

The role of HTA in Priority setting in Health Care - A case study of the introduction of HPV-vaccination in Norway

Ånen Ringard¹, Berit Mørland^{1,2}, Karianne Johansen¹,
Marianne Klemp Gjertsen²

¹Secretariat - Norwegian Council for Priority Setting
in Health Care

²Norwegian Knowledge Centre for the Health Services

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Aim of the presentation:

To analyse how Health Technology Assessment (HTA) can provide decision making support to national advisors in a complex case of priority setting.

The case: Should we introduce HPV-vaccine into the National Immunisation Program or not?

Principles for priority setting in Norway

- The severity of the condition
- The magnitude of the expected outcome from the intervention
- Reasonable cost-effectiveness

From principles to policy advise/decisions:

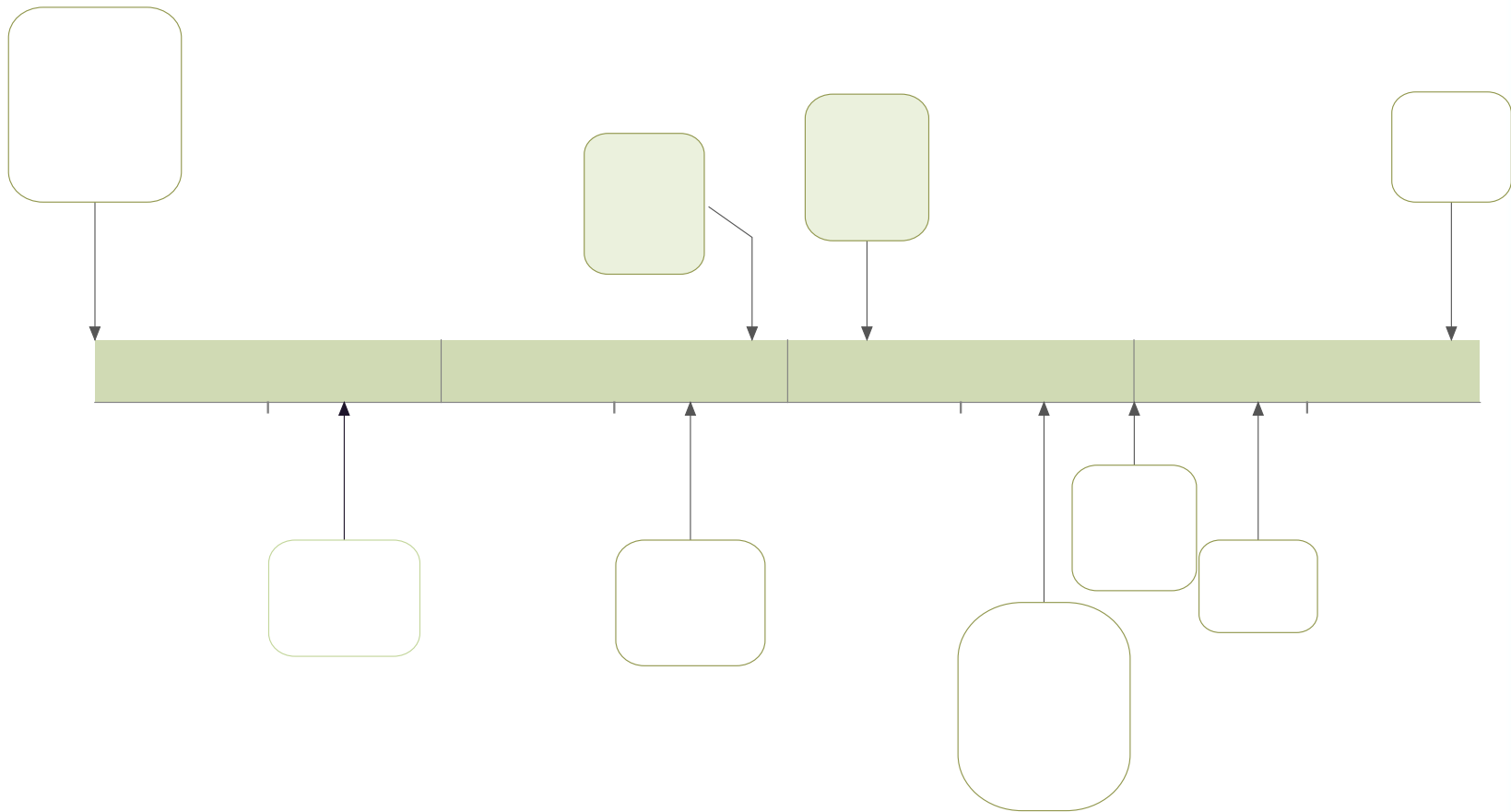
- National health plan (2007-2010) states a:
 - “Need for a more comprehensive approach to important issues of priority setting”.*
- Consequently, The Ministry of Health (MoH) established – The Norwegian Council (NC) for Priority Setting in 2007.
- The aim of the council:
 - *Clarify the roles and responsibilities of agents responsible for the work on prioritisation*
 - *Improve interaction between actors on different “levels”*
 - *Produce more comprehensiveness and transparency around the work on and prioritisation in the health service.*
- The NC – 25 members (heads of health services and patient organizations).

Cervix cancer in Norway:

- One of the most common forms of cancer in Norway
- Age adjusted incidence was 8.3 per 100 000 in 2007*
- 79 women died of cervix cancer in 2007*
- National screening program established in 1995
 - 450 000 tests/year*
 - 5 % require some form of follow up*
- 3000 women undergo local therapy by conisation
- 2-3 % undergo hysterectomy as surgical procedure

* Cancer in Norway 2007

The process of introducing HPV vaccination:



**2005/2006 -
Initial
discussions**

Methods:

- A case study of the decision-making process of whether or not introduce HPV-vaccination in Norway was performed
- Particularly attention was paid to how HTA-documents were instrumental in the judgments of HPV-vaccine against the priority setting criteria

Results (I) – The NC's advice:

1. **Efficacy**

Expected outcomes of the intervention: The majority of the council concluded that sufficient evidence existed on the protective effect of HPV vaccines on cervical cancer.

2. **Safety**

Concerns about safety aspects (esp. long term) of the vaccines were expressed by all NC-members. Most pronounced by the opponents of the vaccine.

3. **Cost-effectiveness**

Emphasis was put on the costs, judged to be high, but not too high to not recommend the vaccine.

Results (II):

4. **Organizational consequences**

The vaccine is to be integrated into a national cervix cancer-program which also include the existing screening program.

5. **Ethical aspects**

Ethical concerns were expressed throughout the discussions. Arguments were made both against and in favour of introducing the vaccine.

6. **The decision making process:**

Stakeholders and NC-members have all emphasised the importance of having a transparent process (through open access to all meetings and all documents).

Conclusions:

- The process leading to the MoH's decision to include HPV-vaccine into the National Immunization Program is, by most of the stakeholders, considered to be thorough.

- Specially drafted HTA-documents provided valuable support for members of the NC when asked to make an advise in this complex case

- Of particular importance was the documents providing information on:
 - i) Medical efficacy and safety of the vaccines
 - ii) Health economic analyses
 - iii) Ethical and organizational aspects of the decision