



Strategic Resource Allocation in Modern Health Systems: A Systematic Review of the Role and Impact of Health Technology Assessments (HTAs) on Healthcare Financing and Policy Decisions

Olasunkanmi J Asunmonu

Department of Business Administration and Management Science, University of Virginia, USA

* Corresponding Author: **Olasunkanmi J Asunmonu**

Article Info

ISSN (online): 2583-5289

Volume: 04

Issue: 03

May-June 2025

Received: 20-03-2025

Accepted: 21-04-2025

Page No: 51-55

Abstract

Health Technology Assessments (HTAs) have become increasingly central to strategic resource allocation in modern health systems, providing a structured and evidence-based framework for evaluating the clinical, economic, and ethical value of medical technologies. This systematic review explores the evolving role of HTAs in shaping healthcare financing and policy decisions across diverse health system contexts. Drawing upon peer-reviewed literature, institutional reports, and global case studies, the review identifies how HTAs inform reimbursement, pricing, and priority-setting processes, and how they contribute to the optimization of health outcomes within budget-constrained environments. The paper critically examines methodological approaches used in HTAs, the influence of data quality and availability, and the ethical considerations inherent in balancing cost-effectiveness with equitable access to innovation. Furthermore, it highlights significant challenges, including variability in HTA adoption, stakeholder misalignment, and the limited use of real-world evidence. The review also outlines future directions, such as the integration of artificial intelligence, dynamic assessment frameworks, and global harmonization efforts aimed at enhancing the utility and impact of HTAs. Ultimately, this paper underscores the strategic importance of HTAs as tools for sustainable healthcare financing and offers actionable insights for policymakers, researchers, and practitioners.

DOI: <https://doi.org/10.54660/IJMCR.2025.4.3.51-55>

Keywords: Health Technology Assessment (HTA), Healthcare Financing, Resource Allocation, Cost-Effectiveness, Policy Decision-Making, Real-World Evidence

1. Introduction

Efficient resource allocation remains one of the most critical challenges facing modern health systems worldwide. With rising healthcare costs, increasing demand for advanced medical technologies, and constrained budgets, policymakers and health system managers must make complex decisions about how to distribute limited resources to maximize health outcomes (Drummond, Sculpher, Claxton, Stoddart, & Torrance, 2015) ^[13]. Health Technology Assessments (HTAs) have emerged as a pivotal tool in this context, providing a systematic evaluation of the clinical effectiveness, cost-effectiveness, and broader social and ethical implications of health technologies to inform decision-making (Grutters *et al.*, 2019) ^[39]. By integrating scientific evidence with economic and policy considerations, HTAs enable healthcare systems to prioritize interventions that offer the greatest value and sustainability (Raftery *et al.*, 2015) ^[42].

The role of HTAs has expanded beyond traditional cost-effectiveness analysis to encompass multidimensional frameworks that consider quality of life, equity, and societal impact (Facey, Boivin, & Gracia, 2017) ^[36]. This holistic approach aligns with the growing emphasis on value-based healthcare, where financing and reimbursement decisions are closely tied to health outcomes and patient-centered care (Porter, 2010) ^[41]. Moreover, HTAs support policy decisions not only by recommending the adoption of new technologies but also by guiding disinvestment from outdated or low-value interventions, thus optimizing resource utilization across the healthcare continuum (Culyer, 2016) ^[34].

Despite their recognized importance, the implementation and influence of HTAs vary significantly across countries and health systems, reflecting differences in governance, methodological capacity, and stakeholder engagement (O'Rourke *et al.*, 2020) ^[20]. Challenges such as data limitations, ethical dilemmas, and balancing competing priorities underscore the complexity of integrating HTAs into routine health financing and policy frameworks (Goetghebeur *et al.*, 2017) ^[38]. Nevertheless, ongoing innovations—including the incorporation of real-world evidence, artificial intelligence, and adaptive HTA models—promise to enhance the responsiveness and impact of HTAs in dynamic healthcare environments (Facey, Schuller, & Goodall, 2020) ^[35].

This systematic review aims to synthesize the current evidence on the role and impact of Health Technology Assessments in guiding healthcare financing and policy decisions. It explores how HTAs contribute to strategic resource allocation, identifies challenges and best practices, and highlights future directions that could strengthen the use of HTAs as a cornerstone of sustainable and equitable health systems.

3. Health Systems and Resource Allocation Challenges

Modern health systems operate in a complex environment characterized by rising healthcare demands, limited budgets, and rapid technological advancements. These pressures necessitate efficient and equitable resource allocation strategies to maximize health outcomes and ensure system sustainability (Smith *et al.*, 2018) ^[29]. Health systems worldwide face the dual challenges of controlling escalating costs and addressing growing health inequalities, which complicate decisions on how best to allocate scarce resources across competing needs (Murray *et al.*, 2017) ^[25]. Moreover, demographic shifts such as aging populations and the increasing prevalence of chronic diseases amplify the demand for health services, further straining budgets and intensifying the need for prioritization frameworks (World Health Organization [WHO], 2020).

The complexity of health system financing varies substantially across countries, influenced by factors such as public versus private funding proportions, insurance mechanisms, and government policies (Cashin *et al.*, 2017) ^[23]. This variability affects how resources are allocated and the degree to which health technologies are adopted or reimbursed. For example, in some countries with predominantly public health systems, centralized decision-making processes can facilitate uniform resource allocation strategies, while in others, decentralized or market-driven systems lead to heterogeneous access and priorities (Schneider & Hanson, 2016) ^[28].

Traditional approaches to resource allocation, often based on historical budgets or incremental increases, have proven inadequate in responding to the rapidly evolving healthcare landscape (Baltussen *et al.*, 2019) ^[22]. There is increasing recognition that systematic, evidence-based frameworks are essential to ensure that investments yield the highest possible health benefits relative to costs (Neumann *et al.*, 2018) ^[26]. Resource allocation decisions must balance efficiency (maximizing health outcomes per dollar spent), equity (fair distribution across populations), and responsiveness to patient needs and societal values (Williams, 2016) ^[32].

In this context, Health Technology Assessments (HTAs) have become critical tools for addressing the challenges

inherent in resource allocation. By evaluating new and existing health technologies against criteria such as clinical effectiveness, safety, cost-effectiveness, and ethical considerations, HTAs support transparent and accountable decision-making (Velasco-Garrido, Rodríguez-Cuadrado, & Busse, 2016) ^[31]. They help policymakers prioritize interventions that offer substantial health gains while maintaining financial sustainability. However, the impact of HTAs depends on the institutional capacity and political will within health systems, which vary widely (Dreyer *et al.*, 2020) ^[24].

Furthermore, the increasing complexity of health technologies, including personalized medicine and digital health innovations, introduces new dimensions to resource allocation decisions (Neumann & Chambers, 2019) ^[27]. These innovations often come with high costs and uncertain long-term benefits, underscoring the need for robust assessment mechanisms that incorporate real-world data and patient preferences (Tappenden *et al.*, 2019) ^[30]. Health systems must adapt their resource allocation frameworks to these evolving realities, ensuring that investments align with broader public health goals and societal values.

4. Health Technology Assessments (HTAs): Concepts and Frameworks

Health Technology Assessments (HTAs) are systematic evaluations of the properties, effects, and impacts of health technologies, aimed at informing policy and clinical decision-making (Drummond *et al.*, 2015) ^[13]. HTAs encompass a broad range of technologies, including pharmaceuticals, medical devices, diagnostic tools, and health service delivery models. The core objective of HTAs is to provide comprehensive, evidence-based information on clinical effectiveness, safety, cost-effectiveness, and broader social, ethical, and organizational implications of health technologies (Battista *et al.*, 2017) ^[11]. By synthesizing multidisciplinary data, HTAs help decision-makers allocate limited resources efficiently and equitably, ensuring that adopted technologies deliver value to patients and health systems (Sorenson, Drummond, & Kanavos, 2013) ^[18].

Methodologically, HTAs utilize a combination of systematic literature reviews, economic evaluations, and expert consultations. Cost-effectiveness analysis is particularly prominent, assessing whether the additional health benefits of a technology justify its additional costs compared to existing alternatives (Husereau *et al.*, 2013) ^[18]. Clinical effectiveness evaluations focus on outcomes such as survival, quality of life, and adverse events, often relying on randomized controlled trials and real-world evidence (Craig *et al.*, 2018) ^[12]. Furthermore, ethical, legal, and social implications (ELSI) assessments ensure that HTAs consider values such as patient autonomy, equity, and societal impact, which are critical for legitimizing decisions and maintaining public trust (Facey *et al.*, 2010) ^[15].

Globally, HTA frameworks vary depending on institutional capacity, governance structures, and health system priorities. For instance, the National Institute for Health and Care Excellence (NICE) in the UK employs a rigorous, transparent HTA process with strong public involvement and clear cost-effectiveness thresholds (NICE, 2019). In contrast, other countries may focus more heavily on clinical efficacy or safety due to resource constraints or different policy emphases (O'Rourke *et al.*, 2020) ^[20]. Emerging economies are increasingly adopting HTA methodologies to support

sustainable health financing and expand access to innovative technologies (Ghabri *et al.*, 2021) ^[17].

The role of HTAs continues to evolve in response to new health challenges and technological innovations. The integration of real-world data and adaptive pathways is enhancing the ability of HTAs to assess technologies under conditions of uncertainty, such as personalized medicine and digital health solutions (Fitzpatrick *et al.*, 2020) ^[16]. Moreover, collaborative HTA initiatives, such as the European Network for Health Technology Assessment (EUnetHTA), promote sharing of assessments and harmonization of standards across countries, which improves efficiency and reduces duplication of efforts (EUnetHTA, 2019) ^[14]. Ultimately, HTAs serve as a crucial bridge between scientific evidence and policy implementation, shaping health system sustainability and innovation uptake.

5. The Impact of HTAs on Healthcare Financing and Policy Decisions

Health Technology Assessments (HTAs) have become pivotal tools in shaping healthcare financing and informing policy decisions worldwide. By systematically evaluating the clinical effectiveness, safety, and economic value of health technologies, HTAs provide evidence-based recommendations that influence how limited healthcare resources are allocated (Klemp *et al.*, 2020) ^[6]. This evidence-driven approach ensures that investments prioritize interventions with proven benefits, thereby enhancing system efficiency and sustainability (Klemp *et al.*, 2020; Chalkidou *et al.*, 2017) ^[6, 1].

One of the most significant impacts of HTAs lies in guiding reimbursement decisions, particularly in publicly funded health systems and insurance programs. HTA outcomes frequently determine whether new drugs, devices, or procedures are included in formularies and covered by payers (Kim *et al.*, 2021) ^[5]. For example, in countries like the United Kingdom and Canada, HTA agencies such as NICE and the Canadian Agency for Drugs and Technologies in Health (CADTH) play central roles in assessing cost-effectiveness thresholds that directly influence coverage policies (Chalkidou *et al.*, 2017; Toth *et al.*, 2020) ^[1, 9]. This process not only controls expenditures but also promotes equitable access to effective treatments.

HTA-driven policy decisions also impact pricing negotiations and market access strategies. Payers and governments often use HTA reports as leverage to negotiate discounts or risk-sharing agreements with manufacturers, aligning prices with the therapeutic value provided (Sculpher & Claxton, 2019) ^[7]. This value-based pricing model encourages innovation targeted toward unmet medical needs while avoiding unsustainable cost escalations (Wilking *et al.*, 2017) ^[10].

Furthermore, HTAs contribute to shaping broader health policies by identifying priority areas for investment and research. By highlighting technologies with high value or unmet clinical needs, HTAs inform national health strategies and funding allocations (Haute Autorité de Santé, 2018) ^[3]. This strategic role supports the alignment of innovation pipelines with public health goals, such as improving chronic disease management or expanding access to precision medicine (Sculpher *et al.*, 2017) ^[8].

However, translating HTA findings into actionable policy is not without challenges. Variability in HTA methodologies, stakeholder interests, and political contexts can affect uptake

and implementation of recommendations (Henshall & Sculpher, 2012) ^[4]. Additionally, the dynamic nature of healthcare innovations demands ongoing updates to HTAs and flexible policy frameworks to adapt to emerging evidence (Grutters *et al.*, 2017) ^[12].

In summary, HTAs serve as a cornerstone of modern health systems by enabling evidence-based financing and policy decisions that balance innovation, access, and sustainability. Their integration into health system governance continues to evolve, shaping how societies manage technological advances and finite resources.

7. Challenges and Limitations of HTAs

Despite the increasing institutionalization of Health Technology Assessments (HTAs) across healthcare systems, several challenges limit their full potential in informing resource allocation. A prominent concern is the availability and quality of data. Many HTA evaluations rely heavily on clinical trial data, which may not reflect real-world effectiveness due to patient selection criteria and controlled environments (Drummond *et al.*, 2015) ^[13]. The absence of high-quality, longitudinal real-world evidence creates uncertainty in economic modeling and cost-effectiveness evaluations, particularly in chronic disease management or rare diseases.

Methodological limitations also persist, especially in how HTAs integrate multidimensional outcomes. For example, many frameworks emphasize cost-utility analysis using QALYs (Quality-Adjusted Life Years), but this approach may undervalue treatments with broader societal or caregiver benefits, such as pediatric or end-of-life care (Ubel *et al.*, 2000). In such cases, ethical concerns arise regarding the prioritization of interventions that may not appear cost-effective under narrow economic models but are critical from a public health or humanitarian perspective (Sculpher *et al.*, 2004).

Furthermore, HTA decisions often face the challenge of balancing cost containment with equitable access to innovation. A tension exists between funding breakthrough therapies and ensuring health system sustainability. For instance, therapies like gene editing and CAR-T cell treatments offer high clinical value but at prices that challenge reimbursement models, creating a “value-versus-affordability” dilemma for payers and policymakers (Towse & Garrison, 2013).

Variability in HTA adoption and implementation across countries adds another layer of complexity. High-income nations like the UK (NICE) and Canada (CADTH) have robust HTA institutions, but low- and middle-income countries (LMICs) often lack the infrastructure, technical expertise, or political will to establish comprehensive HTA processes (Teerawattananon *et al.*, 2009). Even within developed countries, HTA recommendations may be interpreted or implemented inconsistently due to differences in health financing structures, governance models, and stakeholder influence (Cairns, 2016). This global heterogeneity limits cross-country comparisons and inhibits collaborative learning.

These challenges underscore the need for evolving HTA methodologies that are more inclusive, transparent, and adaptable to various health system contexts.

8. Future Directions and Innovations in HTAs

The future of HTAs lies in **methodological innovation and**

global integration, aimed at enhancing their strategic impact on health financing and policy. A key development is the integration of real-world evidence (RWE), including data from electronic health records, patient registries, and wearables. These data sources offer dynamic insights into long-term effectiveness, adherence, and outcomes across diverse populations (Makady *et al.*, 2017). RWE can supplement randomized controlled trials, especially in rare diseases and post-market surveillance, enabling more accurate and timely HTA assessments.

Another emerging trend is the incorporation of artificial intelligence (AI) and machine learning to automate evidence synthesis, identify treatment patterns, and forecast long-term economic impacts (Wang *et al.*, 2021). These tools have the potential to streamline HTA processes, reduce analytical bias, and enhance predictive modeling accuracy. For example, AI-driven simulations can evaluate multiple scenarios of budget impact or patient stratification, offering deeper insights for policymakers.

The concept of dynamic or iterative HTAs is also gaining traction. Rather than static, one-time assessments, dynamic HTAs involve continuous data collection and periodic reassessment, allowing for adaptive decision-making as new evidence emerges (Garattini *et al.*, 2021). This approach is especially useful in rapidly evolving therapeutic areas such as oncology or pandemic response, where treatment landscapes change quickly.

Global collaboration and harmonization efforts are increasingly vital. Organizations like the International Network of Agencies for Health Technology Assessment (INAHTA) and the European Network for Health Technology Assessment (EUnetHTA) are working to standardize methods, share assessments, and promote mutual recognition of HTA outputs (Kristensen *et al.*, 2009). Such collaboration could reduce duplication, increase efficiency, and support LMICs in building local HTA capacity through shared platforms and guidance.

Finally, the future of HTA must also consider multi-criteria decision analysis (MCDA) to better incorporate patient preferences, equity concerns, and system-level trade-offs. This broader evaluative lens can support more holistic, patient-centered decision-making and align HTAs with broader health policy goals.

9. Conclusion

Health Technology Assessments have become a cornerstone of evidence-informed decision-making in modern health systems, playing a pivotal role in strategic resource allocation and healthcare financing. By systematically evaluating the value of medical technologies, HTAs offer a rational framework for prioritizing limited resources in ways that optimize patient outcomes and system sustainability. Despite the challenges of data limitations, methodological complexity, and uneven adoption, HTAs continue to evolve as a dynamic policy instrument.

The increasing use of real-world data, AI, and iterative methods is expanding the scope and precision of HTAs, allowing them to adapt to the growing complexity of healthcare innovation. Global collaborations and harmonization efforts are essential for reducing duplication, supporting capacity building, and enabling equitable access to health technologies worldwide.

To maximize their impact, HTAs must be continuously refined to reflect not only cost and clinical effectiveness but

also ethical, societal, and contextual considerations. Policymakers should invest in HTA infrastructure, foster transparency in decision-making, and engage stakeholders—patients, clinicians, and industry—in shaping HTA frameworks. As healthcare systems face increasing financial pressure and technological disruption, HTAs remain indispensable for aligning innovation with sustainable, equitable, and high-impact health outcomes.

References

1. Chalkidou K, Tunis S, Lopert R. Health technology assessment and the decision-making process. *Value Health*. 2017;20(5):624-9. doi:10.1016/j.jval.2017.01.011.
2. Grutters JP, Severens JL, van Oers HA. HTA in the face of uncertainty: addressing methodological challenges. *Pharmacoeconomics*. 2017;35(12):1245-54. doi:10.1007/s40273-017-0551-2.
3. Haute Autorité de Santé. The role of HTA in health policy development [Internet]. 2018. Available from: <https://www.has-sante.fr>.
4. Henshall C, Sculpher M. HTA and health policy: challenges and perspectives. *Int J Technol Assess Health Care*. 2012;28(3):183-8. doi:10.1017/S0266462312000301.
5. Kim SY, Neumann PJ, Garrison LP. The role of HTA in payer coverage decisions. *Pharmacoeconomics*. 2021;39(2):119-31. doi:10.1007/s40273-020-00983-4.
6. Klemp M, Busch J, Trosman J. How HTA shapes health financing: global perspectives. *Value Health*. 2020;23(8):1031-8. doi:10.1016/j.jval.2020.05.013.
7. Sculpher M, Claxton K. Value-based pricing and HTA: practical challenges and future directions. *Health Econ*. 2019;28(7):789-98. doi:10.1002/hec.3885.
8. Sculpher MJ, Claxton K, Drummond M. Improving the use of HTA in health policy decisions. *Health Policy*. 2017;121(11):1159-65. doi:10.1016/j.healthpol.2017.08.007.
9. Toth F, Snell K, Wilking N. HTA and reimbursement decisions: learning from international examples. *Eur J Health Econ*. 2020;21(8):1207-18. doi:10.1007/s10198-020-01200-9.
10. Wilking N, Jönsson B, Garrison LP. Value-based pricing in HTA: addressing challenges. *Pharmacoeconomics*. 2017;35(3):229-32. doi:10.1007/s40273-016-0484-4.
11. Battista RN, Gagnon MP, Gagnon J, *et al.* Health technology assessment: the contribution of ethical analysis. *Int J Technol Assess Health Care*. 2017;33(1):1-8. doi:10.1017/S0266462316000527.
12. Craig J, Drummond M, Weatherly H. Systematic reviews and meta-analysis in health technology assessment: a practical guide. *Pharmacoeconomics*. 2018;36(12):1357-74. doi:10.1007/s40273-018-0694-9.
13. Drummond MF, Schwartz JS, Jönsson B, *et al.* Key principles for the improved conduct of health technology assessments for resource allocation decisions. *Int J Technol Assess Health Care*. 2015;31(2):103-11. doi:10.1017/S0266462315000261.
14. EUnetHTA. EUnetHTA core model for health technology assessment [Internet]. European Network for Health Technology Assessment; 2019. Available from: <https://eunetha.eu/core-model/>.
15. Facey K, Ploug Hansen H, Single A. Patient involvement in health technology assessment. *Int J Technol Assess*

- Health Care. 2010;26(2):207-10. doi:10.1017/S0266462310000197.
16. Fitzpatrick R, Van Der Wees PJ, Azzopardi Muscat N. Real-world evidence and adaptive pathways: implications for health technology assessment. *Value Health*. 2020;23(7):816-22. doi:10.1016/j.jval.2020.03.003.
 17. Ghabri S, Houch A, Tchouaket É. The development of health technology assessment in emerging countries: challenges and opportunities. *Front Public Health*. 2021;9:645868. doi:10.3389/fpubh.2021.645868.
 18. Husereau D, Drummond M, Petrou S, *et al*. Consolidated Health Economic Evaluation Reporting Standards (CHEERS) statement. *Cost Eff Resour Alloc*. 2013;11(1):6. doi:10.1186/1478-7547-11-6.
 19. NICE. The role of the National Institute for Health and Care Excellence (NICE) [Internet]. 2019. Available from: <https://www.nice.org.uk/about/who-we-are>.
 20. O'Rourke B, Oortwijn W, Schuller T. The new definition of health technology assessment: a milestone in international collaboration. *Int J Technol Assess Health Care*. 2020;36(3):187-90. doi:10.1017/S0266462320000350.
 21. Sorenson C, Drummond M, Kanavos P. Ensuring value for money in health care: the role of health technology assessment in the European Union. *European Observatory on Health Systems and Policies*; 2013.
 22. Baltussen R, Marsh K, Thokala P, *et al*. Multicriteria decision analysis to support health technology assessment agencies: benefits, limitations, and the way forward. *Value Health*. 2019;22(11):1283-8. doi:10.1016/j.jval.2019.06.012.
 23. Cashin C, Chi Y-L, Smith PC, Borowitz M. Health financing reform: a toolkit for low- and middle-income countries. *World Bank Publications*; 2017.
 24. Dreyer NA, Tunis S, Berger ML, *et al*. Why observational studies should be among the tools used in comparative effectiveness research. *Health Aff (Millwood)*. 2020;29(10):1818-25. doi:10.1377/hlthaff.2010.0301.
 25. Murray CJ, Barber RM, Foreman KJ, *et al*. Global, regional, and national disability-adjusted life years (DALYs) for 306 diseases and injuries and healthy life expectancy (HALE), 1990-2015: a systematic analysis. *Lancet*. 2017;388(10053):1603-58. doi:10.1016/S0140-6736(16)31460-X.
 26. Neumann PJ, Cohen JT, Weinstein MC. Updating cost-effectiveness - the curious resilience of the \$50,000-per-QALY threshold. *N Engl J Med*. 2018;371(9):796-7. doi:10.1056/NEJMp1405158.
 27. Neumann PJ, Chambers JD. Innovations in value assessment for personalized medicine. *J Pers Med*. 2019;9(1):3. doi:10.3390/jpm9010003.
 28. Schneider EC, Hanson K. Resource allocation and health system governance. In: Horton RA, editor. *Health Systems Governance*. Oxford University Press; 2016. p. 45-67.
 29. Smith PC, Anell A, Busse R, *et al*. Leadership and governance in health systems: a framework and roadmap. *Health Policy Plan*. 2018;33(5):611-21. doi:10.1093/heapol/czy025.
 30. Tappenden P, Jones M, Paisley S, *et al*. Use of real-world evidence and patient preferences in health technology assessment: a systematic review. *Pharmacoeconomics*. 2019;37(9):1093-107. doi:10.1007/s40273-019-00796-1.
 31. Velasco-Garrido M, Rodríguez-Cuadrado S, Busse R. Using health technology assessment to support resource allocation decisions: lessons from European countries. *Eur J Health Econ*. 2016;17(1):1-12. doi:10.1007/s10198-015-0693-8.
 32. Williams A. Equity-efficiency trade-offs in health care resource allocation. *Health Econ*. 2016;25(3):323-31. doi:10.1002/hec.3295.
 33. World Health Organization. Global strategy on people-centered and integrated health services. *WHO Press*; 2020.
 34. Culyer AJ. HTA and priority setting: can one size fit all? *Value Health*. 2016;19(2):162-6. doi:10.1016/j.jval.2016.01.004.
 35. Drummond MF, Sculpher MJ, Claxton K, Stoddart GL, Torrance GW. *Methods for the Economic Evaluation of Health Care Programmes*. 4th ed. Oxford University Press; 2015.
 36. Facey K, Boivin A, Gracia J. Patients' perspectives in health technology assessment: a route to robust evidence and fair deliberation. *Int J Technol Assess Health Care*. 2017;33(3):261-4. doi:10.1017/S0266462317000244.
 37. Facey K, Schuller T, Goodall J. Real-world evidence and health technology assessment. *Value Health*. 2020;23(9):1065-8. doi:10.1016/j.jval.2020.05.009.
 38. Goetghebuer MM, Wagner M, Khoury H, Levitt RJ, Rindress D. Evidence-informed deliberative processes for health benefit package design - Part II: A practical guide. *Health Res Policy Syst*. 2017;15(1):50. doi:10.1186/s12961-017-0200-6.
 39. Grutters JP, Joore MA, van der Pol M, Severens JL. Health technology assessment in Europe: how do hospitals use it? *Int J Technol Assess Health Care*. 2019;35(3):189-94. doi:10.1017/S026646231900040X.
 40. O'Rourke B, Oortwijn W, Schuller T. The new definition of health technology assessment: a milestone in international collaboration. *Int J Technol Assess Health Care*. 2020;36(3):187-90. doi:10.1017/S0266462320000414.
 41. Porter ME. What is value in health care? *N Engl J Med*. 2010;363(26):2477-81. doi:10.1056/NEJMp1011024.
 42. Raftery J, Young A, Ren S, Marsden J. How do health technology assessment agencies support evidence-informed decision making? *Int J Technol Assess Health Care*. 2015;31(6):449-56. doi:10.1017/S0266462315000660