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Comparing Health Technology Assessment (HTA) and Health Impact Assessment (HIA), using examples of "borderland" topics

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Context, objectives

Among the efforts to assist health (and health-related) policy-making by providing formal "**assessments**", HTA and HIA deserve special attention

Although both approaches aim to assist decision-makers, up to now there is very limited interaction with each other.

This poster aims at comparing the two "**cultures**" of HTA and HIA, for mutual benefit.

Tab. 1 Selected commonalities of HTA and HIA "cultures"

Criteria	
1. Scope and objectives	• Scope of topics broad, encompassing **multiple domains** of specific professional expertise • Overall goal: **enhancing health**, and avoiding waste of resources • Specific: identifying short- & long-term, positive & negative **implications** of decision-making
2. Procedures, methods, tools	• Aiming at systematic use **of best available evidence** • Involving **comprehensive**, multi-disciplinary, structured and transparent procedures • Striving for "systems" perspective, consideration for **multiple interactions and outcomes**
3. Infrastructure	• Developing "**assessment cultures**" incl. dedicated institutions, conferences, trainings • Funded "Research, Development, Innovation" (R&D&I) **projects** • Infrastructure of **handbooks, guidelines, databases**
4. Diffusion	• Considerable valuation by **European Commission**, **World Health Organization** • Covered in publications of **European Observatory** on Health Systems and Policies • Ongoing **international diffusion**

Tab. 2 Selected differences of HTA vs. HIA "cultures"

	Criteria	HTA	HIA
1. Scope and objectives	**Scope of issues**	any (health / medical) **technologies** in broad sense, incl. hardware, structures, and health care processes	any **policies, plans, programs, projects** outside or (less often) inside the health care system (with health technolo-gies not being a typical topic for HIA); any exposures
	Geographic scope	mostly national	(inter-)national, regional, local, city, ward
	Objectives	• to identify "reasonable" health technologies • evaluation of benefit and cost; to contribute to effective allocation of resources	to assess the (positive, negative; unintended, intended) impact on health from socio-environmental perspective, typically comparing variants of policies, etc.
	Subtopics	• health-**efficacy** & safety of h' technology (prevention,diagnostics...) • economic impact / **efficiency** • **ethical and legal** aspects	• **health impact** • **equity impact** • economic impact (optional) • impact on ecology, sustainability
	Timing	• after introduction of technology • **later than HIA** - since HTA requires base of published scien-tific studies	• **earlier than HTA** - can be based on expert/stakeholder opinion-taking only • variants: prospective (ex-ante); concurrent; retrospective (ex-post)
	Target sectors, target groups	• Sector: **health care** • Groups: government / Department of Health: health politicians & decision-makers; Public Health Service; purchasers, industry, researchers, general public	• **Sectors: multiple**, e.g. transport, land use, employment, health care • Groups: government: politicians & decision-makers of various sectors; administration, incl. planners, regulators; investors; general public
2. Procedures, methods, tools	**Legal basis**	Germany: Book V of Social Code (Sozialgesetzbuch V)	Germany: Public Health Service acts; Environmental Impact Assessment (EIA) legislation
	Commissioners	typically, Ministries of Health	variety of local, regional etc. agencies
	Overall procedure	highly structured and **standardized** (algorithmic) **procedure**, with strong focus on published scientific studies	**procedures vary**, depending on topic, resources, investigators' preferences and combining different sources
	Methods	• tradition of systematic literature searches in multiple sources, with detailed documentation of search strategy and results	• literature reviews of variable intensity • in "full-scale" HIA: participation (of stakeholders, public) espec. in issue-framing, scoping, interpretation • application of existing information to the specific situation, espec. by expert opinion-taking and/or modeling
	Special features	• "**Horizon scanning**" of emerging technological developments • "**Early warnings**", "**Early assessments**"	• "**stand-alone**" HIA vs. "**Health in other impact assessments**", e.g. EIA, Strategic Environmental Assessment (SEA) • **Desktop** HIA, **Rapid** HIA, **In-depth** HIA
3. Infrastructure		• dedicated institutions existing in most industrialized countries	• dedicated institutions or departments existing in some countries
4. Diffusion		• world-wide acceptance of concept • growing diffusions incl. infrastructure	• variable endorsement of concept • variable diffusion: established in some countries, nearly absent in others

Methods

From appropriate databases (DAHTA/DIMDI and HIA gateway), examples of HTAs and HIAs were collected which refer to topic areas in the "borderland" of both approaches, incl. health services, prevention and health promotion. Using a set of criteria, the examples are analyzed and the results consolidated into "**commonalities**" and "**differences**" of the two approaches.

Results

The **HTA examples** refer, e.g., to: overweight prevention in adolescents and children; (cost-) effectiveness of behavioural strategies in the prevention of cigarette smoking; interventions for enhancing medication compliance / adherence; newborn hearing screening. The **HIA examples** refer, e.g., to: paid sickness legislation; university hospitals trust action plan; agriculture and food policies; national stroke strategy. Comparing HTAs and HIAs, both commonalities and differences were identified (Tab. 1, 2).

Preliminary conclusions

• Both HTA and HIA are broad approaches, involving comprehensive, multi-disciplinary, structured procedures with related intentions, i.e. providing **evidence-based support for policy formation and decision-making**

• Existing **differences** may be due to a range of reasons, incl. accidental differences in historical development, or well-founded adaptations to specific objectives and environments

• A specific strength of **HTA**: systematic and transparent **exploitation of published scientific study results**. With proper adaptations, HIA might benefit from developing similar procedures

• A specific strength of **HIA** is the **adjustable mix of methods** incl. stakeholder participation and modeling; it is conceivable that HTA may benefit from adaptations of this mix.

This is "work in progress", subject to several limitations; incl. the fact that all HTAs considered are of German and all HIAs of UK/US origin.

Links and references: on reverse side of handout, and available from the authors

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