





## ‘HIGH-LEVEL’ SUMMARY

The Workshop on ‘Health Technology Assessment and Regional Cooperations – Sharing Experiences from the Regional Cooperations’ took place on 19 and 20 September in Brussels. The event, organised by the European Commission’s DG SANTE, brought together 32 experts from 21 Member States, representing four regional HTA cooperation initiatives – BeNeLuxA, Fair and Affordable Pricing, FINOSE and La Valletta – as well as and the EUnetHTA Joint Action III (2016-2020).

A number of regional cooperation initiatives in the field of HTA have been or are in the process of being developed to strengthen and extend activities and capacities in the field of HTA and beyond. These initiatives share similar rationales, aims and challenges, namely to improve the quality and sustainability of healthcare systems in view of the new and often very highly priced medicines. Therefore there is merit in these initiatives meeting and sharing their work – the challenges and opportunities as well as their achievements to date – in order to learn from each other, raise awareness of their activities and explore the potential for further cooperation and exchange. Also their synergy with the current EU-level activities i.e. the ongoing EUnetHTA Joint Action III (2016-2020) and the European Commission proposal for a Regulation on Health Technology Assessment – deserves specific attention.

During the two workshop days, lively and frank discussions took place. First of all, each of the regional cooperation initiatives had the opportunity to introduce themselves, presenting a variety of models of collaboration specific to the needs, culture and institutional settings of the participating countries. Three further sessions, each chaired and shaped by one of the cooperation initiatives, addressed HTA in decision-making, the joint assessment process, and cooperation with stakeholders. Last but not least, a dedicated session on EUnetHTA tools and activities demonstrated that regional experiences are an important source of feedback for EUnetHTA as well as for a future EU system of HTA cooperation.

The discussions aimed to reflect the practical experiences and good practices of the four initiatives and touched upon many common interests and challenges, in particular relating to transparency, access to health technologies and linking national processes to supra-national activities. There are also important challenges to the cooperation related to legal diversity. It was generally agreed that, for cross-country HTA cooperation to be effective, a common and high-quality evidence base, shared methodologies, trust and mutual understanding are indispensable. Cross-country cooperation requires a high level of goodwill, commitment and political support.

The workshop was viewed as a welcome and useful platform for mutual exchange and learning; participants expressed a keen interest in continuing the communication and exchange of information between the four initiatives, EUnetHTA and the European Commission.

## REGIONAL INITIATIVES PRESENT:

### BENELUXA

Countries involved:

THE NETHERLANDS, BELGIUM, LUXEMBOURG, AUSTRIA, IRELAND



▶▶ 42 million citizens - Started: 2014

#### AIMS:

- Ensure access to innovative drugs at affordable cost by levelling the playing field.

#### ACTIVITIES:

- Horizon scanning
- HTA
- Information sharing
- Pricing and reimbursement (potentially) leading to joint negotiations
- Six assessments and two pilots on joint pricing concluded

### THE FAIR PRICING INITIATIVE (FAAP)

Countries involved:

HUNGARY, POLAND, SLOVAKIA, LITHUANIA, CZECH REPUBLIC (OBSERVER),  
LATVIA (INVITED)



▶▶ 69 million citizens - Started: May 2017

#### AIMS:

- improve and facilitate access to effective and affordable medicinal products for the service of citizens of the countries involved
- Develop methods and modalities of cooperation and negotiations

#### ACTIVITIES:

- Participation in expert meetings
- Exchanging information
- Organising pilot negotiations

### LA VALLETTA

Countries involved:

CROATIA, CYPRUS, GREECE, IRELAND, ITALY, MALTA, PORTUGAL, ROMANIA,  
SLOVENIA, SPAIN



▶▶ 160 million citizens - Started: May 2017

#### AIMS:

- Guarantee patients' access to new and innovative medicines and therapies
- Ensure sustainability of national health systems
- Achieve collaboration between the Member States leading to synergy between these countries
- Support cooperation with stakeholders for the mutual benefit of all stakeholders

#### ACTIVITIES:

- Share information and good practice
- Identify areas of cooperation, objectives and scope of work
- Joint assessment and negotiation for selected medicines

# FINOSE

Countries involved:

NORWAY, SWEDEN, FINLAND (DENMARK)



▶▶ 20,5 citizens - Started: March 2018

## AIMS:

- Support timely and equal access to medical technologies
- Gain additional knowledge about the products
- Increased efficiency in production of assessment reports
- Less divergence in HTA methodologies and evidence requirements
- Reduced complexity in industry submissions

## ACTIVITIES:

- HTA
- Health economic assessment
- Information sharing
- Pricing and reimbursement (potentially) leading to joint negotiations
- Six assessments and two pilots on joint pricing concluded

# EUNETHTA JOINT ACTION III (2016 - 2020)

▶▶ Started: Follows and builds on EUNetHTA  
Joint Actions I (2010-2012) and II (2012-2015)

Involves 83 partners (medicines agencies, payers, health ministries...)  
FROM ACROSS EUROPE

## AIMS:

- Support technical and scientific collaboration between European HTA organisations

## ACTIVITIES:

- Support efficient production and use of HTA in countries across Europe
- Provide an independent and science-based platform for HTA agencies in countries across Europe to exchange and develop HTA information and methodology
- Provide an access point for communication with stakeholders to promote transparency, objectivity, independence of expertise, fairness of procedure and appropriate stakeholder consultations
- Develop alliances with contributing fields of research to support a stronger and broader evidence base for HTA while using the best available scientific competence.