Operating Regulations for the Health Technology Assessment Network of the Americas

RedETSA
Operating Regulations for the Health Technology Assessment Network (RedETSA)

Chapter I: Definition of RedETSA

Article 1: The Health Technology Assessment Network of the Americas (RedETSA), launched in June 2011, is a nonprofit network formed by ministries of health, regulatory authorities, health technology assessment agencies, collaborating centers of the Pan American Health Organization/World Health Organization (PAHO/WHO), and research and education institutions in the Region of the Americas. RedETSA is committed to promoting health technology assessment (HTA) to aid decision-making processes, sharing information among its members, promoting the adoption of common methodologies, setting priorities for collaborative work, and generating and disseminating scientific evidence, for the purpose of strengthening the field of health technology assessment (HTA) among its members.

Article 2: The general objective of RedETSA is to promote and strengthen HTA through the regional exchange of information in order to support decision-making on the regulation, incorporation, use, and replacement of such technologies, which will improve the quality of patient care and safety and the rational use of technologies, and contribute to the sustainability of health systems while ensuring equity in access.

Article 3: Specific objectives of RedETSA:

I. Identify the current situation of HTA at the national, subregional, and regional levels, as well as setting priorities through networking in order to facilitate cooperation among countries and institutions.

II. Facilitate access to information and shared knowledge on HTA through the Network.

III. Build human resources capacities in the area of HTA in healthcare systems.

IV. Promote good practices in HTA.

V. Promote cooperation with other HTA networks (national, subregional, and international).

VI. Reduce information asymmetry, thereby improving decision-making processes.

VII. Help strengthen already existing local HTA networks and build synergy between these networks and RedETSA.
Article 4: Member Commitments

With regard to the proposed objectives, members of the Network agree to:

a) Share their HTA products and make them available through the Network’s communication platforms.
b) Attend RedETSA meetings and cooperate virtually.
c) Designate a regular and an alternate representative for each member institution of RedETSA.
d) Keep the institution’s virtual link updated in order to maintain contact among members.
e) Abstain from marketing the products shared through RedETSA, or derive economic benefits or enjoy special privileges from their use.
f) Respect the intellectual ownership of any HTA products shared through RedETSA.
g) Clearly reveal the source of financing for HTA products shared through RedETSA, and disclose any conflicts of interest that may exist.
h) Respect the confidentiality criteria specified by the HTA authors in each case.
i) Respect human rights and ethical and public health principles in the use of HTA and its outcomes.
j) Promote the standardization of procedures.

Chapter II: Composition of RedETSA

Article 5: Composition of the Network

As of the approval date of these Regulations, RedETSA is comprised of the institutions listed in Annex I, in addition to the Pan American Health Organization (PAHO), which serves as the network’s Executive Secretariat.

Sole paragraph: The annex listing the members of the Network will be updated whenever new institutions are approved by the existing members of the Network.

Chapter III: Adding members or removing them from the Network

Article 6: Adding new members to RedETSA.

Members of RedETSA may be:
a) Ministries of health, regulatory authorities, public institutions involved in health technology assessment, and institutions responsible for making decisions on the inclusion of technologies in health systems.

b) Nonprofit public and private educational and research institutions that have a minimum of two years’ experience in producing HTA reports and/or conducting research on health decision-making processes.

c) Nonprofit hospitals that have an institutionalized HTA area and have conducted studies on HTA for at least the last two years.

d) World Health Organization Collaborating Centers in the Region, for as long as they maintain that status.

§ 1: Institutions with more than one HTA unit, provided they were formally established, may have more than one member in RedETSA for each unit, as determined by the institution.

§ 2: To be a member of RedETSA, institutions must agree to the provisions of these Regulations.

Article 7: Application for RedETSA Membership

To be accepted as a new member of RedETSA, an institution must meet the following requirements:

I. Express interest in joining RedETSA, through a letter of intent that describes the work performed in the area of HTA; the number of professionals involved; and the principal activities carried out in HTA in the last two years.

a) In the event the applicant is a ministry or regulatory authority with no prior experience in HTA, the letter should indicate the reasons why the institution is requesting admission to the Network.

II. Formally appoint two representatives, one regular and one alternate, to attend meetings, either virtually or in person;

Article 8: RedETSA membership application documents submitted by the applicant will be distributed to existing members of the Network, who will have 30 days to accept or reject the application or request clarifications on the information submitted.

§ 1: If no rejection or request for additional information is issued within 30 days, the membership application will be automatically approved.
§ 2: In the case of rejection, the reasons for the decision must be clearly provided in writing, based on these regulations. The application will be resubmitted for discussion at the Network’s next meeting, and in order to be accepted, it must be approved by a consensus of the members present at the meeting. If a consensus cannot be reached, the decision will be made by a majority vote of the members present. It should be noted that the voting results will be anonymous and not revealed to the applicant or new member.

Article 9: Removal of members

Members may be removed from the Network in the following situations:

I- A member institution submits a written request to terminate its membership in the Network;

II- WHO no longer recognizes an institution as a Collaborating Center;

III- The institution fails to attend two consecutive in-person meetings, without justification;

IV- The institution fails to participate in five consecutive virtual meetings, without justification.

§ 1: Any member may ask the Executive Committee to remove another member of RedETSA, so long as the request is justified by a failure to comply with any of the criteria set forth in these Regulations. The Executive Committee will evaluate the request and, if deemed pertinent, the request will be presented to members at the next meeting, to be decided by a consensus of the members present at that meeting. If a consensus cannot be reached, the decision will be made by a majority vote of the members present. It should be noted that the voting results will be anonymous and not revealed to the applicant or new member.

§ 2: In the case of sub-paragraphs III and IV, the termination of membership must be confirmed by a consensus of the members present at that meeting.

Chapter IV: Organization of RedETSA

Article 10: RedETSA activities will be coordinated by an Executive Committee comprised of an Executive Secretariat, currently exercised by the Pan American Health Organization (PAHO), and six member institutions of the Network.
§ 1: The aforementioned six member institutions will be named by members of the Network, and in the event that more than six are named, the decision will be made by vote.

§ 2: The term of three of the six institutions will be renewed every 12 months, but they may not be reelected for consecutive terms.

Article 11: Duties of the Executive Committee

I. Plan and schedule tasks, meetings, targets, and all else needed for proper operation of the Network.

II. Monitor RedETSA projects and other activities;

III. Propose agendas, planning, and the implementation of activities to members of the Network;

IV. Prepare technical monitoring and evaluation reports on activities related to the Network’s objectives;

V. Call meetings of the Network;

VI. Represent the Network externally, without prejudice to representations by the institutions themselves in the different areas;

VII. If necessary, ask the member institutions to provide support personnel and other resources needed to achieve the Network’s objectives;

VIII. Submit pertinent matters to Network members for decision;

IX. Adopt the measures necessary to implement the planned activities.

Article 12: Working groups

RedETSA will have working groups, which are considered essential for the Network’s operation and needs. Each group will organize how it works based on relevant needs, and will report on its activities and progress at every RedETSA meeting.

Sole Paragraph: Working group topics will be defined by members at virtual or in-person meetings.
Chapter V: Financing of RedETSA activities

Article 13: The Executive Committee of RedETSA is responsible for securing regular and extrabudgetary funds to ensure the sustainability of the network. RedETSA members may assist with this activity, as they are able. The Executive Committee is responsible for informing members about the funds used each year and estimating the funds required for the Network’s activities.

Chapter VI: RedETSA Meetings

Article 14: Virtual meetings of RedETSA should take place at least once every two months and in-person meetings at least once a year.

Article 15: The Executive Committee of RedETSA should meet virtually at least once a month.

Chapter VII: Final Provisions

Article 16: These Regulations must be approved by the members of RedETSA.

Article 17: The Executive Committee reserves the right to decide on any matter not covered in these Regulations, with subsequent confirmation by the members.

Article 18: Proposed changes to the Regulations of RedETSA may only be approved at in-person meetings by absolute majority vote of the Network’s members.

Article 19: The use of the RedETSA logo in print and/or digital advertising and publicity materials must be pre-approved by RedETSA’s Executive Committee, and any commercial use is prohibited.

Article 20: These Regulations will enter into force on the date of their publication.
## Annex 1. Member Countries of RedETSA (August 2016)

<table>
<thead>
<tr>
<th>Country</th>
<th>Institutions and Collaborative Centers</th>
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<tbody>
<tr>
<td>Argentina</td>
<td>- Institute for Clinical Effectiveness and Health Policy (IECS), PAHO/WHO Collaborating Center</td>
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<td></td>
<td>- Ministry of Health</td>
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<td></td>
<td>- Argentina Public Network of Health Technology Assessment (RedArets)</td>
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<td>Bolivia</td>
<td>- Ministry of Health</td>
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<tr>
<td>Brazil</td>
<td>- National Health Surveillance Agency (ANVISA)</td>
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<td></td>
<td>- National Committee for Incorporation of Technology (CONITEC) in the Unified Health System (SUS)</td>
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<td></td>
<td>- Health Technology Assessment Coordination Office of the Ministry of Health (CGATS/MS)</td>
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<td></td>
<td>- Institute of Biomedical Engineering/Federal University of Santa Catarina (IEB/UFSC), WHO/PAHO Collaborating Center</td>
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<td></td>
<td>- National Cardiology Institute (INC)</td>
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<tr>
<td>Canada</td>
<td>- National Institute for Excellence in Health and Social Services (INESSS), Quebec</td>
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<td></td>
<td>- Institute of Population Health/University of Ottawa, PAHO/WHO Collaborating Center</td>
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<tr>
<td>Chile</td>
<td>- Ministry of Health</td>
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<td></td>
<td>- Institute of Public Health (ISP)</td>
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<td>Colombia</td>
<td>- Ministry of Health and Social Protection</td>
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<td></td>
<td>- Health Technology Assessment Institute (IETS)</td>
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<tr>
<td>Costa Rica</td>
<td>- Costa Rican Social Security Fund (CCSS)</td>
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<td></td>
<td>- Directorate of Scientific and Technological Development in Health/Ministry of Health</td>
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<td>Cuba</td>
<td>- Ministry of Health</td>
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<td>Ecuador</td>
<td>- Ministry of Health</td>
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<td>El Salvador</td>
<td>- Ministry of Health</td>
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<tr>
<td>Mexico</td>
<td>- National Center for Technological Excellence in Health (CENETEC), PAHO/WHO Collaborating Center</td>
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<tr>
<td>Paraguay</td>
<td>- Ministry of Public Health and Social Welfare</td>
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<td>Peru</td>
<td>- Ministry of Health</td>
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<td></td>
<td>- National Institute of Health (INS)</td>
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<td>- Institute of Health Technology Assessment and Research—IETSI-ESSALUD</td>
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<td>- Comprehensive Health Insurance (SIS)</td>
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<tr>
<td>Uruguay</td>
<td>- Health Assessment Division/Ministry of Public Health</td>
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<td></td>
<td>- National Resources Fund (FNR)</td>
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