FACTSHEET

Health Technology Assessment

What is it?

Health Technology Assessment (HTA) is the analysis into the added value of medicines, vaccines, medical devices or surgeries.

National and regional HTA authorities provide Member States with data assessment to help them choose which therapy to reimburse. That way, governements avoid investing in treatments which have only marginal benefits for patients. There are about 80 of HTA authorities grouped under the European network for HTA (EUnetHTA), established in 2005.

Why is HTA necessary for consumers?

HTA leads to wiser public spending, because it performs the background check that reimbursement authorities can base themselves on to decide what to pay for. This benefits all society as it channels money towards more effective and innovative treatments and research.

HTA is about making sure consumers get value for their money, whether they buy a pregnancy test at the pharmacy or when they receive cancer treatment at the hospital.

What is the state of play?

More and more medicines get approved but with low or even uncertain value. These are used by patients and many are reimbursed by healthcare systems. For example, in 2009-2013 the EU Medicines Agency authorised new cancer drugs in most cases without clear evidence that they improved patients' quality of life and their life expectancy.[1]

Some medicines' price tags are too high for what they offer. An increasing number of medicines do not offer sufficient benefits compared to what already exists but still, industry asks for very high prices. For instance, some HTA bodies concluded the price asked for Orkambi - a medicine used to treat a severe lung condition - was too high for what it was offering.

The current system creates inequalities around Europe. Consumers who live in Member States with a capacity to assess the added value of treatments have a greater likelihood of accessing effective medicines.[2] They have advantages compared to those who live in countries where such a system is not in place, or where authorities assess only some health technologies.

Belgium

Belgian consumer group Test Achats/Test Aankoop tested the effectiveness of about 6,500 medicines. 11% could not be proven to be effective and 2% were to be avoided.

Test Santé Magazine n°132, 2016

[1] https://www.ncbi.nlm.nih.gov/pubmed/28648700

[2] https://www.eunethta.eu/wp-content/uploads/2018/02/WP7-Activity-1-Report.pdf

BEUC The European Consumer Organisation

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What does the new EU proposal say?

In January 2018, the EU Commission proposed that Member States should team up to avoid double work. Today, the authorities that support Member States in their reimbursement decisions too often replicate work already carried out by another authority. This leads to inefficiency in EU health care systems, causes delays in access to treatment and wastes public money.

In times of limited resources, joint work can therefore improve the functioning of the Single Market, contribute to a high level of human health protection and improve the availability of innovative health technologies for EU patients. Most importantly, the proposal seeks to put the EU collaboration on HTA from a project-based to a permanent collaboration in which all Member States will participate.

What does BEUC recommend?

The Commission proposal rightly proposes to facilitate cooperation among HTA authorities around Europe. To enhance benefits for consumers, BEUC recommends the following:

- **Member States must lead the HTA process:** The Commission rightly proposes a system where national authorities responsible for HTA take decisions through a Coordination Group. This proposal strikes the right balance in ensuring the representation of dissenting views and the need to advance EU-wide HTA cooperation.
- **Member States need more freedom to adapt the assessments to their national context.** National HTA bodies should be able to adapt and - if necessary - add new data to the EU-level assessment, because standards of care can vary from one Member States to another. This would allow countries to add data if they believe this increases the quality of the assessments.
- **Assessment bodies that collect data must be independent.** It is essential to guarantee the independence of these bodies, to prevent potential conflicts of interests. Assessments should stay away from industry funding. It is the only way to guarantee that national budgets do not go down the drain paying for ineffective treatment
- **HTA must be transparent.** Because HTA provides data that is crucial to define medicine reimbursement and prices, citizens have the right to know how decisions are made. Hence, reports and decisions must be public.
- **The industry must disclose all clinical trial results.** Today, the assessments do not sufficiently take into account negative clinical trial results as they remain often secret. Pharma companies tend to hide them to present only the positive results.
- **Wherever possible, comparison in the assessments must be done with actual medicines**, not placebos. Today, most trials are conducted against placebos: in simpler words, the value of a new treatment is measured by comparing it to an inactive substance, such as sugar or distilled water. Yet, such comparisons do not provide sufficient basis for assessment.
- **Medical devices also need stronger HTA.** Some medical devices (such as pacemakers or anaesthetic equipment) have a huge significance for consumers' lives, as well as healthcare budgets. There are strong forces that plead for an exclusion of medical devices, but they should stay in the scope of the regulation, as the Commission has rightly proposed.

Read BEUC's position paper on HTA