

An archetype for classification and comparison of HTA activities in Latin America

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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 (Tables 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) set shows 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.

Table 1a. System taxonomy description

M	the regulatory, HTA and coverage body functions are performed by separate agencies
S	the regulatory and HTA functions are performed by a single agency and the coverage body functions are independent
P	the HTA and coverage body functions are performed by a single agency with the regulatory function performed independently
F	the regulatory, HTA and coverage body functions are all performed within a single agency
E	no HTA is performed within the national regulatory to reimbursement system

Table 1b. HTA process taxonomy description

C	the therapeutic value assessment, economic evaluation and appraisal are performed within the same agency
I	the therapeutic value assessment is conducted within the same agency as economic evaluation but the appraisal is performed independently, usually by health professionals rather than civil servants.
A	the therapeutic value is assessed prior to independent appraisal. No economic evaluation is performed.
X	the appraisal is conducted using information from an external HTA report or by considering the coverage decisions of reference countries.

Figure 1. System taxonomy⁴

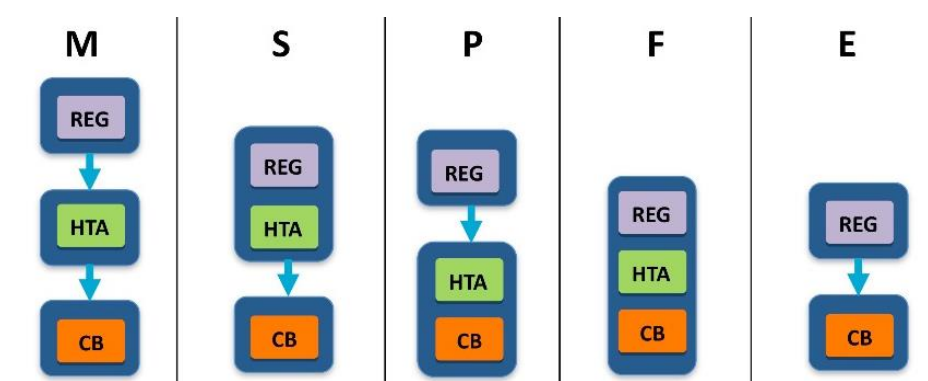
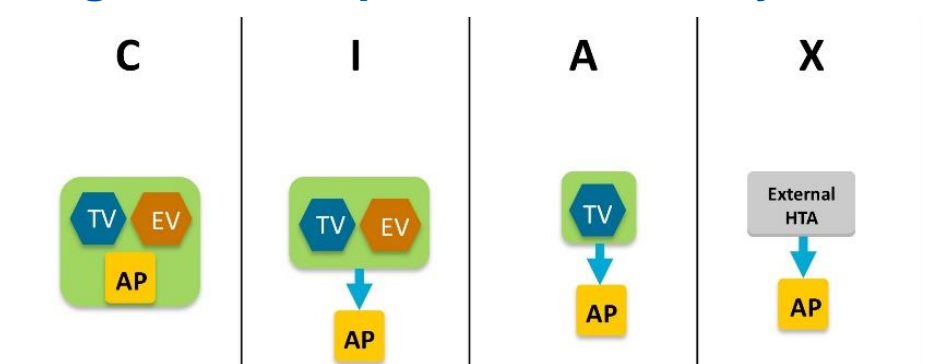


Figure 2. HTA process taxonomy⁴



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

Figure 3. HTA archetype map of Latin America

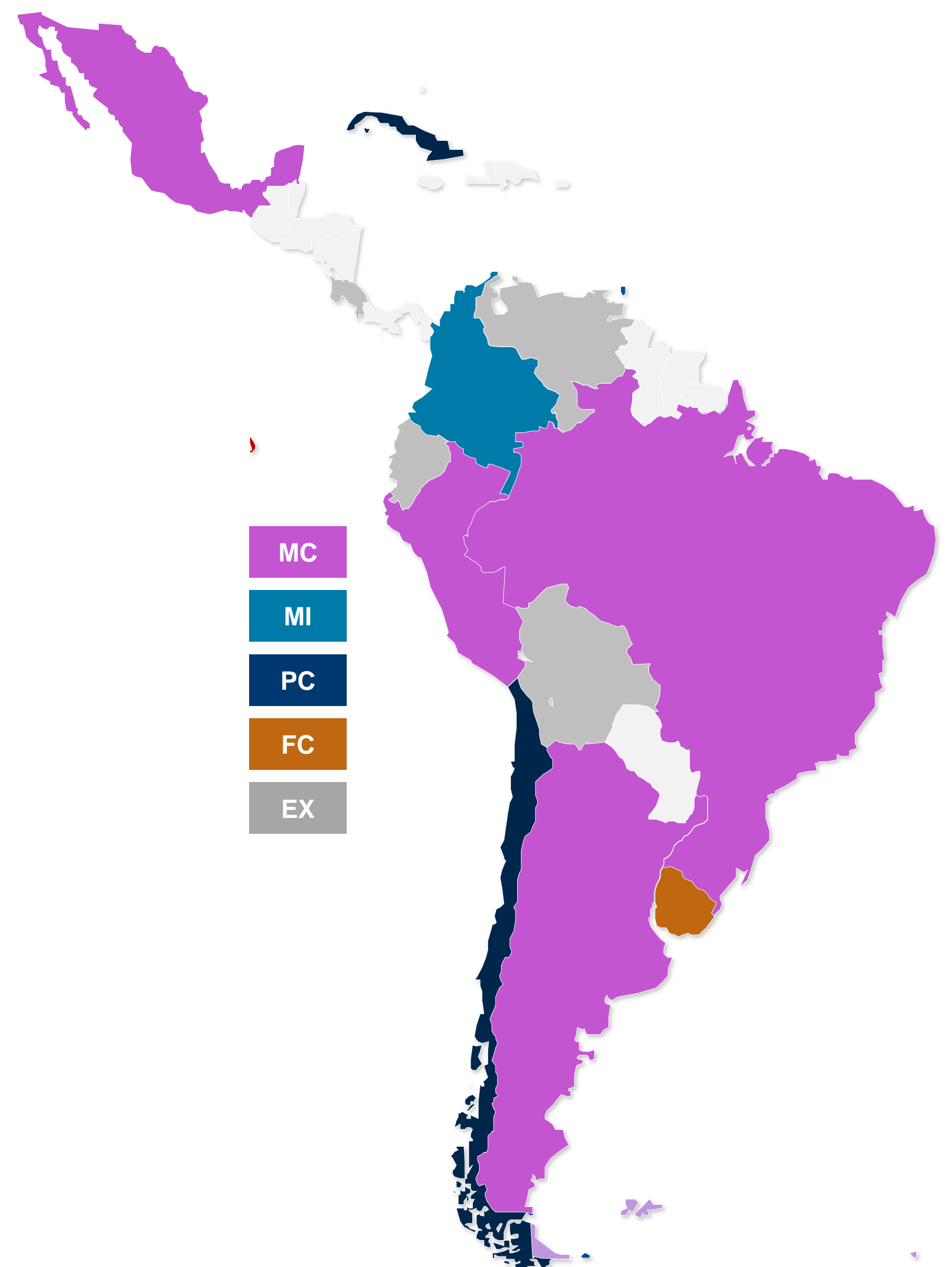


Table 2. Summary table of results organized by country

Country	Regulatory	Reimbursement	HTA	Establishment of HTA body	PE guideline	System taxonomy	HTA process taxonomy
Brazil	ANVISA	MoH	CONITEC	2011	Yes	M	C
Mexico	COFEPRIS	MoH	CSG/CENETEC	2004 (CENETEC)	Yes	M	C
Argentina	ANMAT	MoH	IECS/UCEEEETS	2002 (IECS)	No	M	C
Peru	DIGEMID	MoH	UNAGESP	2009	No	M	C
Colombia	INVIMA	MoH	IETS	2012	Yes	M	I
Chile	ISP/ANAMED	MoH		2013 ¹	Yes	P	C
Cuba	CECMED	MoH		-	Yes	P	C
Uruguay		MoH ²		-	No	F	C
Venezuela	INHRR*	MoH	None	-	No	E	X
Ecuador	ARCSA	MoH		2013 ³	No	E	X
Bolivia	UNIMED	MoH	None	-	No	E	X
Costa Rica	MoH	MoH	None	-	No	E	X

¹ Department of Health Economics (DESAL) within MoH ² FNR within MoH ³ Although a Health Economics Department within the MoH was identified as being established in 2013 in Ecuador, no information on initiation of its activities has been found.

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 MC 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 evolution 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

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