The Link Between HTA and Decision Making for Resource Allocation

Outcomes from the 2019 HTAi Latin America Policy Forum held in
Buenos Aires, Argentina, on April 29 & 30, 2019

The 4th HTAi Latin America Policy Forum (LATAM PF) was attended by 54 participants representing: HTA agencies and payers from 12 countries; for-profit members from 11 manufacturers; patient representatives and the Pan American Health Organization (PAHO). The objective was to discuss the link between HTA and decision-making by considering different international and regional models and the barriers and facilitators associated with each and applicability to the LATAM context. After the event was opened by the Argentinian Government Secretary of Health, Dr. Adolfo Rubinstein, an excellent keynote speech was provided by Brian O'Rourke (CADTH, Canada) by describing the characteristics of the link between HTA and decision-making across the world, with a special focus on "disruptive technologies". Following the inspiring keynote presentation, five countries of the region presented their perspective on the issues and described the current challenges they face. These presentations were supplemented with additional insight from industry and patient representatives and supported by the results of the background paper research. All of this set the scene for fruitful and constructive debate during the rest of the LATAM PF.

Design Thinking methodology was used. LATAM PF members first took positive and negative examples of the link between HTA and decision making by HTA stage, then identified the main consequences of a weak link, including consideration of the barriers and facilitators. Members then considered the main features that are needed to improve the link. Table 1 highlights the top examples and the priority features as identified by

members by HTA stage. Members ultimately developed a list of the main actions for the LATAM region to consider now so that the link between HTA and decision making can be strengthened:

1. Promote greater institutionalization of the HTA process (this includes clear regulations and a legal framework that defines the decision-making process)

2. Promote the training of all stakeholders (HTA agencies, patients and users, producers of technologies, etc.); it is difficult to progress without common language and values

3. Develop clearer rules to allow positive participation of all stakeholders in HTA and decision-making processes

4. Promote the transparency of the whole process (especially decision making) to give it legitimacy

5. Seek support from organizations such as PAHO, the World Bank (WB) and the Inter-American Development Bank (IADB) to sensitize the highest levels of government on the importance of developing a more appropriate link between HTA and decision making

6. Educate, explore and seek consensus among the different actors in society (including judges and different political parties)

(7) Promote instances of regional collaboration through RedETSA and other networks

(8) Centralization of the most important decision-making processes to be promoted, avoiding fragmentation and uncoordinated decision-making among the different sectors or technologies (for example, fragmented decisions at the federal level or different decision structures for medicines, vaccines, equipment, etc.)

(9) Well-known and respected Clinical Practice Guidelines and Regulations to be promoted at the national level to allow the decisions of HTA to be disseminated

(10) Improve budget / financing of HTA agencies (in some countries, this could include charging fees to the industry for assessment processes)

(11) Inclusion of opinion leaders / patients (endorsement, empowerment)

(12) Improve the credibility of HTA and the Agencies or Units in charge of HTA in the countries (including accountability, adequate communication to different actors, etc.)

Table 1: top examples and the priority features as identified by members according to HTA stage

	Real Positive Examples: What works well?	Real Negative Examples: What doesn't work as well?	Priority Features: What is needed in a system to strengthen the link?
Topic Nomination	Participatory prioritization processes with clear rules for all	Clear nomination processes but no clear rules for prioritizing	Have a transparent process with clear criteria for the nominating and prioritizing technologies to be assessed
Assessment	Assessment processes with wide inclusion of stakeholders	Political pressure & judicialization that relegates the assessment process	Adequate involvement of all stakeholders. Quality processes, with methodological accuracy & adapted to local context
Appraisal	Generation of clear recommendations that guide the use of technologies (e.g. clinical practice guidelines)	Lack of transparency when a favorable recommendation does not result in the incorporation of a technology	The criteria & dimensions for the recommendation are clear and explicit (i.e. Value Framework). The grounds of the recommendation are properly justified. There is explicit and clear regulation on how the recommendation process is carried out, who can participate and how (transparency)
Decision	Appeal processes that allow improving HTA & incorporation of comparators not initially considered in the assessment	A decision taken under political, judicial or media pressure that is not aligned with the health system	Legal framework to give legitimacy to decisions. Defined, explicit process linking the decision & recommendation. Time between recommendation & decision is appropriate & predictable. Public decisions with adequate communication in a clear/broad way to all stakeholders. Appeal and review mechanisms. All stakeholders respect & support decisions (including using appeal processes instead of judicialization). Support for those who have to execute (positive & negative) decisions. Conditions to legitimize the decision (Accountability for Reasonableness – A4R)