

Letter to the Editor

Applying the results of Health Technology Assessment reports in developing countries, the pale face of coin

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Resource constraints has always been one of the main concerns of the health system in developing countries, therefore, appropriate allocation of resources is an important step in achieving the goals of the health system. Producing scientific evidences and use of these evidences in policy-making is very effective in improving resources allocation process of the health system. In recent decades with the arrival of expensive technologies in the field of health, use of health technologies assessment has been considered as a useful strategy for more efficient allocation of resources in the health system. Health technology assessment is a multidisciplinary entity which systematically assesses technical performance, safety, clinical effectiveness, cost effectiveness, organizational implications, social consequences, and legal and ethical considerations of one single health technology [1]. HTA (Health Technology Assessment) aims to provide objective information to support policy-maker decisions and develop policies concerning the health technology [2]. Health Technology Assessment Reports audiences include regulatory agencies, clinicians and patients, Health care payers, health professional associations, health care networks and hospitals, Standards-setting organization, lawmakers and other political leaders and health care product companies and investors [3].

The health system will benefit the benefits of HTA if health technology assessment reports are translated tailored to the needs of this audience, are given to them and the results are used. But how much the results of the reports are used in different countries and especially developing countries?

Forming HTA responsible organizations in many developing countries confirms the fact that the status of HTA studies in these countries is being improved [4]. However, in these countries the results of health technology assessment reports are not used efficiently. For example we can refer to the limited use of HTA reports by different audiences in Iran. The definition of health insurance package in Iran does not consider the results of HTA and health insurance organizations in Iran do not almost participate in none of the steps of setting the title, performing HTA and publication of its results. Also the health

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care policy makers when allocating resources do not pay much attention to the results of HTA reports. These reports are not very useful for service providers and patients, and the use of these reports is not so tangible and known for the beneficiaries. The first point on why this issue can be raised is lack of a special place for these studies in these countries. In these countries, the importance of health technology assessment studies has not completely understood yet and this knowledge has not found yet its place in these countries' health system. In fact in these countries, the firm belief in the results of these reports has not been made yet and still doing HTA is considered kind of a luxury and fantasy measure.

Limited release of HTA reports is also another reason for the low use of them in these countries. Due to lack of identification of beneficiaries, the reports are not actively sent to these groups. The views of beneficiaries are not usually considered in definition of HTA titles and these groups do not also participate during performing HTA projects. Also various reports are produced according to the need of different groups and usually a single report is produced for all interest groups.

Lack of a clear plan at the macro level of the health system for the use of HTA reports and the uncertainty of its customers in this area is one of the major reasons for not using of the results of these reports. Developing a clear plan at the macro level for the use of health technology assessment results can help to exactly identify the beneficiaries of this plan at these levels. Definitely beneficiaries at the macro levels can play an important in the more use of these reports role.

Promoting knowledge level of Health Technology Assessment for all audience groups and raising awareness about the importance of these studies will be certainly effective in more use of the results of these projects.

References

- [1] M. Velasco, M. Perleth, M. Drummond, F. Gürtnner, T. Jørgensen, A. Jovell, J. Malone, A. Rüther, C. Wild, Best practice in undertaking and reporting health technology assessments. Working group 4 report. *Int J Technol Assess Health Care.* 2002 Spring; 18(2): 361-422.
- [2] R. Dehnavieh, N. Mirshekari, S. Ghassemi, R. Goudarzi, A. Haghdoost, M.H. Mehrolhassani, Z. Moshkani, S. Noori Hekmat*. Health technology assessment: Off-site sterilization. *Medical Journal of the Islamic Republic of Iran (MJIRI).* March 2016; 30: 345.
- [3] HTA 101, Introduction to health technology assessment, Clifford S. Goodman, Ph.D. The Lewin Group, Falls Church, Virginia, USA, January 2004.
- [4] R. Dehnavieh, S. Noori Hekmat, S. Ghasemi, N. Mirshekari. The vulnerable aspects of application of "Health Technology Assessment". *Int J Technol Assess Health Care.* 2015 Jan; 31(3): 197-8.