

Current Status of Health Technology Assessment in Argentina

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KEY POINTS . . .

Health technology assessment (HTA) contributes to the analysis of the federal government of the Republic of Argentina.

It also develops a chronological analysis of HTA.

HTA is used to provide recommendations for achieving an Argentinean QALY.



In 1991, health economics officially became institutionalized in Argentina with the founding of the Health Economics Association in 1991. The fundamental purpose of this association is to generate a scientific-academic field dedicated to the reflection on, research and training of human resources in the area of health economics, especially to improve efficiency and equity in the Argentinian health care system.

Throughout the first years of the new millennium, during a period of increasing variability in clinical practice, new equipment, and pharmacological therapy developments in the country – especially in the area of biotechnology – it became essential to explore the tools that health technology assessment (HTA) offers to consider the economic, financial, and clinical impact of these new scenarios. In particular, the uncertainty surrounding the effect of certain diagnostic and therapeutic interventions. Political agendas from that moment onward began to acknowledge the need to work with entities that would effectively address studies on therapeutic development through the use of HTA.

The first milestone came with the “Decree 1343/2013”, issued on 4 October 2007, which amended the organizational chart of the Ministry of Health. It also created the Health Economics Directorate and assigned to this entity – among its primary responsibilities – the task of “assessing the national and provincial health care system’s services delivery performance by conducting cost-benefit analysis within the sector that would allow for a reallocation of resources at the political level”. Also during that same year, the ISPOR Argentina chapter was founded.

The First Health Economics Congress for Latin America and the Caribbean was organized by the HTA Directorate in March 2009. Issues associated with HTA were incorporated in the agenda, and the participants included representatives from Brazil, Paraguay, Cuba, Chile, Uruguay, Costa Rica, Argentina, and PAHO/WHO.

Along the same line of work, the Ministry of Health authorities declared the “Resolution 458/2009” on 14 October 2009, whereby the Coordinating Unit for Evaluation and Implementation of Health Technology (UCEETS) was created. The objective of this entity is to guarantee access to quality, equitable, and efficient health care services for citizens and to advocate for the periodization of these topics within health care policies. HTA as a key tool for guiding rational decision making, based on scientific methods, provides many answers to questions posed by the various health care stakeholders, making it useful for not only health professionals, but also public authorities, insurers, administrators, payers, and the population at large.

A national QALY would allow for scientifically informed health care coverage policies, which would help in determining cost-effective innovations, supported by clear rules of coverage, safety, clinical variability, and efficient health care resources management.

UCEETS integrates several actors from the health care sector, such as payers and implementers, including: 1) the National Administration of Drugs, Food, and Medical Technology (ANMAT); 2) the National Administration of Laboratories and Health Institutes (ANLIS); 3) the Health Care Services Superintendence; 4) the National Institute of Social Services for Retirees and Pensioners (INSSJP); 5) the National Single Central Institute for the Coordination of Implants and Ablation (INCUCAI); 6) the National Directorate of Health Regulation and Health Services Quality; 7) the Directorate of Health Services Quality; 8) the National Committee of Health,

Science, and Technology (SACYT); 9) the National Hospital "Dr. Alejandro Posadas"; and 10) the National Pediatric Hospital SAMIC "Professor Dr. Juan P. Garrahan."

The objectives established for UCEETS are the following: 1) develop a strategic annual plan of inclusion, needs, and prioritization of technologies requiring assessment; 2) identify and evaluate new or previously established technologies that require evaluation; 3) establish and manage an accreditation system for the national implementers of health technology assessment; 4) generate HTA products, particularly Clinical Practice Guides and Technical Reports on technology considered a priority for UCEETS; 5) encourage research and the development of HTA for priority areas of health care, especially when using economic evaluation methodology adapted to the local context; and 6) develop projects that promote international cooperation in the elaboration and dissemination of HTA products.

Between 2012 and 2013, UCEETS produced numerous reports related to the regulation of gluten-free foods, the cost-effectiveness of the conjugated pneumococcal vaccine, bosentan for pulmonary fibrosis in children, bevacizumab in metastatic colon cancer, etc.

There is also another institutional body of excellence dedicated to HTA in the country, the Institute of Clinical and Health Care Effectiveness (IECS), which was designated as a Collaborating Centre of Health Technology Assessment by PAHO/WHO in 2013. The IECS is a source of knowledge not only for Argentina, but for many countries in the region as well, such as Bolivia, Mexico, Panama, Peru, etc. Both UCEETS and IECS are members of the International Network of Agencies for Health Technology Assessment (INHATA).

Recently, the ISALUD University – an academic entity that has always been at the forefront of issues related to health economics – opened its Health Technology Assessment Centre (CETSA), composed of highly qualified professionals.

By disposition of the "Decree 4632/2012" dated 8 August 2012, the National Administration of Drugs, Food, and Medical Technology (ANMAT) created the "Health Technology Assessment Programme". The essential competency of this new program is the technological evaluation of products. Its tasks are to: 1) provide requested consultations; 2) generate evaluation reports and/or recommendations on the application of technologies; 3) collect scientific evidence to explore opportunities and convenient usages; and 4) provide accurate and updated data in the subject area of competence. This goal should be achieved through the use of agile and reliable data collection tools, storage and dissemination related to HTA, and applied research and statistical developments.

The Federal Network of Health Technology Assessment (RedARETS) was created in 2012. RedARETS has direct intervention in the cooperation between provinces in order to support the efficient application of consensus generated in health care decision making.

Finally, it is important to mention that in 2012, Argentina modified its reimbursement system, specifically as it relates to low-incidence and high-cost treatments for its social insurance agents when the Single Reimbursement System (SUR) was created. In this

system, the implementation of a Guardianship System of Emerging Health Care Technologies is under consideration. It would include 46 "guarded pairs" – the pathology with the corresponding therapy. These thematic pairs vary from paroxysmal nocturnal hemoglobinuria to various cancer types. The regulation priorities focus on patient safety and setting maximum fixed values for the reimbursement of pharmaceuticals.

It is clear there has been significant development in the creation of qualified institutional bodies to produce economic evaluations. The country, however, still does not have an "Argentinian Quality-Adjusted Life-Year" value, which is a necessary measure to estimate costs based on robust methodological tools and generating a national QALY should therefore be considered in the near future. Some of these tools could include the construction of a federal epidemiological map to measure the actual disease burden of each region and province, the discussion of thresholds, etc. A national QALY would allow for scientifically informed health care coverage policies, which would help in determining cost-effective innovations, supported by clear rules of coverage, safety, clinical variability, and efficient health care resources management. ■

Additional information:

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