



1) Biography: Dr. Wija Oortwijn, studied health sciences and holds a PhD in Medicine. Currently, Wija is employed at the Radboud university medical centre, Department for Health Evidence, in the field of international HTA (based in Nijmegen, the Netherlands). She has more than 25 years of relevant professional experience in HTA and health policy analysis around the globe. Her key expertise includes health priority setting, policy and programme evaluation (ex-ante, ex-post, impact assessment) and health services research.

Since 1993, she is extensively involved in the development of HTA and health system strengthening around the world. This includes numerous projects, seminars and consultations in the EU-28, as well as in Kazakhstan, Moldova, Latvia, Lithuania, South Africa, and several others, working with Ministries of Health, the European Commission, World Bank, and World Health Organization (WHO). Currently, she is working on guidance for institutionalizing HTA mechanisms for legitimate coverage decision making, in collaboration with WHO.

She was one of the authors of a report describing the organization of HTA in the Netherlands (1995). This report provided important input for Dutch HTA policy. Since then, she has been a regular advisor to both the National Health Care Institute (ZIN) and the Netherlands Organization for Health Research and Development (ZonMw), both members of INAHTA/HTAi. In addition, she co-coordinated and participated in the pioneering EUR-ASSESS project (1994-1997), the first European Commission-funded project to develop coordination of HTA activities in Europe, and its successors, HTA-Europe and ECHAHI/ECHTA. These projects laid the foundation of establishing a formal basis for HTA collaboration in Europe (i.e. EUnetHTA). She has co-authored 10 book chapters concerning different aspects of HTA, edited several journal issues, and has written more than 60 other scholarly published papers. Furthermore, she has been a keynote speaker at several key HTA events, including e.g. the HTA Forum in China (2017, 2018), the International Evidence-Based Health Care Symposium of the Central and Eastern European Society of Technology Assessment in Health Care (2018), and the HTAi Latin America Policy Forum (2018).

She is a founding member of the Dutch Society for Health Technology Assessment (1995) and served as secretary for a period of five years. She is also a long standing member of HTAi, and its predecessor ISTAHC. She is a founding member of the Committee for a New Society for Health Technology Assessment that declared the establishment of HTAi in 2003.

Since the establishment of HTAi she has been actively involved in many activities. She served on the HTAi Board (2007-2010), she was the chair of the Annual Meeting Committee (2007-2010), co-chair of the Interest Group on Ethics (2012-2017) as well as chair of the Committee on Stakeholder Engagement in the Society and its Activities (2016-2017). In addition, she was a member of the international scientific programme committee (ISPC) of several annual meetings (Tokyo, 2016; Oslo, 2015; Seoul, 2013; Montreal, 2008; Barcelona, 2007; Adelaide, 2006; Rome, 2005; Krakow, 2004), and co-chaired the ISPC in 2014 (Washington D.C).

Currently, she is a member of the HTAi Scientific Development and Capacity Building Advisory Committee, and member of several Interest Groups (HTA in Developing Countries, Patient & Citizen Involvement, and Ethics). She is also associate editor of the International Journal of Technology Assessment in Health Care. Finally, she is the co-chair of the INAHTA/HTAi HTA definition Task Group, including representatives from EUnetHTA, HTAsiaLink, RedETSA, WHO, HTA Glossary and ISPOR, and serves as the scientific secretary of the HTAi Global Policy Forum (since 2016).

2) Vision statement: I am proud to be a founding member of HTAi and to be actively involved in the Society since its establishment in 2003. I have previously served on the HTAi Board, I was chair and a member of several HTAi advisory and scientific committees, and the co-chair of the Interest Groups on Ethics for six years. I am still actively involved, as the scientific secretary of the Global Policy Forum, co-chair of the HTA definition Task Group, and involved in several other activities. After careful consideration, I now wish to extend my involvement and contribute to HTAi as Vice President. In this role, I will continue to contribute to ongoing initiatives in line with the objectives of the current strategic plan (2016-2020), while working to develop the role of HTAi in new areas.

The key task of HTAi is to serve as a platform for members, while considering the positions of *all* stakeholders involved in HTA *around the globe*. This work is something we need to cherish. However, we also need to be aware that different stakeholders may have different questions regarding health interventions, and should be involved in the HTA process in a more meaningful way than is currently done. Patients and their caregivers, but also clinicians, have still limited involvement in the HTA process that informs decision making of health interventions. Moreover, even if these stakeholders are involved, this is mainly at a late stage in the HTA process to provide feedback on provisional conclusions. HTAi is already strengthening the involvement of stakeholders, e.g. by inviting patient representatives to present at Annual Meetings, and to present or be involved in the Policy Forums (both the Global and Regional Policy Forums). I believe that it is of utmost importance to continue to do this, as well as to strengthen active involvement of relevant stakeholders in the future.

The international aspect of HTAi is also important for supporting timely and effective dissemination and implementation of results and for stimulating exchange of experiences in the benefit of all jurisdictions around the globe. As such, the different Interest Groups (IGs) and the Global and Regional Policy Forums are key elements of HTAi. I believe that we should continue to support the IGs in organizing events (e.g. methodological or regional workshops, clearly based on the needs of their members) as well as in disseminating the results of IGs, e.g. via scientific platforms such as the Annual Meetings (e.g. via workshops and panel sessions), and also more clearly via the International Journal of Technology Assessment in Health Care (IJTAHC). Sharing experiences and learning among different stakeholders is already an important key feature of the Policy Forums. Taking the opportunity to link Regional Policy Forums to enhance local HTA development should be strengthened in the near future. I have a personal drive to support HTAi in providing possibilities for encouraging people in different jurisdictions, especially those in transition and developing countries, to participate and exchange their experiences in order to build (local) capacity in HTA.

Another area that is important for the future of HTAi is to encourage experts, also outside the traditional HTA community (e.g. developers of data platforms, computer scientists, statisticians) to become more involved and committed to HTA and HTAi. We should be on top of new developments, such as the increase of real-world data, aging, and universal health coverage and access equity as this may have an impact on how we need to conduct HTA. It is therefore of utmost importance that we are and stay alert about new, and emerging trends, globally but also regionally. This would also provide HTAi with emerging 'themes' /subjects that can be addressed at Annual Meetings, within the IGs and/or the Policy Forums.

Furthermore, I believe that HTAi could further encourage multidisciplinary and international research in areas that are in need of guidance. The ultimate goal is to stimulate the development and application of high-quality and appropriate HTA. The development and application of HTA involve several implicit values, whose presence impairs the transparency of the process, which is vital for decision-making. It is my belief that more attention should be given to social, ethical, legal, and wider contextual considerations and their methodology in HTA from an international perspective. Currently, there is, for example, no consensus about how to meaningfully engage stakeholders, and how to conduct ethical analysis in HTA. HTA in the area of public health also needs more attention. In addition, efforts to evaluate the impact of HTA should be further stimulated as currently not much guidance is available in this area either. I would like to support contributions on these and other emerging issues via collaboration with other societies, such as ISPOR (professional society for health economics and outcomes research), ISPC (International Society on Priorities in Health care) and EUPHA (European Public Health Association) as well as with current (e.g. INAHTA, EuroScan) and new partner organizations. Furthermore, these issues should be further addressed via the different channels that HTAi has, including the IGs, the Policy Forums, IJTAHC and the Annual Meetings of HTAi.

Last, but certainly not least, training and education in HTA remains an important issue for the future of HTAi. I am a member of the Scientific Development and Capacity Building Advisory Committee, and we emphasize the need to deepen activities in this area, working closely with the IGs. In my opinion HTAi should play a more active role in developing requirements for qualified HTA researchers. I believe that this will contribute to the quality of education and training in HTA, improved career paths of researchers in HTA and methodologically sound HTA research -- all of which will have added value for policy making and practice and will also stimulate the international network of HTA.

Finally, I would like to inform you that working with HTA colleagues around the world has always been inspirational to me. I wish to continue this, and would be honored to have the opportunity to serve as the Vice President of HTAi. I will offer my enthusiasm, experiences, and expertise to contribute to the current objectives and create new engagement activities, in order to strengthen and expand the impact of HTA/HTAi around the globe.