Various countries have established organizations dedicated to conducting HTAs, adapting such institutions to local healthcare ecosystems. The aim of this study was to evaluate the structure, methods, and processes of organizations responsible for national-level HTAs globally.

Methods

A scoping review was conducted assessing organizations responsible for conducting HTAs for national-level decision-making in any country. Identification of eligible organizations was performed through a review of member organizations of INAHTA, EUnetHTA, RedETSA, and HTAsiaLink networks, as well as organizations evaluated in reviews with a similar scope. For each organization, the following data were searched: country, year of foundation, organizational nature, role in decision-making, funding, technologies assessed, criteria considered for decision-making (such as efficacy and safety, costs, impact on equity, among others), type of economic evaluation, and patient involvement.

Results

We identified 69 organizations, from 56 countries, mainly European (n = 39, 56%). Fifty-three organizations (77%) are government-affiliated; most (n = 51, 74%) have a consultive role. Public funding is the main source of funding, and 12 (17%) organizations also charge fees for conducting HTA. Technologies assessed include drugs (n = 61, 88%), devices (n = 47, 68%) and procedures (n = 33, 48%). HTA is usually initiated upon request from the manufacturer (n = 45, 65%). Patient involvement is not clearly described in 32 organizations (46%); in 29 organizations (42%) the role of patients is to provide information that is considered during decision-making. The main characteristics of included organizations are presented on the Table 1.

Conclusions

Among the evaluated organizations, it is observed that the majority are government-affiliated, have public funding, and play a consultative role. The results of this study serve as an important reference for the development and improvement of organizations responsible for conducting HTAs.

Table 1: Main characteristics of included organizations

	Organizations n (%)
Continent (n = 69)	
Africa	2 (3%)
America	10 (14%)
Asia	14 (20%)
Europe	39 (56%)
Oceania	4 (6%)
Type of organization (n = 67)	
Ministry of Health / Governmental institution, commission, or department	53 (77%)
Independent organization	14 (20%)
Role on decision-making (n = 62)	
Decisive	12 (17%)
Consulting / supportive	51 (74%)
Funding (n = 62)	
Public/governmental	62 (90%)
Private institutions	2 (3%)
Submission fee	12 (17%)
Type of technologies assessed (n = 69)	
Pharmaceuticals/medicines	61 (88%)
Medical devices	47 (68%)
Diagnostic tests	30 (43%)
Medical procedures	33 (48%)
Population level health interventions	20 (29%)
Other	14 (20%)
Domains considered for decision making (n = 69)	
Efficacy/effectiveness/benefits of technology	65 (94%)
Safety issues/harms of technology	65 (94%)
Costs/economic factors	66 (96%)
Resources required for implementation/feasibility of implementation	14 (20%)
Impact on equity	10 (14%)
Reimbursement/coverage decision in other countries	13 (19%)
Other	34 (49%)
Request of assessment (n = 69)	
Internal request	11 (16%)
Healthcare policy makers	30 (43%)
Industry/manufacturer/marketing authorization holders	45 (65%)
Healthcare professionals or professionals' associations	23 (33%)
Patients or patients' organizations	21 (30%)
Any individual	17 (25%)
Continuous flow from marketing approval	2 (3%)
Other	10 (14%)
Patient involvement (n = 37)	
No involvement	2 (3%)
Request assessment	21 (30%)
Decision-making	5 (7%)
Support with information	29 (42%)