



SITUATION ANALYSIS OF HTA INTRODUCTION AT NATIONAL LEVEL

Instruction for respondents

What is the aim of this questionnaire?

Every country is different. The way that your health system is designed, how your regional and national health policy is decided, and the social and cultural context for health and health care in your country is unique. At HITAP and NICE International we believe that Health Technology Assessment (HTA) is an extremely useful tool for decision making in health for all countries. However, for HTA to be useful in your country, it is important that we have an understanding of the current situation.

This questionnaire is an initial screening tool to assess needs, demands and supply for HTA in your country. This questionnaire will be used by HITAP and NICE International to develop a situation analysis, which will enable us to plan the best ways to work in collaboration with the relevant people in your country to introduce HTA to health policy at a national level.

Who is this questionnaire for?

The use of HTA to inform priority setting in health at a national level requires high-level commitment and support. This questionnaire is designed for policy makers at a national level or those who inform policy decisions at a national level and also those who have an interest in how HTA can improve priority setting in health. This form should be filled by the director or senior staff in your organization.

What is HTA?

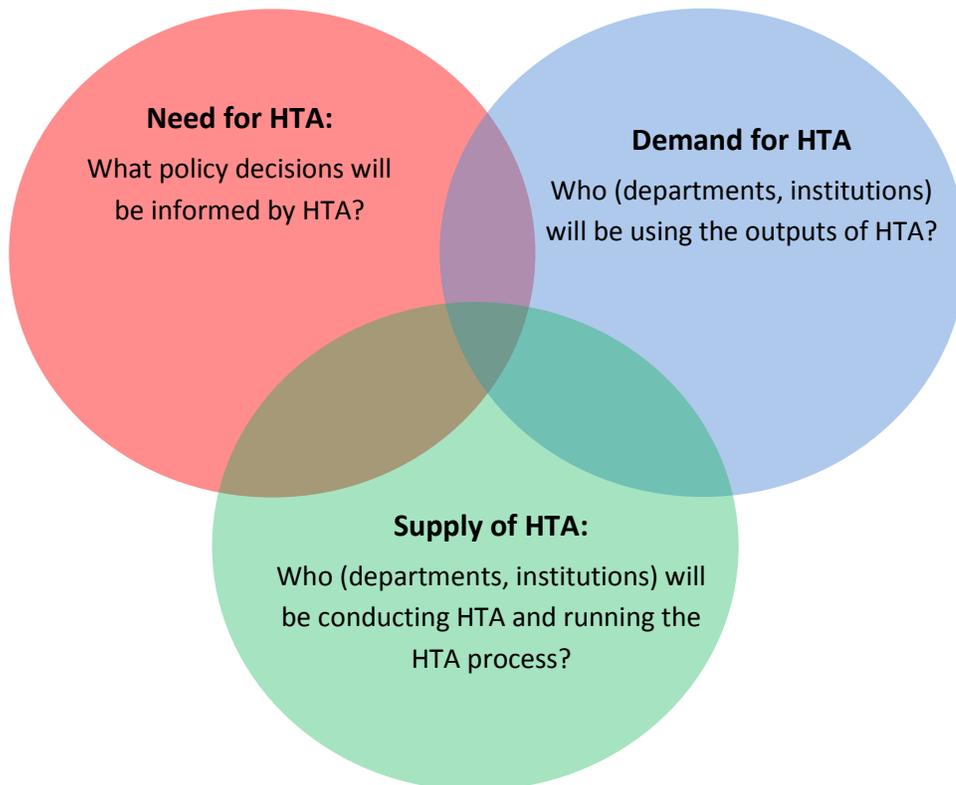


figure 1 HTA conceptual framework

Health Technology Assessment (HTA) is *defined as a multidisciplinary field of policy research, which provides evidence on consequences of adoption and use of health technologies*. The evidence that is produced by the HTA process is defined as HTA output. Introduction of HTA in countries is driven by three key elements, namely needs for HTA output, demand for HTA output, and supply of HTA output (figure 1). A conducive situation emerges when the needs, demands and supply are well balanced. Although rational policy decisions require research-based evidence, in some instances the demands for and supply of policy-relevant evidence are lacking for a variety of reasons.

Current use of evidence in the priority-setting process:

Decisions about priority setting and resource-allocation in health occur regardless of the level of the use of HTA. Decisions in health policy for your country may be made as a decision problem arises, meaning that there is no established process that is followed every time a particular type of health policy decision is made. , However it is important that the current level of evidence production and use in policy decisions is identified. In this way, a baseline can be determined and the requirements for the introduction of an HTA process at the national level can be identified. As progress is made towards the introduction of HTA, comparisons against the baseline can be made.

The need for HTA:

Given that resources are always limited, a country has to prioritize the policy areas for which HTA is more urgently needed than others. For example, evidence generation to inform market approval should be strengthened before expanding to the area of coverage decisions, production of clinical guidelines and health service delivery design. Knowing the priority area will be helpful in devising a relevant HTA capacity strengthening program. The priority might also be set according to types of technologies and magnitude of health problems.

The demand for HTA:

The bodies that are likely to demand the outputs of HTA include national policymaking bodies, either pharmaceutical regulatory authorities or health insurance offices, and other institutes. This demand for HTA output should be deliberately identified. These HTA users might make decisions independently, or collaboratively as networks. In some countries, the features of decision making processes and types of evidence required are determined by explicit regulations and guidance. Meanwhile, in other health systems the use of HTA relies on awareness, attitudes and knowledge on possible contributions of evidence among influential policymakers. Their past experiences and appraisal capacity might also play a key role in ensuring demands for HTA. It is noteworthy that HTA results can be employed not only by politicians and government officers, but also by a wide range of stakeholders in the business sector, civil society organizations, international agencies and development partners.

The supply of HTA:

In some countries evidence generation mechanisms are well established as indispensable component of policy sphere. In these settings, intuitions exist that provide evidence to policy makers on consequences of adoption and use of health technologies but are not explicitly labelled as “HTA” institutions. Further, many existing research institutes are able to provide useful evidence to inform health technology policies. Apart from HTA institutes and alike in the public sector, pharmaceutical and medical device companies, both local and transnational, are important sources of evidence on effectiveness, safety, quality and value for money of their own products.

Suppliers of HTA evidence in one particular country usually vary in their features, such as numbers and qualifications of researchers, areas of expertise, financial supporters, infrastructure and performance. Some HTA units focus their work on particular technologies including pharmaceuticals, biological products and medical devices. Meanwhile, in some countries HTA infrastructure such as technical and management guidelines and databases are available at national level. In the settings where HTA capacity is inadequate, the unmet demands might be addressed by research institutes in foreign countries.

Questionnaire structure

This questionnaire is drawn on the conceptual framework and consists of related questions which are categorised into three parts: priority setting of needs, identifying the demands and exploring the supply of HTA. There is no correct or optimal answer – every country is different. The questionnaire seeks your view on issues relating to HTA specifically in your country.

Part I: The need for HTA (questions 1-5)

This section attempts to identify and prioritize what HTA will be used for in your country. Different countries will have different uses for HTA and it will be necessary to prioritise the use of HTA to the most important policy areas. This section consists of five questions:

- Qn.1) The broad policy areas where HTA would be used
- Qn.2) The importance of particular attributes of HTA
- Qn.3) The types of health technology that would be assessed
- Qn.4) Current decision problems that could be informed by HTA
- Qn.5) Details of the current decision problems

Part II: The demand for HTA (questions 6-7)

This section attempts to identify which departments or institutions in your country would be using HTA. There might be potentially multiple decision makers, however, to build capacity it is important that the end user is clearly identified. This section consists of two questions:

- Qn.6) Identification of users and specific institutions
- Qn.7) Type of evidence currently required by users.

Part III: The supply of HTA (questions 8-12)

This section attempts to identify how HTA output and related evidence is currently produced and by which institutions or organizations. It is important that any development of HTA capacity builds on existing resources and so identification of those already producing evidence is useful. Further, it is important that production of HTA is sustainable in the future, and so an idea of the current future provision is required.

- Qn.8) Strengths and weaknesses of HTA units in your country
- Qn.9) Availability of local data to support HTA
- Qn.10) Identification of HTA-informing institutions or agencies
- Qn.11) HTA infrastructure
- Qn.12) Training needs

Identification

Name of your institute

Please identify type(s) of your organization

- Office within the Ministry of Health
- Office within the Ministry of Finance
- Other government authority
- Regulatory authority
- Health insurance (social or state-funded)
- Health insurance (private)
- Research institute
- Private sector provider
- NGOs
- Others (please identify).....

Questionnaire

Part I: Priority setting of need for HTA

1. There are many attributes of health technology assessment that makes it a useful policy device. For each of the attributes listed under a. to e. below, please rate their importance to health policy in your country by circling a number on the scale where 0 is not important and 10 is very important. Please provide reasons for your answers where possible:

- a. Ensuring that the money and resources available for health are distributed in the best way to achieve maximum benefits from the money available (allocative efficiency)

0	1	2	3	4	5	6	7	8	9	10
Not important										Very important

.....

- b. Transparency in decision making

0	1	2	3	4	5	6	7	8	9	10
Not important										Very important

.....

- c. Budget control

0	1	2	3	4	5	6	7	8	9	10
Not important										Very important

.....

- d. Equity

0	1	2	3	4	5	6	7	8	9	10
Not important										Very important

.....

- e. Improving quality of health care

0	1	2	3	4	5	6	7	8	9	10
Not important										Very important

.....

2. HTA can be used in many different health policy areas to improve the evidence-base used in the decision making process. Please choose up to three of the following policy areas, in which the output from a HTA process is urgently needed in your country.
If you choose more than one policy area, please rank in order of importance where 1 is most important. Please also provide reasons for your choice.

Definitions

Evidence—evidence on safety, efficacy, effectiveness, value for money and social and ethical concerns of health technologies

Registration—processes related to granting market approval

Coverage or reimbursement —processes related to coverage or reimbursement of health technologies in a basic health services package

Registration of health technologies, because:

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.....

Coverage or reimbursement of individual health technologies, because:

.....
.....

Production of clinical guidelines or disease management pathways, because:

.....
.....

Informing design of basic package of health benefits, because:

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.....

Health service delivery design, because:

.....
.....

Provider payment reform or pay for performance schemes, because:

.....
.....

3. HTA can be used to assess many different types of health technology. Depending on the situation in your country, particular health technologies might be more in need of HTA than others. Please choose up to three of the following types of health technology, in which the output from a HTA process is urgently needed in your country.

If you choose more than one health technology, please rank in order of importance where 1 is most important.

Please also provide reasons for your choice. Reasons might include (but are not limited to) measures such as burden of illness, budget impact, potential for benefit, or patient/clinician advocacy.

Medicines

Reasons.....

Vaccines

Reasons.....

Medical devices / diagnostics

Reasons.....

Other intervention (e.g. surgical procedures)

Reasons.....

Screening and referral programs

Reasons

Public health programs or initiatives

Reasons.....

Service delivery initiatives or incentives

Reasons.....

4. Please identify two priority health or health care issues for your institution/department and explain why these issues are important.

(1)
.....

(2)
.....

5. From the priority issues identified in question four, please provide two examples of questions that should be researched considering the provided criteria.

Criteria

- a. High possibility to create a significant impact, if a research is performed
- b. Your organization or other organizations in your country has a comparative advantage to perform the study

If respondent is from a research institute,

- c. Consider if the proposed research questions are feasible to complete within 1.5 years

(1)
.....
.....

(2)
.....
.....

Part II: Identifying the demands (for evidence)

6. Who are the potential users of HTA outputs in your country? Please identify not more than three organizations and provide the name and type of organizations, their funding sources, and required evidence in the provided table. If there are related documents available, please note below and provide separately.

Key actors: Stakeholders that show interest and play active role in order to make health technologies available and accessible. They could be politicians, government officers, business sectors, civil society organizations, international agencies and development partners.

Number	Name of organization	Type of organization	Funding sources	Required evidence
1				
2				
3				

7. From the evidence users that you listed in question six , please rate the level of their interest in different types of HTA outputs. In the grey shaded areas, please use a 0-10 scale where 0 is no demand and 10 is high demand. Please also provide explanations and examples.

0	1	2	3	4	5	6	7	8	9	10
No demand					Highly demand					

Organiza-tions		Types and level of evidence required				
		Safety	Efficacy	Effectiveness	Economics (e.g. value for money, costs, budget impact)	Social/ethical concerns (e.g. equity, solidarity)
1	Level (0-10)					
	Explanations /examples					
2	Level (0-10)					
	Explanations /examples					
3	Level (0-10)					
	Explanations /examples					

Part III: Exploring the supply (for evidence)

8. Please identify your organization’s strengths as well as weaknesses in relation to evidence generation or use.

Strengths:

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Weaknesses:

.....

9. Availability of local data to inform country-specific decision is a key challenge of HTA. Please indicate the availability of the following data:

Pharmaceutical usage and pricing

Available Not available

Available with limitations (please identify)

.....

Activity of hospitals – e.g. how many times is a particular inpatient or outpatient hospital procedure performed per month in an individual hospital, or across regions, or nationally

Available Not available

Available with limitations (please identify)

.....

Health outcomes – e.g. what is the average 30 day mortality following admission to a hospital for acute myocardial infarction (heart attack) at an individual hospital, or across regions, or nationally

Available Not available

Available with limitations (please identify)

.....

Service delivery – e.g. health professional salaries

Available Not available

Available with limitations (please identify)

.....

10. Please identify the organizations that supply or generate evidence to support health policy decisions in your country. Please provide names of three leading organizations and contact persons, if possible, and indicate the role of identified organizations whether they supply or generate evidence.

- (1)
-
- (2)
-
- (3)
-

11. Please provide brief information regarding HTA infrastructure available in your country? , e.g. guidelines for the methods of health technology assessment or databases. If there are related documents available, please feel free to share.

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12. If any, please identify training needs including subjects and scope to improve HTA capacity of both evidence generators and users.

- (1)
-
- (2)
-
- (3)
-