National Health Care Institute

# International Agenda 2026-2027

## National Health Care Institute

August 2026

| Taking care of good healthcare |

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# 1. Introduction

## 1.1 General introduction to the Dutch healthcare system and our role in it

The Dutch healthcare system is based on several principles that are more or less universal: access to care for all, solidarity through medical insurance (which is compulsory for all and available to all) and affordable, high-quality healthcare services. Our organization, the National Health Care Institute (in Dutch: Zorginstituut Nederland) carries out tasks relating to two Dutch statutory health insurance schemes: the Health Insurance Act (Zorgverzekeringswet, Zvw) and the Long-Term Care Act (Wet langdurige Zorg, Wlz). Our role in maintaining the quality, accessibility and affordability of healthcare in the Netherlands involves various tasks given by the Ministry of Health, Welfare and Sport.

The National Health Care Institute clarifies the contents, boundaries and limitations of the healthcare package and advises on the healthcare system as a whole. We perform health technology assessments (HTA) and advise the Minister of Health, Welfare and Sport on whether to include or exclude medicinal products, interventions and medical devices in the basic healthcare package. This helps the Minister of Health to pursue government policy by implementing and amending legislation on the basic package. For more information about our tasks and activities, please refer to our website[1].

### Appropriate care: a concept that is represented in all our tasks

Appropriate care is the approach to care delivery in the Netherlands for keeping care good, accessible and affordable for all. Everyone in the healthcare sector is working on this: healthcare professionals, patients' organizations, health insurers and the government. The concept is represented in all our tasks. Appropriate care should make sure that everyone can continue to get the care they need. In order to guarantee its quality, accessibility and affordability, 4 principles of appropriate care are formulated. These 4 principles for appropriate care are:

1. Appropriate care is care that works, for a reasonable price.
2. Where possible, appropriate care is arranged close to the patient.
3. In appropriate care, patients decide along with their healthcare professional what is the best possible treatment for them.
4. Appropriate care is not just about illness but also about health and a focus on what the individual is capable of doing.

### Good affordable care for everyone

The population is getting older, costs of new medicinal products and costs of long-term care are rising. This means that judicious and sometimes difficult choices must be made to ensure that adequate insured health-care remains accessible for everybody, including in the future. It is therefore important to ensure that the basic healthcare package covers only treatments which have proven their effectiveness and are appropriate to the needs of the patient. Our core responsibility is ensuring that this is the case, in collaboration with healthcare professionals, health insurers, care institutions, government institutions and all other parties involved.

### Necessary choices

In determining whether something should or should not be included in the basic benefit package, we draw on the knowledge and expertise of healthcare professionals, as well as on scientific research into the effectiveness of a treatment or medication. Does the intervention provided improve the quality of life of patients? For which patients is a specific treatment appropriate and necessary and for whom is it not? Finally, it is also a question of whether an intervention is worth the money.

These are complicated considerations and assessments. A decision not to cover the costs of care can have far-reaching consequences for the people concerned. But these are necessary choices to ensure that good care remains accessible for the over 17 million persons in the Netherlands.

1 Tasks of the National Health Care Institute | National Health Care Institute

### Knowledge sharing and collaboration

In addition to advising the Ministry of Health, Welfare and Sport about the content of the basic benefit package, National Health Care Institute also contributes to the quality, affordability, and accessibility of healthcare insurance. We regularly issue publications about potential improvements and identify and point out possibilities for innovations in the healthcare sector. We make sure that data on the quality of the healthcare system is comprehensible and accessible to provide policymakers, health insurers, and care providers with reliable information on which to take well-founded decisions. Finally, we work together with all parties in the healthcare sector to formulate quality standards and eligibility conditions for insured care.

## 1.2 Goals of this International Agenda 2026-2027

When performing our tasks, the National Health Care Institute participates together with various organizations from other countries in an increasing number of international activities. The current International Agenda succeeds the agenda of 2024/2025 and is formulated to describe the relevant topics concerning our international activities for 2026 and 2027. In addition, in this document we describe our position on relevant topics. As such, this International Agenda serves the following goals, namely to:

- Determine which international activities (e.g. international networks, projects and conferences) are relevant to our tasks and activities;
- Provide an overview of our roles in these international activities in 2026 and 2027;
- Create international awareness of our positions and actions among colleagues, sister organizations, and external stakeholders.

## 1.3 Focus on activities in this International Agenda 2026-2027

The activities described in this document focus on 2026 and 2027, although sometimes a longer horizon is described. Both national and international developments can have an impact on these international activities. For example, the COVID-19 pandemic, political disruption and consequences of climate change have shown that reality can change quickly. These consequences of unforeseen developments will be taken into account when needed. Activities will be altered, added or stopped as required. If a topic specifically warrants research, it is described as such in the National Health Care Institute's research agenda[2]. Our main geographical focus is on EU/EEA, although we also participate in partnerships that have an international reach.

This document focuses on international activities that fall within our formal tasks, as assigned by the Ministry of Health, Welfare and Sport. This means that other healthcare-related topics, however relevant they might be, are not mentioned in this International Agenda because they are not part of our tasks.

## 1.4 How international collaboration benefits our activities

Depending on the context and the topic, international collaboration can have various benefits for our national work. The main five goals for international collaboration are depicted below. In Chapter 2, we select the most important collaboration goals for each described topic.

### Being stronger together

Collaboration makes the participating organizations stronger compared to when they operate separately. This can for example be helpful in setting requirements for the design of clinical trials, as we do through the Joint Scientific Consultations (JSCs) under the EU HTAR.

### Dividing the workload

Collaboration with others reduces the workload because tasks can be divided. One example is the Joint Clinical Assessments (JCAs) as part of the EU HTA Regulation. These aim to reduce duplication of effort for national HTA authorities and industry, and therefore contributes to the efficient use of resources within the EU, which is one of its most important goals.

### Influencing policy

By participating in international activities, the National Health Care Institute tries to influence European policy, leading to policy that best suits the Dutch public. This is done by co-authoring or providing feedback on policy and positioning papers and by contributing to European and other agendas.

2 Multi-year research agenda | National Health Care Institute

An example is the collaboration in the Heads of HTA Agencies Group (HAG), via which we advise policy makers and relevant EU and national institutions on matters regarding HTA, particularly cooperation in HTA.

### Obtaining knowledge and improving expertise

International collaboration can lead to new ideas and inspiration, and it keeps us updated with the latest developments, even in areas where we are at the forefront. For example, reimbursement decisions are often discussed in the Dutch media. Knowing the reimbursement schemes in other countries can create support for our own decisions and helps in explaining those decisions to the general public. Another example may be collaborating on the development and implementation of new HTA methods, as we do through involvement in international scientific societies such as HTAi and ISPOR and European projects such as SUSTAIN-HTA.

### Sharing knowledge

Not only do we learn from others, but other countries also look to the Netherlands when it comes to the organization of healthcare. Both in person and digitally, we regularly host international delegations[3], who want to learn more about the Dutch healthcare system, our role within the system, and our ideas for improvement. These exchanges of information provide valuable lessons, both for the delegation and for us.

Another way of sharing our knowledge with other countries is by participating in international projects and activities. Decisions as to whether we participate in (new) projects in the future, will be based on criteria that include whether the goal of the project is in line with our primary tasks and activities.

## 1.5 Reader's guide

The International Agenda 2026-2027 contains 5 chapters.

- Chapter 1 provides an introduction and background information to this document.
- Chapter 2 describes per topic our main goals and collaborations. It includes our current positions and future actions to clarify which direction the National Health Care Institute will choose in 2026 and 2027.
- Chapter 3 provides an overview of our collaboration per partnership. We divide this chapter into three paragraphs (prioritized collaborations, important memberships and other activities).
- Chapter 4 contains a list of publications from 2024, 2025 and 2026 to which National Health Care Institute colleagues have contributed. These publications are about our international activities.
- Chapter 5 is for the colophon.

During 2026 and 2027 the objectives for each topic will be evaluated, including the corresponding international networks. This evaluation will act as input for the next International Agenda and international activities will be adjusted, where necessary.

3 Meeting request National Health Care Institute | National Health Care Institute

# 2. Our collaborations, positions and actions explained per topic

In order to fulfil our tasks, the National Health Care Institute works internationally on different topics. In this chapter we follow the life cycle of a health technology or an intervention as closely as possible and describe how we collaborate internationally to improve our work. This life cycle follows a cyclic and iterative approach and includes exploring the horizon, ensuring the HTA methods are in order, providing scientific advice, conducting assessments, continuing to collect data after the assessment, creating insight into the quality of care, and monitoring and influencing EU legislation.

## 2.1 A cyclic and iterative approach to assessments

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|---|---|---|
| Obtaining knowledge | Sharing knowledge | |
| HTAi | ISPOR | SUSTAIN-HTA |

A distinct approach to (pharmaceutical) assessment is indication-wide assessment, in which the assessment focuses on a certain illness or indication (disease models), and includes all (pharmaceutical) products for treating that illness or indication. This more holistic approach has the advantage that the assessment compares multiple and different (pharmaceutical) products designed for that indication, making the assessment broader and therefore more effective. Furthermore, assessing multiple products related to a certain illness or indication creates a more cyclic evaluation of the health insurance package, thus contributing to appropriate care. Some countries are experimenting with a cyclic approach including the use of disease models, and it is important to learn how this approach might be used for package management and reimbursement assessments. This model could also be applied to medical devices. It is also important for these approaches to ensure alignment with the clinical guideline community.

### Current positions and future actions

- The use of indication-wide assessments could be a more common method of assessment for reimbursement decisions, encouraging a more cyclic health package management approach. Methodologies should preferably be developed in international collaborations.
- The National Health Care Institute will actively contribute to a cyclic and iterative approach to HTA as part of the life-cycle working group of HTAi.
- We will share our experiences with experimenting on a life-cycle approach with other HTA bodies that work with the same approach. This may lead to further development of common approaches.

## 2.2 Horizon scanning of emerging health technologies

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| Dividing workload | Stronger together | |
| IHSI | EU HTAR | |

To ensure that patients have timely access to medical interventions, an expedient start to the HTA process with several necessary steps is crucial. Horizon scanning, collecting pharmaceutical intelligence to provide a structured, transparent and dynamic repository of emerging health technologies, is an essential tool in this process. The Netherlands is actively scanning the horizon to anticipate the impact of emerging new medicinal products in a timely manner. To gain expertise, improve the efficiency and quality of this activity, for instance by sharing workload and obtaining more relevant information, the National Health Care Institute chairs the international horizon scanning initiative (IHSI)[4].

Initially, IHSI focuses on pharmaceuticals. However, the possibility of horizon scanning for medical devices[5] is being explored and options for international horizon scanning of (high risk) medical devices will be on the IHSI agenda in the coming years. This is a priority for the National Health Care Institute.

4 IHSI

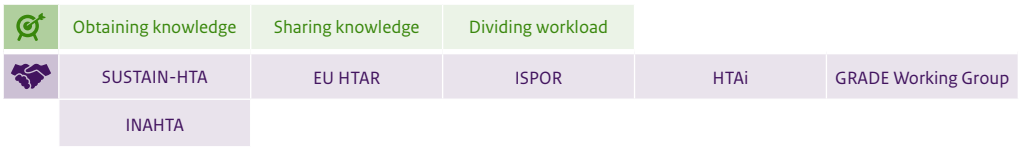
5 *For this document we use a definition of 'medical device' that is in line with article 2 of the European Medical Device Regulation.*

Finally, horizon scanning is also part of the EU HTAR. To prepare for the joint clinical assessments in a timely way, it is necessary to know beforehand when pharmaceuticals and medical devices are coming to the market. Therefore, within the EU HTAR a specific subgroup was initiated, called the Emerging Health Technologies working group (EHT). To ensure work is carried out efficiently, the National Health Care Institute participates in the EHT working group and makes sure IHSI reports are used.

### Current positions and future actions

- International horizon scanning for pharmaceutical products will contribute to the efficiency and quality of national Dutch horizon scanning.
- The network of IHSI will be used to learn from each other and jointly review and anticipate developments on the information platform.
- The National Health Care Institute encourages the use of IHSI within the EHT subgroup under the EU HTAR coordination group.
- The National Health Care Institute believes that horizon scanning of medical devices will become more important in the coming years and therefore will support further international horizon scanning of high-risk and expensive medical devices, preferably through IHSI.

## 2.3 Development and implementation of HTA methodologies




We are actively involved in a project that is funded by the European Union through the Horizon Europe Programme, namely SUSTAIN-HTA (2024-2027)[6]. This project focuses heavily on the implementation of new and innovative HTA methods in HTA practice. The National Health Care Institute plays an important role in this as a leader for one of the five work packages: the implementation package.

The important basis for the HTA work we do at the National Health Care Institute stems from our methods. These rely on international methods in epidemiology and health economics, and will develop and change over the years. In order to keep our methods up-to-date and relevant, we need to be involved in the continuous process of development of HTA methods. We actively participate in methodological activities as part of the EU HTAR or as part of international societies, such as HTAi and ISPOR. Within the EU HTAR, we participate actively in the Development of Methodological and Procedural Guidelines (MPG subgroup). We have authored various guidelines and will continue to dedicate ourselves to this in the coming years. In addition, we are involved in several more informal networks of HTA organisations that work together on specific topics or keep each other informed about their ongoing projects.

### Current positions and future actions

- Remain a key partner in the European SUSTAIN-HTA project and lead the work package on implementation.
- We are an active participant in the MPG subgroup of the EU-HTAR, and thereby are of help to others while performing a Joint Clinical Assessment.
- Reliable future-proof methods are essential for HTA. We therefore invest in sustaining existing methods and developing improved methods for new situations. Methods are in essence international and scientific. For that reason, the National Health Care Institute is involved in the most important organisations and projects that sustain and develop HTA methods.
- We emphasize the importance of participating in relevant international research projects. Not only for the development of new methodologies, but also, and especially, for their correct implementation in practice.
- There are a number of areas needing specific methodological attention and in which the National Health Care Institute will invest its efforts, such as indirect comparisons, surrogate endpoints, use of AI in HTA, specific methods for assessing orphan medicinal products (OMPs) and ATMPs.

6 SUSTAIN-HTA – Support Utilisation of Sustainable and TAilored INnovative methods for HTA is a European initiative to build a supporting infrastructure.

## 2.4 Providing scientific advice

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|  | Dividing workload | Sharing knowledge |
|  | EU HTAR | |

The regulation on health technology assessment (EU HTAR)[7] established a framework for joint scientific consultations (JSC) at EU level. These JSCs enable health technology developers to obtain scientific consultation during the planning of the clinical studies and clinical investigations of a health technology on the information and evidence needs for a subsequent joint clinical assessment (JCA). This consultation can streamline evidence preparation for JCA and enhance the quality of evidence generation. At the National Healthcare Institute, we believe in the importance of contributing to this development. That is why we are an active participant in the working group and contribute to consultations. We also think that it is important that we do the JSCs as much as possible in parallel with the scientific advice by EMA[8].

### Current positions and future actions

- We are an active participant in the JSC subgroup of the EU-HTAR.
- We have formulated our ambition regarding the JSC subgroup and in 2026, we aim to take on the role of (co)-assessor twice for Medicinal Products and once for Medical Devices.

## 2.5 Conducting joint assessments of new health technologies

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|  | Dividing workload | Stronger together |
|  | EU HTAR | Beneluxa Initiative |

One of our main tasks is assessing whether a new health technology, for instance a new medicine, should be included in our basic healthcare package. After a health technology developer nationally applies for reimbursement, we assess the application based on a pharmacotherapeutic dossier, a budget impact analysis, and (where necessary) a pharmaco-economic dossier.

The EU HTAR established a framework for joint clinical assessments (JCA) at EU level. These assessments support our national HTA process, providing an objective, scientific analysis of clinical evidence on the relative effects of a health technology (a medicinal product or a medical device) on health outcomes. The EU HTAR is of strategic importance to the National Health Care Institute and has now been in force for over a year. This means the first JCA reports will follow soon and we will use these if the health technology developers apply nationally for reimbursement.

We started as an assessor for our first JCA of a medicinal product in 2025. This provided valuable insights into the JCA process and an understanding of how to tailor the Dutch implementation process for using the JCAs nationally. To continue this effort, we have formulated our ambition regarding the Joint Clinical Assessment subgroup and in 2026, we aim to take on the role of (co)-assessor for medicinal products at least three times. In addition, the JCA process will start for Medical Devices (MD) and In-vitro diagnostic MD (IVD) in 2026. We are also contributing to that and have already started a JCA-MD in 2026.

As mentioned earlier, The Netherlands is a member of the Beneluxa Initiative. The National Health Care Institute has prioritised the Beneluxa collaboration and contributes to the development of Beneluxa HTA. The collaboration on HTA aims to increase the efficiency of HTA procedures by exchanging expertise and working jointly. This relates to assessments, both pharmacotherapeutic and pharmaco-economic, and appraisals. In relation to the EU HTAR, this means that we coordinate which JCA reports are of interest for Beneluxa to pursue further.

### Current positions and future actions

- We are an active participant and chair the JCA subgroup of the EU-HTAR.
- We have formulated our ambition regarding the Joint Clinical Assessment (JCA) subgroup and in 2026, we aim to take on the role of (co)-assessor three times for Medicinal Products and one or two times for Medical Devices. For Medicinal Products, our preference was to choose an assessment in the field of ATMPs.

7 Regulation - 2021/2282 - EN - EUR-Lex
8 Parallel scientific advice and special development aspects or product types | European Medicines Agency (EMA)

- Beneluxa HTA is prioritized for the forthcoming years. The National Health Care Institute will proactively further develop the Beneluxa collaboration.

## 2.6 Reimbursement and pricing policies

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| Sharing knowledge | Stronger together | |
| Beneluxa Initiative | Medev | PPRI |

More and more HTA organisations and payers are confronted with medicinal products for which the value is difficult to assess owing to considerable uncertainties surrounding their effectiveness, cost-effectiveness and efficacy. Conditional reimbursement and innovative payment models might help to provide access in a justifiable manner. Therefore, alternative business and pricing models (e.g., pay for performance and outcome-based payments) are being explored in order to improve the current Dutch dichotomous model of reimbursement. Other countries too are confronted by these uncertainties and we see that several of them are working on managed entry agreements and payment models.

International cooperation can support the development of models and schedules, and can also be useful when it concerns specific products. More information exchange between HTA organisations and payers on substantive conditions and data collected post-launch could be useful. The National Health Care Institute is actively involved in current and new initiatives that will address pricing and reimbursement models, for instance through the Beneluxa Initiative and new Horizon Europe projects.

### Current positions and future actions

- Where deemed relevant, the National Health Care Institute supports increased transparency of legal frameworks for intellectual property, reference pricing mechanisms and alternative payment models at both a European and an international level.
- Access to affordable medicinal products and medical devices must remain on the political agenda to guarantee the sustainability of European healthcare systems and the cost-effectiveness of health technologies. Therefore, pricing and reimbursement mechanisms must be strengthened to ensure patients' sustainable access to care.

## 2.7 Obtaining real-world data and enhancing access to patient registries

### Real-world data and evidence (RWD/RWE) and patient registries

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| Obtaining knowledge | Sharing knowledge | |
| SUSTAIN-HTA | ISPOR | RW4Decisions |

Real-world data (RWD) and real-world evidence (RWE) can help fill the evidence gaps that often remain at the time of reimbursement decisions, especially for small patient groups, complex technologies, or conditional reimbursements that require post-market monitoring. Because methodological questions about validity and data quality persist, refining RWD/RWE methods is a focus for 2026–2027 through projects like SUSTAIN-HTA and the ISPOR RWE working group.

Patient registries are a critical source of RWD, particularly for orphan diseases where international collaboration is needed to gather enough data. Registries should ideally be disease-based, owned by physicians or patients, and meet high quality standards; company-owned registries should make data publicly available without delay. The National Health Care Institute is exploring how European Reference Networks for rare diseases can support its registry needs, contributing to international efforts like the Metachromatic leukodystrophy Initiative (MLDi) registry, and applying methodological criteria (e.g. the REQueST tool from EUnetHTA JA3) to national programmes such as monitoring expensive medicinal products.

We are actively involved in the setting up of new and harmonized policy tooling and other instruments needed to effectively implement the European Health Data Space (EHDS) regulation into national healthcare systems, in line with the EU-wide scope of the regulation and its goals and objectives. Projects and joint actions such as MyHealth@EU and HealthData@EU ask for our direct involvement combined with an indirect involvement through collaboration with the Ministry of Health, Welfare and Sports.

We provide strategic counsel at national and EU level, ensuring optimal alignment and possible harmonization with both extant and pending national legislative frameworks and our tasks, activities and policy instruments relevant to the implementation of the EHDS regulation, such as the quality standards for information provision and the acquisition and use of health data from registries and electronic health records.

### Current positions and future actions

- Evidence from clinical trials should remain the gold standard. However, for some products the (additional) use of RWD for HTA may be beneficial. Further development of the methodology and the applicability of RWD needs more attention and will require collaboration with international HTA partners and other international stakeholders.
- The impact of the use of RWE on national decision-making should be shared between countries so that we can learn what possibilities and limitations exist for the use of RWE in making decisions on pricing and reimbursement of health technologies. Maintaining international convergence in further developing definitions, models and the use is essential for efficient collaboration.
- Registries should be set up more at a European level, should be disease-based (not drug-based), and should be available for use by different stakeholders. This is especially relevant for rare and ultra-rare diseases. The work that has been done on MLDi can be used as a starting point.
- Data collected in international registries should be presented according to FAIR (findable, accessible, interoperable, reusable) principles.
- Data collected from EU electronic health records and other defined data holders should be presented according to EHDS specifications for primary use (the care process) as well as secondary use (for other purposes, as defined by the EHDS specifications).
- Registries' data should focus on relative effectiveness, so that HTA bodies can use the data for reimbursement decisions.
- Tools and criteria already developed by other organisations should be used as much as possible, such as the REQueST tool that was developed under EUnetHTA.

## 2.8 Insight into quality of care

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| | Obtaining knowledge | | |
| | GIN | GINAHTA | GRADE Working Group |

One of our legal responsibilities is to provide insight into the quality of care and make information available for patients that supports informed decisions. Currently, we administer a database with data that are delivered to us by healthcare providers according to predefined indicators, which are defined by patients, healthcare providers and health insurers. The data in the database should lead to information that can help patients to choose between different healthcare providers or treatments that are available to them. There is room for improvement when it comes to the optimal use of data for improving the quality of care. In our analysis on how we, as a governmental agency, should contribute to this impetus, we will also look at international examples and best practices. We use our connections with GIN and GINAHTA, among others, to share and collect international experiences, guidelines and quality indicators.

According to our appropriate care, improving the impact on climate and environment is to be seen as quality improvement. Making healthcare more sustainable is an urgent process that makes use of theories, models, concepts and tools from the quality improvement impetus. The National Health Care Institute facilitates and stimulates their application to make healthcare routine more environmentally sustainable. This links to SUSTAIN-HTA in which an HTA training course on the use of environmental aspects in HTA is currently being developed.

### Current positions and future actions

- In 2026 and 2027, we are exploring which additional international collaborations could benefit our work in the area of quality of care and how we can contribute to them. Interesting subjects to look at in an international context include shared decision-making, 'green' healthcare practices and value-based healthcare.
- We are interested in collaborations and knowledge-sharing systems between public and private parties in other countries and will share the lessons obtained.

## 2.9 Monitoring and influencing EU policy

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| | Influencing policy | Stronger together | | |
| | HAG | EU-HTAR | Beneluxa Initiative | MEDEV |

We see an increasing number of European regulations emerging or being revised that affect the tasks of the National Health Care Institute. Recent examples include the reform of EU pharmaceutical legislation and the MD/IVDR, and the creation of the Critical Medicines Act and the Biotech Act. The EU HTAR entered into force in 2025, but already requires a national evaluation in 2027, after which the European Commission will complete the overall evaluation in early 2028. Through the HAG working group on EU legislation, HTA organizations keep each other informed of European developments and can join forces in formulating a position, in collaboration with their ministries. We also contribute input for consultations and position papers through our collaborations, such as Medev and Beneluxa.

Not only do healthcare actions affect the tasks of the National Health Care Institute, but European policy regarding digital transformation and interoperability impacts us too. For example, the EHDS includes a mandate for public sector bodies.

### Current positions and future actions

- We verify that healthcare continues to be high-quality, affordable, and accessible amidst all developments. We respond, via our international networks and ministry and according to the Dutch positioning, to European consultations so that policies being developed remain feasible for us.
- We actively participate in the HAG working group on EU legislation and contribute to position papers drafted, for example, via MEDEV.
- The National Health Care Institute cooperates with other Dutch national bodies which focus on healthcare and our Ministry of Health, Welfare and Sport and participates in international activities.[9]

*9 For example the Ministry of Health, Welfare and Sport, (Ministerie van Volksgezondheid, Welzijn en Sport, VWS), Dutch Healthcare Authority (Nederlandse Zorgautoriteit, NZa), Health and Youth Care Inspectorate (Inspectie Gezondheidszorg en Jeugd, IGJ), National Institute for Public Health and the Environment (Rijksinstituut voor Volksgezondheid en Milieu, RIVM), Zorgverzekeraars Nederland (ZN), Centraal Administratie Kantoor (CAK), Medicines Evaluation Board (College ter Beoordeling van Geneesmiddelen, CBG-MEB) and the Netherlands Organisation for Health Research and Development (ZonMw).*

# 3. Our collaboration per partnership

The National Health Care Institute participates in a variety of international collaborations, networks and projects, each of which is described below. This Chapter is divided into three paragraphs, in the first we focus on our most important and prioritized collaborations. The subsequent two paragraphs cover important memberships and other partnerships where we allocate less capacity. For each of the collaborations, we describe our objective, agenda and involvement. If a certain network or collaboration focuses on a specific topic, that network or collaboration is listed above in Chapter 2.

## 3.1 Prioritized strategic international collaboration

The partnerships and collaborations mentioned below are our most important and prioritized ones. We are dedicating the greatest capacity to this in order to systematically achieve products and results.

**EU HTAR (The Regulation (EU) 2021/2282 on health technology assessment,**
Regulation - 2021/2282 - EN - EUR-Lex)


EU HTAR

The regulation on health technology assessment (HTAR) brings a significant improvement to ensuring that innovative and effective health technologies are available to patients across the EU. It is an EU framework for the assessment of health technologies, such as medicinal products and medical devices, that promotes collaboration and coordination between EU Member States. This helps national authorities to make more timely and informed decisions on the pricing and reimbursement of health technologies and streamline the procedure for health technology developers.

The governance structure consists of the Coordination Group and four subgroups, i.e.:
- Joint Clinical Assessment (JCA)
- Joint Scientific Consultations (JSC)
- The development of Methodological and Procedural Guidance (MPG)
- The Identification of Emerging Health Technologies (EHT)

*Our involvement:*
The National Health Care Institute is an active participant in all the EU HTAR subgroups, chairs the Joint Clinical Assessment Subgroup and actively participates in the Coordination Group and Comitology Committee.

**HAG (Heads of HTA Agencies Group,** https://htahag.eu/)


HAG

The Heads of HTA Agencies is an independent group of 36 European healthcare agencies working together to advance strategic collaboration in HTA. It is a strategic discussion and guidance body for EU HTA collaboration and supports the preparation of national systems and capabilities for the adoption of the HTA Regulation.

*Agenda:*
- Supporting the development of the basis for joint work on all HTA activities at EU level within the model of EU cooperation anticipated by the Regulation on HTA.
- Supporting the preparation of national systems and capabilities for the adoption of the HTA Regulation.
- Supporting the joint work performed at the technical and scientific level by HTA bodies across Europe.
- Advising policy makers and relevant EU and national institutions on matters regarding HTA, particularly cooperation in HTA.

*Our involvement:*
Member, active participation in the EU HTAR evaluation working group, the EU legislation working group and transparency working group.

**Beneluxa Initiative** (www.beneluxa.org)


Beneluxa

We have long been an active member of the Beneluxa Initiative. This is a partnership between Belgium, the Netherlands, Luxembourg, Austria and Ireland. The aim of the Beneluxa Initiative is sustainable access and appropriate use of high-quality and affordable medicinal products in the participating countries. The Beneluxa Initiative members work together on all aspects relevant to decision-making for pharmaceuticals, including HTAs, information sharing and policy exchange, as well as pricing and reimbursement agreements. International collaboration on HTA is (with the EU HTAR) becoming more important in Europe. Regional collaborations with a select group of countries with a broader scope such as Beneluxa Initiative can strengthen the position of participating countries. This initiative will thus remain important for the National Health Care Institute in the coming years

*Agenda:*
- Short statements, collaboration on early HTA.
- Conducting assessments together, dividing the work load.
- Information-sharing (practically about processes, and strategically).
- Information-sharing about products (between assessors).
- Combined price negotiating (and joint assessment in order to achieve this).

*Our involvement:*
Member. We participate actively in the HTA working group and the steering committee.

**IHSI (International Horizon Scanning Initiative,** www.ihsi-health.org)


IHSI

IHSI is an initiative where we work together with partners from Austria, Belgium, Denmark, Ireland, Norway, Portugal, Slovakia and Sweden. Horizon scanning aims to highlight important pharmaceutical and medical technology innovations before they reach the market by continuously gathering data and analysing research and literature. The database creates awareness about new drugs which will come to market within the next two to five years. This enables decision-makers and HTA organizations to better understand forthcoming innovations and their influence on currently available products, but also to use the data to reduce prices. It also gives a better picture of expected costs and allows timely and informed decision-making and (joint) price negotiations.

*Agenda:*
- To ensure the quality of the database where we gather this information, we participate in the Quality Management Committee of IHSI and give feedback on which items to improve.
- Enable decision-makers and HTA organizations to make informed decisions.
- Decision-making is solely in the hands of governmental representatives to ensure unbiased intelligence.

*Our involvement:*
Full member, chair of the Executive Committee and Board of Directors and participant in the Quality Management Committee.

**SUSTAIN-HTA (Horizon Europe Support Utilisation of Sustainable and Tailored Innovative methods for HTA,** https://sustain-hta.org/)


SUSTAIN-HTA

Support Utilisation of Sustainable and TAilored INnovative methods for HTA is a European initiative to build a supporting infrastructure for ensuring ongoing implementation of the latest and most fit-for-purpose Health Technology Assessment (HTA) methodologies and tools in practice. The vision for the initiative is to support the pan-European HTA workforce and align HTA expertise via a robust education and training framework that can encourage the uptake of new methodologies which address important HTA needs. It is intended to be a trusted, neutral platform which provides high-quality expertise in innovative HTA methods that meet the needs of HTA bodies. We are leading the work package on implementation and are actively involved in several other parts of the project.

*Agenda:*
- Create a sustainable framework to understand the needs of European HTA bodies for new innovative HTA methods and tools.
- Take stock of the innovative HTA methods and tools developed in recent EU-funded projects and beyond.
- Support HTA bodies in the uptake of innovative methods and tools, tailored to their needs.

*Our involvement:*
Lead for Work Package 2: Implementation.

**Focus on the development of guidelines**
Our government's coalition agreement indicates that the National Health Care Institute will play a more important role in the development of guidelines. We will therefore be exploring in the coming period which partnerships to prioritize for this purpose.

Potential partnerships for which we will increase capacity are the GRADE working group, GIN, or GINAHTA, each of which are mentioned in Chapter 3.2.

## 3.2 Important memberships

The National Health Care Institute is also actively involved in other international networks. As a member of these organizations, we participate in conferences and are involved in in several working groups.

**G-I-N (Guidelines International Network,** www.g-i-n.net)

G-I-N

*Objective:*
To lead, strengthen and support collaboration in guideline development (including technology assessments and appraisal), adaptation and implementation.

*Agenda:*
- Facilitating networking, the exchange of knowledge and improving methodology.
- Promoting excellence, helping to create high-quality clinical practice guidelines that foster safe and effective patient care.
- Sharing a wide variety of support tools and publications to enhance guideline development and knowledge transfer.

*Our involvement:*
Member

**GINAHTA (Guidelines International Network Heath Technology Assessment,** https://g-i-n.net/)

GINAHTA

*Objective:*
To explore common methods and facilitate collaboration and the sharing of products between the HTA (represented by INAHTA) and guideline communities (represented by G-I-N).

*Agenda:*
- Identifying common methods (including assessment and appraisal methods).
- Identifying complementary aspects between the products of both communities.
- Detailing a platform for promoting collaboration and sharing products.

*Our involvement:*
Member

**GRADE working group** (www.gradeworkinggroup.org)

GRADE

*Objective:*
To improve and extend GRADE methodology (technology assessment and appraisal) and to spread the use of GRADE methodology in health guidelines, HTA and systematic reviews.

*Agenda:*
- Creating opportunities for support.
- Helping GRADE networks/centres (e.g., Dutch GRADE Network) with training, promotion, dissemination and implementation of GRADE.
- Providing methodological support for national, regional or professional organisations.
- Utilizing specific project groups, for example on Non-Randomized Studies, Economic Evaluations (cost-effectiveness).

*Our involvement:*
Member

**HTAi (Health Technology Assessment international,** www.htai.org**)**


HTAi

*Objective:*
To foster international scientific collaboration on HTA.

*Agenda:*
- Further development of HTA methods, for example, deliberative processes in HTA.
- Interaction with stakeholders, such as patients and technology producers, on HTA methods and implementation (HTAi Policy Forum).
- Sustainable healthcare systems.

*Our involvement:*
Organisational member, Chair of the Policy Forum Advisory Committee, active involvement in the yearly Annual Meetings and member of the HTAi Global Policy Forum.

**INAHTA (International Network of Agencies of Health Technology Assessment,** www.inahta.org**)**


INAHTAHTA

*Objective:*
To foster collaboration, knowledge exchange, and the advancement of HTA to support evidence-based policy decisions.

*Agenda:*
- To facilitate the exchange of methods and processes between HTA bodies worldwide.

*Our involvement:*
Organisational member, co-authorship and participation in the yearly Annual Meetings.

**ISPOR (The Professional Society for Health Economics and Outcomes Research,** www.ispor.org**)**


ISPOR

*Objective:*
To further develop tools for health economic assessments and outcome research.

*Agenda:*
- Development of methods of RWE and their implementation in HTA practice.
- Refinement of health economic models and their use in decision-making.
- Increase in interaction between method developers, for example, academics and consultancies, and users such as HTA bodies.

*Our involvement:*
Member, Representative in the ISPOR HTA Roundtable Europe, participation in annual European Conference and occasional member of task forces.

**MEDEV (Medicine Evaluation Committee,** www.medev-com.eu)


*Objective:*
Informal information-sharing between the national bodies responsible for the assessment, pricing and reimbursement of medicinal products to support them in their role at a national level.

*Agenda:*
- Exchanges on ongoing and planned assessments for reimbursement, methodologies and pharmaceutical policy.
- Review of EU-level activities that impact on national assessment, pricing and reimbursement.
- Timely analyses of drug-related trends and innovations, and political and legal initiatives of the European Institutions.

*Our involvement:*
Member, and we represent MEDEV at the Cancer Medicine Forum.

## 3.3 Other collaborations

We dedicate fewer resources to these collaborations on a more ad hoc basis, but they are still valuable. It also includes several conferences we attend annually.

**CIRS (Centre for Innovation in Regulatory Science,** https://cirsci.org/**):**
provides a forum for policy leaders from government regulators, HTA agencies, the pharmaceutical industry, and other stakeholders in healthcare, such as patient organisations and academia. We are involved in some of their meetings, for instance the recent one on EU HTAR[10]. We are also a member of the HTA Steering Committee.

**$H_2O$ (Health outcomes observatory,** https://health-outcomes-observatory.eu/**):**
aims to create a robust data governance model that gives patients control of their data and enables ethical, secure analysis of the data when patients consent to this, in the interests of society, science and patient care. We are a member of the Scientific Advisory Board.

**HIMSS Europe (Healthcare Information and Management System Society,** www.himss.org**):**
aims to reform the global health ecosystem through the power of information and technology. We participate in the yearly European gathering, share information and participate in discussions.

**HTA Capacity Building (HAG insight):**
supports voluntary cooperation between Member States in areas such as the capacity building of national HTA systems, so they can execute the HTAR effectively and thereby enhance effective Joint Scientific Consultation (JSC) & Joint Clinical Assessment (JCA). We are a member of the Steering Committee, participate in the virtual classrooms and act as ad hoc tutor and teacher.

**ICT & Health World Congress (**https://www.icthealth.org/**):**
provides a global platform to provide insight into real-world case studies, policy developments and innovations. We attend the yearly gathering, share information and participate in discussions.

**IHE Europe (Integrating the Health Enterprise Europe,** https://www.ihe-europe.net/**):**
provides frameworks as a technical bridge between health care processes and systems to allow different medical software to be interoperable. We attend the yearly European gathering, share information and participate in discussions.

10 Insights on Joint Clinical Assessment for HTA in the EU

**ISQua (International Society for Quality in Healthcare, https://isqua.org/):**
dedicated to improving healthcare safety and quality by educating, connecting and empowering professionals to enhance quality standards. We participate in the annual conference and are actively involved as (keynote) speaker and panellist.

**PPRI (Pharmaceutical pricing and reimbursement information, https://ppri.goeg.at/):**
As a member, we are involved in sharing information on issues of pharmaceutical policies from a public health perspective.

**Radical Health Festival Helsinki - Radical In Actions (https://radicalhealthfestival.messukeskus.com/):**
focuses in 2026 on translating precision health in practice to real-world settings. We participate in the yearly gathering, where best practices are exchanged across countries to accelerate learning and system-level progress.

# 4. List of publications related to our international activities (2024-2026)

In this chapter, we provide an overview of publications in 2024, 2025, and 2026 to which our colleagues have contributed. In this overview, we focus only on the articles related to our international activities.


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# Colophon

National Health Care Institute (Zorginstituut Nederland)
Willem Dudokhof 1
1112 ZA Diemen The Netherlands
https://english.zorginstituutnederland.nl

**Serial number** 2026004073
**Contact person** Timon Sibma

**E-mail** vragen@zinl.nl
**Phone number** +31 (0)20 797 82 27

**Department**
Research, Development & Medicines