Background and objectives

• HTA processes are being implemented in Latin America at both national and regional levels (RedETSA1, the Andean group2, PROVAC initiative3) in a continuous effort for a more efficient resource allocation.

• The objective of this study was to explore the current HTA environment and classify its diversity based on previously developed taxonomies4.

• This enables the comparison within the region, as well as with other regions in which similar maps have been developed, such as Europe.

Methods

• Research was conducted in a two phase approach. The first phase consisted of secondary research of online sources and bibliographic references. Information was reviewed from websites of official bodies, Value in Health regional issues articles, ISPOR presentations and ISPOR connections for Latin America. The second phase consisted of primary research by contacting English, Spanish and Portuguese local affiliate contacts within HTA agencies. The purpose of communication for the second phase was to validate and supplement information obtained from phase one.

• Countries are categorised according to the two taxonomies developed in Allen et al 20134 and the confluence of the two taxonomies forms the archetype group (Table 1).

• The ‘system taxonomy’ (Figure 1) is based on the position of a national HTA agency in relation to the position of the regulatory and the coverage body. The ‘HTA process taxonomy’ (Figure 2) sets how the relationship between the HTA appraisal, therapeutic assessment and the economic evaluation if present.

• The following countries were included in our review: Mexico, Cuba, Costa Rica, Colombia, Venezuela, Ecuador, Peru, Bolivia, Brazil, Uruguay, Argentina and Chile. No information on HTA activity could be identified for the rest of the other Latin American countries on official websites, publications or other sources.

Results

• Five different archetypes were identified by combining different values of the two taxonomic sets in these twelve countries (Table 2 and Figure 3).

• Three main groups were identified:

  1. The first one consists of Brazil, Mexico, Argentina, Peru and Colombia where the regulatory, HTA and coverage functions are performed by separate agencies MC).

  2. The second group consists of Chile and Cuba where the HTA and coverage body functions are performed by a single agency with the regulatory function performed independently (PC).

  3. The third group consists of Venezuela, Ecuador, Bolivia and Costa Rica where no HTA process was identified and external evaluations or decisions from reference countries are used to inform decisions (EX).

• The remaining two groups consisted of one country only.

Conclusions

• Proportion of countries allocated to groupings shows similarities to the study that categorised 33 European jurisdictions by the same archetypes. MC and PC were also two of the most popular groupings for Europe (PC was 1st) and was 3rd together with FC). However, groups MI and FC are the smallest HTA containing archetype groups in Latin America (Colombia and Uruguay respectively), while they were the 2nd and 3rd largest group in Europe (MI: Austria, Belgium, Germany, Hungary and Poland / FC: Norway, Denmark, Italy and Czech Republic).

• Network collaborations in the region, such as the RedETSA1, the Andean group2 and the PROVAC initiative3, may facilitate evaluation of the HTA environment and result in changes to the archetype classification.

• The archetype categorisations shown here provide an overview of the current HTA environment in Latin America and replicating this study at a later date could provide interesting comparisons for developments in the region.

References