WORKSHOP ON HEALTH TECHNOLOGY ASSESSMENT (HTA) FOR SOUTH AFRICA

Date: **20 February 2004**
Venue: **Foundation for Professional Development**
Facilitator: **Dr Gustaaf Wolvaardt - Foundation for Professional Development.**
Secretary: **Lyn Hanmer - PHISC Chairperson / Medical Research Council**

1. ATTENDANCE

There were more than 50 participants from public and private healthcare sectors, academic institutions and other stakeholders, as per the attendance register.

It was noted that the Department of Health (DOH) regarded the workshop as part of a consultative, consensus-building process.

The following constituencies should be involved in future activities:

- radiological society (had been informed; representative did attend part of workshop)
- hospital engineers (SAFHE); clinical technologists
- Dentists
- GPs
- CSIR – academic and research
- SANAS
- SABS – testing and regulation (participated in previous discussions; had been informed about workshop).

2. HEALTH TECHNOLOGY POLICY FRAMEWORK (BY N.T. MOLAI)

DOH has published 'A Framework for Health Technology Policies', including recommendations for HTA structures and policies. The policy document contains three alternative proposals for an HTA structure, and structures for dealing with related regulation. Not all HTA issues and processes will be regulated, but the policy does make provision for regulation where required.

3. POSSIBLE STRUCTURES

Further work will be required to enable decision making about a structure and related issues. A steering group from this workshop could make recommendations.

It was agreed that an Interim National Steering Committee on HTA should be formed, as indicated in the DOH HT policy framework.

It was noted that the funding process for any steering committee and related structures could affect the ability of people to participate in any future structures. If there is a statutory body, then government will have to fund – maybe from user charges.

4. PRESENTATION OF THE HTA ENABLING STRUCTURE

4.1 Discussion on the Terms Of Reference (P14) For An HTA Enabling Structure

The following comments on the TOR proposed by DOH were made:

1. yes
2. refer rather to 'all stakeholders'
   would include health professional training institutions and professional associations… and other appropriate stakeholders, including consumers
3. yes
4. yes
5. yes, combine with 4; 'contributions' to be defined
6. yes, combine with 4
7. 'all relevant stakeholders'
8. 'concept and use'…'allocative/other' decisionmaking (rather than 'political')
9. early warning and monitoring of new technologies … ; no names
10. collaboration and co-operation; monitoring and evaluation of HTA activities; note importance of regional collaboration within international collaboration
11. yes

To add:

12. *look at existing technologies*
13. *dissemination of HTA results*

4.2 Suggested Guiding Principles:

- consider harmonization and co-ordination between various organizations (see page 5, 3.4), e.g. 'respect and honour the processes … of other health professional bodies'
- examine possible negative impacts of HTA system on the health of patients
- definition must include patient safety.

5. INTERIM STEERING COMMITTEE:

Consider the options, and make recommendations on final structure. The interim committee needs to define what needs to be done, and then establish the best structure. Current conflicts in scopes of HTA activities of various organizations need to be taken into account.

The interim committee will operate for a limited time, based on the terms of reference, but preferably no longer than until the end of 2004. Inputs are required to the process of developing HT regulations, which is already in progress.

5.1 Terms Of Reference For Interim Steering Committee

See page 14, 9.3 of the Health Technology Policy Framework document
Add:

- In 1: map local HTA and related activities
- In 2: add 'after extensive local consultation', add 'scope'
- make recommendations on terms of reference
- make recommendations on funding
- establish guidelines for prioritization of HTA activities

5.2 Membership Of Interim Steering Committee

- Research and education (1) to be identified from attendees
- Standards (1) StanSA
- Devices (1) SAMED
- Professional provider organizations (2): SAMA (1), DENOSA (1)
- Professional HT practitioners: technologists, clinical engineers, biomedical engineers (1) CEASA
- Government (1) DOH
- Funders (1) BHF
- Hospitals (2): HASA (1), DOH hospitals (1)
- Consumers (1) REACH – consumer advocacy in health.

5.3 Process

Organisations and interest groups would nominate members and alternates, to ensure full attendance at all meetings of the interim committee.
PHISC would convene first meeting; nominations would be submitted to the PHISC chairperson (LAH) by 5 March 2004.
The first meeting of the interim committee would be held back to back with the planned SA/Sweden symposium on HTA in March 2004.

Secretariat: the committee will decide on how to handle secretariat functions.
Meetings could be hosted by StanSA.
Interim committee should consider a reportback meeting before completing its mandate.

5.4 Funding

It was agreed that participation in the interim committee would be self-funded by the organizations.
DOH will fund particular aspects of the work of the committee, e.g. commissioned research and hosting of meetings.

6. FINAL STRUCTURE OF HTA ENABLING ORGANIZATION:

The workshop recommended a structure based on 'proposal 2' (see paragraph 9.3, p14 in DOH HT policy framework).

The following proposals were made:

- Require a structure 'with wisdom and with teeth'

- have some legal authority.
- be viewed as being autonomous.
- be viewed as being authoritative.
- meet the needs of all stakeholders, and not one only.
- be representative.
- have statutory power.
- There should be links with related organizations.
- Need a governance structure.
- There needs to be input from multiple stakeholders, which will include government.
- Consider using existing subgroups, organizations, as far as possible to fulfil requirements, and have a 'final body' which identifies the gaps, and also has the links with government.
- OR should the organization actually do/control HTA? Depending on circumstances, there could be a combination of these approaches.
- Where a device affects a professional relationship between provider and patient, then the professional group should make the recommendations; there could be professional expert subcommittees which are consulted.

It was noted that:

- Elsewhere, HTA groups are legal bodies, which co-ordinate the work of specialist groups providing scientifically-based information.
- Assessment cannot be done without the legal power to support decisions.

6. SOUTH AFRICA/SWEDEN SYMPOSIUM ON HTA

Director HT Policy Announced the Sweden/SA symposium on HTA, which would take place on 9/10 March 2004. Venue: Airport Holiday Inn (to be confirmed)
This would be an open meeting. The major purpose would be:

- To identify areas of collaboration between SA and SBU
- To identify experiences in HTA organisation
- To investigate training opportunities and requirements.