

QUESTIONNAIRE FOR ADMINISTRATIONS, ASSOCIATIONS AND OTHER ORGANISATIONS

Fields marked with * are mandatory.

INTRODUCTION

QUESTIONNAIRE FOR ADMINISTRATIONS[1], ASSOCIATIONS AND OTHER ORGANISATIONS [2]

GENERAL CONTEXT

In recent years a number of Member States have introduced so-called health technology assessments (HTA). Typically HTA measures the added value of a new technology in comparison with existing technologies. For the purpose of this survey, health technologies include, pharmaceuticals, medical devices, medical and surgical procedures and other measures for disease prevention, diagnosis or treatment used in healthcare. More information on health technologies is available at http://ec.europa.eu/health/technology_assessment/policy/index_en.htm.

HTA is a very useful tool, as it helps Member States to decide which health technology to favour at national/regional level. It also helps Member States to keep their health budgets under control, as products with no or limited added value cannot expect to be reimbursed or to obtain high prices. Last but not least HTA encourages industry to invest in innovation with substantial added benefits for patients.

Traditionally two types of assessments have been distinguished, namely (1) assessments focusing on clinical/medical benefits of the new technology (does a given technology work better than an existing one) and (2) assessments focusing on the economic benefits of the new technology (value for money). These assessments can be carried out jointly or consecutively, by dedicated HTA bodies or other organisations (e.g. regulators for pharmaceuticals).

At this stage, the vast majority of HTA are carried at national/regional level, i.e. EU Member States assess the new technology according to its national legislation. This leads to duplications of efforts for Member States and industry which translate in unnecessary costs throughout the HTA process. It can also lead to diverging results/outcomes (i.e. health technologies available earlier in some countries compared with others), which in turn can result in limited business predictability for industry and delayed access for patients.

Several projects funded by the EU have allowed Member States to share best practices on how HTA is carried out at national and/or regional and local level. Also a limited number of joint HTA reports have been prepared, but the use of these results is still decided at national level. In practice this has meant that the joint reports have not (yet) been used on a large scale.

There is consensus that HTA requires significant scientific, technical and economic expertise, and is costly. Currently not all Member States have such expertise at their disposal. Budget constraints also mean that even advanced Member States considered to be more advanced in this field cannot assess all new technologies. This has triggered the question whether there is a need to strengthen EU cooperation for HTA, in particular for the period beyond 2020 when the current financing of EU cooperation ends (so-called EUnetHTA Joint Action 3[3]).

For further details please refer to the Inception Impact Assessment on strengthening EU cooperation on Health Technology Assessment (HTA)[4].

OBJECTIVE OF THE CURRENT SURVEY

The aim of this public consultation is to gather detailed views and opinions regarding the future of the EU cooperation on HTA. The results of this public consultation will feed into the envisaged impact assessment which the Commission services are currently preparing on strengthening the EU cooperation on HTA.

This questionnaire is addressed to administrations, associations and other organisations. Citizens are asked to fill in a separate non-specialised questionnaire.

[1] For the purpose of this survey, administrations refer to both public administrations, as well as private administrations with public service obligation

[2] For the purpose of this survey, associations and other organisations refer to trade associations, professional associations, academia and scientific societies and organisations representing the interests of specific stakeholders

[3] European Network for Health Technology Assessment (EUnetHTA) is a Joint Action, co –funded by the Health Programme of the European Commissions (DG SANCO) and participating organisations. It gathers mainly national and regional HTA bodies. Its scope of activities is on scientific and technical issues. www.EUnetHTA.eu

[4] http://ec.europa.eu/smart-regulation/roadmaps/docs/2016_sante_144_health_technology_assessments_en.pdf

1. INFORMATION ABOUT THE RESPONDENT

Please provide the following data on your organisation/association/administration:

*1.1. Please indicate the name of your organisation/association/administration

European Public Health Alliance (EPHA)

*1.2. Please enter the country where your organisation/association/administration is based

Belgium

1.3. Please indicate whether your organisation/association/administration is listed in the Transparency Register?

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* In the interest of transparency, organisations and associations have been invited to provide the public with relevant information about themselves by registering in Transparency Register and subscribing to its Code of Conduct. If the organisation or association is not registered, the submission will be published separately from the registered organisations/associations.

*1.4. Please enter your e-mail address (this data will not be made public).

yannis@epha.org

*1.5. The name of a contact person (please note that the name will not be made public and is meant for follow-up clarification only)

Yannis Natsis

*1.6. Do you consent to the Commission publishing your replies?

- a) Yes (*On behalf of my organisation/association/administration I consent to the publication of our replies and any other information provided, and declare that none of it is subject to copyright restrictions that prevent publication*)
- b) Yes, only anonymously (*The replies of my organisation/association/administration can be published, but not any information identifying it as respondent*)
- c) No (*The replies provided by my of my organisation/association/administration will not be published but may be used internally within the Commission. Note that even if this option is chosen, your contribution may still be subject to 'access to documents' requests.)**)

* As set out in Regulation (EC) No 1049/2001, any EU citizen, natural, or legal person has a right of access to documents of the EU institutions, including those which they receive, subject to the principles, conditions and limits defined in this Regulation.

2. IDENTIFICATION OF RESPONDENT

*2.1. Main field of work of the responding organisation/association/administration (*one answer possible*):

- a) Public administration (other than payers)
- b) Patients and consumers
- c) Healthcare provider
- d) Payer (irrespective of status i.e. public or private)
- e) Industry or service provider
- f) Academia or scientific society
- g) Other

** Small and medium-sized enterprises (SMEs) are defined in the Commission Recommendation 2003 /361. The category of micro, small and medium-sized enterprises is made up of enterprises which employ fewer than 250 persons and which have an annual turnover not exceeding EUR 50 million, and/or an annual balance sheet total not exceeding EUR 43 million.*

*2.1.g. Please specify 'Other':

EPHA is a member-led organisation made up of public health NGOs, patient groups, health professionals and disease groups, we work to improve health and strengthen the voice of public health in Europe.

*2.2. Please specify the geographic coverage of your organisation/association/administration (*one answer possible*):

- International/European
- National
- Regional/local

*2.3. Are you an organisation/association/administration representing the interests of the stakeholders mentioned in question 2.1 (*one answer possible*):

- Yes
- No

*2.4. Please specify which health technologies are of interest for your organisation/association /administration (*one or more answers possible*):

- a) Pharmaceuticals
- b) Medical devices[*]
- c) Other







** "Medical device" means any instrument, apparatus, appliance, material or other article, whether used alone or in combination, including the software necessary for its proper application intended by the manufacturer to be used for human beings for the purpose of: diagnosis, prevention, monitoring, treatment or alleviation of disease; diagnosis, monitoring, treatment, alleviation of or compensation for an injury or handicap; investigation, replacement or modification of the anatomy or of a physiological process; control of conception, and which does not achieve its principal intended action in or on the human body by pharmacological, immunological or metabolic means, but which may be assisted in its function by such means (Council Directive 93/42/EEC of 14 June 1993 concerning medical devices). Please note that the current legislation has been revised and the new requirements will be published soon.*

3. STATE OF PLAY







3.1. Please indicate your opinion on the following statements:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	I don't know
<p>*a) There are differences between HTA procedures among EU Member States (e.g. responsibilities of authorities, including advisory vs decision-making role and product scope; prioritisation /selection of health technologies to be assessed; duration of procedures; rights/obligations of sponsors during the procedure)</p>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*b) There are differences between **HTA methodologies for the clinical assessment (REA [= relative effectiveness assessment])** among EU Member States (e.g. different data requirements for the submission dossier; choice of comparator; endpoints accepted; way of expressing added therapeutic value).

					
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*c) There are differences between **HTA methodologies for the economic assessment** among EU Member States (e.g. different approaches for economic models, budget impact and health-related outcomes; importance of local economic context).

					
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*3.1.a. For a) please provide concrete examples of the differences you are aware of and their effects for your organisation:

HTA is an integral part of national health care systems. It is a relatively new field with varying degrees of experience and expertise across EU member states. HTA systems have gained prominence in the medical innovation debate in recent years because of the access & innovation crises Europe faces primarily due to the exorbitant prices of medicines. The differences in HTA procedures are to be expected as they are closely related to the national context with a diverse set of objectives & priorities.

*3.1.b. For b) please provide concrete examples of the differences you are aware of and their effects for your organisation:

HTA systems should act as gatekeepers but also as enablers of real innovation for the benefit of all patients. To this end, it is critical to guarantee that HTA bodies have access to more and better clinical trial data so that their assessments are based on solid evidence. This will contribute to obtaining meaningful patient relevant data. Additionally, the above is consistent with one of HTA's key objectives which is to provide substantial information on new drugs.

*3.1.c. For c) please provide concrete examples of the differences you are aware of and their effects for your organisation:

HTA evaluations often have a direct impact on pricing & reimbursement decisions. HTA's key objective is not to act as a cost-containment mechanism neither for the industry nor for the public but rather to improve the quality of health care in a national setting. It is imperative to guarantee the integrity and independence of HTA bodies while strengthening them so that they can effectively deliver. The notions of value & benefit in the context of the assessment of medicinal products should by no means be used to justify high prices for medicinal products.

*3.2. In your opinion, differences among EU Member States regarding HTA procedures and/or methodologies may contribute to *(one or more answers possible)*:

- a) Duplication of work for your organisation
- b) Less work for your organisation
- c) High costs/expenses for your organisation
- d) No influence on costs/expenses for your organisation
- e) Diverging outcomes of HTA reports
- f) No influence on the outcomes of HTA reports
- g) Decrease in business predictability
- h) No influence on business predictability
- i) Incentive for innovation
- j) Disincentive for innovation
- k) No influence on innovation
- l) Other
- m) None of the above
- n) I don't know/No opinion

*3.2.I. Please specify if 'Other':

Several national HTA bodies follow higher standards than others as well as have access to better data regarding new drugs when conducting their assessments. HTA evidentiary requirements should send a clear signal to the manufacturers that they need to invest in real innovation and not towards a proliferation of me-too medicines. That is why; HTA has to rely on clinically relevant endpoints which make a real difference to patients such as overall survival. To this end, the comparative assessment of a new drug should take place against the best existing proven intervention. Overall, high standards for HTA assessment act as an incentive for public health needs-driven medical innovation.

*3.3. In recent years EU-funded projects and two Joint Actions have been carried out which aimed at strengthening cooperation on HTA across the EU. Are you aware of these initiatives? (*one answer possible*):

- a) Yes, I have participated in one or more of these
- b) Yes, I am aware of them, but did not participate
- c) No, I am not aware

*3.3.1. In general terms do you think the **EU cooperation on HTA (e.g. projects, joint actions)** has been

- a) Useful
- b) To some extent useful
- c) Not useful
- d) I don't know/No opinion

*3.3.1.1. Please indicate which of the following factors concerning projects and Joint Actions were relevant for your reply (*more than one answer possible*)

- a) Allowed for sharing best practices
- b) Allowed for better knowledge of procedures and methodologies in other EU Member States
- c) Allowed for savings in your organisation
- d) Contributed to building trust between organisations and professionals involved
- e) Contributed to HTA capacity building
- f) Provided access to joint work[*]
- g) Provided access to work done by other HTA bodies
- h) Provided access to expertise not available in my organisation
- i) Reduced workload for my organisation
- j) Contributed to increasing awareness and knowledge on HTA issues in my organisation
- k) Promoted involvement of patients' representatives in HTA activities
- l) Other

* "Joint Work" refers to activities in which countries and/or organisations work together in order to prepare shared products or agreed outcomes. These may include, for example, literature reviews, structured information for rapid or full HTAs, early dialogues or scientific advice on R&D planning and study design. Joint work aims at supporting Member States in providing objective, reliable, timely, transparent, comparable and transferable information and enable an effective exchange of this information (according to HTA Network's "Strategy for EU Cooperation on Health Technology Assessment" adopted in October 2014)" (according to HTA Network's "Strategy for EU Cooperation on Health Technology Assessment" adopted in October 2014)

*3.3.1.1.1. Please provide additional explanations and, if available, evidence supporting your answers to question 3.3.1.1. (please provide a link to supporting documents in English)

EPHA is not a member of EUnetHTA. Nevertheless, it is understood from the public debate that the collaboration between Member States on HTA has been beneficial and has fostered a better understanding of different practices.

3.3.1.1.2. Please indicate to the best of your knowledge to which degree **joint work from EU-funded projects or Joint Actions was used by HTA bodies at national/regional level** as part of their decision-making process:

	To a great extent	To a limited extent	Not used	I don't know
*a) Joint tools (templates, databases, etc)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
*b) Guidelines (e.g. for clinical and /or economic evaluations)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Early dialogues	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
*d) Joint reports on clinical assessments (REA)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
*e) Joint full HTA (clinical and economic assessment)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Other (please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* Early Dialogue (ED or early scientific advice) aims to provide prospective, transparent and timely advice by regulators or HTA body/bodies (multi-HTA) or both (parallel) to product' sponsors so that they may integrate their specific needs in the product development and generate evidence appropriate for HTA purposes (definition proposed by the EU-funded study SEED)

*3.3.1.1.3. Please indicate which shortcomings – if any - you identified in the EU-funded projects and/or Joint Actions

HTA collaboration and possible harmonisation should not be discussed without considering the broader access to medicines debate in Europe. It is a unique opportunity to use HTA bodies as an enabler for affordable and accessible medical innovation which will offer to patients products that matter to them. In doing so and taking into account, the growing importance of HTA in the decision-making process, the necessary safeguards should be in place to guarantee there is no regulatory capture and that conflicts of interest are prevented, particularly, in the areas of early dialogue and scientific advice. To this end, it should always be noted that good fences make good neighbors. In other words, yes, to collaboration and early exchange of views between HTA bodies, regulators and the pharmaceutical industry but not without strict conditions. Furthermore, harmonisation should not equal a convergence towards the lowest common denominator. Should this be the case, the system will be self-defeating and most importantly, will disincentivise real innovation.

*3.3.1.2. Please indicate which of the following factors concerning projects and Joint Actions were relevant for your reply (*more than one answer possible*)

- a) Provided for limited trust between organisations involved
- b) Provided limited added value for HTA priorities in my organisation
- c) There was a degree of uncertainty about the quality of the joint work
- d) Economic assessments cannot be carried out jointly due to specific socio-economic factors in each country
- e) Increased workload for my organisation
- f) Joint work is not recognised within Member States
- g) Accessing joint work and/or work done by other HTA bodies was difficult
- h) Joint work is not relevant for my organisation
- i) Other

*3.3.1.2.i. Please specify 'Other':

EPHA is not a member of EUnetHTA nor an HTA authority

*3.3.1.2.1. Please provide additional explanations and, if available, evidence supporting your answers to question 3.3.1. (free text field, possibility to upload supporting documents in English.)

Same as above

4. EU COOPERATION ON HTA BEYOND 2020

*4.1. In your opinion is there a need to continue EU cooperation on HTA after 2020 (when the EUnetHTA Joint Action 3 will end)?

- a) Yes
- b) No
- c) I don't know / No opinion

*4.1.a. If yes, please specify:

EU collaboration in this field has a lot of potential as long as it is conducive to medical innovation with real added therapeutic benefit which responds to genuine public health needs.

4.1.1. In your opinion, for which health technologies an EU cooperation on HTA would be more useful and respond to your needs?

	Very useful	To some extent useful	Not useful	I don't know
*a) Pharmaceuticals	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
*b) Medical devices	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Other (please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4.1.1.2. For which activities and if so to which degree do you consider that continuing EU cooperation on HTA beyond 2020 would respond to your needs?

	Responds very much to your needs	Responds to some extent to your needs	Does not respond to your needs	I don't know / No opinion
*a) Joint tools (templates, databases, etc)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
*b) Guidelines (e.g. for clinical or economic evaluations)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
*c) Early dialogues	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
*d) Joint clinical assessment (REA)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
*e) Joint full HTA (clinical and economic assessment)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
f) Other (please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*4.1.1.2.1. Please comment on the potential advantages and disadvantages of an EU initiative including the activities you consider useful for your organisation (e.g. workload, long-term sustainability of national healthcare systems, patients' accessibility to new technologies, business predictability, innovation)

An EU initiative could be beneficial as long as it upholds high standards and does not favour a convergence towards the lowest common denominator. Moreover, EU collaboration and harmonisation may address the needs of member states which do not necessarily have the infrastructure nor resources to devote to HTA. HTA assessments should not be viewed neither as mere cost-containment mechanisms nor as additional access barriers because this will not serve patients' needs.

*4.1.1.3. In case EU cooperation on HTA will continue beyond 2020, in your opinion, what type of financing system should be envisaged? (*one possible answer*):

- a) EU budget
- b) Member States
- c) Industry fees
- d) A mix of A to C
- e) Other

*4.1.1.3.e. Please specify 'Other':

The preferred option would be a combination of A & B. Keeping in mind the sensitive nature of HTA, fees from the industry should be limited -possibly to the provision of very specific services- and with sufficient checks and balances in place to prevent any conflicts of interest. Once again, the independence and intergity of the HTA system is of paramount importance.

*4.1.1.3.1. Please explain your answer and comment on issues such as feasibility, advantages and disadvantages

2000 character(s) maximum

The preferred option would be a combination of A & B. Keeping in mind the sensitive nature of HTA & the ties with pricing & reimbursement decisions, fees from the pharmaceutical industry should be limited (possibly to the provision of very specific services) and with sufficient checks and balances in place to prevent any conflicts of interest which would undermine and distort the nature and credibility of HTA evaluations.

*4.1.1.4. In case EU cooperation on HTA will continue beyond 2020, in your opinion, the secretarial /organisation support should be ensured by (*one or more answers are possible*)

- a) European Commission
- b) Existing EU agency(ies)
- c) New EU agency
- d) Member States HTA bodies on rotational basis
- e) Other

***4.1.1.4.1. Please explain your answer(s) and comment on issues such as feasibility, advantages and disadvantages**

2000 character(s) maximum

The issues of governance and ownership are key in shaping the future HTA system in Europe. A new centralised HTA agency would be counter-productive keeping in mind the existing extensive expertise across member states. Providing the European Medicines Agency (EMA) with HTA competences would be equally counter-productive as it would mean an excessive and unchallenged concentration of power. The European Commission should work closely with member states in establishing a secretariat which would facilitate the collaboration between competent authorities.

4.1.1.5. In your opinion, regarding an initiative on EU cooperation on HTA beyond 2020, which type of cooperation would respond to your needs? Please rank the following options from the most to the least preferable option).

	a) Most preferred option	b)	c)	d)	e) Least preferred option
*a) Voluntary participation with voluntary uptake of joint work (i.e. as carried out by EUnetHTA Joint Actions)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*b) Voluntary participation with mandatory uptake of joint work for the participants	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*c) Mandatory participation with mandatory uptake of joint work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
d) Other (please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***4.1.1.5.1. Please explain your answer(s) and comment on issues such as feasibility, advantages and disadvantages**

2000 character(s) maximum

Joint HTA assessments have to be timely, meaningful and need to uphold the highest possible standards while respecting national specificities (public health needs and priorities). HTA has a significant role to play in guaranteeing that patients' needs are served. Patients benefit from medicinal products with real added therapeutic value based on vigorous data. Both of the above are served by robust HTA evaluations. Recent attempts such as the regional collaboration between Belgium, the Netherlands, Luxembourg and Austria may present a template for the future which nonetheless remains to be tested.

5. Any other comments. Uploading relevant documents is also possible.

2000 character(s) maximum

Please upload your file (2Mb max)

Contact

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