A Short History of Health Technology Assessment

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HTA Development in the USA

- US Congressional Office of Technology Assessment began HTA in 1975
- Growing attention to HTA in US in various health programs
- Special interest in insurance coverage and HTA - Blue Cross/Blue Shield, Medicare program, Kaiser health plans

Early HTA in Europe Supported by the European Commission

- Sporadic HTA-related studies began in early 1980s, usually as part of health services research
- Study groups and workshops on HTA-related subjects began about 1985

Purposes of health technology

- Prevention
- Diagnosis
- Treatment
- Rehabilitation.

Health Technology

- Drugs
- Devices
- Medical and surgical procedures
- And the organizational and support systems within which health care is delivered

Some issues concerning health technology

Efficacy (benefits)
Safety
Financial costs (and cost-effectiveness)
Social
Ethical
Institutional

Health policies that may be related to HTA

- General public health policies
- Research and development
- Regulation of pharmaceuticals and equipment
- Payment for services
- Quality assurance
- Education and training of providers
- Consumer education

Formation of National and Regional Public HTA Programs

- 1987 - Swedish Council on Health Technology Assessment (SBU)
- Early 1990s - France, Catalonia (Spain), United Kingdom
- Active countries by early 1990s included the Netherlands, Finland, Denmark, (and Switzerland)

EUR-ASSESS Program - 1994-1997

- First concerted attempt to coordinate HTA in Europe (funded by European Commission)
- Active partners included Sweden, the Netherlands, France, the UK, Catalonia, Switzerland
- Coordination itself was not funded

Achievements of the EUR-ASSESS Program

- Substantive group work
- More important - the process and experience of working together
- Identification and recruitment of members from other member states

- International Journal of Technology Assessment in Health Care, Volume 13, Spring 1997

Important Conclusions from the EUR-ASSESS Program

- Value in working together
- Need for better ways to share information - highlight the internet
- Diversity of HTA systems and program in different countries not understood or acknowledged

Continued Efforts to Develop a European Coordinating Program

- HTA-Europe 1998-2000 - Commissioned papers on the health systems and HTA in all members of the EU - published in the international journal of HTA in 2000
- ECHTA/ECAHI - 2000-2002
- EUnetHTA - 2004 - present
- Commitment of European Commission to develop a permanent program

Reasons for a European Coordination

- Avoid duplication
- Maximize utilization of scarce HTA resources
- Foster learning from each other
- Strengthen HTA in all member states (including by now 27 countries)
- Ultimately contribute to better health of all Europeans

Contributors to an International View of HTA

- ISTAHC (and now HTAi) - 1985 on - Special Interest Group on Developing Countries (shaping of individuals)
- INAHTA - 1993 - 13 founding members; First developing country member was Malaysia (shaping of institutions - presently 46 members from 26 countries including Brazil, Argentina, Chile, Taiwan)

Contributors to an International View of HTA (continued)

- The World Bank - substantial support to developing countries beginning in China in 1986; Malaysia; Romania; Poland; other Eastern European countries. Latin America
- The World Health Organization - support for many individuals; PAHO more focus on institutional development; WHO Collaborating Centers

Asian Situation in HTA

- Only 2 members of INAHTA
- Asian Regional Network - around 10 country members; and a number of Regional HTA Conferences 2000-on
- Korea, Philippines, Taiwan - Focus on insurance coverage; programs set up as offices in insurance organizations

Achievements of HTA Worldwide

- Awareness in many countries and individuals of the importance of evidence, especially efficacy and safety
- A surprising common view of HTA and common methods and approaches - probably due to international organizations' efforts
- Development of HTA programs in countries with "emerging economies"

Failures of HTA

- Almost no activity in countries at the lowest level on the development scale - Africa, Latin America and Caribbean, Asia and Pacific countries, Eastern Europe
- Almost no activity in the world of Islam - Malaysia, Iran, Lebanon are exceptions
- Only efficacy and cost-effectiveness seriously considered in most HTA reports

The Challenge is Obvious

- Reaching out to countries and people not involved in HTA at this moment