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Reconsidering the characterization of Iran's health technology assessment system

Mojtaba Nouhi[1], Mohammadreza Mobinizadeh[2] and Alireza Olyaeemanesh[3]

[1]Department of Health Economics, Faculty of Medicine, Shahed University, Tehran, Islamic Republic of Iran; [2]Tehran University of Medical Sciences, Islamic Republic of Iran and [3]National Institute for Health Research, Tehran University of Medical Sciences, Islamic Republic of Iran

Letter

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Corresponding author:
Mohammadreza Mobinizadeh;
Email: mr.mobini1986@gmail.com

Dear Editor,

We read with interest the article by Jameleddine et al., "Policy dialogue on health technology assessment in Middle East and North Africa: reporting from an HTAi initiative," published in the International Journal of Technology Assessment in Health Care (1). We commend the authors' effort to describe the evolving health technology assessment (HTA) landscape across the MENA region. However, we would like to comment on the characterization of Iran's HTA system as "Incomplete".

The table acknowledges that HTA has been formally present in Iran since the late 2000s, and that systematic evaluations of health technologies are produced. It nevertheless states that HTA is not yet fully integrated into national policy and decision making because of limitations in legal frameworks, funding, capacity, and report quality. We believe this formulation does not sufficiently distinguish between the existence and institutional development of an HTA system and the challenges involved in translating HTA evidence consistently into final policy decisions.

HTA activities in Iran were formally initiated in 2007 through the establishment of an HTA secretariat within the Ministry of Health. The subsequent organizational arrangements placed the HTA Office under the Ministry's Deputy for Curative Affairs, with responsibilities including the commissioning of assessments of medicines and medical equipment, capacity building, development of academic training, and coordination with organizations involved in health insurance and healthcare decision making (2). These developments demonstrate that HTA in Iran was established as an institutional policy function rather than remaining solely an academic activity.

In addition, Iran has actively participated in the biennial WHO/EMRO HTA meetings for years and has been recognized in the region as a country with an active HTA program (3;4). This regional engagement further supports the view that Iran should not be described merely as having an "incomplete" HTA system, but rather as possessing an established HTA structure with continuing implementation challenges.

More recent evidence further illustrates the practical use of evidence-informed priority setting in Iran. The Health Insurance Benefit Package has been revised through an evidence-informed deliberative process involving relevant stakeholders, transparency, and structured evaluation. A pilot assessment concerning multiple sclerosis led to the inclusion of four new services and revision of coverage for five others, while aiming to remain within a defined budget (5). The study also identifies HTA-based priority setting as an ongoing activity for revising the benefit package and reallocating resources from low-value to high-value services.

We acknowledge that important challenges remain, including inconsistent implementation, limitations in sustainable financing and data availability, variation in assessment quality and timeliness, and difficulties in ensuring that recommendations are systematically reflected in final coverage and reimbursement decisions. Nevertheless, these are more appropriately understood as implementation and evidence-integration challenges within an established HTA system, rather than evidence that the system itself is incomplete.

We therefore suggest that future descriptions characterize Iran as having an institutionalized HTA system with persistent challenges in implementation and integration into decision making. This wording would more accurately reflect both Iran's institutional development and its continuing policy challenges.

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