

Progress on EUnetHTA JA3

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Brussels, May 23, 2016

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Short update on progress

- First submission of the JA3 proposal on January 26, 2016
- Meeting at CHAFEA in Luxembourg at February 5, 2016
- Formal comment document was received on February 29, 2016
- Kick-off meeting on March 3 in Amsterdam
- Submission of adapted JA3 proposal by e-mail on March 31, 2016

Overall comments CHAFEA/SANTE/External

- Overall scores were sufficient
- More clarification on role stakeholders
- Remarks on role liaison committee
- More clarity on the content of some WPs
- Specification of the roles of certain partners
- Focus on the number/definition of joint pilots
- More information needed on division of funding (between partners and between coordination and production)



Issues

- Manageability of process with 77 partners
- Issues with final submissions but also urgent issues for partners regarding formal requirements (LEAR, LSIGN, FSIGN)
- Changing perspectives on the necessity of having evaluation and dissemination WPs
- Changing perspectives on the role of affiliated entities
- Discussion on the retroactivity

Progress

- Move forward on the process of grant agreement and consortium agreement
- ZIN has started official recruitment for secretariat
- Planned transfer websites before the end of May.
- Foreseen starting date JA3 June 1 (signature probably a little bit later)
- First Ex Board meeting face to face June 14 in Diemen

Objectives of EUnetHTA JA3 (2016-2020)

- **To increase use, quality and efficiency of joint HTA work at European level:**
 - To support evidence-based, sustainable and equitable choices in healthcare
 - To ensure re-use in regional and national HTA reports
 - To avoid duplication of assessments
- **To support structural voluntary cooperation at scientific and technical level between HTA bodies**
 - To propose a sustainable model for the scientific and technical mechanism of a permanent European cooperation on HTA (2020 onwards)

Participants in EUnetHTA JA3 (2016-2020)

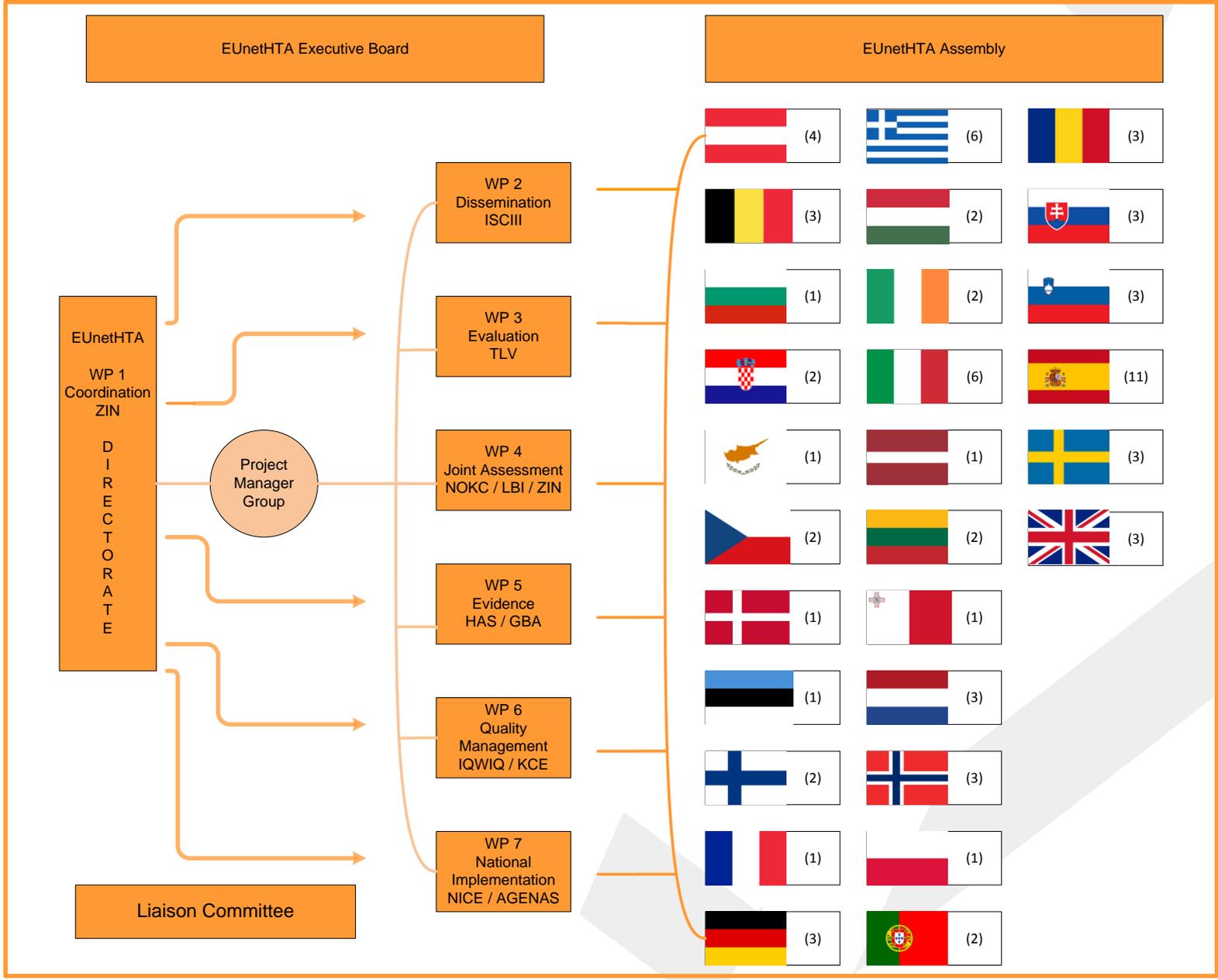
EUnetHTA Partners and Collaborative Stakeholders

77 Partner organisations designated by Ministries of Health and affiliated entities

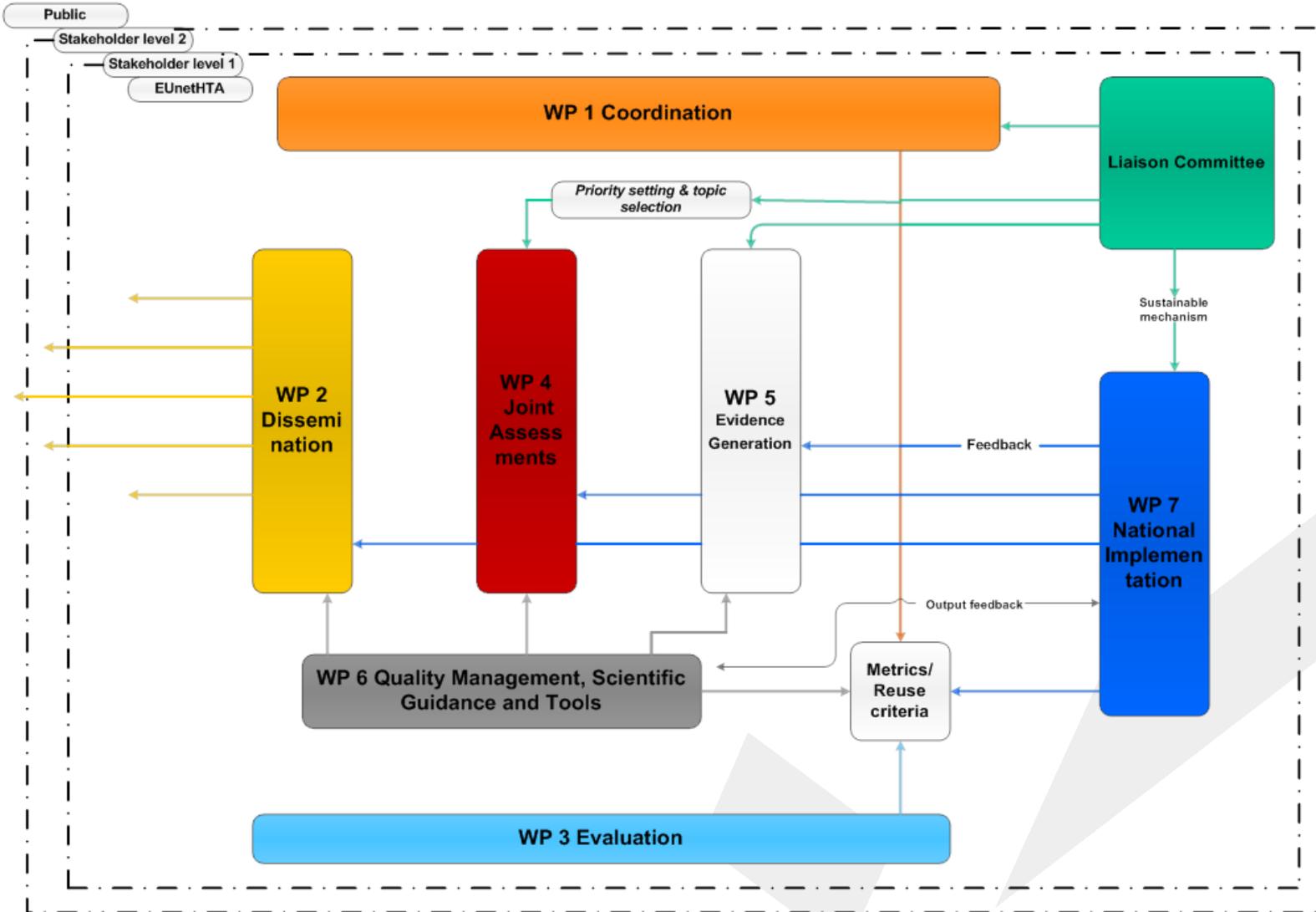
Includes large number of regional agencies and non-for-profit organisations that produce or contribute to HTA

ZIN will be the coordinator





More info on EUnetHTA JA3



EUnetHTA Executive Committee

**EUnetHTA
Coordinator**

**WP Lead &
Co-Lead
Partners**

**Elected
Members**

**Observers
(EU Secr.,
etc.)**

*Grant &
Consortium
Agreement
+ Annexes*

Liasion Committee

Observers (EU
Secr., etc.)

Elected MS
agency
representative

EUnetHTA
Coordinator

**PM
Coordination
Committee**

observes

**EUnetHTA
Directorate**

**EUnetHTA
Coordinators
Office**

supervises

**EUnetHTA
supporting
Secretariat**

observes

observes

**EUnetHTA Assembly
Meetings**

decides



Summary of activities in EUnetHTA JA3

- **WP4 Produce joint and collaborative HTA reports:**

- For pharma 37 rapid REA and for other technologies 43 rapid REA
- Horizon scanning

- **WP5 Evidence Generation**

- early dialogues (joint HTA or parallel/joint with regulators)
- additional data collection linked to several activities (adaptive pathways, MEA, etc)

- **WP6 Quality Management**

- Provides quality management for EUnetHTA products
- Further development of electronic tools if necessary

- **WP7 National implementation and impact**

- Supports Member States to implement reports in national setting
- Measure impact of joint work

Involvement of stakeholders

- **Political/strategical level:**

- These activities will be moved to the HTA Network

- **Methodology/processes**

- By experts from stakeholders in stakeholder advisory groups (SAGs), comparable as in JA2

- **Activities on the level of single/multiple health technologies**

- By experts from stakeholders in prioritization/topic selection, scoping and assessment
- Funding may be available for some stakeholder reps such as patient representatives and clinicians

Thank you
Any questions?

