

## **DEVELOPMENT OF HTA SYSTEM AND ITS REGULATIVE BODIES**

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Health technologies had been studied for safety, effectiveness, cost, and other concerns long before the advent of health technologies assessment (HTA). Development of technologies assessment (TA) as a systematic inquiry in the 1960s and 1970s coincided with the introduction of health technologies that prompted widespread public interest in matters that transcended their immediate health effects. In response to a request by the National Science Foundation to further develop the TA concept in the area of biomedical technologies. In USA the National Research Council conducted TAs on in vitro fertilization, predetermination of the sex of children, retardation of aging, and modifying human behavior by neurosurgical, electrical or pharmaceutical means.

The Health Technology Assessment and Health Policy-Making in Europe are presented by their regulative bodies. The composition of the committees also varies across countries and may include representatives of patients, providers, payers, government or manufacturers, as well as clinical and methodological experts. For example, the NICE appraisal committee consists of representatives of the NHS, patients' and carers' organizations, academia and manufacturers of pharmaceuticals and medical devices (NICE, 2008). The German appraisal committee comprises representatives of providers and payers as well as patients. In France, different committees have different compositions. Generally, members of such committees have either a consultative role (typically manufacturers' or patients' representatives) or a full deliberative function (i.e. voting right). The organization of HTA activities varies considerably across European countries. This diversity reflects the different health-care and political systems with different mandates, financing mechanisms and roles in policy formulation. In addition to their common understanding of HTA, these institutions share some organizational features but to different degrees. The International Network of Agencies for HTA - INAHTA was established in 1993. A brief history of this network has been described by Hailey and Menon (1999). Health Technology Assessment and Health Policy-Making in Europe unlike many other European countries, Ukraine does not yet have a national HTA agency. At the same time there is public organization "HTA Agency". In general it can be difference between agencies that serve the population of a whole nation or a region (i.e. national or regional) and those that are integrated into single hospitals or hospital trusts (hospital-based HTA). The latter focus on hospital management decisions and clinical governance and are discussed in more detail below. The target audience of most national and regional agencies comprises different levels of decision-making. On the one hand the agencies aim to support decision-making at the macro level, i.e. concerning the availability and coverage of health technologies as well as the organization of health service provision in the health-care system.

Creation of national HTA Agency needs scientific maintenance and justification that should be considered in Ukraine.