



Strengthening of the EU cooperation on HTA

Update

DG SANTE

Unit B4: Medical products: quality, safety, innovation



Health Technology Assessment (HTA)

Definition

HTA assesses the added value (relative effectiveness) of a given health technology over and above existing ones.

1. Health problem and current use of technology

2. Description and technical characteristics

3. Safety

4. Clinical effectiveness

5. Costs and economic evaluation

6. Ethical analysis

7. Organisational aspects

8. Patient and social aspects

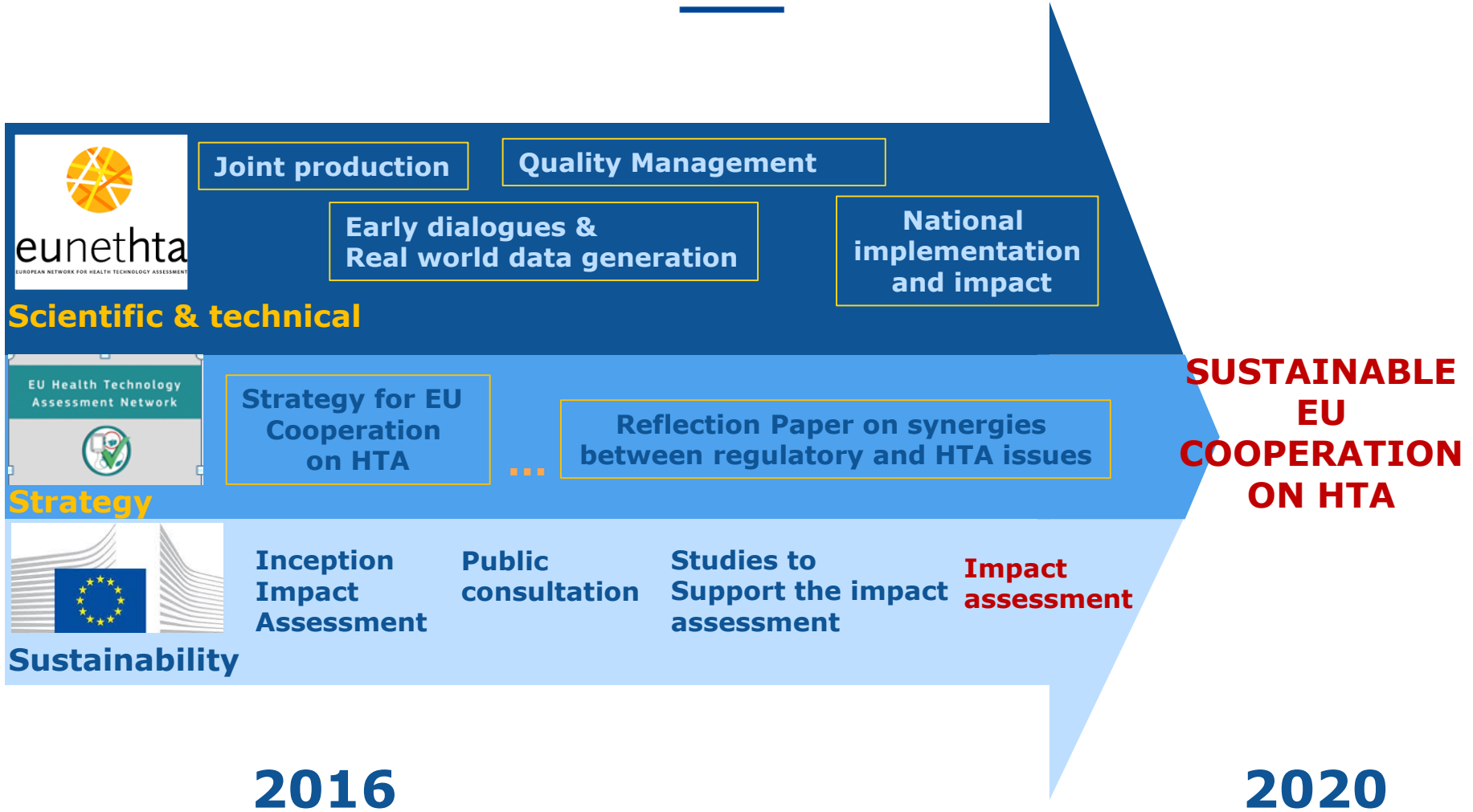
9. Legal aspects

Clinical domains

➤ so called **REA**
(relative effectiveness assessment)

Non-clinical domains (incl. economics)

➤ so called **Full HTA**
together with REA



Stakeholders' involvement

- **HTA Network Stakeholder Pool**

Call of expression of interest establishing the **HTA Network Stakeholder Pool** representing: patients/consumers, health providers, payers and industry at EU level

➔ 9 patients/consumers' organisations

- **HTA Network – Observers**

➔ 8 stakeholders' organisations (4 categories)

What has been done at EU level ?

➤ Public Health

- **Projects**
 - 1994-1997: EUR-ASSES**
 - 1999- 2001: ECHTA/ECHAI**
 - 2006-2008: EUnetHTA**
- **Joint Actions**
 - 2010-2012: EUnetHTA Joint Action 1**
Scientific/technical cooperation on methodologies and tools.
 - 2012-2015: EUnetHTA Joint Action 2**
Further development of cooperation and piloting of joint assessments.
 - 2016-2020: EUnetHTA Joint Action 3**
Enhanced cooperation with a focus on joint HTA work (e.g. joint assessments and uptake)



➤ Research



- **AdhopHTA**
- **MedtecHTA**
- **INTEGRATE-HTA**
- **ADVANCE-HTA**



- **ADAPT SMART**
- **GET REAL**

Major Achievements (EUnetHTA JA1 and JA2)

- **Trust** between HTA bodies and **capacity building**
- Development of **joint tools** (e.g. EUnetHTA Core Model, POP EVIDENT databases)
- Piloting **joint work** (e.g. early dialogues, joint assessments)
- JA3 – **upscaling of joint work**



Shortcomings of current EU cooperation on HTA

- **Low uptake of joint work** ⇒ duplication of work by HTA bodies and industry
- Differences in the **procedural framework** and administrative capacities of Member States
- Differences in national **methodologies**
- **No sustainability** of current cooperation model

Recommendation oncology drugs (MA 2011-2013) per country

Abbreviated indication	Brand name (generic)	HTA recommendation					
		GEMANY	THE NETHERLANDS	FRANCE	ENGLAND/WALES	SCOTLAND	POLAND
Bone metastases from solid tumours	1. Denosumab	Not assessed	Equal benefit	Added benefit	Positive	Not assessed	Negative
Breast cancer	2. Eribulin	Equal benefit	Added benefit	Added benefit	Negative	Negative	Negative
	3. Pertuzumab	Equal benefit	Added benefit	Added benefit	Negative	Negative	Negative
Colorectal cancer	4. Afibercept	Added benefit	Not assessed	Added benefit	Not assessed	Negative	Positive
	5. Tegafur / gimeracil / oteracil	Added benefit	Not assessed	Lesser benefit	Lesser benefit	Not assessed	Positive
Melanoma	6. Ipilimumab	Not assessed	Added benefit	Added benefit	Positive	Negative	Positive
	7. Vemurafenib	Added benefit	Added benefit	Added benefit	Positive	Negative	Positive
	8. Dabrafenib	Equal benefit	Not assessed	Equal benefit	Positive	Positive	Positive
Non-small-cell lung cancer	9. Afatinib	Added benefit	Not assessed	Equal benefit	Positive	Positive	Positive
		Added benefit		Equal benefit			
		Lesser benefit					
Prostate cancer	10. Crizotinib	Equal benefit	Not assessed	Added benefit	Negative	Negative	Negative
	11. Cabazitaxel	Added benefit	Added benefit	Added benefit	Negative	Negative	Negative
		Added benefit					
	12. Enzalutamide	Added benefit	Not assessed	Added benefit	Positive	Positive	Positive
		Added benefit					
Renal-cell carcinoma	13. Abiraterone	Added benefit	Equal benefit	Added benefit	Positive	Negative	Positive
	14. Axitinib	Added benefit	Not assessed	Added benefit	Positive	Negative	Positive

Relative effectiveness assessments of oncology medicines for pricing and reimbursement decisions in European countries. Kleijnen S, Lipska I, Leonardo Alves T, Meijboom K, Eisada A, Vervolgyi V, D'Andon A, Timoney A, Leufkens HG, de Boer A, Goettsch WG. Ann Oncol (2016) 27 (9): 1768-1775.



Initiative for EU cooperation on HTA Why now?

Need for a sustainable mechanisms (post 2020) to build on the success of the current cooperation (EUnetHTA JA3) whilst addressing identified shortcomings.

Initiative for EU cooperation on HTA Impact on rare diseases

- Small target population
- Challenges related to evidence requirements – importance of patients' involvement in HTA processes
- Timely patient access to innovative health technologies



Importance of EU collaboration - to agree on the how the value of products to treat rare diseases will be assessed in HTA

Policy Objectives of the HTA initiative

GENERAL OBJECTIVES:

1. Enable Member States to strengthen their cooperation on HTA in a sustainable manner
2. Ensure a better functioning of the internal market of health technologies
3. Contribute to a high level of human health protection, as stated in Article 168 TFEU and Article 35 of the Charter of Fundamental Rights

SPECIFIC OBJECTIVES:

1. Reduce duplication of efforts for HTA bodies and industry
2. Promote convergence in HTA procedures and methodologies
3. Improve the uptake of joint work in Member States
4. Ensure the long-term sustainability of EU HTA cooperation

Policy options

Inception impact assessment

Option 1	Option 2	Option 3	Option 4	Option 5
Status quo – voluntary cooperation	Long-term voluntary cooperation (beyond 2020)	Cooperation through the collection, sharing and use of common tools and data	Cooperation on production of joint REA (relative effectiveness assessments) reports	Cooperation on production of joint Full HTA reports (REA+ Non-clinical: economic, ethical, legal, etc.)
Non-legislative / voluntary		Legislative / voluntary + mandatory		

+ Issues to be addressed

Scope

Funding mechanism

Coordination /secretariat

Studies supporting the Impact Assessment Overview

Study	Objective	Est.
Mapping of HTA national organisations, programmes and processes	The main objective of the study is to map the HTA organisations and processes in the EU and the EEA countries.	Feb 2017
Mapping of HTA methodologies	The main objective of the study is to provide a concise overview of the scientific methodologies implemented by the Member States' HTA bodies.	Feb 2017
Study on impact analysis of policy options for Strengthened EU cooperation on HTA (main study)	Provide key input for analysing the impacts of identified policy options to strengthen EU cooperation on HTA.	May 2017

Online public consultation – overview of results (1)

➤ Questionnaire for citizens

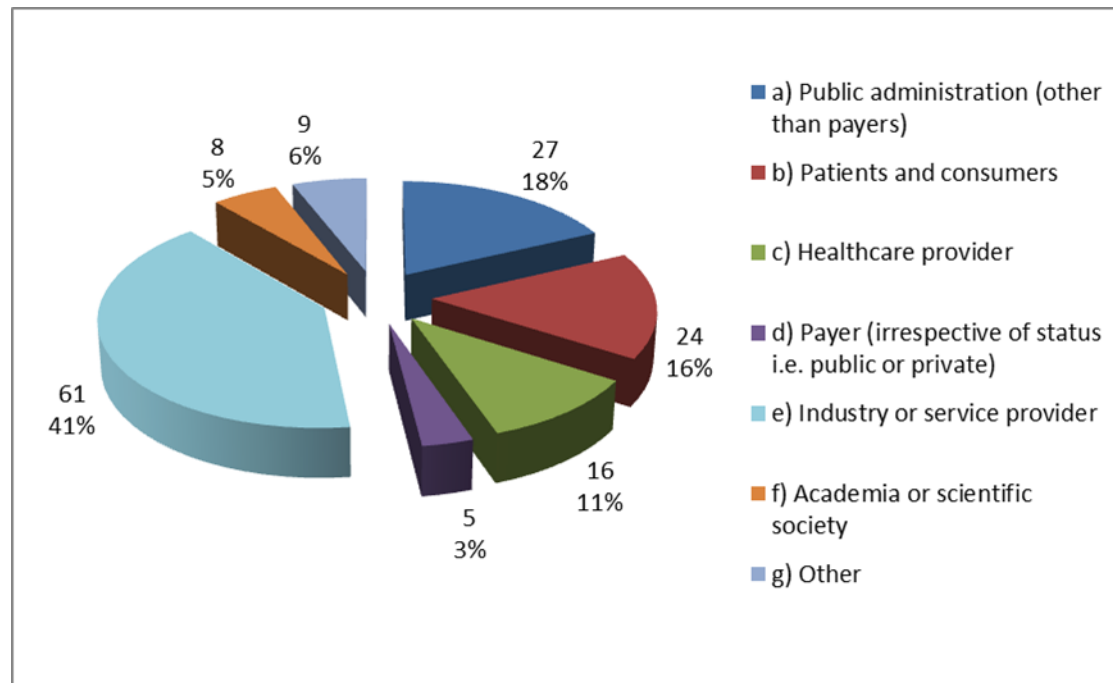
- - **63** replies from 21 MS
- - 1 to max 8 replies/MS).
- - Highest number of replies: NL (8), IT, FR and ES (6)

Preliminary results:

- 98% consider HTA useful
- 57% consider that it's not necessary that national/regional HTA bodies perform clinical/medical assessments of the same health technologies in parallel, independently from each other

Online public consultation – overview of results (2)

- Questionnaire for administrations, organisations and associations
 - **150** replies



Online public consultation – overview of results (3)

- **Questionnaire for administrations, organisations and associations**

Preliminary results

- 40% of respondents participated to EU-funded projects and Joint Actions aimed at strengthening cooperation on HTA across the EU and 52% are aware of such activities
- 35% of respondents found EU cooperation useful and 45% to some extent useful
- 92% consider that EU cooperation should continue beyond 2020

Timeline

- Publication of the public consultation report
- Conclusion of studies supporting the impact assessment
- Impact assessment
- Consultation meetings (MS MoH, HTA Network, EUnetHTA, Stakeholders)



Thank You

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Further information:

http://ec.europa.eu/health/technology_assessment/policy/index_en.htm