

HTA

burden or need for developing economies

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Presentation outline

- HTA countries, who and where are they?
- Why is HTA needed?
How to better use available resources?
- Everything In Its Own Time-
Time to do things properly

HTA countries, who and where are they?

European countries in respect to the
development and use of HTA in
decision-making

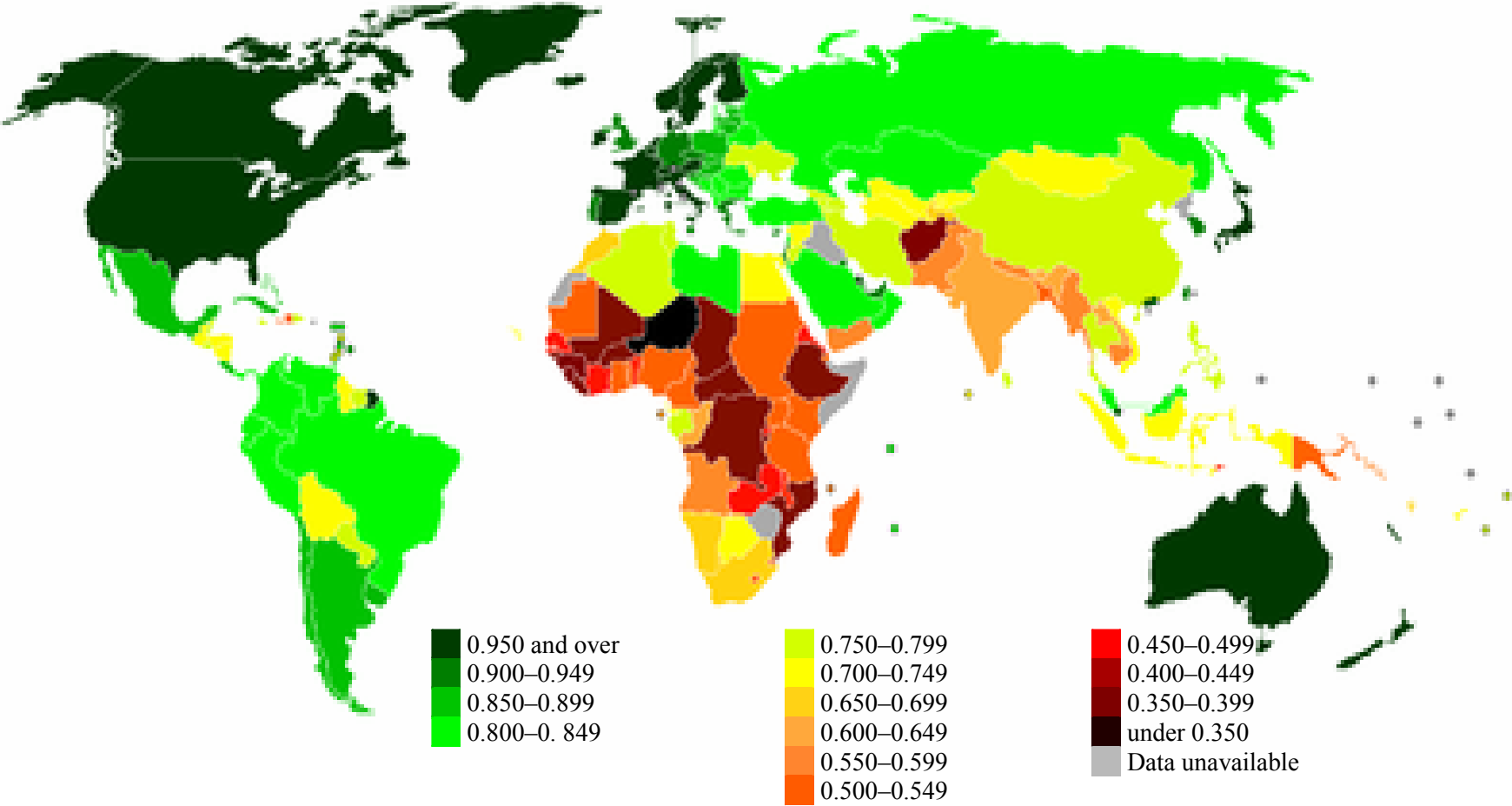
Indexes that measure the development of a country

GDP per capita - Life expectancy - Literacy rate -

HDI - the level of human development

- Life expectancy at birth, as an index of population health and longevity
- Knowledge and education, as measured by the adult literacy rate and the combined primary, secondary, and tertiary gross enrollment ratio
- Standard of living as measured by the natural logarithm of GDP per capita at PPP

World map indicating the Human Development Index













Source: UN Development Program , Human Development Report 2009, compiled on the basis of data from 2007

Some European countries by Human Development Index

10 highest HDIs

Rank	Country	HDI	
		2007 data	Change compared to 2006 data
1	 Norway	0.971	▲ +0.001
2	 Iceland	0.969	▲ +0.002
3	 Ireland	0.965	▲ +0.001
4	 Netherlands	0.964	▲ +0.003
5	 Sweden	0.963	▲ +0.002
6	 France	0.961	▲ +0.003
7	 Switzerland	0.960	▲ +0.001
8	 Luxembourg	0.960	▲ +0.001
9	 Finland	0.959	▲ +0.004
10	 Austria	0.955	▲ +0.003

10 lowest HDIs

Rank	Country	HDI	
		2007 data	Change compared to 2006 data
1	 Moldova	0.720	▲ +0.002
2	 Ukraine	0.796	▲ +0.007
3	 Bosnia and Herzegovina	0.812	▲ +0.005
4	 Macedonia	0.817	▲ +0.004
5	 Russia	0.817 ^[nb 2]	▲ +0.011
6	 Albania	0.818	▲ +0.004
7	 Belarus	0.826	▲ +0.007
8	 Serbia	0.826	▲ +0.005
9	 Montenegro	0.834	▲ +0.006
10	 Romania	0.837	▲ +0.005

Source: UN Development Program , Human Development Report 2009, compiled on the basis of data from 2007

Income divisions

Income Group	2007 GNI per capita	Health expenditure per capita, 2006 (current US\$)	European countries
Lower middle-income	\$936 - \$3,705	\$74.80	Albania; Armenia; Bosnia and Herzegovina; Georgia; Macedonia, FYR; Moldova; Ukraine
Upper middle-income	\$3,706 - \$11,455	\$412.38	Belarus; Bulgaria; Croatia; Latvia; Lithuania; Montenegro; Poland; Romania; Russian Federation; Serbia; Turkey
High-Income	\$11,456 or more	\$4,033	Austria, Belgium, Czech Republic, Denmark; Estonia; Finland; France; Germany; Greece; Hungary; Ireland; Italy; Netherlands; Norway; Slovak Republic; Slovenia; Spain; Sweden; United Kingdom

Source: Valerie Moran, Human Development Network, World Bank, 2009

Predominance of formal HTA agencies in high-income European countries

EU Countries		EU Candidate Countries	Potential EU Candidate Countries	Other European Countries	
With formal HTA [n=13]	Without formal HTA [n=14]	Without formal HTA [n=3]	Without formal HTA [n=4]	With formal HTA [n=2]	Without formal HTA [n=14]
Austria	Bulgaria	Croatia	Albania	Norway	Andorra
Belgium	Cyprus	Macedonia	Bosnia-Herzegovina	Switzerland	Armenia
Denmark	Czech Republic	Turkey	Montenegro		Azerbaijan
Finland	Estonia		Serbia*		Belarus
France	Greece				Georgia
Germany	Ireland				Iceland
Hungary	Italy*				Kazakhstan
Latvia	Lithuania				Liechtenstein
Netherlands	Luxembourg				Moldova
Poland	Malta				Monaco
Spain	Portugal				Russia
Sweden	Romania				San Marino
United Kingdom	Slovakia				Ukraine
	Slovenia				Vatican

* Considerable activity in HTA but no INAHTA member agency

Source: EUNETHTA WP8. Systems to support Health Technology Assessment (HTA) in member states with limited institutionalization of HTA

Funding of HTA organization

Funding of HTA organization

Source of funding	N	%
Government	33	80.5
Research funding bodies	19	46.3
Private industries (e.g. pharmaceutical industry)	10	24.4
Academia/University	10	24.4
Donor agencies (foundations, patient associations, charity, others)	7	17.1
Public health care providers	7	17.1
Compulsory health care insurance (public)	6	14.6
Intergovernmental organizations	3	7.3
Private medical insurance	3	7.3
Private health care providers	3	7.3

Income/ available budget

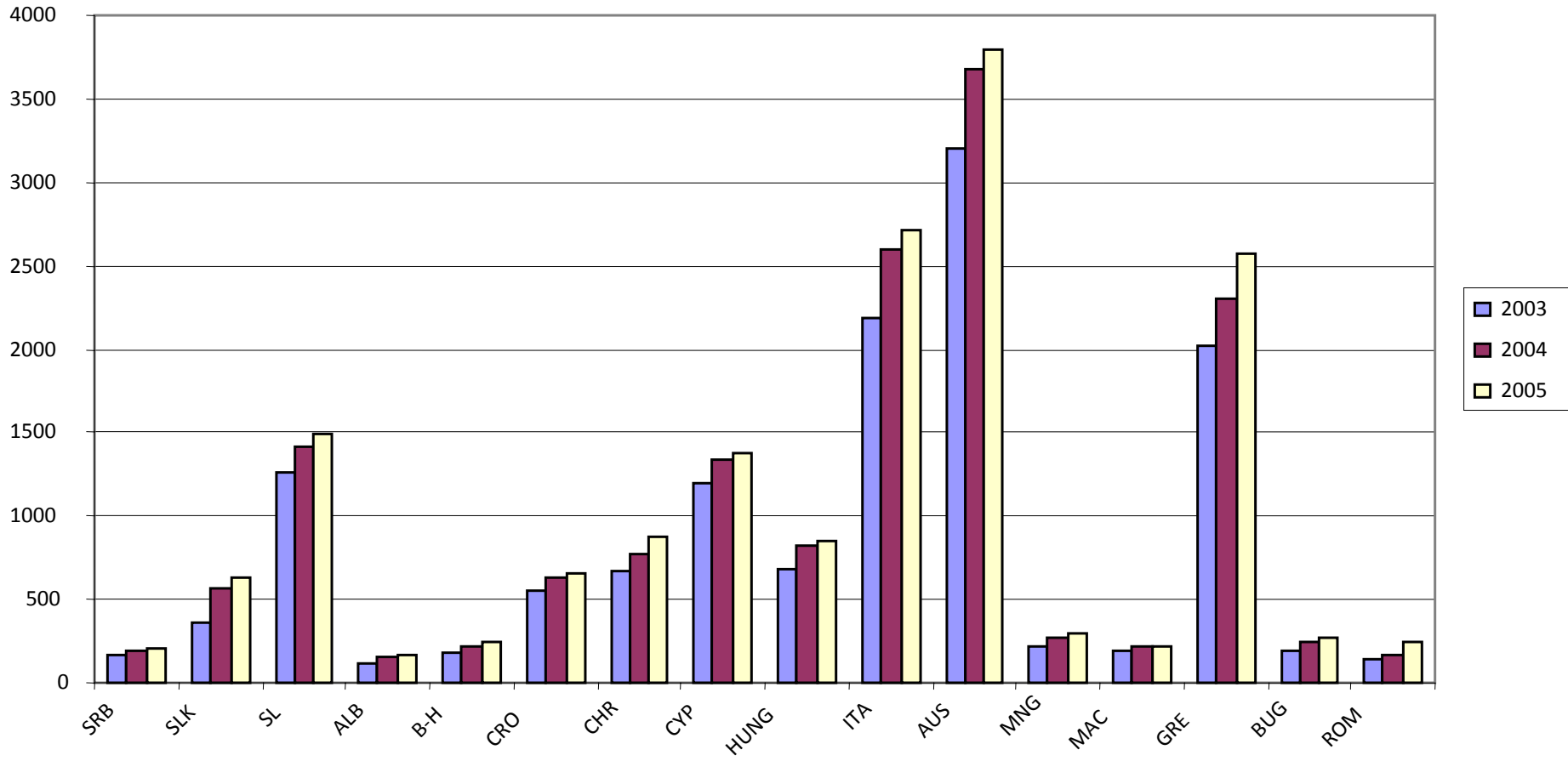
Agency	Amounts
UK NCCHTA	21,6 MIL USD
GERMANY DAHTA	1,5 MIL USD
GERMANY IQWIG	11 MIL Euro
AUSTRIA LBI of HTA	0,93 MIL USD
BELGIUM KCE	3,06 MIL USD
LATVIA VSMTVA	0,05 MIL USD
NETHERLANDS CVZ	10,3 MIL USD
FRANCE HAS	60 MIL Euro

Source: EUNETHTA WP8. Systems to support Health Technology Assessment (HTA) in member states with limited institutionalization of HTA

Why is HTA needed?

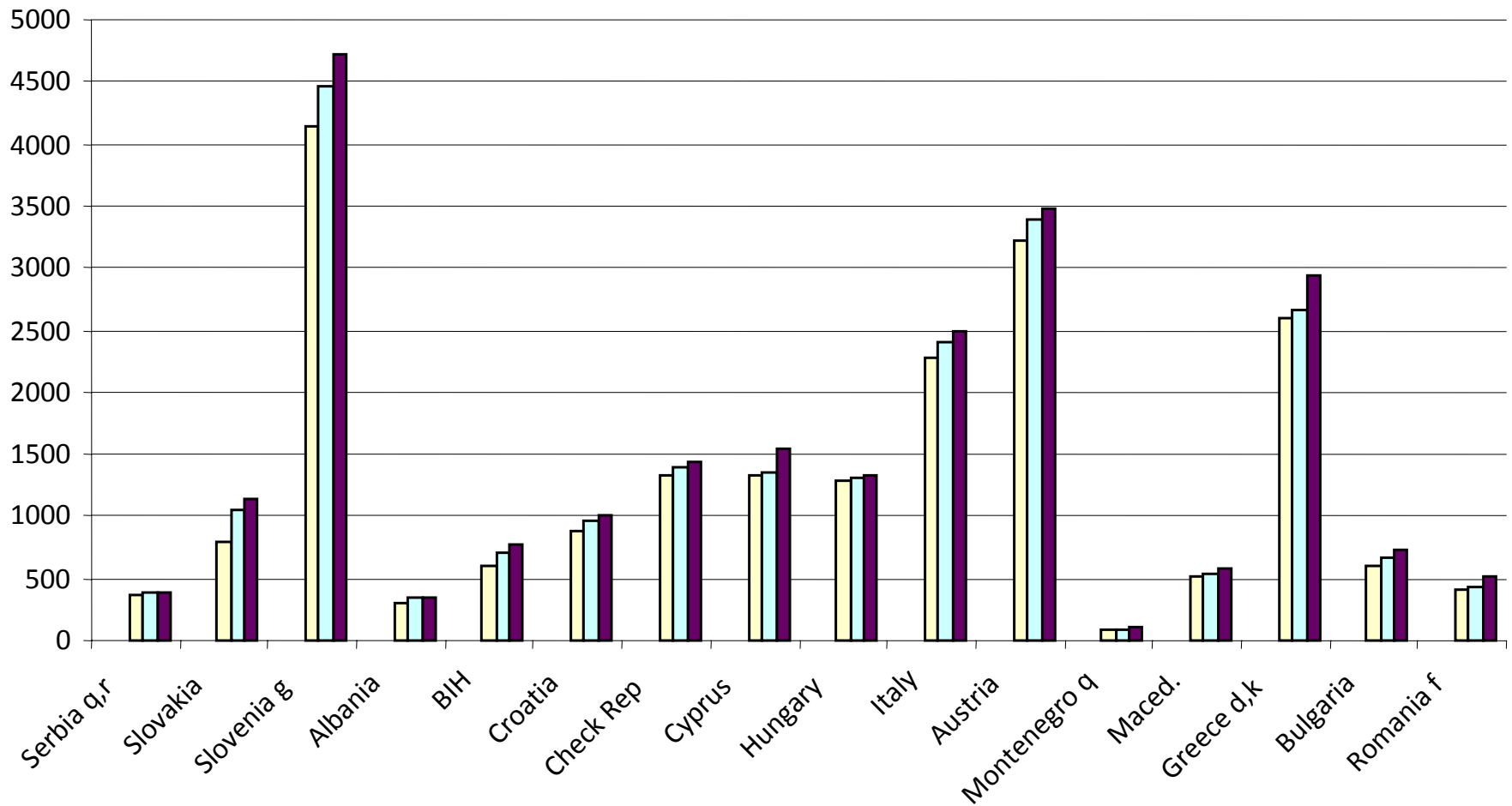
How to better use available resources?

Total Health Expenditures Per Capita in US \$



Total Health Expenditures Per Capita as Purchasing Power Parity (US \$)

i.e. in the currency that has the same purchasing power in every country (PPP)

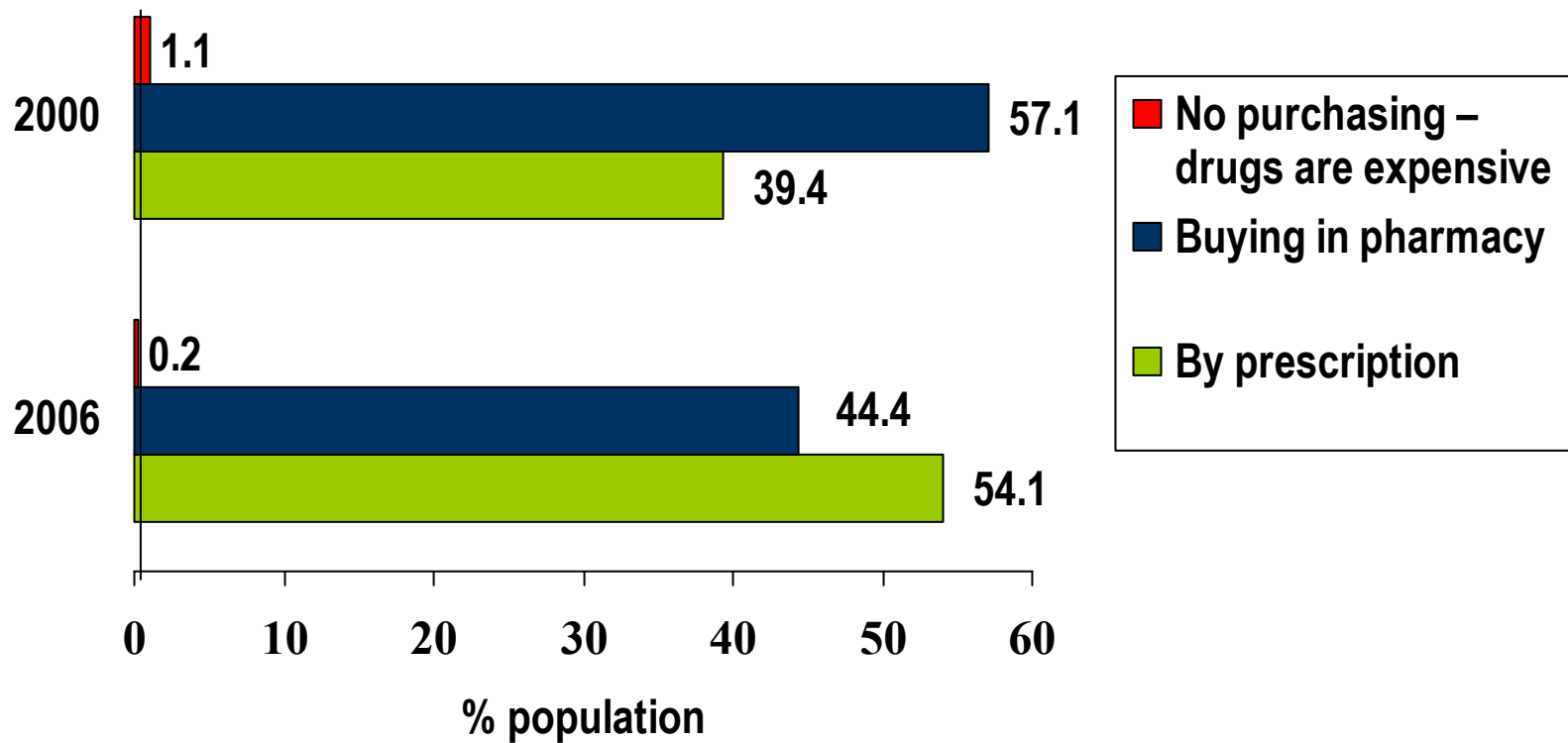


How to reconcile the principles of solidarity and efficiency?

- Ongoing decentralization
- Changing of payment mechanisms
- Social health insurance is the dominant model
- No other governmental or private insurance funds
- Coverage is uneven (30% to 90%)
- Health spending is low
- To visit specialists, patients need to be referred by a general practitioner , three levels referral system
- Patients who visit specialists without a referral are required to pay out-of-pocket money
- Services purchased at the private centers - 100% out of pocket
- Transitional economies , no transparency, corruption ...

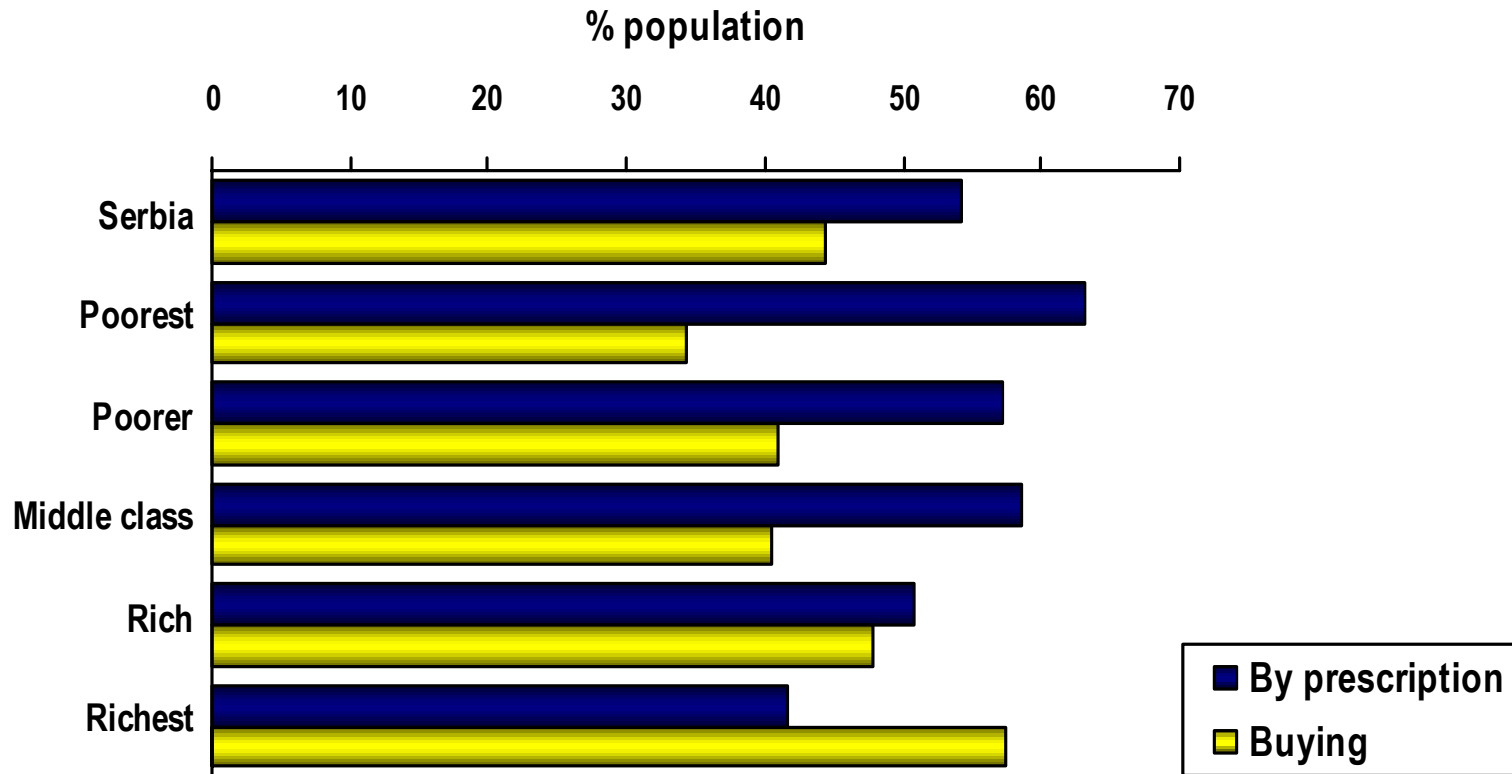
Utilization of health services

Ways of obtaining drugs in the adult population



Utilization of health services

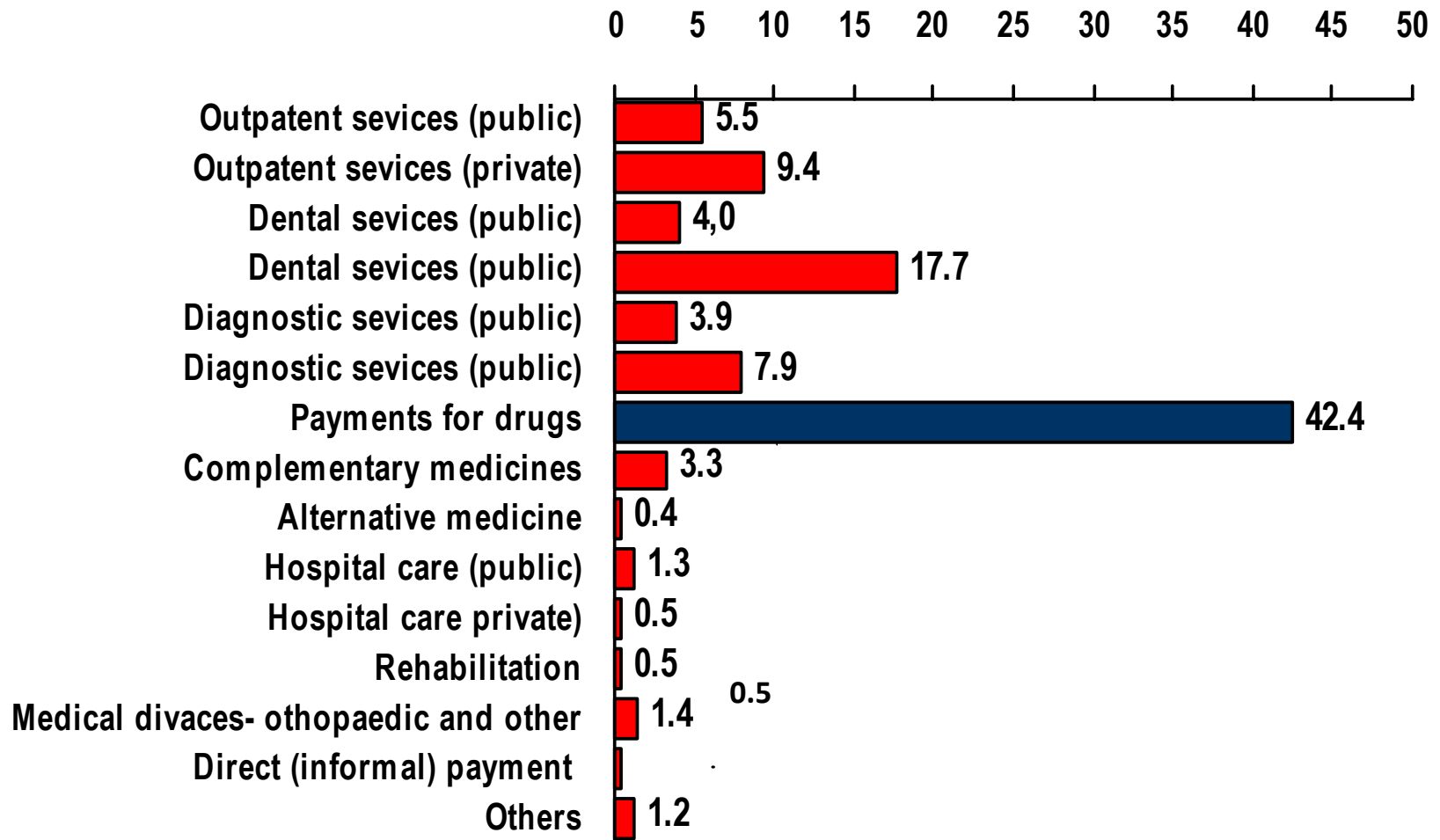
Obtaining drugs in the adult population by the wealth index



HEALTH CARE PAYMENTS

“out of pocket”

% total expenditures



Lack of knowledge, experience, transparency... (1)

- No inventory of medical equipment
- No standards for medical equipment
- No needs assessment
- No priorities approach in health policy
- No cost effectiveness analysis
- No estimates of the future recurrent costs for the nation and the health care facility
- No commitment on how to cover these recurrent costs
- No clear picture of the referral system among the levels of care
- No number of unnecessary referred cases sent from secondary to tertiary level of care

Lack of knowledge, experience, transparency... (2)

- No awareness of counterfeit medicines problem and weaknesses in inspection and detection ability
- No provision for Pharmacovigilance
- No regulatory provision for Clinical Trials
- No regulatory provisions exist for import and control of Active Pharmaceutical Ingredients
- Hospital sector drug procurement organised centrally failures in decentralization because of lack of staff training in drug procurement practices
- Drug Needs Assessment is difficult in view of the absence of hospital protocols / clinical guidelines
- Drug Usage Evaluation is not carried out at any level of the system

What are the expert's remarks?

- Complexity of the local context and decision-making process
- Political instability
- Poor communication between stakeholders
- No legislative framework
- Low decision-making transparency
- Attitudes of decision-makers (bureaucracy)
- Financial discouragement
- **Inconsistency in following expert recommendations leads to the limited sustainability of results**

Everything In Its Own Time
Time to do things properly

Two ways demands

Increasing pressure on governments

In-country

- Decentralisation
- Health reform initiated – new financing mechanisms
- Lack of resources - “cost offices” composed of engineers, economists and clinicians
- Increased demand for purchasing newer and newer technologies
- Requirements from the new structures: licensing, accreditation or quality assurance bodies

Out-country

- Raising awareness through different projects
- International contacts
- Links with the HTA community
- Skilled and committed groups of “working bees”
- Demand for more transparent decision-making

“value for money” principle and transparency requirements

- introducing health technology assessment

HTA provides evidence for

- Structural aspects of the quality of health care
- Clinical practice guidelines and clinical pathways (which technology, on what indication, by when and to which patient)
- Prevention from patients exposure to harmful interventions
- Effective benefits package and public health methodologies
- Appropriate distribution of technology over the country, region or level of care (buildings, equipment, drugs, supplies)
- Referral criteria and it fosters cooperation between levels of care

Key question

If HTA Agency - then what kind of HTA Agency?

- Developing an ‘arms length’ multi skilled public agency for HTA, funded primarily from public resources, as adopted in e.g. the UK: The National Institute for Clinical Excellence – a model which is being adopted widely throughout Europe;
- The development of an EBM/HTA network (real or ‘virtual’) linking various competent agencies/university departments, which could be moulded into a single service;
- A commissioning model with the Ministry of Health/Health Insurance Fund/ Agency contracting out various aspects of HTA to competent agencies and authorities in different fields, as undertaken in USA;
- The development of unit to specifically collaborating in a broader international network such as Cochrane Collaborating Centre, EUnetHTA etc;
- Developing a ‘twinning’ approach involving a well-established international agency such as NICE to provide specific HTA, EBM and CEA expertise, using that Agency’s materials for initial activities as well as undertaking substantial knowledge transfer activities leading to independent operation
- Or, the adoption of a combination of these approaches.

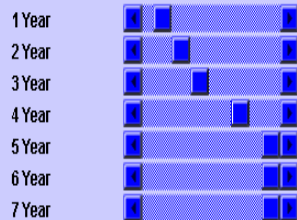
The decision -Heavy, light or mixed- depends on the health system needs and available funds

Demand

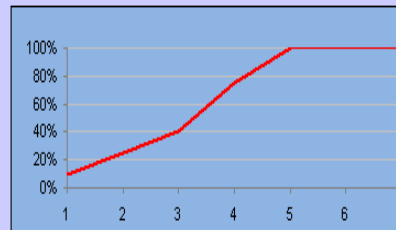


200 Number of analysis conducted yearly
 100% Relationship between demand and supply

Efficiency



10%
25%
40%
75%
100%
100%
100%



Analysis structure

Heavy

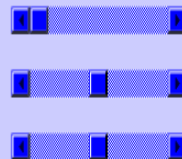
Mixed

Light

Inside another institution



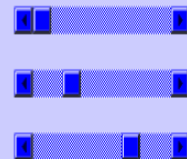
100%
0%
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20%
40%
40%



0%
25%
75%



0%
25%
75%

Total 100%
Control 0%

Total 100%
Control 0%

Total 100%
Control 0%

Total 100%
Control 0%

Estimated costs of a HTA Report

Costs per individual analysis depending on the type of the HTA institution

<i>Heavy</i>	€	26 654
<i>Mixed</i>	€	10 316
<i>Light</i>	€	5 926

Costs of overall analysis and developing a report

Costs of quality control of an individual report

Health does not know for borders

- EBM/HTA awareness raising
- Create EBM/HTA Journals/Bulletins
- Access to international full text medical literature databases
- PhD HTA-related research
- EBM / HTA Reference library (electronic and print)
- Cochrane on-line library access
- Formal networks: e.g. INAHTA, HTAi , EUNetHTA, or regional CEESTAHC (concept of leapfrogging- reduction in duplication, new and improved methodological developments...)

Thank you for your attention