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The societal perspective in HTA: why it should matter

Linda Mundy[1] and Guy Maddern[2]

[1]School of Public Health, Faculty of Health and Medical Sciences, Adelaide University, Adelaide, Australia and [2]HTAi Asia Policy Forum, Adelaide University, Discipline of Surgery, The Queen Elizabeth Hospital, Australia

Commentary

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Corresponding author:
Linda Mundy;
Email: linda.mundy@adelaide.edu.au

Abstract

Traditional health technology assessments (HTAs) primarily focus on safety, clinical effectiveness, and economic impact, typically through cost-effectiveness analyses conducted from the healthcare payer perspective using metrics such as cost per quality-adjusted life year. This approach overlooks the broader societal impacts of new health interventions and may lead to under- or overestimation of their overall value. Broadening the value framework to include the societal perspective would allow for the consideration of direct and indirect costs beyond health system costs, including lost productivity, caregiver impact, as well as the effect on other sectors such as education or welfare. Despite many HTA guidelines recommending its inclusion, few countries provide guidance on valuing non-health sector impacts or mandating the use of the societal perspective in the reference case. Although there are many challenges associated with the integration of the societal perspective into HTA evaluations, the lack of an internationally standardized context-specific framework remains the major barrier. Regional collaboration between HTA agencies to develop a societal perspective framework, build technical capacity, as well as share methodologies and data may address some challenges. Pilot studies should be encouraged to test the inclusion of societal elements, alongside the routine conduct of sensitivity analyses for evaluations undertaken from both healthcare sector and societal perspectives. This would enable policy makers to address uncertainty without compromising the core economic analysis. A broader, more flexible value framework may better align HTA with societal needs and values, and reward industry innovation while informing equitable funding decisions, capturing the full value of health technologies.

Introduction

Worldwide health systems are faced with the challenge of allocating limited financial health care resources to competing priorities, needing to maximize health benefits at the same time as optimizing value (1;2). By using explicit methods to determine the value of new health technologies, health technology assessment (HTA) introduces technical rigor into the decision-making process, providing health policy makers with advice based on reliable and trustworthy evidence (3;4). Common dimensions of value appraised by traditional HTA include efficacy, clinical effectiveness, safety, as well as the financial and economic implications to the healthcare system of investing in new technologies. However, other dimensions should be considered, including ethical, social, cultural, and legal issues, stakeholder impact, and any organizational or environmental issues associated with the adoption of a new technology in the healthcare system (4;5). The context in which the technology will be used should also be considered, including the health system structure, local costs, budgets, demographic and epidemiological factors, burden of disease, and broader societal factors such as existing inequalities and patient preferences—all of which influence the value for money of specific interventions (2;6). Valuing new health technologies is difficult: choices must be made regarding which effects to consider and how to reflect their value in monetary terms (7). Ideally, the true value of a new technology should also consider its "opportunity cost," comparing the benefits gained from its introduction to the benefits foregone or the value lost by the displacement of an existing technology (8).

HTA informed decision making relies heavily on economic analyses to assess the value of new health technologies compared to existing interventions, noting that the purpose of an economic evaluation is to *inform* decision making rather than determine it (9). In general, there are four types of economic evaluation: cost minimization, cost-utility, cost–benefit, and cost-effectiveness analyses (CEAs), all of which are associated with advantages and disadvantages (10). CEA remains the most widely accepted quantitative measure for assessing the value of new health technologies, where the cost per quality-adjusted life year (QALY) is expressed as the incremental cost-effectiveness ratio (ICER) (11), with sensitivity analyses conducted around the ICER to account for uncertainties (12).

Focusing on metrics such as QALYs and ICERs and excluding other "broader" dimensions of value may, however, underestimate the true value and benefit of interventions for severe diseases

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and overestimate the benefit of interventions for "milder" diseases. As a result, healthcare resources may be suboptimally or inefficiently allocated (13;14). The costs and benefits included in the evaluation of a new healthcare intervention depend on the perspective adopted: whether from the healthcare sector perspective (including all healthcare-related monetary costs regardless of who bears them), the patient perspective (rarely applied), or the societal perspective (15). The most commonly adopted perspective is that of the healthcare payer (e.g., health insurers), which considers monetary costs for treatment, disease management, and other health services managed by healthcare payers (15;16).

Decision makers find structured CEAs appealing as they offer a quantitative and reproducible method of analysis standardized across different disease areas and technologies (17). However, patients may perceive that the attributes they value in a health technology are not adequately considered if the resulting ICER is deemed to provide insufficient value for money. Developers of health technologies also argue that a strict reliance on CEAs fails to adequately recognize or reward innovation (18).

The objective of the 2025 HTA international (HTAi) Asia Policy Forum (APF) was to build on the special closed session of the 2024 APF, which explored broadening the traditional HTA value framework beyond CEAs to incorporate a societal, rather than the health system payer, perspective. The 2025 APF was attended by 25 representatives from 14 not-for-profit organizations (including HTA agencies, payers, and health systems), 18 representatives from nine for-profit organizations (pharmaceutical, biotechnology, and medical device companies), as well as a patient representative and several participants affiliated with HTAi. Over the three-day meeting, participants engaged in open discussions on the benefits and challenges of incorporating the societal perspective into HTA, informed by a background paper (19). This report summarizes the key messages emerging from the 2025 APF.

Alternative frameworks

To address the limitations of traditional assessments of value using CEA, alternative value assessment frameworks have been developed to help decision makers account for the "reasonableness" of their decisions. Organizations such as the European Society of Medical Oncology have developed modified assessment frameworks to determine the value of new pharmaceuticals, enabling a patient-centered approach with shared decision making; however, these disease-specific frameworks are not consistent with population-level decision making (20). The updated value framework of the Institute for Clinical and Economic Review reflects various "contextual considerations" and "other benefits and disadvantages" of therapies, including disease severity, lack of alternatives, novel mechanism of action, and health disparities. While this framework is designed to address pricing and insurance coverage issues in a market-based health system, it does consider specific differences in evidence standards and unique aspects to the development, early evaluation, regulatory approval, uptake, and patterns of all health technologies, including pharmaceuticals, devices, digital health technologies, diagnostics, and delivery systems (21).

Multiple criteria decision analyses (MCDAs) have also been proposed as a means of overcoming the limitations of CEAs by applying *explicit* criteria that address localized needs and priorities. Scores or weightings associated with these criteria are ranked or rated, with multiple factors combined into a single value that, through a deliberative, collaborative process, can be used to reach consensus and support healthcare decision making (22). However, the lack of a validated MCDA framework represents a significant challenge, especially around uncertainties in the weighting and scoring of the criteria used and the potential for a lack of consensus among participants (23). The role of patient and public involvement methods, such as citizens juries, in deciding which criteria should be included in an MCDA, especially technologies for rare disease or an unmet clinical need, should be explored; however, this may lead to (further) delays in accessing new technologies.

Decision-making bodies such as the Scottish Medicines Consortium and the National Institute for Health and Care Excellence introduced the use of modifiers as an alternative to the consideration of the results of traditional CEAs. Modifiers are designed to accommodate the approval and funding of technologies that may result in substantial changes in life expectancy or quality of life (QoL) by considering additional factors. This allows for greater flexibility in decision making, especially around high-cost drugs or technologies that treat severe, rare, or debilitating disease, end-of-life care, or those targeting pediatric populations. The use of modifiers may allow decision makers to accept more uncertainty in economic analyses where there is limited efficacy data available, or a higher cost per QALY (13;24–26). The use of modifiers at the appraisal stage has, however, been criticized as a means of funding health technologies that benefit the few at a cost to the many, resulting in fewer technologies being approved at an "opportunity cost" to other patients (27).

One of the most widely discussed alternative evaluation frameworks is the Professional Society for Health Economics and Outcomes Research's (ISPOR) "value flower" model, designed to augment rather than replace CEAs (Figure 1) (28). Value is at the hub of the model, with spokes going out to 12 different elements, with QALYs retained as a core element along with cost offsets or net costs. By considering additional value elements, the value flower aims to better capture and evaluate the benefits and costs of new health technologies from a societal perspective, many of which relate to uncertainty such as equity, severity of disease, scientific spillovers, and value of hope, noting that quantifying and measuring these elements is complex due to their subjective nature (13;28). Productivity (ability to work or perform daily activities despite treatment or disease) and adherence-improving factors (adherence to treatment can significantly impact outcomes and costs) are also included despite inconsistent use (29;30).

The BRAVER Roadmap (31), which examined how broader value elements could be integrated into HTA frameworks, exploring the opportunities and barriers to incorporating the societal perspective into HTA in the Asia region, provided the foundation for this year's APF. It is hoped that by adopting a societal perspective, decision makers can better address both clinical and societal needs, particularly in countries where reliance on informal caregiving is increasing due to rapidly aging populations and an increasing burden of chronic disease, resulting in wider social care expenditure. From an industry point of view, consideration of wider health sector benefits in HTA may help drive and reward innovation with the development of novel therapies by scientific "spillover." Many of the elements proposed to be included in HTA by the BRAVER study overlap with those proposed by the ISPOR value flower; however, several elements are unique, including the impact on economic activity (economic growth) and on other government sectors (e.g., education), patient indirect costs and consumption, as well as health-related QoL and indirect costs for caregivers. Productivity is considered from both the patient and the informal caregiver's perspective (31).

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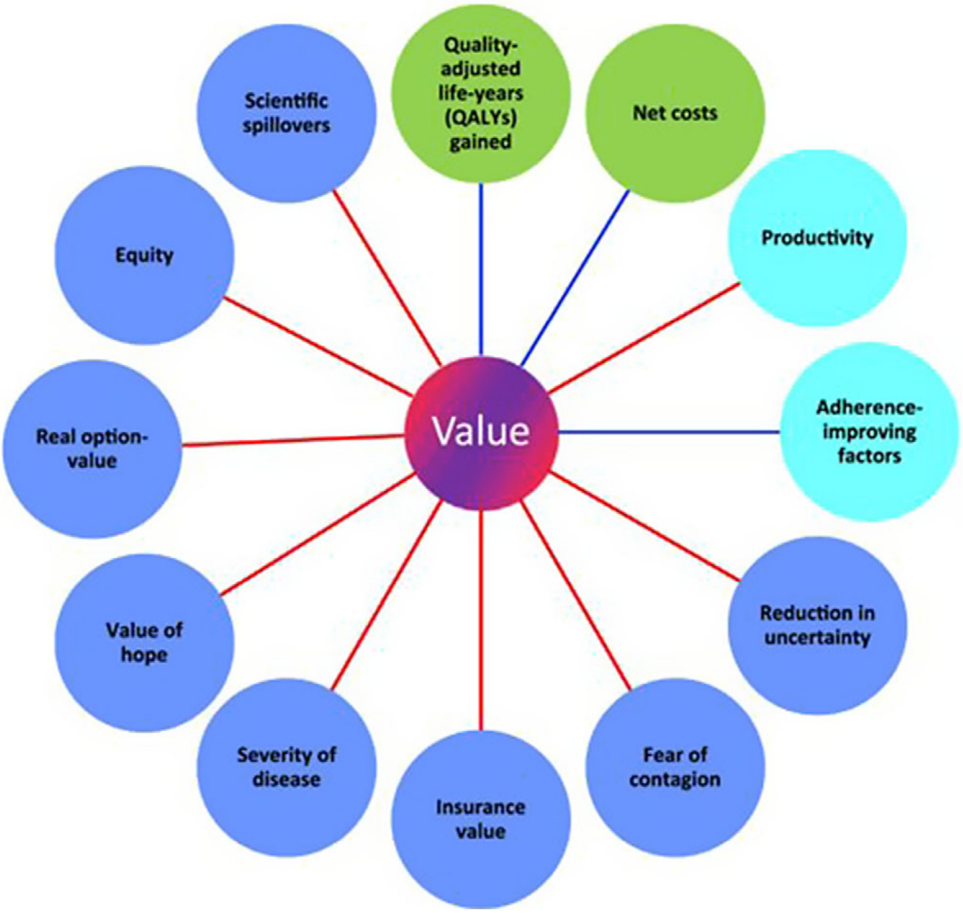


Figure 1. The ISPOR value flower, 2018 (13;30).

As such, discussions at the 2025 APF centered around whether it is time to think beyond traditional economic evaluations using QALYs and consider implementing a societal perspective approach, including all costs and benefits of a health intervention, regardless of who experiences them. This approach would encompass not only direct medical costs to the healthcare system but also indirect costs and benefits, including patient and caregiver time, productivity losses or gains, and broader social and economic impacts (16;32). The key question for HTA agencies and health systems to address is whether the inclusion of societal elements, such as the impact on caregivers, is relevant to the decision-making process and should it be incorporated in HTA, and if so, how and where?

Pre-meeting surveys and breakout group discussions

Nine HTA agencies from eight countries and seven industry participants responded to a pre-meeting survey designed to gauge delegates' understanding of the societal perspective as well as its implementation in the Asia region. In addition, during the first session of the APF, delegates were asked to provide three words that described what the societal perspective meant to them, with the resulting word cloud showing that "Equity" was at the heart of many responses, followed by "Inclusive" and "Productivity" (Figure 2). Both the survey results and the word cloud served as a springboard for breakout group discussions, which comprised a mix of industry and agency delegates discussing the topics described in Figure 3.

Most survey respondents from agencies and industry were either very or moderately familiar with the concept of the societal perspective (89 and 86 percent, respectively) and felt that its inclusion was moderately or very important (89 and 100 percent, respectively). To this end, Group-1 discussed the perspective an evaluation framework should reflect. The primary focus of both well-developed (e.g., the Philippines and Japan) and developing HTA systems (e.g., India and Cambodia) was evaluations conducted from the payer's perspective, with recommendations mainly based on CEA. However, countries with well-developed HTA systems include additional qualitative data to support these analyses, especially when considering rare diseases or population-wide programs such as vaccination. Only Thailand described the development of HTA guidelines to incorporate the societal perspective, noting the limitations and difficulties around data collection, especially direct and indirect medical costs. One of the key recommendations from Group-1 was to involve key stakeholders early, seeking endorsement when developing value frameworks.

There was greater variation between agency and industry responses when asked which elements should be considered in an economic evaluation conducted from the societal perspective. Most agencies favored the inclusion of severity of disease, impact on family or caregivers, productivity and affordability, and benefits to society, closely followed by equity and disparity in health outcomes. All industry respondents wanted the long-term societal impact and the impact on family or caregivers to be considered,

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Figure 2. Word cloud describing the societal perspective.

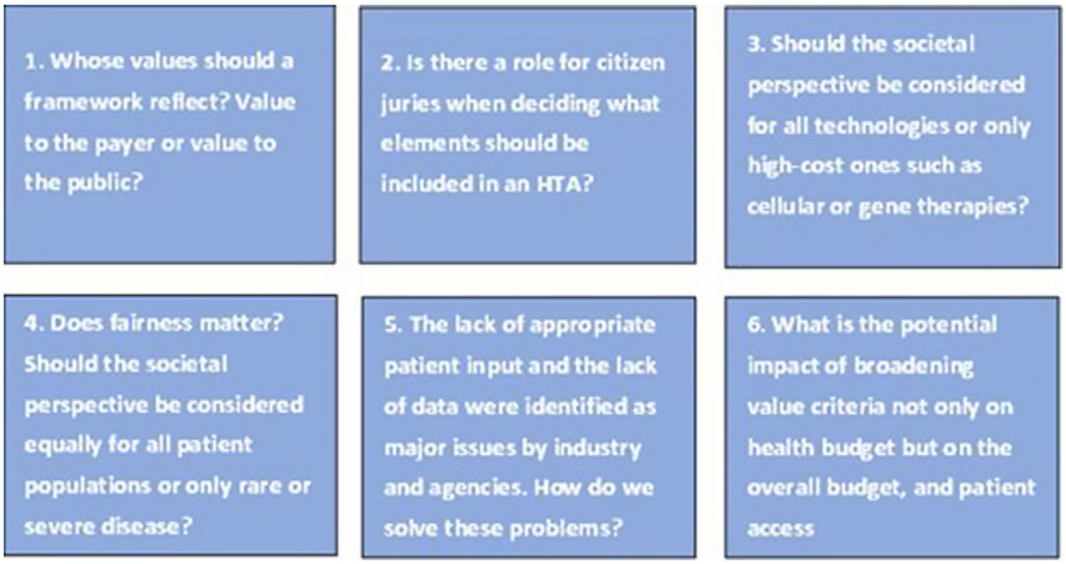


Figure 3. Themes for the breakout group discussions.

followed by productivity and affordability, and benefits to society (86 and 71 percent, respectively). Interestingly, only one industry respondent identified scientific spillover as an element that should be considered.

Citizen juries have been suggested as a means of providing an informed public or patient perspective on how the value of new technologies should be determined to guide funding decisions, with care taken to recruit a representative panel with adequate levels of health literacy to ensure the results are generalizable to the greater population (33). There was some discussion by Breakout Group-2 as to whether citizen juries should comprise patients who would *benefit* from the intervention in question, or the general public, and it was agreed that both would provide a valuable perspective. Group-2 agreed that citizen juries should be considered crucial to ensure patient-centered policy, providing valuable insights into certain societal perspective elements due to their lived experience; however, their involvement should only be part of the process. Despite a willingness to consider citizen juries, serious challenges were raised, particularly regarding the capability and capacity of HTA agencies to implement this approach and the level of participants' health literacy.

When the survey asked respondents to identify the greatest challenges to incorporating the societal perspective into HTA evaluations, all agencies cited the limited availability of appropriate

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data, especially data estimating the short- and long-term costs associated with many of the societal perspective elements and patient-reported outcomes. Finding ways for consistent patient involvement in HTA would better inform the inclusion of broader outcomes and social values in HTA, providing unique insights into the potential benefits or disadvantages of a health technology (34). Breakout Group-5 discussed this issue and potential solutions. The availability and quality of data were identified as a major issue, with data often being fragmented, held by different institutions, and lacking linkage. A short Industry poster session held during the APF demonstrated that published data are available, suggesting that perhaps the greatest issue is not so much the lack of data but the inability to *access* appropriate data.

Further issues identified by Group-5 included the exclusion of broader societal benefits from the base case of most health systems, together with payers' uncertainty about how to elicit and use patient data in assessments, representing a major systemic barrier. Patient engagement is inconsistent, with patients often having limited awareness of opportunities, a lack of understanding of the process or health system, and often lacking the capability or empowerment to engage. Patient recruitment for input can be challenging, with concerns around data privacy and ownership. Potential solutions suggested by the group include adopting a life cycle approach to evidence generation, starting early with clear research questions that will generate appropriate evidence. Multi-stakeholder engagement should be fostered, as well as building capabilities and capacity for patient groups, and partnerships across government, industry, physicians, patients, and other stakeholders should be promoted to codesign solutions. Transparency around the impact of patient evidence needs to be increased, with data shared across jurisdictions to maximize impact. Similarly, a siloed approach to data should be avoided by adopting a whole-of-government approach to data access across all departments (e.g., criminal justice, education), as well as developing clear guidance on the use of real-world evidence.

Other major challenges identified by the survey included a lack of capacity, including funding, staffing levels, and increased time pressure to conduct evaluations with the application of the societal perspective (56 percent), and the lack of appropriate patient input, political will, and expertise or training (44 percent). Similar challenges were identified by industry members, who highlighted the importance of considering the overall budget impact by conducting broad, multi-stakeholder engagement with sectors other than health, such as the education, finance, and criminal justice sectors. The survey identified an additional obstacle: the lack of consensus on which technologies (all or only high-cost ones) or which diseases (all or only severe, rare, or pediatric conditions) should be assessed from a societal perspective. The literature suggested that pilot studies, perhaps restricted to specific disease areas like rare diseases, may be helpful to demonstrate the inclusion of the societal perspective (31).

Group-3 tackled the first of these challenges, discussing the elements of value in HTA, and factors of the societal perspective that are important, such as productivity, family spillovers, insurance value, severity of disease, and scientific spillovers (see background paper). Consideration of these elements may capture the broader impact of health technologies beyond direct medical costs. Although Group-3 agreed that the societal perspective should be considered for high-cost technologies, ideally it should be considered for *all* health technologies; however, the depth and breadth of the application of the societal perspective should be tailored to the technology and decision context. Group-3 felt that it is particularly important to broaden the assessment of societal impacts for lower-cost technologies that have the potential to affect large populations, such as vaccination programs, to better inform resource allocation and ensure healthcare investments align with societal values, even when individual vaccines are relatively inexpensive. Conversely, for high-cost technologies, greater emphasis should be placed on factors such as productivity loss and disease severity. Group-4 reported an *ad hoc* and inconsistent application of the societal perspective, driven by limited HTA capacity and funding, insufficient data, a lack of methodological standardization, and unresolved prioritization dilemmas related to the need for equitable resource allocation across the health system. A key recommendation of Groups-1 and -4 was the phased inclusion of the societal perspective using a mixed-methodology approach, incorporating both qualitative and quantitative evidence, applied to prioritized disease areas, with expansion as the system matures over a suggested 5-year timeline. Fundamental to achieving this is the need for methodological standardization with the development of a framework and protocols that incorporate patient-reported outcomes, allowing inclusion of "imperfect" but insightful data. Multi-stakeholder engagement should be encouraged and include ministries beyond health as well as public deliberation, helping to shift the mindset of decision makers from focusing on costs to focusing on "health investment."

Group-6 identified some of the positive impacts of broadening value criteria, including better capturing the value of innovation to ensure more efficient allocation of healthcare resources, greater inclusion of diverse stakeholder perspectives in the decision-making process, and having a more patient-centered approach. However, the group also identified several potential challenges. There is a risk of exacerbating inequities if broader value elements are not consistently or appropriately captured. Ensuring transparency throughout the assessment process will require a significant shift in mindset among decision makers to support the adoption of an expanded value framework. In addition, resource and methodological challenges and the increased complexity of assessments may potentially result in HTA bottlenecks, possibly delaying access to new technologies. A key recommendation from Group-6 was to strengthen stakeholder engagement to ensure that meaningful evidence is captured, thereby improving the acceptance of broader value criteria and promoting greater transparency in decision making.

Discussion

The lack of a standardized societal perspective framework and its current *ad hoc* application have left HTA practitioners and industry uncertain about how to incorporate broader societal value elements in practice. As such, the incorporation of additional value elements into HTA is rare due to the complexity of quantifying and measuring these elements. Methodological issues such as double counting, where variables are included both in the input (costing) side of the evaluation and the output side, remain a major concern that may result in misleading evaluations with interventions appearing to be more, or less beneficial than they actually are (17). Breakout group discussions confirmed that most HTA agencies and industry members recognize the urgent need for the development of an internationally standardized, context-specific framework to assist in the incorporation of elements of the societal perspective into economic analyses. HTA policy needs to be developed especially to improve the quality and comparability of industry submissions, and as a consequence, patient access to new technologies.

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A recent overview of the methods used in economic evaluations where HTA is used to support reimbursement decision making found that only a few countries (Canada, the Netherlands, and South Korea) described how the inclusion of intersectoral costs and benefits should be factored into economic evaluations. Despite acknowledging the importance of non-health benefits and harm, most countries only consider some broad value elements in their evaluations, recommending that the inclusion of indirect and non-health benefits be presented only as supplementary analyses to the reference case (35). Breslau et al. (36) and Avsar et al. (37) confirmed these findings, reporting that while many countries include some elements of the societal perspective, most do not specify the circumstances under which it should be applied (36;37).

Outside of Asia, only the Netherlands recommends the inclusion of the societal perspective for economic analyses in the reference case for all HTA evaluations, providing guidance on how to value costs and benefits that fall outside of the health sector. An earlier version of the guidelines recommended conducting economic analyses from the societal and healthcare sector in parallel, allowing decision makers and stakeholders to understand the differences and the tension between the two perspectives (38). The reference case considers all costs within the healthcare sector, as well as life years gained, patient and family costs including QoL effects on informal caregivers, costs in other sectors, and productivity losses (39). The background paper and presentations during the APF highlighted that many countries in the Asia region include some elements of the societal perspective, especially consideration of equity of access, in the evaluation of new technologies. However, only Thailand's Health Intervention and Technology Assessment Program (HITAP) has developed guidelines that explicitly state the use of the societal perspective for *all* economic evaluations of *all* health technologies to be considered for inclusion in the benefit package.

When the survey asked for any additional thoughts, respondents suggested that the incorporation of the societal perspective into every HTA for *all* health technologies would not be feasible. However, for certain innovative, high-impact, or high-cost technologies, the societal perspective may provide valuable complementary insights that strengthen the overall assessment. If the societal perspective was adopted without additional health funding, it is more likely that *different* or even *fewer* interventions would be approved for reimbursement, rather than *more* access or technologies, as hoped by health technology developers, highlighting a critical divergence of thought between agencies and industry. If the societal perspective is not applied uniformly, then further dialogue with policy makers would be required around which therapeutic areas or patient populations should be prioritized, highlighting the need to shift the mindset of policy makers from considering technologies as a "health cost" into "health investments."

Conclusions

A key question after each APF is "where do we go from here?" HTA agencies expressed interest in engaging in regional discussions to determine which types of technologies are most appropriate for the inclusion of societal considerations. This approach would effectively focus resources while ensuring that societal values are considered where they are most relevant. A potential role for HTAi to play was discussed, especially in developing guidelines for innovative data collection and advocating for the acceptance of patient experience data, despite not meeting traditional evidentiary standards. HTAi could also play an important role in building patient capability by training advocates on HTA processes and financial health literacy. Industry and HTA agencies from the region may also benefit from forging closer links with HTAi's Patient and Citizen Involvement in HTA (PCIG) interest group to strengthen the routine incorporation of the patient perspective into HTA.

The take-home message from the 2025 APF was that consideration of the societal perspective in HTA may have many benefits for the Asia region, especially when considering the economic impact of productivity losses from the increasing burden of chronic disease combined with the high reliance on informal caregiving. The societal perspective may assist in addressing unmet needs and health inequalities while reflecting cultural and societal values and improving access to innovative therapies; however, this may require a shift in mindset. More needs to be done to involve patients and caregivers in the decision-making process, and to engage all stakeholders in early dialogue, especially between HTA agencies and innovators. A conducive policy environment needs to be created to develop policy and a legislative framework that recognizes societal values and provides a clear mandate to HTA agencies. A stepwise approach, incorporating broader value elements through pilot projects, is recommended, prioritizing elements that can make tangible short-term progress such as equity, productivity, or health sector capacity. Allowing industry submission dossiers to include a societal perspective would help highlight potential benefits to policy makers. In addition, when societal elements are considered in an evaluation or appraisal, greater transparency around how these data inform decision making would provide valuable learnings for industry and support improvement in future submissions.

In conclusion, the incorporation of the societal perspective may better align HTA with societal needs and values, and reward industry innovation while informing equitable funding decisions, capturing the full value of health technologies.

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