

## **Health technologies**

### **Report by the Secretariat**

1. At its 120th session in January 2007, the Executive Board considered a report on essential health technologies<sup>1</sup> and adopted resolution EB120.R21 on health technologies. The discussion revealed three areas of concern with regard to the draft resolution that had been submitted for consideration, one of which was met by the deletion of the word “essential” from the title. Further work was needed to resolve the two outstanding concerns, regarding the scope and the drawing up of a list of health technologies. It was agreed that references to the areas of concern would be removed, and the Director-General undertook to convene a meeting of experts from interested Member States to resolve these issues.

2. Accordingly, a consultation on health technologies was convened (Geneva, 26–28 March 2007). Experts nominated by the 11 Member States whose designated members had participated in the discussions at the 120th session of the Board and 10 observers, including representatives of industry, umbrella organizations and other external stakeholders, attended. The present report outlined the experts’ discussion and recommendations.

#### **THE SCOPE OF HEALTH TECHNOLOGIES**

3. The group of experts reached consensus on the scope of health technologies, adopting the following definition: “the application of organized knowledge and skills in the form of devices, medicines, vaccines, procedures and systems developed to solve a health problem and improve quality of lives”. The scope of the proposed WHO health technologies initiative will, however, be less extensive and will not include medicines and vaccines, which are already covered by other programmes.

#### **THE CONCEPT OF “ESSENTIAL” WITH REGARD TO HEALTH TECHNOLOGIES**

4. An accepted understanding of “essential” in relation to medicines is already captured in the definition quoted in the WHO Model List of Essential Medicines: “Essential medicines are those that satisfy the priority health care needs of the population.” A distinction is drawn between that definition and the criteria for the inclusion in the Model List of individual medicines, which are selected with

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<sup>1</sup> Document EB119/2006–EB120/2007/REC/2, summary record of the eleventh meeting of the 120th session.

due regard to disease prevalence, evidence on efficacy and safety, and comparative cost-effectiveness. The definition clearly implies a broad public-health outcome, rather than one relating to individual patient treatment.

5. At the consultation experts were more polarized in their views on the meaning of “essential” with regard to health technologies. Some members of the group saw no need for a definition of “essential health technologies”, considering that the very use of the term might raise certain expectations and concerns among Member States and imply a sense of legal obligation or of sufficiency. Any such definition, they suggested, could make any support provided self-limiting and stifle rather than foster a spirit of innovation; further, it could convey a notion of technology that is essential at the level of the individual rather than meeting the priority needs of a public-health system.

6. Conversely, some of the experts considered that it would be useful to establish unambiguously those health technologies without which health systems could not function and deliver health care effectively. The proponents of this view, however, were wary of specifying the minimum set, recognizing that the composition of that set would necessarily vary by country, reflecting its public-health needs and a range of other factors such as the health infrastructure, workforce, resources, climate and culture.

7. It was agreed that the word “essential” was open to different interpretations, and that the experts would not want to stall the broader health technology initiative by a debate on the definition.

## **THE POTENTIAL VALUE AND USES OF A LIST OF HIGHEST-PRIORITY HEALTH TECHNOLOGIES**

8. Expert members concurred that a single list of highest-priority health technologies would be inappropriate. They proposed, however, that the Secretariat should provide guidance to Member States, when requested, on a minimum set of health technologies necessary for health systems to function and deliver health care effectively. This minimum set should be country specific.

9. Expert members therefore recommended that the Secretariat should:

(a) integrate information, in the form of a database or similar means, in order to enable the provision of interrelating sets of data on medical devices, procedures, services, human resources and technology management, and on their interactions. Such data sets would provide guidance for countries or groups of countries on health technologies that are indispensable for the management of priority diseases, conditions and disabilities at different levels of health-care delivery systems and in various settings. These data sets should be accompanied by sufficient supplementary information to enable Member States to determine what is feasible and appropriate to their circumstances; that information would cover, for instance, infrastructure and workforce requirements, procedures, reference tools, associated operational costs and, where relevant, decommissioning costs of individual technologies;

(b) design a methodology, including analytical tools, for providing support to Member States in assessing their needs and selecting, acquiring and managing health technologies. The methodology should include an analysis of national health system prerequisites (infrastructure, resources and governance) and of the health system itself. The analysis should be based on the recommendations of an informal consultation held in early 2007. The resulting proposal for

methodology should be submitted for consideration by experts from Member States in a future consultation;

(c) provide technical support to Member States, when requested, for collecting and analysing information needed in order to determine the types of technologies appropriate to a given level of care, setting and intended health intervention. This country-specific information would not necessarily have universal application.

10. Expert members noted that, in order to implement these recommendations, the Secretariat would need the commitment of Member States. As a starting point, each Member State should nominate a focal point for health technologies.

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