DEVELOPMENT OF HTA İN TURKEY

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OBJECTIVES

The aim of this study is to assess the development of HTA in Turkey.

METHODS

In this regard, organizational structures of the Ministry of Health (MoH) and Social Security Institution (SSI) and presentations of first HTA meeting held in April 2014 have been analyzed.

RESULTS

There are three main organizations undertaking HTA in Turkey, one under the SSI two under the MoH. The Medical and Economic Evaluation Committee of the SSI assesses all new health technologies in its reimbursement decisions. This committee is the major decisive HTA committee in Turkey and its decisions shape the provision of healthcare services extensively. Other two HTA committees are under the MoH. One of these is under the General Directorate of Pharmaceuticals and Medical Devices. This committee assesses certain drugs specifically inquired to be evaluated by the SSI, MoH or other Ministries. The committee has recently evaluated the impact of pricing and market approval policies on top 100 selling drugs. The second committee of the MoH is under the General Directorate of Health Services Research. This committee has so far concentrated on more general disease categories like obesity, COPD etc. and has published national reports. In addition to all these three committees, HTA studies are carried out by the MoH Ankara Numune Training and Research Hospital (ANHTA). The hospital HTA unit has been working on hospital based HTA as a leading example in Turkey.

Figure 1: Turkish health care system

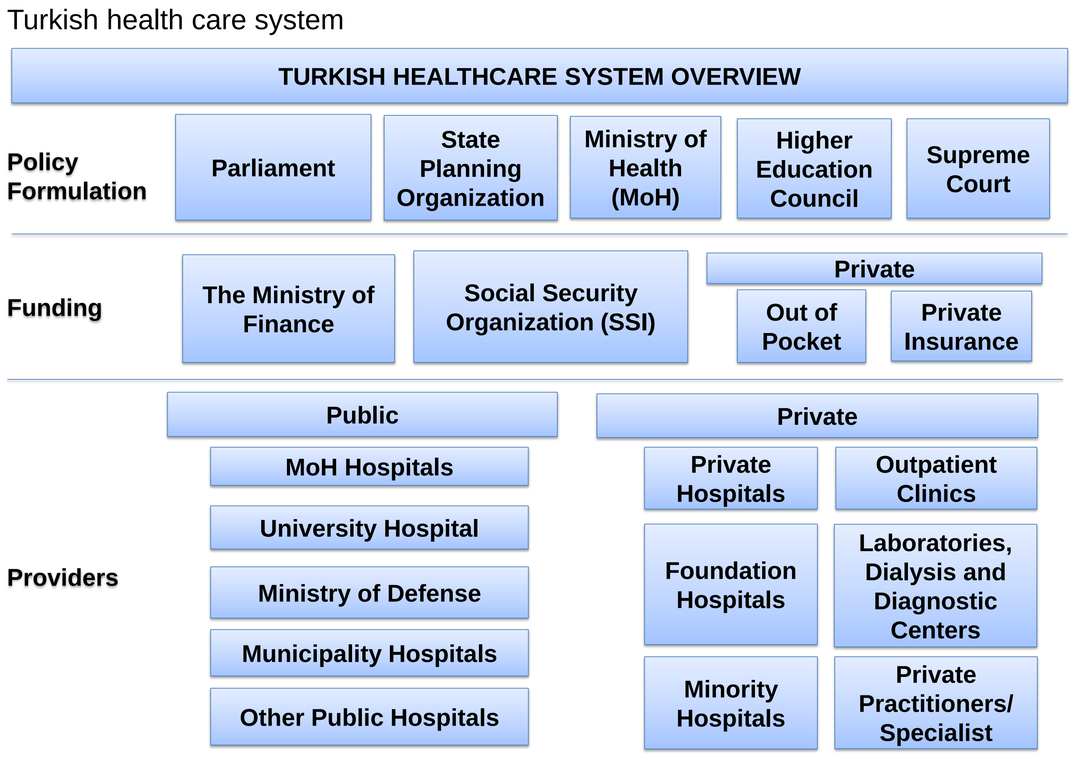

Figure 2: Main HTA Agencies in the Turkish Healthcare System

Social Security Institution	Ministry of Health (MoH)	
	Pharmaceuticals and Medical Devices Institution	General Directorate of Health Services Research
The HTA committee of SSI assesses all new health technologies in its reimbursement decisions In other words, this committee is the major decisive HTA committee. Main responsibilities are; • to eliminate uncertainties regarding discount rates, registration dates and reference pricing; • to assess and implement additional discount requests by pharmaceutical firms; • to undertake assessments on drug equivalence groups and to assess the market share and period of the cheapest drug on the market that will be the basis for setting the ceiling price; • to demand pharmacoeconomic assessment reports for drugs from selected firms and internationally accepted institutions when needed; • to make recommendations on prescription rules; • to present reports and recommend precautionary measures on developments in public pharmaceutical expenditure; • to ensure common action by reimbursement agencies on reimbursement rules and contracts with health care, pharmaceutical and medical product providers; and • to determine views on the reimbursement methodologies for drugs on the positive list and make proposals to relevant ministries.	The committee under this institution assesses certain drugs which are specifically asked to be evaluated by SSI, MoH or other Ministries. For example they prepare short reports about the products with relatively high budget impact. Examples of Projects: • Evaluation of the impact of pricing and market approval policies on top 100 selling drugs • Assessment of the impact of the locally manufactured products on the sales of the imported products with the same active ingredient indicated in the oncology area • Attention Deficit Hyperactivity Disorder Medication Trends in Turkey: 2009-2013	The main responsibilities are; • Determination, monitoring and assessment of health policies, monitoring the improvements in health indicators and undertaking research in the areas related with the improvement of health services if needed • National and international dissemination of research results • Compilation of health statistics Examples of projects; • Research on Turkey's health literacy level • Research on Obesity • Research on mortality rates of children under 5 years old between 2007 and 2011 • Research on risk factors associated with chronical diseases (WHO)

CONCLUSIONS

Despite valuable studies being conducted as stated above, HTA is still in its infancy. Turkey does not have an autonomous HTA agency like in Germany or UK. There is more than one committee, working on different aspects of health technology assessment under the auspices of government.

Table 1.The goal and scope of HTA in European countries
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	Therapeutic relevance	Economic considerations
France	Safety, effectiveness, severity of disease, curative nature of product, interest in terms of public health	Budget impact. New products with added therapeutic value will be subject to economic evaluation from Oct 2013
Germany	Yes, but the drug must not belong to one of the categories excluded from reimbursement by Federal Law	Efficiency frontier method (Caro 2010)
Italy	Clinical effectiveness, disease relevance	No
Belgium	Efficacy, disease relevance	Cost-effectiveness for innovative products, budget impact
Denmark	Yes	Reasonable price in relation to therapeutic value
Netherlands	Added therapeutic value	Cost-effectiveness, budget impact
Spain	Therapeutic value	Reasonable price in relation to therapeutic value, cost-effectiveness, budget impact
Sweden	Yes	Cost-effectiveness, need and solidarity, human values principles
UK	NICE does not grade products according to therapeutic value	Cost-effectiveness

Table 2: Bodies responsible for HTA process, for reimbursement decisions in European countries

	Body responsible for HTA process	Body responsible for decision on reimbursement
Belgium	National Institute for Sickness and Invalidity Insurance (INAMI)/Commission for Reimbursement of Medicines [Institut National d'Assurance Maladie-Invalidité/Commission de Remboursement des Médicaments]	Ministry of social affairs
Denmark	Reimbursement Committee/Danish Centre for Evaluation and Health Technology Assessment (CEMTV)	Outpatient drugs: Danish health and medicines authority. Hospital drugs: KRIS
France	Economic Committee on Health Products (CEPS)/Transparency Commission [Commission de la Transparence]	Ministry of Health decides on listing and Union of social health insurance funds decides on reimbursement rate
Germany	Federal Joint Committee/Institute for Quality and Efficiency in Health Care (IQWiG)/German Agency for Health Technology Assessment (DAHTA).	Federal Joint Committee (G-BA)
Italy	Committee on Pharmaceuticals/Italian Medicines Agency (AIFA) [CIP Farmaci/Agenzia Italiana del Farmaco]	AIFA technical scientific committee
Netherlands	Pharmaceutical Care Committee (CFH) /Health Care Insurance Board (CVZ)	Ministry of health, welfare and sport
Norway	Pharmaceuticals Pricing Board (PPB)/Norwegian Medicines Agency (NoMA)	NoMA, MOH when budget impact is high
Spain	Spanish Agency for Health Technology Assessment (AETS)	MOH
Sweden	Pharmaceutical Benefits Board (LFN / TLV)/Swedish Council on Technology Assessment in Health Care (SBU)	TLV
UK (England and Wales)	NICE/National Coordinating Centre for Health Technology Assessment (NCCHTA)	There is no systematic assessment of new medicines, NICE assesses on request. All medicines with marketing licenses are automatically reimbursed unless NICE says no.

References:

1. PwC Turkey Market Overview – Healthcare
2. The use of Comparative Effectiveness Research and Health Technology Assessment in European countries: current situation and prospects for the future, Author: David Epstein, Affiliation: Department of Applied Economics, University of Granada, 20 March 2014
3. Health Technology Assessment, Model Proposal for Drug Reimbursement Decisions, Mehtap Tatar, Albert I. Wertheimer, MN Medikal & Nobel, 2010
4. Turkey Health System Review, , Mehtap Tatar, Salih Mollahaliloğlu, Bayram Şahin, Sabahattin Aydın, Anna Maresso, Cristina Hernández-Quevedo, Health Systems in Transition Vol. 13 No. 6 2011