HTA Network of the Americas (RedETSA)

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Second WHO Global Forum on Medical Devices
Geneva, November 2013
• Agreement on the creation of the Network: meeting in Buenos Aires, Argentina (Regional HTAi, 2010)
• Formal launch of the Network in June 2011, in Rio de Janeiro (HTAi Annual meeting)
• Members from 13 countries (Argentina, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Ecuador, Mexico, Paraguay, Peru, Uruguay)
• 25 institutions are currently members
• PAHO is the Secretariat of the Network
RedETSA: Main Activities

• 2\textsuperscript{nd} meeting: April 26th-27th 2012, Lima, Peru: participation of EUnetHTA, Inter-American Development Bank-IDB, World Bank Institute

• Development of a Community of Practices within the Regional Platform of Access and Innovation for Health Technologies: exchange of information

• Workshops to discuss collaboration with EUnetHTA, HTAsiaLink and INAHTA in Bilbao (2012) and Seoul (2013)

• 3\textsuperscript{rd} meeting in Bogota, Colombia: Workshop on Priority-setting in health to discuss implementation of the Resolution

• Mapping of the situation of HTA and decision making in the Region

• 4\textsuperscript{th} meeting held in Brasilia, Brazil, 24-27 September, 2013: participation of HTAsiaLink
Mapping of HTA situation in the Region

- Two components:
  - **Institutional capacity to perform HTA**: a questionnaire was developed based on the mapping exercise made by MERCOSUR countries and will be applied in all countries participating in the network.
  - **Decision-making processes**: a template was developed considering previous mapping tools (e.g. NICE/IDB, HTAsialink)
Collaboration amongst international networks

- Workshops in Bilbao 2012 and Seoul 2013
- Participation in meetings: EUnetHTA in RedETSA 2012; RedETSA in HTAsialink 2012; RedETSA in INAHTA 2013 meeting; HTAsialink in RedETSA 2013
- Mapping opportunities for capacity building
  - A first version of the mapping for the Region has been prepared for RedETSA by IECS and PAHO, updating a previous one done by IECS
  - A search strategy was developed with key words in English, Spanish and Portuguese, and 129 courses were identified and classified according to: main subjects; language; modality (e-learning or face-to-face)
- Program of joint webinars (to be implemented)
HTA in the Region

Important achievements at National level in the past 10 years
National level

- **Argentina:**
  - HTA Coordination Unit – UCEETS (2009), with 14 institutions
  - HTA unit in Regulatory Authority – ANMAT (2012)
  - IECS: WHO CC

- **Chile:**
  - New National HTA Comission, with 13 members (2012)
  - HTA unit in Regulatory Authority – ISP (2011)

- **Colombia:**
  - New HTA institute (IETS); creation approved by a Federal Law in 2011; operation initiated in 2012

- **Uruguay:**
  - HTA Division in the Ministry of Health (2009)
  - EE to support coverage decisions for high cost drugs
National level

- **Mexico:**
  - HTA required by the National Health Council that defines the list of health technologies (2011).
  - HTA unit at the National Center for Health Technologies-CENETEC (2004), WHO/PAHO CC

- **Brazil:**
  - Pricing decisions (as part of the marketing authorization) based on HTA (2004)
  - Federal law and a new commission (CONITEC) to regulate the incorporation of new health technologies in the Public Health System (2011): 13 members from MoH, civil society, local and state governments, physicians association.
Project “Advance HTA”

- **HTA in Emerging Countries** – Work Package of the Project ADVANCE HTA (funded by European Commission): PAHO, Escuela Andaluza de Salud Pública, London School of Economics and National Institute for Health and Care Excellence-NICE
  - Mapping on capacity and decision making processes focused on Central American and Caribbean countries
  - Case studies on HTA and decision making in 6 countries
  - Toolkit for improving decision making in the Region
Project “Regulatory-HTA interactions”

• Considering the existing gap on medical devices regulation and the growing interest for the interaction HTA-Regulation, a pilot project was developed by PAHO (funded by USAID)

• The project had the following products:
  ▪ Review of the literature and current initiatives on the HTA-Regulatory interactions
  ▪ Case studies in four countries: Colombia, Mexico, Uruguay and Argentina
  ▪ Design of a virtual course on HTA and Regulation
  ▪ Workshop in September 2013 to present the results and to discuss an agenda for collaboration between the working group of regulatory authorities and RedETSA
Opportunities

- Recognition by the Member States of the legitimacy of RedETSA as the Regional HTA network and also of the role of PAHO
- Interaction regulation x HTA x coverage decisions: project PAHO/USAID focused on medical devices
- Collaboration with other networks/initiatives: Priority setting network (IDB), Right to Health network (WBI)
- Collaboration with other HTA networks: HTAi, INAHTA, EUnetHTA, HTAsiaLink, Euroscan
Balancing efficiency and equity through an HTA approach in the Region of the Americas

• In September 2012, in the Pan American Sanitary Conference, the Ministries of Health of all Member States in the Region of the Americas approved a policy document and a Resolution on Health Technology Assessment and decision making

• The PAHO Resolution is the first one specifically on HTA to be approved by Member States

Member States urged to establish decision-making processes based on HTA, to strengthen institutional frameworks and to integrate HTA into public policies on health technologies (CSP28.R9).
Introduction

One of the major challenges of health systems based on primary health care in the pursuit of equity, quality of care, and efficiency is the context in which health technologies play a significant role. Often these roles are intertwined in the provision of quality care and, on the other hand, they are generating an ever-growing burden: impact that can threaten health systems sustainability. For this reason, the decision on what technologies should be provided by health systems is vital so that countries can optimize benefits in the health system. This document proposes that countries establish procedures for the incorporation of health technologies based on health technology assessment (HTA). Using an approach that integrates health technology assessed functions into the cycle of regulation—incorporation—utilization.

Background

2. The Declaration of Alma-Ata (1978) defines primary health care as essential health care provided by trained community workers and within the community through their full participation and at a cost that the community and country can afford. It forms an integral part of both the country’s health system and of the overall social and economic development of the community (1).

1. The definition of ‘health technology’ encompasses all products used in health service delivery, procedures, and systems, i.e., marked in Korea (2016).

The resolution consequently approves the recommendations and adopted the health technology assessment system to ensure the effective and efficient incorporation of health technologies into health systems.
Proposal

The proposal was presented in the policy document on HTA and decision making, with the following elements:

1. Integration of HTA into public policies on health technologies
2. Establishment of an institutional framework for HTA-based decision making
3. Human Resources Development
4. Dissemination of information
5. Rational use of health technologies
6. Promotion of network collaboration
Proposal

1. Integration of HTA into public policies on health technologies
HTA as an integrating force into the cycle regulation-incorporation-rational use

2. Establishment of an institutional framework for HTA-based decision making
Explicit links between HTA and decision making, with the definition of transparent process that sets out the relationships and responsibilities of the different stakeholders
Proposal (3)

3. Human Resources Development
Developing a strategy that addresses the different needs in the region

4. Dissemination of information
Identifying existing gaps and promoting dissemination of study results among stakeholders and decision-makers

5. Rational use of health technologies
Developing and implementing clinical guidelines and to evaluate the use of health technologies in health services

6. Promotion of network collaboration
Strengthening the HTA Regional Network
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<th>Resolution CSP28.R9</th>
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<td><strong>The Resolution urges Member States to:</strong></td>
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<tr>
<td>Encourage the establishment of decision-making processes based on HTA</td>
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<td>Promote efforts to strengthen institutional frameworks for the incorporation of health technologies</td>
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<td>Promote the production and dissemination of HTA results among decision-makers</td>
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<td>Strengthen national, sub-regional and regional networks to promote exchange among institutions and countries</td>
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<td>Actively participate in RedETSA</td>
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