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## Choosing the right remedy

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**Health ministers want to provide better value for money, but that could mean restricting the availability of some drugs.**

The idea that public health services should fund only the most effective drugs and procedures seems uncontroversial. Most people would agree that life-saving cancer drugs should be 'in' the public package, while tattoo removal and trivial cosmetic surgery should not.

But between those two extremes is a fuzzy grey area. Should a drug to treat Alzheimer's disease be prescribed only for people in advanced stages of the affliction? What about a drug that reduces the chance of cancerous tumours returning, but might increase the risk of heart disease?

These are the difficult choices that all healthcare providers have to grapple with. As a result, Europe is putting increasing emphasis on health technology assessment (HTA), the process of evaluating the medical, social, economic and ethical dimensions of new drugs, medical devices and surgical procedures.

Last December, European Union finance ministers pledged to use HTA more systematically as part of a wider effort to improve value for money of their health systems.

HTAs are not a new idea. The first HTA agency was set up in Sweden in the early 1990s, although some E U countries, especially in central and eastern Europe, have little tradition of using them.

### Guidance

The EU has been taking slow, careful steps to deepen collaboration on HTA for more than 15 years. The current incarnation of joint working, the European Network for Health Technology Assessment (EUnetHTA), brings together the relevant authorities from 25 EU member states, plus Croatia, Iceland, Norway and Switzerland, with the aim of developing some guidance on a few "core" technologies. The network also has to take into account views of interested parties: patients, healthcare payers and providers, and the pharmaceutical and medical devices industries. By the end of 2012, EUnetHTA aims to have developed some "core HTA" guidance, assessments of a handful of new drugs and procedures that can be shared among all members. The precise technologies are still being chosen and will be limited to just five. Although modest, the aim is to provide national healthcare authorities with some hard information, for example, whether surgeons need to develop new skills, or the likely reduction in morbidity from introducing a particular treatment.

Finn Børlum Kristensen, the chairman of EUnetHTA's executive committee, says that the advantage for networkmembers would be getting reliable, trusted information.

However, he stresses that the network does not supplant national or regional health authorities in their decisions over which treatments should be funded. They, he says, are best placed, because of their knowledge of how a disease affects their population, and their awareness of budget constraints and other political priorities.

European countries also show different cultural attitudes to taking pills. These factors mean that the network is unlikely to evolve into a pan-European system any time soon. "In the foreseeable future there will not be a central European agency," says Kristensen, adding that the network's goal is to facilitate HTA, not to take over.

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