LETTER TO THE EDITOR

Development of health technology assessment in Central Europe

doI:10.1017/S0266462309990547

To the Editor:

Once upon a time in the 1990s, if you wanted to do HTA in the Central and Eastern European countries (CEEs), you got yourself invited by Egon Jonsson and travelled to Stockholm to learn how to do HTA. There you met him and Prof. Banta and other HTA professionals from all over the world—very importantly, motivated healthcare professionals from all CEEs who were eager to learn HTA. These eminent founding fathers were always available, and were never tired if help or assistance was needed. During that time, the telephone number of HTA was known and used extensively, making it a real, living, informal HTA network. Formal HTA collaborations organized by them and funded by the European Commission, such as EUR-ASSESS, HTA EUROPE, ECHTA/ECACHI, were also crucial . . .

Therefore, we read with great interest the series of excellent papers on the review of HTA history in different countries and on international level (International Society for Technology Assessment in Health Care and Health Technology Assessment International; International Journal of Technology Assessment in Health Care) (2;3;24). This special issue of the International Journal of Technology Assessment in Health Care provides a comprehensive overview of activities in and development of HTA in the past decades.

As it is described in the journal, although development of health technology assessment was difficult in any country, former socialist countries of Eastern-Europe had to face special challenges (21). During the series of healthcare reforms and economic transitions, the Hungarian healthcare system faced two different challenges: the rising health expenditures resulted in a pressure of cutting the budget on the one hand, and the growing demands and needs of patients on the other. For many years, a simple fiscal answer tried to soften the problems focusing mainly on the expenditure side. In the past years, when HTA became more and more stronger and embedded in Hungary, health technology assessment became a promising tool in healthcare decision making.

We should emphasize the role of international organizations in the development of HTA in Hungary. As an outstanding achievement of local efforts and international support (a World Bank loan), a Health Services Management Training Center at the Semmelweis University in Budapest and a School of Public Health at the University of Debrecen was established in the middle of 1990s, both serving as an important academic institution for healthcare policy makers and hospital managers not only in Hungary but also in Central and Eastern Europe. The Health Evidence Network (HEN) of the World Health Organization (WHO) had also significant effect on the development of Hungarian HTA.

Another important milestone of HTA development in Hungary was the inclusion of HTA into the governmental decision-making process of pharmaceutical reimbursement after 1 May 2004, when Hungary joined to European Union. Although submission of an HTA report is not compulsory in Hungary in course of application for health insurance reimbursement, a health technology assessment report can provide valuable information for health insurance decision makers and can strengthen the application dossier.

The current research topics in Hungary—in line with the international literature (17;18;23;26)—covers, for example, osteoporosis and arthritis (14–16;27;28), oncology and cancer screening (4;5;9–13;25), healthcare financing (1;6–8), and coverage policy (19;20;22). In addition to the universities and research centers, the Hungarian National Health Insurance Fund Administration (Országos Egészségbiztosítási Pénztár, OEP) played an active role in the publication of scientific papers in the field of HTA.

Finally, we would like to highlight the important role of Professors Egon Jonsson and David Banta in the worldwide development of HTA in the past decades, with special respect to their commitment to the introduction, development, and permeation of HTA in Hungary.

REFERENCES

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