

HTAi Patient and Citizen Involvement in HTA Interest Group (PCIG) E-Bulletin, April 2020

Enhanced quality and relevance of HTA through patient and citizen involvement

<http://www.htai.org/interest-groups/patient-and-citizen-involvement.html>

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Welcome to our April E-Bulletin!

From our Chair

Across the HTAi PCIG we're experiencing a range of challenges associated with COVID-19 and patient and citizen involvement in HTA.

The Steering Committee has committed to meeting frequently in the coming weeks to workshop the issues in order to provide practical assistance to our membership. This week we heard about the continued need for patients' perspectives, needs, preferences and experiences to be part of HTA, while recognising that our model of involvement relies heavily on patient groups who may be less able to participate due to COVID-19 priorities, depleted resources, and the absence of valued staff and volunteers. We talked about the need for increased support for patient communities and flexibility in how HTA bodies engage, including tailoring processes appropriately in discussion with patient communities to suit different goals and needs. Among the deep concern for our colleagues and communities, we saw some positive opportunities such as prioritising work to reduce the burden of involvement, noting the potential for increased acceptance of virtual attendees at meetings, increased interest in patient-based evidence, and a focus on collaborating and being agile. We also discussed how determining value in healthcare has been impacted on and the importance of ensuring the patient perspective is recognised as part of determining value.

The intention is to discuss these issues with all interested members in a webinar in the coming weeks. In the meantime, do not hesitate to contact me if you would like to raise an issue or provide an example of a practical response.

Finally, you will be aware that HTAi is currently holding elections for Board places. I'm delighted to see two active PCIG members – Franz Waibel and Grace Huang – on the candidates list. Don't forget to vote by Thursday 14 May. Stay safe

Ann Single, Chair – HTAi Patient and Citizen Involvement Interest Group
singlehaworth@gmail.com

Stakeholder Perspectives of the Impact of Patient Involvement in HTA

The HTAi PCIG has undertaken a number of projects to understand how HTA bodies evaluate the impact of patient involvement, and published work in this field. It is now keen to provide a tool to support reflections on the different impacts of patient involvement in HTA processes and has started a new project called 'Stakeholder Perspectives of the Impact of Patient Involvement in HTA'. The Stakeholder Perspectives will be collected on a structured form, but allow free flowing text to enable personal reflections; and version 2 of the form is being piloted this year. These testimonials could be used as case studies of examples of patient

involvement or analysed to understand themes. We hope this will assist further thinking on mechanisms for patient involvement, considering both benefits and burdens of different approaches.

The project team is multidisciplinary and, due to the retirement of a member, is looking for a new member from industry. The group meets about 5 times per year for 1.5 hours, with communication by email between meetings to develop documents, develop ideas and gather perspectives.

If you are interested in joining this group, please send me a WORD document indicating:

- your name and contact details
- current role
- how you have been engaged in patient involvement in HTA
- your interest in this project.

This should take no more than half a page. Deadline for applications is Friday 22 May.

Karen Facey karen.facey@btinternet.com

PCIG Impact Stories Project Coordinator

NOTE: Present and past issues of the E-Bulletin can also be accessed on the website

<https://htai.org/interest-groups/pcig/e-bulletins/>

HTAi Matters



HTAi 2020 Annual Meeting Beijing
Attaining, maintaining and sustaining healthcare systems in a changing World: the role of HTA HTAi2020.org

Important message from the Annual Meeting Team

HTAi would like to extend sincere gratitude for the patience and understanding our stakeholders have exhibited while we adapt to the evolving global situation with COVID-19. As part of our commitment to keeping our community informed, we share the following update.

The decision of the Board of Directors to no longer hold the Annual Meeting 2020 in Beijing, China has been difficult to arrive at, but essential. HTAi, Fudan University, China National Health Development Research Centre (CNHDRC), and the 2020 International Scientific Program Committee remain committed to the goal of expanding our ability to mobilize and strengthen the global HTA community. In support of this goal, we continue our efforts to develop future international meeting opportunities in China.

In the meantime, HTAi is investigating opportunities to make digital content available to our valued members. These include previously accepted HTAi 2020 Annual Meeting program materials which are recognized as outstanding for their quality and thought leadership.

To those who are not ready to commit to HTAi membership, but are interested in receiving information on digital content, please email the Secretariat at info@htai.org, using the subject line **Attn: Digital Content**. Your name will be added to a mailing list with regular updates.

We will also take this moment to remind our valued members and stakeholders of our 2021 Annual Meeting, which will take place in Manchester, United Kingdom in June 2021. Abstract submission systems for the 2021 Annual Meeting are expected to open in August 2020. Further information will be provided over the course of the upcoming months.

For additional opportunities to stay involved with HTAi visit htai.org.

The HTAi 2020 Board of Director election

Three Director positions are up for election this year, for a three-year term between 2020 and 2023. Voting closes at **23:59 MDT on Thursday 14 May 2020**.

As members you have received a unique link to vote.

Key issues regarding the management of patients with both infectious and non-infectious diseases across low and middle income countries (LMICs)

Members of PCIG and other HTAi interest groups have recently published on key issues across LMICs, with a particular focus on Africa. This includes diabetes (Type 1 and 2) including key patient activities going forward (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7098994/> and https://pubmed.ncbi.nlm.nih.gov/32196395/?from_term=godman%2C+type+1+diabetes&from_pos=6). Major areas of concern include the lack of diagnosis, and diagnostic facilities, treatments (especially insulin), adherence, and personnel. However, there are ongoing plans to address this. In addition, key issues surround fixed-dose combinations across LMICs for both infectious and non-infectious diseases and what these mean for patients and patient organisations (<https://www.tandfonline.com/doi/pdf/10.1080/14737167.2020.1734456?needAccess=true>). The recent publications build on earlier concerns regarding the management of bipolar diseases across LMICs, especially concerns with the lack of health service personnel and facilities including psychiatrists (<https://www.tandfonline.com/doi/pdf/10.1080/14656566.2019.1684473?needAccess=true>); as well as high levels of inappropriate prescribing and dispensing of antibiotics for essentially self-limiting conditions (most URIs) driving up anti-microbial resistance rates, and ways forward among all key stakeholder groups including patients/ patient groups (https://pubmed.ncbi.nlm.nih.gov/31794332/?from_term=godman%2C+upper+respiratory+tract&from_pos=3). The diversion of activities to address COVID-19 will undoubtedly have an impact on the identification and management of patients with both infectious and non-infectious diseases across Africa - certainly in the short and medium term. We are currently monitoring this with key government, health service personnel and academics across Africa and we hope to submit our first paper in mid-May. We will be following this up with successive publications as time progresses. Please feel free to contact Brian Godman (Brian.Godman@strath.ac.uk) if interested in such activities.

Brian Godman

From Kelly of Rare Diseases South Africa

We are desperately trying to survive and keep our doors open.

I would be interested if to know if there are funding efforts to support healthcare non-government organisations (NGOs) with their day to day efforts given the downturned economic climate? I know in South Africa, non-profit organisations (NPOs) have been left out of the economic support leaving us in a precarious position.

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What's Happening

Simple, shareable messages about patient submissions

The Patient Voice Initiative is rolling out a series of online tools to make it easier for patient groups and communities to know what is and isn't useful to include when making submissions to Australia's Pharmaceutical Benefits Advisory Committee's (PBAC). The tools are part of the Initiative's work to support patients in having an effective voice in decisions about what should be listed on the Pharmaceutical Benefits Scheme at a time when many patient groups and communities are working tirelessly to support their members with reduced incomes and volunteers.

From Monday 4 May, the Initiative will begin sharing a series of 8 tiles about patient submissions on its Facebook page (/patientvoiceinitiative). The first shareable advises people not to cut and paste information for Consumer Comments, but instead share what they know from living with a condition. It's hoped that the content of the tiles might be useful to other jurisdictions.

Ann Single

Health Systems Governance Collaborative - Handbook

<https://hsgovcollab.org/en/webinar-SocialParticipationHandbook-Part1-PopulationEngagement>

WHO, the Health System Governance Collaborative, Health Systems Global, UHC2030, the Civil Society Engagement Mechanism (CSEM) of UHC2030 and the UHC Partnership are co-hosting a webinar series around the development of a WHO guidance document, the handbook on social participation for universal health coverage. The handbook will provide best practice guidance to policymakers on how to effectively and meaningfully engage with populations, communities and civil society in national policy, planning and review processes.

The first session of the series looked into population engagement and decision making:

- How, and by whom, are decisions taken once participatory processes (public consultations, population engagement mechanisms, deliberative processes) have taken place? How far do results and insights from participatory processes in health translate into policy decisions?

Public participation initiatives are often criticised due to their insufficient influence on decision-making, and policy translation is not always the priority in participatory governance processes. Several factors, such as a culture of participation, political will coupled with mid-level cadres' commitments, who hold budgets and influence policies, tip the balance more towards policy-uptake.

The team synthesized available peer reviewed literature and findings from nine country case studies across the world. A [consultation on the handbook](#) content is currently open and we encourage all interested parties to take part.

I have been participating since the first zoom meeting and I have already offered to collaborate with evidence from our qualitative evidence synthesis (QES) for the Ministry of Health of Brazil. I have also been informing them about HTAi work.

Sharmila Sousa

New Centre for Engagement and Dissemination

The National Institute for Health Research (NIHR) in the UK has launched a new Centre for Engagement and Dissemination that brings activities in patient and public involvement, engagement and participation with its strengths in research dissemination under the same roof. The new Centre will lead NIHR's work to make health and care research "representative, relevant and ready for use", building on the work of the NIHR Dissemination Centre and NIHR INVOLVE. It will further boost the "strong collaborative culture already established in engaging with patients, service users, carers and the public across the NIHR, providing coordination and thought leadership across the health and care system," the Institute said.

The new Centre will focus on four core areas of activity:

- Learning and capacity development for public and patient contributors, public contribution leads, researchers and evidence users
- Building and stimulating an evidence user community
- Producing accessible and audience-targeted evidence resources and sharing them across a broad stakeholder community
- Running a series of innovation projects to harness the best engagement and dissemination ideas coming from the community.

These activities will be underpinned by engaging with patients, care users and the public throughout - as individuals, groups or communities. The Centre will be led by the new NIHR director for Public Voice, Jeremy Taylor OBE, a former researcher, civil servant and charity leader.

Informed in a crisis

A series of BMJ blogs:

The views of patients and the public should be included in policy responses to covid-19:

"Creative responses by health systems to the crisis have already resulted in changes that patients have hoped for many years would happen – such as virtual visits, patients and professionals using online tools to communicate information, and physicians' access to health records from offsite. Cataloguing and assessing the impact of these changes would be valuable."

<https://blogs.bmj.com/bmj/2020/03/30/the-views-of-patients-and-the-public-should-be-included-in-policy-responses-to-covid-19/>

Dated 30 March 2020. Kaisa Immonen, Director of Policy at the European Patients' Forum, writes: Patients and our communities are a critical partner in or out of crisis and in the quest towards more equitable, sustainable and resilient health systems.

The Covid-19 pandemic is affecting people's lives around the globe and testing the resilience of health systems and social cohesion. Decision makers are trying to put in place effective control measures in an environment that is changing rapidly. The emphasis on maintaining universal health coverage and leaving no-one behind is welcome ([WHO](#)). But in the rush to introduce new policies, including priority setting for acute care, patient and public consultation has largely been bypassed. It is also apparent that the crisis is highlighting gaps in healthcare that patients and carers always knew existed...

...the patient voice has so far not been visible in the public discourse on the crisis, which has been framed largely in terms of public and population health...

Patient organisations have responded to the crisis by providing their communities with guidance and advice on how to cope. Some are also working with health professionals to produce information on risks, [treatment uncertainties](#), and trade-offs...

Umbrella patient groups, meanwhile, are speaking up about the need for an equitable, rights-based approach to care and to integrate the views of [experienced patient advocates](#) into [the response to covid-19](#)...

Covid-19—a pivotal moment in community care: "This is not a movie we are watching on TV but a history we are writing together."

<https://blogs.bmj.com/bmj/2020/04/07/covid-19-a-pivotal-moment-in-community-care/>

Dated 7 April 2020.

An inspirational blog by Antoine Boivin, family physician and Canada Research Chair in Patient and Public Partnership, Manuel Penafiel, community organizer, Ghislaine Rouly, patient partner and co-lead of the [Caring Community](#) research-action project, Valérie Lahaie, public health and partnership coordinator, Mathieu Isabel, medical director of the homeless service. Faubourgs community health center, Brian White-Guay, medical coordinator of the Notre-Dame Family Medicine group COVID response team, all part of the Centre intégré universitaire de santé et de services sociaux du Centre-Sud-de-l'Île-de-Montréal, Montréal Canada.

As primary care physicians and community practitioners, we are first hand witnesses of the Covid crisis and its impact on our communities. The pandemic wave is just hitting Canada and we have benefited from the experience of other countries to implement early measures of containment, preparation, and care management. As elsewhere, we are uncertain about the outcomes for our patients, our communities, our colleagues, our families, and ourselves. But as we navigate the changing landscape of community care in downtown Montreal, we are observing the most rapid and profound healthcare transformation of our entire careers. This crisis is changing our teams, our relationships, and ourselves.

Our spirit has switched from "me, myself and my patients", to "we're all in this together." ... Accessibility—an intractable problem of [Canadian primary care reforms over the past 20 years](#)—has markedly increased within a few days. The "bureaucratically frozen public health system" we thought we inhabited has unfrozen and massive improvement has been achieved without adding a single professional. Hierarchies

have been shaken and we have mobilized the intelligence and creativity of our full team in transforming the way we work together. ...

And we are sharing uncertainty collectively rather than individually. As one of our colleagues said: "We don't always know where we are going, but we are going together".

We are realizing that patients, citizens and community members can be trusted as caregivers...[Experienced patient partners](#) working closely with our primary care team coach and support other patients to help them find practical solutions to their new life...

In a pandemic, does patient feedback still matter?

<https://blogs.bmj.com/bmj/2020/03/30/james-munro-in-a-pandemic-does-patient-feedback-still-matter/>

James Munro, Chief Executive Officer of Care Opinion CIC, a non-profit social enterprise which provides an online patient feedback platform (careopinion.org.uk), writes:

Covid-19 has precipitated a "channel shift" away from in-person healthcare towards [remote telephone or online consultations](#). Whether or not this becomes a permanent feature of the post-pandemic landscape, we need rapid feedback from patients on this new form of care: does the tech work? could you hear me? what would be better? At the same time, the barriers to enabling safe and simple real-time feedback in this context are suddenly much lower, because both parties are already online. After the consultation, just click the link and post your feedback...

patient and carer feedback continues to offer important benefits for both patients and staff, even (and perhaps especially) during a pandemic. For patients, giving online feedback represents a form of "[caring for care](#)", a way of giving back to the caregivers... [One study](#) found that the most frequent reasons for posting feedback about healthcare online were to inform other patients, to praise the service received, and to help improve standards of care. Now, more than ever, we should be welcoming these practical expressions of active, concerned citizenship.

It takes a community to establish core outcomes for research in covid-19

<https://blogs.bmj.com/bmj/2020/04/09/it-takes-a-community-to-establish-core-outcomes-for-research-in-covid-19/>

Dated 9 April 2020

Allison Tong discusses a global partnership involving patients, professionals, and the public to establish core outcomes for research in covid-19. She is a Professor of Public Health at the Sydney School of Public Health, University of Sydney

In an urgent response to the covid-19 global pandemic, a staggering number of clinical trials are underway to evaluate treatments for people with suspected or confirmed covid-19... This has triggered efforts to quickly synthesise and translate the emerging evidence to support decision-making in practice and policy... Just this week, the Australian Government announced that they had awarded the Australian Living Evidence Consortium, led by Cochrane Australia, A\$1.5 million to establish the [National covid-19 Clinical Evidence Taskforce](#)... The Core Outcome Measures in Effective Trials (COMET) Initiative defines a core outcome set as a list of outcomes (the impacts of a specific disease or health condition or its treatment) that should be reported, as a minimum, in all clinical trials in a defined population. Core outcome sets help to ensure that resources are directed toward clinical and consumer priorities.... Patients and the public want access to valid and reliable information that addresses what matters to them, and thus should be involved as partners in developing core outcomes.

In such an unprecedented public health emergency, there are unique challenges in forming a patient-public-professional partnership in research—time, engagement, and empowerment. The process of establishing core outcomes usually takes at least 12 months, but now must be compressed to a few weeks and there is a danger that patient and public involvement is missed out in the process...

Covid-19 should compel us to innovate and push the boundaries in patient and public involvement. In the COVID-19-COS project, we have developed strategies to ensure that involvement is flexible...; to maximise confidence and buy in from the general community...

We are calling on the global community to give their opinion on what outcomes are most important for research in covid-19. The survey is available in English, Spanish, Italian and Chinese. For more information and to take part, please visit: www.covid-19-cos.org

Statement: COVID-19 and the basics of democratic governance

The UK Government's communication with the public has been admirably clear and simple: stay home. But it has been one-dimensional and one directional, whilst the challenges presented by COVID-19 are multiple, and they are far from simple.

They entail ethical questions about how we balance different interests (e.g. individual and collective; economic and social) and different risks (e.g. of COVID infection, and of poor health associated with poverty and isolation); of what and who we should prioritise when it comes to the crunch (e.g. COVID-19 over other health needs; the young, the elderly or key workers?); about who bears responsibilities for supporting those in need (Government, industry, communities, individuals); about whether we have not only national, but also international responsibilities; about how privacy will be protected when contact-tracing apps get up and running, as Matt Hancock has said they will, very soon; about the implications of mass testing for disease or immunity – what is the validity of the tests; who gets an 'immunity certificate', and where does that leave the rest of us?

...Democratic governments must be subjected to public debate and challenge. The fact of an emergency or crisis makes things difficult, but is no justification for closing down on public discourse. On the contrary, if we are all at risk, and we are all in it together, we all need to know and all need to have a voice...

It is right to regard COVID-19 as a crisis; it is right to talk about urgency, even an emergency. It would be wrong, however, to allow it to become an excuse for bad governance...

- Show us (the public) what it is doing and thinking across the range of issues of concern
- Set out the ethical considerations that inform(ed) its judgements
- Explain how it has arrived at decisions...

Dave Archard, Chair; Hugh Whittall, Director. On behalf of the members of the [Nuffield Council on Bioethics](#):

<https://www.nuffieldbioethics.org/news/statement-covid-19-and-the-basics-of-democratic-governance>

From: NCI Office of Advocacy Relations <nciadvocacy@MAIL.NIH.GOV>

1st Virtual Joint Meeting of the NCI Board of Scientific Advisors and the National Cancer Advisory Board – Thursday, April 9, 2020.

Across the cancer research community, we are adjusting to unprecedented circumstances and upheaval related to the COVID-19 pandemic. I have never been more impressed with the compassion, strength, and resolve of the community than I am today. You have come together in creative ways to support patients and providers with urgency and focus. At NCI, our commitment—first and foremost to people with cancer—is now mostly virtual, but unwavering. We are focused on critical emerging research to battle the spread of the virus, working to support the unique needs of cancer patients, providers, and researchers amid tremendous uncertainty, and ensuring continued progress against cancer. Amid these rapidly evolving challenges, I believe it is important to connect with our trusted advisors to discuss how NCI is navigating this uncharted territory, hear more about the challenges the community is facing, and engage in dialog about how we can come together as a community to support those most in need.

A recording <<https://deainfo.nci.nih.gov/advisory/bsa/bsameetings.htm>>.

Ned Sharpless, M.D.

Director, National Cancer Institute

Australian National COVID-19 Clinical Evidence Taskforce – to develop Guidelines

Dated 23 April 2020. The Consumers Health Forum (CHF) is an official community partner of the Taskforce. We met this week to develop a consumer engagement strategy; two consumer representatives will join the

taskforce's Guidelines Leadership Group and CHF will co-host a consumer panel to ensure there is a strong consumer voice informing the development of Australia's national guidelines for COVID-19.

The role and value of the taskforce continues to grow across the clinical community. A further 15 peak professional bodies have expressed interest in joining the Taskforce and are in the process of identifying representatives to contribute to panels and leadership groups. A key focus of our work this week has been reviewing the structure of guideline panels and expanding the evidence team to support new panels and topic areas. Since the official launch of the Taskforce and publication of the first iteration of the living guidelines on Friday 4 April, the website has been visited by 55,000 users and we continue to receive submissions daily via the website.

https://covid19evidence.net.au/wp-content/uploads/NC19CET_Communique_20200423_FINAL.pdf

Bhatia, R., 2020. Public engagement is key for containing COVID-19 pandemic. *Indian J Med Res.* https://doi.org/10.4103/ijmr.IJMR_780_20

Wright K, Parker M; Nuffield Council on Bioethics Working Group. In emergencies, health research must go beyond public engagement toward a true partnership with those affected. *Nat Med.* 2020 Mar;26(3):308-309. doi: 10.1038/s41591-020-0758-y. No abstract available. Erratum in: *Nat Med.* 2020 Mar 4

Jovana Stojanovic, Markus Wübbeler, Sebastian Geis, Eva Reviriego, Iñaki Gutiérrez-Ibarluzea, and Irene Lenoir-Wijnkoop. Evaluating Public Health Interventions: A Neglected Area in Health Technology Assessment. *Frontiers in Public Health*

https://www.frontiersin.org/articles/10.3389/fpubh.2020.00106/full?utm_source=F-AAE&utm_medium=EMLF&utm_campaign=MRK_1315396_70_Public_20200430_arts_A

Publications

Aline Silveira Silva, Maria Sharmila Alina de Sousa, Emília Vitória da Silva, and Dayani Galato. Social participation in the health technology incorporation process into Unified Health System. *Rev Saude Publica.* 2019; 53: 109. Published online 2019 Dec 16. doi: [10.11606/S1518-8787.2019053001420](https://doi.org/10.11606/S1518-8787.2019053001420)
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6919280/pdf/1518-8787-rsp-53-109.pdf>

Submitted by Aline Silveira Silva

O'Rourke B, Werkö SS, Merlin T, Huang LY, Schuller T (2020). The 'Top 10' Challenges for Health Technology Assessment: INAHTA Viewpoint. *International Journal of Technology Assessment in Health Care* 36, 1–4. <https://doi.org/10.1017/S0266462319000825>

Nine agencies one of their biggest challenges was designing an effective and efficient process for engaging stakeholders, primarily patients and clinicians. Rapid HTA processes where short deadlines allow little time for input AND with inadequate human resources.

Public engagement - appropriate and efficient inclusion of citizens.

Submitted by Sally Wortley, Franz Waibel

Trowman R, Ollendorf DA, Sampietro-Colom L. Burning Issues in Health Technology Assessment and Policy Making: What's Keeping Senior Health Technology Assessment Users and Producers up at Night? *Int J Technol Assess Health Care.* 2020;36(1):5-7. doi: 10.1017/S0266462319003477.

Submitted by Franz Waibel

Leopold C, Lu CY, Wagner AK. Integrating public preferences into national reimbursement decisions: a descriptive comparison of approaches in Belgium and New Zealand. *BMC Health Serv Res.* 2020 Apr 25;20(1):351. doi: 10.1186/s12913-020-05152-2.

The authors describe how Belgium and New Zealand used deliberative processes to engage the public and to identify lessons learned from these countries' approaches.

Submitted by Sally Wortley

Joanne Evans, Stan (Constantina) Papoulias. Between funder requirements and 'jobbing scientists': the evolution of patient and public involvement in a mental health biomedical research centre - a qualitative study. *Research Involvement and Engagement* volume 6, Article number: 12 (2020).

<https://researchinvolvement.biomedcentral.com/articles/10.1186/s40900-020-00185-7>

Strassle CL, Pearson SD, 2020. A proposed framework for patient engagement throughout the broader research enterprise. *J Comp Eff Res.* <https://doi.org/10.2217/ceer-2019-0175>

To date, the goals of patient engagement have not been clearly defined for each stage of the research enterprise, which, when viewed broadly, encompasses stages such as setting research priorities, interpreting and incorporating research results in clinical guidance, and translating study results into insurance coverage policies. This article presents a new framework for patient engagement by first describing the goals of patient engagement at each stage of the research enterprise and then establishing how to prioritize the types of patient expertise that are needed to achieve these goals.

Ramos-Goñi, J.M., Oppe, M., Stolk, E. et al. International Valuation Protocol for the EQ-5D-Y-3L. *PharmacoEconomics* (2020). <https://doi.org/10.1007/s40273-020-00909-3>

The EQ-5D-Y-3L is a generic, health-related, quality-of-life instrument for use in younger populations. Some methodological studies have explored the valuation of children's EQ-5D-Y-3L health states. Value sets are needed for the EQ-5D-Y-3L that are appropriate for use in a cost-utility analysis. This protocol is now available for use by research teams to generate EQ-5D-Y-3L value sets for their countries allowing the implementation of a cost-utility analysis for younger populations.

Francisco Goiana-da-Silva, David Cruz-e-Silva, Oliver Bartlett, Joana Vasconcelos, Alexandre Morais Nunes, Hutan Ashrafian, Marisa Miraldo, Maria do Céu Machado, Fernando Araújo, and Ara Darzi. The Ethics of Taxing Sugar-Sweetened Beverages to Improve Public Health. *Frontiers in Public Health* https://www.frontiersin.org/articles/10.3389/fpubh.2020.00110/full?utm_source=F-AAE&utm_medium=EMLF&utm_campaign=MRK_1315396_70_Public_20200430_arts_A

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