

## Letter

**Cite this article:** Mukherjee K (2021). Relevance of the newly defined Health Technology Assessment: COVID-19 and beyond. *International Journal of Technology Assessment in Health Care* 37, e44, 1–2. <https://doi.org/10.1017/S0266462321000192>

Received: 31 December 2020

Revised: 25 January 2021

Accepted: 17 February 2021

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# Relevance of the newly defined Health Technology Assessment: COVID-19 and beyond

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Dear Editor,

The new definition of Health Technology Assessment (HTA) (1), which has emerged amid the COVID-19 pandemic, has come at the most opportune time. The definition, a significant development in international collaboration, is also extremely relevant in the context of COVID-19 and beyond.

From its onset, COVID-19 has been exposing the gaps in health systems and testing their performance. The new definition of HTA has now explicitly linked the goals of HTA with that of health system performance and provides a mechanism to address these gaps. This systems approach to the role of HTA is useful in a complex adaptive system like health systems (2). By linking HTA with health system objectives, HTA becomes a tool for strategic planning in health systems (3) (across different decision contexts) and reconfirms the commitment to resolution 67.23 of the World Health Assembly (4), which identified HTA as an instrument of sustainable health systems and Universal Health Coverage.

COVID-19 has also widened the existing inequities in societies (5). The Human Development Report (2019) has identified the potential of technology to reduce or increase inequity, but this need not be left to *chance* (6). This new definition, by making health equity an explicit goal, provides a *choice* to leverage health technology for social convergence rather than divergence. It will encourage HTA producers and users to apply existing equity frameworks (7) and methodological refinements capturing equity dimensions (8), which would make HTA a tool for determining the impact of health technology on society. This provides a powerful mechanism for HTA users to think beyond cost-containment, safety, and efficacy and address larger questions on the impact of health technology on sustainable ethical development.

By emphasizing the lifecycle approach to technology, the new definition of HTA makes it an evolving process responsive to changing information and contexts. There is no better example than COVID-19 for demonstrating the need to capture evolving scientific evidence and act based on it. This will promote more use of real-world data and evidence and address COVID-related disruptions in HTA research (9) for determining the value of health technology beyond the realms of clinical trials and laboratory experiments.

Recognizing the challenges in operationalizing the above expectations and the varying levels of maturity in HTA worldwide, the definition provides scope for adopting flexible frameworks and methods, based on local contexts, guided by its normative principles. The notion of determining the “value of health technology” through a multidimensional framework, using explicit methods through best available evidence reflects the scientific approach, as well as acknowledges “overall value” as a cocreated construct developing through interactions between multiple stakeholders communicating their preferences through their perspectives. It provides the principles of stakeholder engagement for a constructive dialogue between science and policy, a much-needed dialogue in times of COVID-19 and beyond. COVID-19, although a destructive creation of nature, provides an opportunity to adapt and leverage HTA processes creatively and constructively as a tool for health systems transformation and to create value for society at large in the “new normal” post-COVID era (9). This global consensus in words needs to be converted into global collaborative action now.

**Funding.** This research received no specific grant from any funding agency, commercial, or not-for-profit sectors.

**Conflict of Interest.** There are no conflicts of interest.

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