

EUnetHTA contribution to the
EU Consultation regarding Community action
on health services



Copenhagen, January 29, 2007

As a response to the communication from the Commission (SEC (2006) 1195/4) concerning the consultation regarding community action on health services, the European network for Health Technology Assessment (EUnetHTA) ¹ hereby forwards its contribution to the process.

EUnetHTA addresses questions 8 and 9 of the Communication.

Question 8 In what ways should European action help support the health systems of the Member States and the different actors within them? Are there areas not identified above?

The European action should provide a sustainable support to Member States' efforts in coordinating effective use of resources available for health technology assessment (HTA) in Europe. This support should build upon the network and expertise developed by EUnetHTA.

In the description of the pillar "support to Member States" in the communication from the Commission it is emphasised that there is a need for shared evidence base for policy-making and that current mechanisms to ensure efficacy and effectiveness of health services need strengthening. A key challenge for health services is the management of innovation while ensuring that treatment is provided on the basis of the best scientific evidence. This can be done with HTA. In the past ten years HTA has expanded its scope from assessing isolated technologies towards assessing its usage as a part of the health services. (Definition of "technology" used by HTA: "*Health technology* is the application of scientific knowledge in health care and prevention.")

Health Technology Assessment (HTA) is directed at improving quality and thereby contributes to a high quality health care through ensuring a shared evidence base for policy-making on the use of technologies in the national health systems.

In November 2004 The High Level Group on Health Services and Medical Care indicated that "HTA has become a political priority and there is an urgent need for establishing a sustainable European network on HTA..." (Executive Summary, Brussels, 30 November 2004, HLG/2004/21FINAL). As a contribution to the development of a community framework for safe, high quality and efficient health services HTA can provide a common core of information about the medical, social, economic and ethical issues related to the use of a health technology in a systematic, transparent, unbiased, robust manner, and this information can be consequently adapted at a national level in order to provide a basis for national decisions on use of technologies in the Health Services.

¹ EUnetHTA (www.eunetha.net) coordinates the efforts of 24 EU Member States in evaluating health technology in Europe and is supported by a grant from the European Commission.

EUnetHTA has achieved to connect 59 public national/regional HTA agencies, research institutions, international organisations and health ministries representing 24 EU Member States and enables an effective exchange of information and support to policy decisions by the Member States. The aim of this unique network is to avoid duplication, to create a common understanding of what constitutes good and efficient practice in developing a scientific basis for decisions in health care irrespective of health care systems, and to develop tools to strengthen the coordination and cooperation between European HTA organisations. Currently EUnetHTA is developing tools to facilitate a more effective use of HTA resources in the EU, e.g. a generic methodological HTA framework based on current best practices (Core HTA Structure, tools for systematically handling evidence), a toolkit for adapting core HTA information from existing HTA reports to other contexts, and tools to monitor the development of health technologies and to share data and results of this monitoring. These tools will enable the HTA organisations to build on each others' work and to coordinate their efforts.

Furthermore, EUnetHTA will provide support to HTA capacity building in the Member States with limited experiences in HTA or without HTA institutions and establish improved links to health policy makers.

The development of a sustainable network to inform policy and decision making does not mean harmonising national health or social security systems. The benefits that different health and social security systems provide and their organisation remain the responsibility of the Member States. EUnetHTA avoids duplication of HTA effort and builds on what already exists as a result of European and international collaborations in HTA and relevant fields. The involvement of different actors in health care and stakeholders is an integral part of the network's current developments.

HTA's potential to support the Member States in developing a shared evidence base for policy making and thus to contribute to efficiency and effectiveness of health services is tremendous and should be promoted.

Question 9 What tools would be appropriate to tackle the different issues related to health services? What issues should be addressed through Community legislation and what through non-legislative means?

HTA as a tool to tackle different issues related to health services

HTA is an important tool which not only contributes to establishing a shared evidence base in the member States, but also to establishing safe, effective, and cost-effective health policies. HTA can provide important knowledge and function as input to decision-making in the Member States, and can also provide valuable information for patients and healthcare professionals when deciding on the use of technologies. In addition HTA can help identify areas with lack of evidence where more research is needed.

Technology development and introduction to health care is globalised, and needs for decisions and policies on the role of particular technologies emerge almost at the same time in Member States. Here, HTA can contribute substantially to a shared information base for decision-making to be adapted and transferred to national/regional decision-levels.

Approach

The production of HTA should be coordinated at a European level, while the decisions should be made in the Member States in order to take account of national/regional differences and priorities, and the principle of subsidiarity.

During the current EUnetHTA project period (2006-8) the 'open method of coordination' for healthcare and long-term care should be the non-legislative tool for the High Level Group on health services and medical care to continue developing the mechanisms for practical cooperation on HTA. The next steps should be taken in 2007 to ensure that there be a continuation of EUnetHTA into a sustainable European Collaboration for HTA with a coordinating facility by the end of 2008. Concomitant to using the open method of coordination to develop the Network further into a committed collaboration, legal certainty of such collaboration should be provided. Any need for enabling legislation to be adopted by the Council and European Parliament to create a sustainable collaboration on the basis of the existing EUnetHTA should be analysed.

The future European Collaboration for HTA should ensure a structured and systematic approach to providing HTA information to policy and decision making at all levels in the Member States through mobilising and significantly reinforcing the synergies between the existing national/regional HTA entities and competences. Independent scientific advice, transparency and respect to the principle of subsidiarity should be guaranteed, while keeping a non-prescriptive policy orientation.

On behalf of the EUnetHTA Steering Committee

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Belgium

- KCE - Belgian Health Care Knowledge Centre

Cyprus

- Ministry of Health Cyprus

Denmark

- CAST - Center for Anvendt Sundhedstjenesteforskning og Teknologivurdering, University of Southern Denmark, Center for Applied Research and Technology Assessment

- DSI- Danish Institute for Health Services Research
- DACEHTA – Danish Centre for Evaluation and HTA, National Board of Health

Estonia

- University of Tartu, Department of Public Health

Finland

- FinOHTA - Finnish Office for HTA (STAKES)

France

- HAS - Haute Autorité de santé / French National Authority for Health (AP)

Germany

- DAHTA@DIMDI- German Agency for HTA at the German Institute for Medical Documentation and Information
- Technische Universität Berlin
- University of Bremen, Interdisciplinary Centre for HTA
- University of Lübeck, Institute for Social Medicine

Hungary

- HunHTA - Unit of Health Economics and Health Technology Assessment, Corvinus University

Ireland

- iHIQA - interim Health Information and Quality Authority

Italy

- ASR - Agenzia Sanitaria Regionale, Emilia Romagna
- Università Cattolica del Sacro Cuore, Policlinico universitario “A. Gemelli”, Health Technology Assessment Unit and Laboratory of Health Economics (Institute of Hygiene)
- Regione Veneto (AP)

Latvia

- VSMETA - Health Statistics and Medical Technology State Agency

Lithuania

- Ministry of Health of the Republic of Lithuania

Portugal

- Institute of Molecular Medicine

Slovenia

- Institute of Public Health of the Republic of Slovenia

Spain

- AETS - Agencia de Evaluación de Tecnologías Sanitarias
- AETSA - Andalusian Agency for Health Technology Assessment
- CAHTA - Catalan Agency for Health Technology Assessment and Research
- Galician Agency for Health Technology Assessment
- OSTEBA - Basque Office for Health Technology Assessment
- Servicio Canario de la Salud
- UETS - Unidad de Evaluación de Tecnologías Sanitarias, Agencia Laín Entralgo

Sweden

- SBU - Swedish Council on Technology Assessment in Health Care

The Netherlands

- CVZ - College voor zorgverzekeringen
- ZonMw, Netherlands Organisation for Health Research and Development

The United Kingdom

- NCCHTA - National Coordinating Centre for HTA

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