

Evaluation of the Austrian Institute for Health Technology Assessment (AIHTA)

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Evaluation Report

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Kurzzusammenfassung der Evaluierungsergebnisse von AIHTA

Nach 14-jähriger Laufzeit des Ludwig Boltzmann Instituts für Health Technology Assessment (LBI-HTA) wurde das Institut im März 2020 in die Austrian Institute for Health Technology Assessment GmbH (AIHTA) überführt. Die Trägerschaft liegt seither beim Dachverband der österreichischen Sozialversicherungsträger (DVSV), dem Bundesministerium für Arbeit, Soziales, Gesundheit, Pflege und Konsumentenschutz (BMSGPK) sowie den Gesundheitsfonds der Bundesländer bzw. den Ländern direkt. Ziel dieser Neustrukturierung war die Etablierung eines unabhängigen Instituts, das evidenzbasierte Gesundheitspolitik in Österreich unterstützt und dessen Kernkompetenz in der Durchführung von Health Technology Assessments (HTAs) liegt.

Vor Beginn der nächsten Finanzierungsvereinbarungsperiode wurde das AIHTA einer externen, unabhängigen Evaluierung unterzogen, die im zweiten Halbjahr 2025 durchgeführt wurde. Die Evaluierung zeigt, dass das AIHTA exzellente Leistungen erbringt. Die inhaltliche Arbeit des Instituts wird sowohl national als auch international sehr geschätzt und zeichnet sich durch topwissenschaftliche Leistungen in der Grundlagen- wie auch in der Auftragsforschung und Politikberatung aus.

Die Unabhängigkeit des Instituts ist unbestritten und bildet eine zentrale Grundlage für seine Glaubwürdigkeit. Besonders positiv hervorgehoben werden die persönliche Erreichbarkeit sowie die fachlichen Kompetenzen der Mitarbeitenden. In den letzten Jahren hat sich das AIHTA institutionell deutlich weiterentwickelt. Aktuell beschäftigt das Institut knapp 30 Mitarbeitende. Unter der neuen Geschäftsführung ist das AIHTA noch dynamischer und präsenter geworden. Zudem ist das AIHTA gut in sämtlichen relevanten internationalen HTA-Netzwerken eingebunden, was den Wissensaustausch und -zugewinn sowie die Kompetenzbildung in Methodiken umfassend fördert. Auf nationaler Ebene bestehen darüber hinaus langjährige Kooperationen mit österreichischen Universitäten wie UMIT, Paracelsus Medizinische Privatuniversität (PMU), der Medizinischen Universität Graz und der Medizinischen Universität Wien. Zudem befindet sich das AIHTA – systemisch gut vernetzt – im guten Austausch mit gesundheitspolitisch zentralen Akteuren wie GÖG und AGES.

Über die Jahre ist das AIHTA gewachsen – sowohl thematisch als auch im Hinblick auf Kapazitäten und Ressourcen. Mit diesem Wachstum ging schließlich auch die Anforderung einer weiteren Professionalisierung der Institution einher. Parallel zur vorliegenden Evaluierung hat daher die neue Geschäftsführung einen umfassenden Prozess zur Organisations- und Personalentwicklung gestartet. In Zukunft sollen dabei eine funktionale Organisationsstruktur sowie insbesondere dem wissenschaftlichen Nachwuchs und den Mitarbeitenden attraktive Perspektiven geboten werden.

Eine Evaluierungsfrage umfasst auch, ob es künftig einer stärkeren Fokussierung auf Schwerpunktthemen bedarf. Tatsächlich hat das AIHTA jüngst fünf strategische Tätigkeitsfelder definiert. Die Interviews haben gezeigt, dass die Mehrheit der befragten Stakeholder gerade in der thematischen Breite eine besondere Stärke des AIHTA sieht, insbesondere auch im Vergleich zu anderen HTA-Institutionen.

Nach Ansicht der Befragten werden in Zukunft gesundheitsökonomische – nicht zuletzt angesichts des Kostendrucks und der Budgetknappheit im öffentlichen Sektor – sowie ethische Fragestellungen eine noch größere Bedeutung einnehmen. Insbesondere in der Gesundheitsökonomie bedarf es hierfür einer Weiterentwicklung methodischer Ansätze, wie etwa der Entwicklung von Modellen, sowie eines guten Zugangs zu Daten, beispielsweise zu Administrativdaten.

Zum Themenbereich Public Health wird angemerkt, dass dieses Feld in Österreich von mehreren Akteuren besetzt ist. Eine stärkere Profilbildung sowie eine Ausrichtung der Auftragsvergabe an den erforderlichen einschlägigen Kompetenzen, wie etwa der HTA-Kompetenz des AIHTA, und weniger an den jeweils verfügbaren Ressourcen würden nach Ansicht einiger Interviewpartner:innen einen systemischen Mehrwert bringen.

Die Evaluierung zeigt, dass der Bedarf an HTAs weiter steigt, jedoch nicht ausschließlich auf klassische HTA-Produkte beschränkt ist. Stakeholder halten in den Interviews fest, dass insbesondere das Interesse an Factsheets und Rapid Assessments hoch ist, da diese Formate für eine rasche Orientierung und Entscheidungsunterstützung zunehmend benötigt werden.

Die Bewertung von Medizinprodukten und medizinischen Anwendungen, auch im digitalen Bereich, wird als systemisch hoch relevant eingeschätzt. Mit der HTA Berichterstellung für das nationale Bewertungsboard hat das AIHTA seine Rolle weiter gestärkt und erfüllt diese auch sehr gut, wie zahlreiche Interviewte sowohl aus der wissenschaftlichen Community als auch auf Seite der Eigentümer festhielten.

In Bezug auf die Sichtbarkeit wird das AIHTA insgesamt sehr positiv wahrgenommen. Die Website wird als sehr gelungen bewertet, und der Newsletter wird von vielen Stakeholdern und der Community genutzt und abonniert sowie als sehr wertvoll angesehen.

Immer wieder – auch bei anderen international betrachteten HTA-Institutionen – wird das Thema der Lesbarkeit und Verständlichkeit von Berichten als Herausforderung wahrgenommen. Dies betrifft zum einen die inhaltliche und strukturelle Lesbarkeit der Berichte, zum anderen die Erreichbarkeit unterschiedlicher Zielgruppen. Insbesondere Vertreter:innen des Krankenhausmanagements und von Patientenanwaltschaften äußern den Wunsch nach mehr evidenzgestützten Informationen für die Entscheidungsfindung in ihrem Verantwortungsbereich.

Ebenso wird – auch von HTA-Institutionen im Ausland sowie von interviewten Vertreter:innen wissenschaftlicher Einrichtungen – die Verbindlichkeit von Empfehlungen auf Basis von HTAs thematisiert. Tatsächlich wurde mit der Einrichtung des Bewertungsboards gesetzlich verankert, dass HTAs als Grundlage für die Empfehlungen des Bewertungsboards heranzuziehen sind. Darüber hinaus existiert jedoch kein gesetzlicher Rahmen, der zu einer systematischen Nutzung von HTA-Evidenzen verpflichtet. In Ländern wie Deutschland ist dies gesetzlich anders gehandhabt. Um mehr Impact und systemischen Nutzen von HTAs zu generieren, regen mehrere Interviewpartner:innen daher an, hierfür bessere, auch gesetzlich verankerte Rahmenbedingungen zu schaffen.

Was das AIHTA betrifft, wird in vielen Interviews wiederholt auf den USP des Instituts verwiesen. Sowohl für Eigentümer als auch für weitere Stakeholder ist es essenziell, dass das AIHTA seine HTA-Expertise klar als Profil nach außen kommuniziert und sich entsprechend positioniert.

Hinsichtlich der Finanzierung wird seitens der Governance festgehalten, dass die öffentlichen Haushalte derzeit unter hohem Druck stehen und eine Stagnation der Mittel, wenn nicht gar eine Verknappung, zu erwarten ist. Manche Stakeholder sehen daher einen Hebel darin, die Finanzierung künftig durch eine verstärkte Akquise von Drittmitteln auf europäischer Ebene zu stärken. Unter den Eigentümern bestehen hierzu jedoch unterschiedliche Sichtweisen. Einige Eigentümer halten fest, dass sich das AIHTA primär auf die Aufgabenerfüllung im Rahmen nationaler Projektbeauftragungen konzentrieren sollte. Eine „Kofinanzierung“ von EU-Projekten wird in diesem Zusammenhang eher kritisch gesehen. Demgegenüber steht die Einschätzung, dass internationale Projekte einen direkten oder indirekten Nutzen für Eigentümer und Stakeholder haben können, da das AIHTA durch internationale Zusammenarbeit Zugang zu Wissen und methodischen Kompetenzen gewinnt, neue Themen rascher aufgreift und Synergien für nationale Projekte nutzen kann.

Unabhängig davon besteht die Forderung, Transparenz hinsichtlich Wirtschaftlichkeit und Effizienz des Mitteleinsatzes des Instituts zu bewahren, was aus Evaluierungssicht durch die vorliegenden Informationen erfüllt wird. Als essenziell für die zukünftige Leistungsfähigkeit des AIHTA wird vor allem ein nachhaltiges Finanzierungsmodell angesehen, das eine ausreichende Basisfinanzierung sowie eine strategische Komponente für Eigeninitiativen – etwa zur Bearbeitung von Zukunftsthemen oder zur methodischen Weiterentwicklung – umfasst. Zudem wird von der wissenschaftlichen Community betont, dass die Präsenz in der akademischen Forschung, insbesondere durch Publikationen in peer-reviewten Journals sowie die Teilnahme an wissenschaftlichen Konferenzen und Tagungen, für den Kompetenzausweis des Instituts von hoher Bedeutung ist.

Ebenso wurde in zahlreichen Interviews, auch mit Vertreter:innen ausländischer HTA-Institutionen, festgehalten, dass das AIHTA künftig stärker in einen öffentlich wirksamen Dialog mit der Politik treten sollte, etwa durch die Organisation von Symposien zu gesundheitspolitischen Themen.

Auf Basis der Evaluierung ergeben sich demnach drei **Handlungsempfehlungen zur Weiterentwicklung**:

1. Den USP des AIHTA weiter stärken, sichtbarer machen und besser kommunizieren; dazu zählt auch eine weitere Professionalisierung der Institution.
2. Ein nachhaltiges Finanzierungsmodell etablieren, das eine mittel- bis langfristige Ressourcenplanung absichert, Inflationsausgleiche berücksichtigt und einen strategischen Gestaltungsspielraum ermöglicht. Effizienz und Effektivität im Mitteleinsatz sollen dabei auch künftig handlungsleitend sein.
3. Mehr Verbindlichkeit von HTAs durch entsprechende gesetzliche Rahmenbedingungen schaffen und damit die systemische Wirkung des AIHTA stärken; dieser Punkt obliegt der Governance. Bereits bestehende Handlungsempfehlungen für HTA in Österreich sowie die Qualitätsstrategie für das österreichische Gesundheitswesen können hierbei einen wichtigen Beitrag leisten und die HTA-Kompetenz sowie die systemische Wirkung des AIHTA weiter stärken.

Executive summary

The Austrian Institute for Health Technology Assessment GmbH (AIHTA) was established in March 2020 as the direct successor to the Ludwig Boltzmann Institute for Health Technology Assessment (LBI-HTA). When LBI-HTA reached the end of its funding period, key stakeholders—including the Federation of Austrian Social Insurance Institutions (DVSV), the Federal Ministry of Labour, Social Affairs, Health, Care and Consumer Protection (BMASGPK), and the Health Funds of the Austrian federal states, as well as the federal states themselves—recognized the importance of continuing its work. Together with the Ludwig Boltzmann Society, they transformed the institute into an independent entity to ensure long-term sustainability and continued contribution to healthcare decision-making in Austria.

The evaluation demonstrates that AIHTA implements its objectives very well and efficiently. Stakeholders consistently recognize outputs as scientifically robust, methodologically rigorous, and highly relevant for evidence-informed decision-making. Across all interviews, AIHTA was perceived as fully independent. Personal accessibility of staff, collaboration, and effective internal coordination are further strengths that enhance the usability and impact of outputs.

The institute is well integrated internationally through HTA networks and maintains strong national collaborations with universities and research institutions, encompassing both teaching and research activities. Cooperation, knowledge exchange, and personal interactions are regarded as highly valuable.

The evaluation highlights the need for continued professionalization. Strengthening governance, organizational structures, and internal processes is essential to maintain high-quality outputs and operational efficiency. Strategic thematic prioritization could enhance impact while maintaining the breadth of topics, which stakeholders value. Methodological development, particularly in health economics and ethical assessment, and improved access to relevant data, are increasingly important.

Sustainable funding is a key factor for AIHTA's performance and long-term impact. Predictable core resources, complemented by strategically aligned third-party funding, are essential for conducting high-quality research. Also important is a strategic component that allows AIHTA to pursue its own initiatives, such as emerging research topics or the further development of methodological approaches. Greater integration into policy processes and systematic consideration of HTA outputs would further enhance visibility, uptake, and impact. Timely access to relevant data, supported by appropriate legal frameworks, is also critical to ensure robust and policy-relevant assessments. In this regard, improvements in the national policy and regulatory framework are needed to increase the impact of AIHTA.

Based on the evaluation findings, three key recommendations have been identified to further strengthen AIHTA's performance, strategic relevance, and impact on healthcare decision-making.

1. Strengthen AIHTA's unique positioning and visibility

Clarify the institute's mandate, distinctive role, and added value; highlight national and international expertise, methodological know-how, and participation in networks. Proactively address emerging research topics and enhance dissemination through concise, accessible formats.

2. Establish a sustainable and future-oriented financing model

Establish a sustainable funding model that ensures medium- to long-term resource planning, accounts for inflation, and allows for strategic flexibility. Efficiency and effectiveness in the use of funds should continue to guide decision-making.

3. Increase the binding effect of HTAs in policy and practice

Strengthen legal and systemic frameworks to ensure that HTA recommendations are systematically considered and acted upon in healthcare decision-making, as is already practiced in other countries. Enhance visibility, uptake, and impact through active engagement with policymakers and stakeholders, and improve access to timely, high-quality data.

Overall, continued organizational professionalization, strategic prioritization, investment in staff and methodology, sustainable financing, and strengthened policy integration are essential to maintain and further strengthen AIHTA's role as Austria's leading HTA institute.

1. Evaluation – reason, key questions and methodical approach

The Austrian Institute for Health Technology Assessment GmbH (AIHTA) began operations in March 2020 as an independent body providing scientific support for decision-making in the healthcare sector. In advance of negotiations on a further seven-year funding period, AIHTA is to be evaluated in accordance with its rules of procedure. This evaluation constitutes a key step in safeguarding the institute's continued excellence and relevance within the Austrian healthcare system.

The evaluation addresses the needs of multiple stakeholders, including funding bodies, healthcare policymakers, the scientific advisory board, management, and partner organizations, by assessing AIHTA's contributions to evidence-based healthcare policy, the quality of its research, its national and international visibility, and its capacity to conduct high-quality basic and applied research as well as consultancy activities.

Beyond informing funding bodies about the institute's development and performance, the evaluation will also support AIHTA's strategic orientation for the coming period. In doing so, it will help ensure that Austria remains at the forefront of health technology assessment, effectively responding to emerging challenges and technological innovations in the healthcare sector. Overall, this systematic evaluation provides a comprehensive picture of AIHTA, incorporating both internal and external perspectives.

Key evaluation questions

Seven core thematic areas have been selected for closer examination within the framework of the evaluation. The key evaluation questions are:

- **Strategic orientation of research and impact**

Basic research:

- How effective were AIHTA's activities in the field of "basic research", and what strategic adjustments (portfolio balance, specialisation) can be recommended for the future?

Health policy-relevant research for current issues:

- Are the publications relevant, visible and well known?
- Which actors (individuals and institutions) use AIHTA's outputs?
- To what extent has AIHTA provided actionable support for health policy decisions, and do the outputs reach the relevant decision-makers?
- Which health policy decisions have been supported by AIHTA's analyses?

- **Knowledge network and cooperation**

Exchange and cooperation at European level:

- How well does knowledge exchange/transfer work at international/European level? To what extent is there a connection/link to international HTA activities or cooperation with other HTA institutions?
- Are there HTA institutions in other European countries that serve as role models? If so, in what way?

Cooperation with other research institutions:

- How effectively does AIHTA work with national HTA institutions and academic partners such as universities and technical colleges?
- How can these relationships be (further) strengthened?

- **Communication strategy**

- Are AIHTA's dissemination and communication activities (reports, publications, conference contributions, etc.) adequate in terms of AIHTA's objectives?
- Are the publications, conferences and international presentations of high quality?
- What is the reach and impact of AIHTA's activities?

- **Financing – sources, mix and sustainability**

- How is the current financial situation of AIHTA?
- What is the ratio of basic funding to third-party funding? Is the ratio appropriate or is there need for improvement?

- How has third-party funding acquisition developed? Have there been any observations in this regard, such as thematic priorities?
- How has the current budget structure affected operational planning, and how would adjustments improve financial sustainability?
- **Quality assurance and independence**
 - How is AIHTA's quality assurance system structured? Are regular internal and external quality assurance checks carried out?
 - How are criticisms or challenges regarding quality and validity dealt with? What rules are in place to avoid conflicts of interest?
 - How is the independence of AIHTA's work (vis-à-vis companies, politics and other actors) guaranteed?
- **Operational structure, resource allocation and personnel development**
 - Is AIHTA's organisational structure adequate and efficient in terms of its objectives, tasks and activities?
 - Is AIHTA able to respond to new developments or priorities (pharmaceuticals, medical devices, health economics, public health) with sufficient access to data?
 - How is personnel development structured, including prospects – in terms of the research programme as well as competitiveness and attractiveness compared to other stakeholders in the same/similar field of activity? In particular: How is young scientific talent promoted?
- **Governance**
 - Are the needs of owners/stakeholders well addressed?
 - How can the planning process – also with regard to the strategically oriented research programme – be better coordinated between stakeholders in the long term? Is there a need for a more formalised, institutionalised form of decision-making (e.g. in the form of an official board)?
 - Does the research plan need to include a longer-term strategic component?
 - Does AIHTA's governance structure – including the role of the Steering Board and the Scientific Advisory Board – adequately support its mission and objectives?
- **Further topics**
 - In view of the new regulations on drug evaluation, to what extent can AIHTA meet the requirements well and what role can AIHTA play in this area in the future?
 - Is there sufficient access to data (including data from public institutions such as AGES)? Are improvements needed in this area?

Evaluation approach

The evaluation was conducted by an independent, interdisciplinary team with more than 20 years of experience in carrying out evaluation studies in Austria, other countries, and at the European level. The evaluation took place from August – December 2025.

The evaluation methodology followed a systematic four-phase approach designed to comprehensively assess the Austrian Institute for Health Technology Assessment (AIHTA) in relation to the key evaluation questions outlined above.

The process began with an initial assessment, followed by an analysis of available data and an explorative field study with focus groups and interviews, and concluded with a comparative analysis and interviews. As these methodological steps function as interconnected components, findings from each phase informed and strengthened subsequent stages, ensuring a coherent and cumulative evaluation process.

The methodological design combined depth and breadth of analysis by integrating quantitative data assessment with qualitative stakeholder perspectives, while also incorporating comparative elements to analyse AIHTA's performance at both national and international levels. This multi-faceted approach ensured that the evaluation captured a wide range of perspectives and evidence sources, providing a comprehensive assessment of AIHTA's institutional performance, impact, and strategic value.

2. AIHTA – history and organisation of the institute

2.1 Brief overview of the history of AIHTA

The Austrian Institute for Health Technology Assessment (AIHTA) was established in March 2020 as the direct successor to the Ludwig Boltzmann Institute for Health Technology Assessment (LBI-HTA) and operates as a limited-liability company (GmbH) with non-profit purposes. At the time of its establishment, LBI-HTA filled a critical gap in the Austrian research landscape: despite the growing international importance of health technology assessment (HTA) in health research and policy, no neutral institutional framework existed in Austria to support this field.

Over its 14 years of operation, LBI-HTA produced substantial and valuable outputs informing the Austrian healthcare system. Founded in 2006, the institute successfully completed its initial seven-year funding period and, following a positive evaluation in 2013¹, received a further seven-year extension through to 2020². Throughout its entire existence, LBI-HTA was led by Claudia Wild, who founded the institute and served as its Director before assuming the role of CEO of AIHTA in 2020.

When LBI-HTA reached the end of its maximum funding period on 29 February 2020, its key stakeholders - including the Federation of Austrian Social Insurance Institutions (DVSV), the Federal Ministry of Labour, Social Affairs, Health, Care and Consumer Protection (BMASGPK; former BMASGK) and the Health Funds of the Austrian federal states - recognized the critical importance of ensuring the continuation of this work³. Together with the Ludwig Boltzmann Society, they decided to transform the successful research institute into an independent entity in order to secure its long-term sustainability and continued contribution to healthcare decision-making in Austria.

The transformation process was carefully designed to preserve institutional knowledge and ensure operational continuity. AIHTA was established as a private limited company with the same stakeholders that had supported LBI-HTA assuming the role of shareholders (see Table 1).

Table 1: AIHTA's owners and shareholders

#	Name	Authorized capital share
1	Austrian Association of Social Insurance Institutions (DVSV)	42.00%
2	Federal Ministry of Labour, Social Affairs, Health and Consumer Protection (BMASGPK)	16.00%
3	Health Fund of the Burgenland Federal State	~4.66%
4	Health Fund of the Carinthia Federal State	~4.66%
5	Health Fund of the Lower Austria Federal State	~4.66%
6	Health Fund of the Upper Austria Federal State	~4.66%
7	Health Fund of the Salzburg Federal State	~4.66%
8	Health Fund of the Styria Federal State	~4.66%
9	Health Fund of the Tirol Federal State	~4.66%
10	Health Fund of the Vorarlberg Federal State	~4.66%
11	Health Fund of the Vienna Federal State	~4.66%

Notes: DVSV has the share of the authorized capital equal to the Health Funds of the nine Federal States of Austria combined. The federal states of Austria do not have separate AIHTA entities within them, but they are owners and shareholders ("Gesellschafter") of the central HTA Austria GmbH. Decisions, particularly in the General Assembly, are made by these shareholders, with voting weight based on their capital contributions.

Source: AIHTA (https://eprints.aihta.at/1501/1/Jahresbericht_2023.pdf)

Dr Claudia Wild, who had led the institute since its founding in 2006, was appointed as the first director of AIHTA following a public selection process. This transition ensured continuity of the institute's core mission, providing independent, transparent, and comprehensive scientific support for healthcare decision-making, while allowing greater operational flexibility as a standalone organization. The successful transformation preserved AIHTA's

¹ Interim Evaluation of the Ludwig Boltzmann Institute for Health Technology Assessment (2009): https://aihta.at/uploads/ckEditor/fields_abstract_translation_de/2009%20LBI%20HTA%20Report%20FINAL.pdf

² LBI-HTA Annual Report 2017: https://eprints.aihta.at/1151/1/Jahresbericht_2017.pdf

³ LBI-HTA Annual Report 2019: https://eprints.aihta.at/1226/2/Jahresbericht_2019.pdf

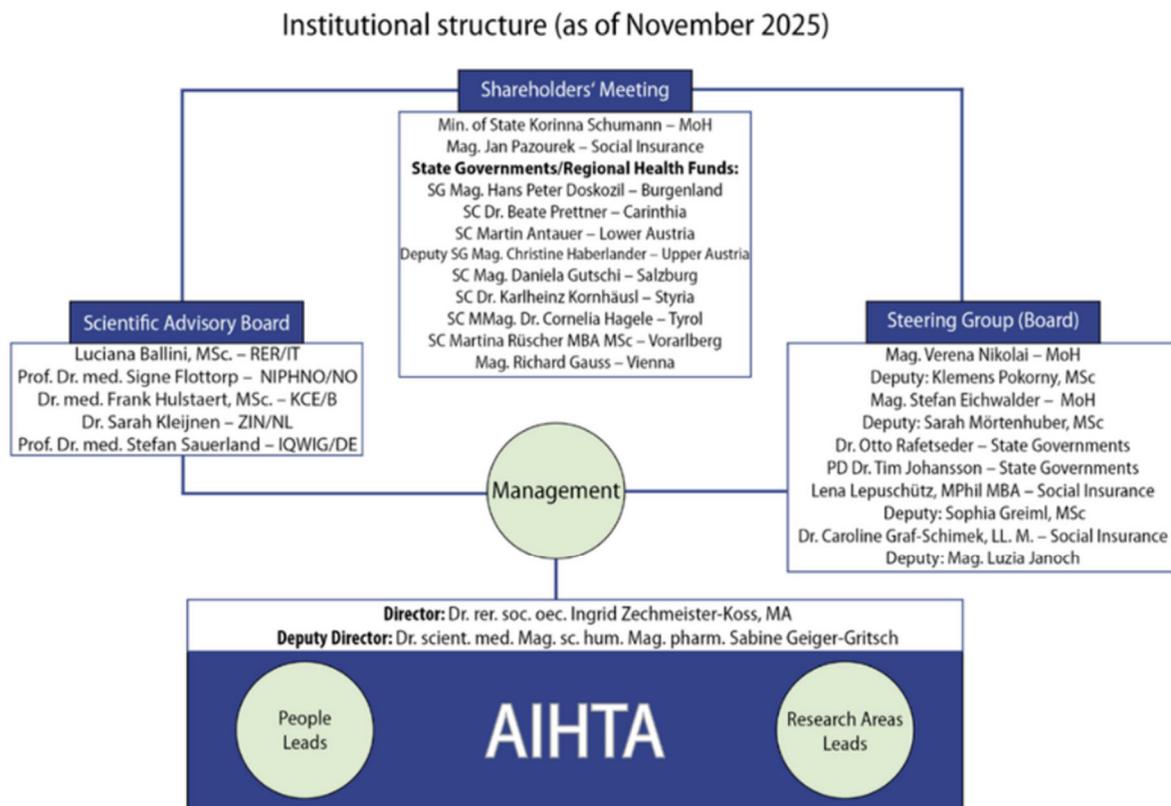
international reputation and its well-established networks within EUnetHTA, INAHTA, and other European HTA collaborations, ensuring that Austria now maintains a nationally and internationally recognized HTA institute on par with leading counterparts across Europe⁴.

2.2 Organizational structure

Over the years, AIHTA has grown in terms of both the number of activities and the number of employees. Parallel to the evaluation, a process was therefore initiated by the new management to professionalise AIHTA within the organisation and raise personnel development to a competitive, attractive level.

Figure 1 shows the result of the institutional organisational development. The organisational structure now includes the Shareholders' Meeting, the Steering Group (Board), the Scientific Advisory Board and the Management.

Figure 1: Institutional structure



Source: AIHTA

It is noteworthy that, while members of the Shareholders' Meeting provide important strategic guidance for AIHTA, their individual influence is limited, as key decisions are made by voting in proportion to each shareholder's capital contribution.⁵

The members of the Scientific Advisory Board bring diverse yet complementary expertise, which significantly advances the fulfilment of AIHTA's mission and strategic objectives. In accordance with the shareholders' agreement, the Scientific Advisory Board comprises five members with expertise in health technology assessment (HTA) relevant to the institute's thematic focus. These members must not be involved in HTA projects in Austria.

Three members of the Advisory Board are appointed based on recommendations from the shareholders, while the remaining two are appointed by the General Assembly upon recommendation from the management. Key

⁴ As per INAHTA (2020), at least 52 HTA agencies exist globally: https://www.inahta.org/members/members_list/

⁵ As per AIHTA's legal statutory documents.

criteria for appointment include professional expertise in AIHTA's areas of activity, affiliation with highly reputable HTA institutions from different European countries, and a balanced gender representation.

For the period 2026–2029, the following persons were nominated by the management and the Board of AIHTA. Their appointment was approved at the General Assembly Meeting on 12 December 2025:

- Prof. Dr med. Stefan Sauerland, MSc: IQWiG/DE, Institute for Quality and Efficiency in Health Care, Head of Department – Non-Drug Interventions
- Dr Sarah Kleijnen: ZIN/NL, National Healthcare Institute (Zorginstituut Nederland), Director of Development, Science and International Affairs
- Irina Cleemput, PhD: KCE/BE, Belgian Health Care Knowledge Centre, Scientific Director
- Sophie Söderholm Werkö, PhD: SBU/SE, Swedish Agency for Health Technology Assessment and Assessment of Social Services, Manager for International Relations and Patient Engagement
- Prof. Michael Barry: NCPE/IR, National Centre for Pharmacoeconomics, Clinical Director NCPE, Head of Department, Department of Pharmacology and Therapeutics, Trinity College Dublin

At the management level, Dr Ingrid Zechmeister-Koss and Dr Sabine Geiger-Gritsch are responsible for coordinating and advancing AIHTA's mission, ensuring that emerging priorities in the health sector are effectively addressed.

Dr Ingrid Zechmeister-Koss, Dr rer. soc. oec., MA, serves as AIHTA's Director, exemplifying the institute's commitment to independent, evidence-based healthcare decision support. Appointed in January 2025, she brings over a decade of institutional experience from her previous tenures at AIHTA (2006-2015, 2018-2025), positioning her to advance the organization's mission of providing scientific guidance for the efficient and appropriate use of healthcare resources.

Her academic qualifications - an MA in Health Studies and Management from the University of Brighton and a doctorate from WU Vienna - support AIHTA's multidisciplinary perspective. Her expertise in health economics and mental health research aligns closely with the institute's research focus, particularly in the areas of health economics and public health interventions.

Dr Zechmeister-Koss's professional experience across research institutions, healthcare providers, and the Austrian social insurance administration reflects AIHTA's commitment to maintaining independence from vested interests while ensuring practical relevance. This background enables her to bridge academic research and policy implementation, producing actionable and traceable results for decision-makers.

Her active involvement in professional organizations such as ÖGPH, ATHEA, and ISPOR-Austria, alongside extensive teaching engagements at multiple Austrian universities since 2003, reinforces AIHTA's commitment to international collaboration and knowledge dissemination, raising public awareness of HTA as a policy instrument.

Dr Sabine Geiger-Gritsch, Dr scient. med., Mag. sc. hum., Mag. pharm., serves as AIHTA's Deputy Director, leading the Drug Evaluation Domain, supporting the institute's mission to provide scientific decision-making guidance in healthcare. Her leadership in drug evaluations is essential to AIHTA's core function of analysing medical interventions from a socially relevant perspective.

Her multidisciplinary academic background - including a MA in Pharmacy from the University of Innsbruck, a doctorate in Medical Sciences from the Medical University of Innsbruck, and additional health sciences studies at UMIT - supports AIHTA's comprehensive approach to HTA. Her specialization in high-tech medicine and oncology research directly aligns with the institute's drug assessment activities, particularly her work for the national appraisal board (established in September 2024), EU HTA Regulation implementation, and Joint Clinical Assessments for medicinal products.

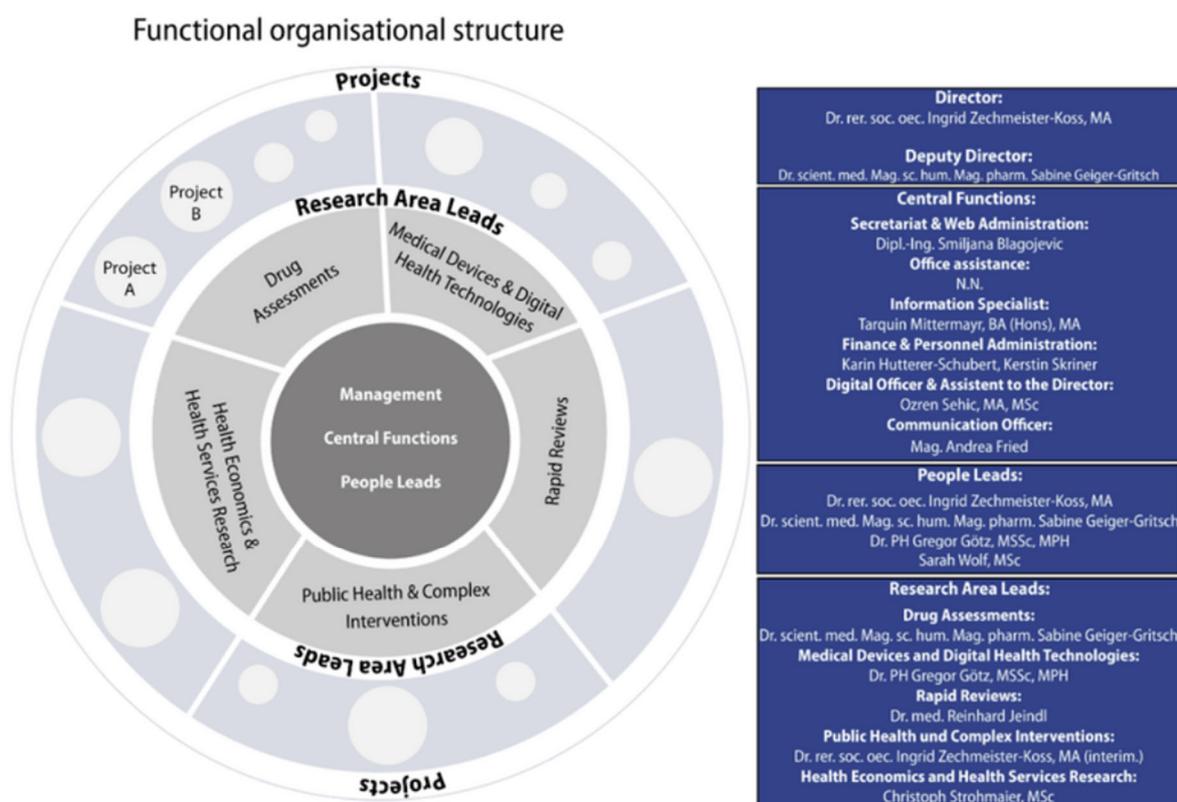
Dr Geiger-Gritsch's professional experience spans hospital pharmacy, clinical epidemiology, and evidence-based decision support within hospital systems, exemplifying AIHTA's commitment to methodologically rigorous and accountable assessments. Her clinical pharmacy expertise ensures that evaluations remain grounded in real-world healthcare practice while maintaining scientific integrity.

Her active membership in professional organizations such as ÖGPH⁶, OeGEp⁷, DNVF⁸, GMDS⁹, and EBM¹⁰, combined with teaching roles in HTA and evidence-based medicine, underscores AIHTA’s dedication to international cooperation and knowledge dissemination while avoiding duplication through effective networking.

Together, this leadership team’s expertise in health economics, clinical pharmacy, and multidisciplinary research methodologies strengthens AIHTA’s role as an independent entity providing scientific decision-making support, ensuring both efficient resource use and sustained independence from interest groups.

The professionalization of the organization is also evident in the newly established functional structure, which clearly defines the roles and responsibilities of employees across different levels and domains (see Figure 2). The primary objective is to enhance clarity in organizational processes and, through a role-based professional framework, further strengthen AIHTA’s efficiency and competitiveness.

Figure 2: Organizational structure of AIHTA



Source: AIHTA

In 2025, AIHTA revised its salary structures in a process aimed, in particular, at providing career prospects for early-career employees and enhancing the institute’s attractiveness and competitiveness relative to other research institutions and the public sector.

6 <https://oeph.at>
7 <https://www.oegepi.at>
8 <https://dnvf.de/home.html>
9 <https://www.gmds.de/eng/>
10 <https://www.ebm-netzwerk.de/de>

3. Thematic fields

3.1 Recent developments in the HTA field

Health Technology Assessment (HTA) has undergone substantial transformation over recent years, driven by technological change, evolving healthcare needs and clinical practice, and significant regulatory developments. Over the past decade, several waves of change have fundamentally reshaped HTA methodologies, processes, and institutional roles, while simultaneously introducing new methodological, organisational, and governance-related challenges.

Technological advances - particularly in artificial intelligence (AI), digital health, and data science - have had a profound impact on evidence generation and synthesis within HTA. These developments have enabled more comprehensive, timely, and systematic use of available evidence. AI-based tools will likely support the HTA workflow in the future, including automated literature screening, evidence synthesis, data extraction, and predictive modelling for health economic evaluation.¹¹ While these innovations offer clear potential to enhance efficiency and analytical robustness, they also raise important questions regarding transparency, validity, reproducibility, and bias. Moreover, the rapid diffusion of novel and disruptive technologies has intensified the need for adapted HTA frameworks capable of adequately addressing uncertainty, dynamic evidence generation, and evolving concepts of value, while maintaining patient safety and decision relevance.

In parallel, healthcare needs and clinical practice have evolved considerably. For instance, the European Medicines Agency (EMA) plays a central role in ensuring scientific excellence in the evaluation and supervision of medicinal products within the European Union, covering both human and veterinary medicines. Its core activities include supporting medicine development, coordinating the scientific evaluation of marketing authorisations, monitoring safety across the product lifecycle, and providing information to healthcare professionals and patients. These regulatory processes increasingly interact with HTA, particularly in the context of early dialogue, parallel scientific advice, and post-launch evidence generation. Furthermore, the growing relevance of personalised and stratified medicine poses specific challenges for HTA, which has traditionally relied on standardised populations, comparative effectiveness, and unified recommendations. Smaller patient populations, complex biomarker strategies, and evolving treatment pathways require methodological adaptations in clinical and economic assessment.¹²

Another important development is the increasing involvement of patients and patient representatives across HTA processes. Patient input is progressively incorporated throughout the HTA lifecycle¹³: during scoping, patients contribute to the identification of relevant outcomes, endpoints, and unmet needs; during evidence generation, they provide insights into lived experience, treatment burden, and quality-of-life impacts; and during assessment and appraisal, patients may contribute to report development and deliberative processes. While enhanced patient involvement improves the relevance, legitimacy, and societal alignment of HTA outputs, it also necessitates a re-examination of established HTA procedures, governance structures, and decision-making criteria, with greater emphasis on structured, transparent, and methodologically sound participatory approaches.¹⁴

To respond to these developments, several major regulatory changes have recently been implemented. A particularly significant milestone for HTA in Europe is the introduction of Regulation (EU) 2021/2282, commonly referred to as the EU health technology assessment regulation¹⁵. Applicable since 12 January 2025, this regulation fundamentally changes the European HTA landscape by mandating EU-level clinical assessments for selected health technologies. Initially focusing on medicinal products for human use, its scope will be extended from 2026 onwards to include certain high-risk medical devices (risk classes III and IIb) and in vitro diagnostic medical devices (class D).¹⁶

¹¹ Lin R., Eaves K., Mills M., Kanavos P., (2024): <https://www.ispor.org/heor-resources/presentations-database/presentation/euro2024-4013/146240/>

¹² E.g., Mittmann et al. (2022): <https://www.ncbi.nlm.nih.gov/books/NBK603603/>; Park et al. (2020): <https://doi.org/10.3322/caac.21600>

¹³ Arca et al. (2025): <https://doi.org/10.3390/jmahp13020027>

¹⁴ Wale et al. (2017): <https://doi.org/10.1017/s0266462317000241>

¹⁵ Became applicable on January 12, 2025, EURORDIS (2024): <https://www.eurordis.org/what-happens-hta-2025/>.

¹⁶ European Commission website: https://health.ec.europa.eu/health-technology-assessment/implementation-regulation-health-technology-assessment/joint-clinical-assessments_en

The regulation establishes Joint Clinical Assessments (JCAs) as a central instrument for EU-level clinical evaluation. From 12 January 2025, certain medicinal products are subject to mandatory JCAs. They are jointly conducted by Member States, typically with two Member States leading each assessment, and coordinated by the Member State Coordination Group on Health Technology Assessment (HTACG) in close cooperation with the European Commission. The overarching objectives of the regulation are to improve patient access to innovative health technologies, enhance efficiency in the use of healthcare resources, and strengthen cooperation and methodological alignment across Member States. Since the implementation, more than ten JCAs have already been initiated.¹⁷

For HTA bodies, however, the new framework also introduces practical and organisational challenges. In particular, planning and allocation of resources are complicated by limited predictability regarding the timing and volume of JCAs, as these depend on manufacturers' submission strategies to the European Medicines Agency (EMA). This uncertainty places increased demands on flexibility, capacity planning, and coordination within national HTA institutions.

3.2 Strategic thematic fields of AIHTA

AIHTA defines itself as an independent institution providing scientific decision-making support to the health sector. Its core task is to generate robust scientific evidence to inform decisions that promote the efficient and appropriate use of healthcare resources.¹⁸

Between 2006 and 2020, LBI-HTA, the predecessor of AIHTA, established a strong strategic foundation centred on evidence-based decision support for the Austrian healthcare system. Its strategic orientation was characterized by methodological rigor, strong international networking, and independence from vested interests. During this period, the institute positioned itself as an innovative and creative interdisciplinary think tank, with the development of HTA methodologies as a central objective.¹⁹ The overarching mission was to deliver independent, scientifically grounded decision support, guided by a broad, socially relevant perspective on medical interventions and resource allocation.²⁰

During the transition phase from 2018 to 2020, new strategic priorities began to emerge, reflecting evolving healthcare challenges and policy needs.

Following its establishment in March 2020, AIHTA retained this foundational mission while further refining its strategic orientation to address contemporary healthcare developments. While continuing to emphasize independence in scientific decision-making, AIHTA expanded both its thematic focus and methodological approaches. Today, the institute operates across five strategic fields, which reflect both continuity with and strategic advancement beyond the former LBI-HTA framework.

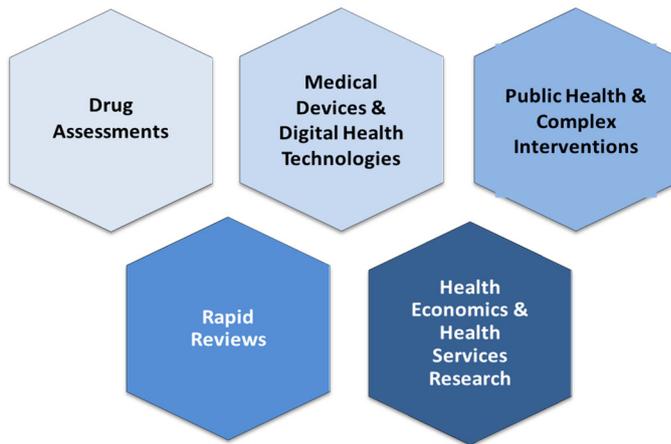
The strategic fields of activity include Drug Assessments, Medical Devices and Digital Health Technologies, Public Health and Complex Interventions, Rapid Reviews, and Health Economics and Health Services Research. As illustrated in Figure 3, AIHTA's strategic fields are thematically broad and diverse, requiring substantial subject-matter expertise and a high level of methodological competence across all areas.

¹⁷ https://health.ec.europa.eu/latest-updates/updated-list-ongoing-joint-clinical-assessments-2025-09-02_en?utm_source=chatgpt.com

¹⁸ <https://aihta.at/page/about-us/en>

¹⁹ Evaluation of the Ludwig Boltzmann Institute for Health Technology Assessment (2016): https://aihta.at/uploads/ckEditor/fields_abstract_translation_en/lbi-hta-report-of-the-evaluation-panel-juni-20161.pdf

²⁰ Going International Health Information Services: <https://www.goinginternational.eu/en/online-database/search-result/website/htalbgacatenindexphp/710>

Figure 3: AIHTA's strategic fields of activity

Source: AIHTA

Among its various activities, AIHTA's proactive engagement with digital health technologies and AI applications stands out. The institute has developed specialized frameworks for evaluating digital health applications (DiGA)²¹ and has created methodological approaches for assessing AI in healthcare, including checklists for AI assessment in hospitals.²²

AIHTA has also demonstrated strategic agility during public health crises. In March 2020, it rapidly established a COVID-19 Horizon Scanning System (HSS), providing early-stage information on vaccines and therapeutics in clinical trials to support health policymakers.²³ This initiative exemplifies the institute's capacity to respond quickly to emerging health challenges while maintaining scientific rigor.

Furthermore, AIHTA's engagement at the European level has strengthened its capacity building in Austria. Over the years, the institute has participated in numerous EU projects, including most recently HTA Capacity Building (HAG Insight); ASSESS-DHT (Development and Harmonization of Methodologies for Assessing Digital Health Technologies in Europe 2024-2026); HI PRIX (Health Innovation Next Generation Payment and Pricing Models); Core-MD (Coordinating Research and Evidence for Medical Devices); and FALCO (Fighting Addictions, Improving Lives: Comprehensive Drug Rehabilitation with Music).²⁴

4. Research portfolio and projects of AIHTA

AIHTA's research activities have proven highly effective, as evidenced by a robust research portfolio that aligns both with the international HTA and healthcare agenda and with Austria's priorities in healthcare decision-making.

The AIHTA research portfolio currently comprises 221 projects (Annex I), 71 of which (32%) commenced from 2020 onwards. This demonstrates both the continuity of AIHTA's research efforts and its strategic agility in responding to the evolving needs of the health sector.

As of September 8, 2025, AIHTA's 2025 research programme includes different types of projects, ranging from large-scale EU-level meta-research projects to educational initiatives aimed at building HTA-related skills. All projects are closely aligned with AIHTA's strategic priorities and research portfolio. A summary of the 2025 research programme is presented below.

²¹ <https://aihta.at/page/prozess-und-bewertung-digitaler-gesundheitsanwendungen-am-beispiel-von-symptom-checkers/en>

²² <https://eprints.aihta.at/1546/>

²³ <https://aihta.at/page/hss-horizon-scanning-fuer-covid19/en>

²⁴ <https://aihta.at/page/europaeische-zusammenarbeit/en>

1. Continuation of existing programme lines (2025)

(1) Horizon scanning in oncology: early assessment of new oncologicals

Lead: Sabine Geiger-Gritsch

- The HSO project has been ongoing since 2009, with a new concept under development in 2025. Early assessments of new oncologicals have been systematically conducted to support decision-making by regional drug committees and payers. By the end of 2019, 91 early assessments were completed, focusing on drugs with substantial financial and therapeutic implications.
- Following changes in the European regulatory landscape in 2020, monthly comprehensive fact sheets have been produced for all new cancer therapies, totalling 190 assessments to date. Evaluations utilize the ESMO Magnitude of Clinical Benefit Scale (MCBS) for standardized rating.
- Starting in 2025, all new oncology drugs will be assessed in European collaboration under HTA regulations, with results available within one to two months post-approval. AIHTA is actively involved as a co-assessor, with the first such assessment already underway. The HSO programme line will transition from individual drug assessments to providing forecasts for various stakeholders on broader oncology developments, using data from the IHSI database, which Austria co-finances.

(2) Evaluation of individual medical procedures/devices (MEL)

Lead: Gregor Götz, Julia Kern

- Since 2009, AIHTA has been systematically evaluating the effectiveness and safety of selected new medical interventions proposed to the Federal Health Agency (BGA) for reimbursement and inclusion in the catalogue of individual medical services (Medizinische Einzelleistungen, MEL). Not all submitted interventions are evaluated; only a small, prioritized subset undergoes assessment.
- Topic selection and prioritization are managed by a collaborative BGA working group, comprising representatives from BMASGPK, federal states, and DSVS, ensuring comprehensive stakeholder input in the decision-making process.

(3a) (Timely) Information service for the Austrian social insurance funds – time slots for DSVS, ÖGK and BVAEB

Lead: Reinhard Jeindl

- The scientific support provided to Austrian social insurance organisations requires rapid, agile, and timely responses to enquiries. Since the content of these enquiries is not known in advance, processes, formats, and methods have been defined to enable prompt, evidence-based answers. The project is implemented under a framework agreement covering a limited number of ad hoc questions or assessments, depending on the scope of the topics.
- Topics registered and/or completed in 2025 include ongoing supervision of DiGA work (DSVS), serum eye drops (ÖGK), telemedical interventions to support sport and exercise in people with chronic (back/joint) pain (BVAEB), intracutaneous wheal therapy (ÖGK) and reimbursement models and pricing of digital health technologies and telemonitoring applications (DSVS).

(3b) Timely information service for hospitals – 1 time slot (WIGEV)

Lead: Reinhard Jeindl

- This programme provides hospital service departments with rapid, evidence-based support for urgent inquiries and methodological guidance for committee preparations, including drug committees, equipment investments, and service planning.
- A topic recently completed is Enfortumab Vedotin in combination with Pembrolizumab in Urothelial Cancer.
- The number of topics handled via this channel has decreased significantly in 2025 (only one topic), and no topics will be addressed in 2026 due to limited capacity and reduced demand. The decline is partly attributable to the departure of key WIGEV personnel and the absence of an institutionalized process to ensure continuation of this programme line.

2. Individual projects

AIHTA's 2025 research programme encompasses eight individual projects, covering innovative areas including telemedicine, AI in healthcare, genetic testing, psychiatry, rare medical conditions, and healthcare practices (see table 2).

Table 2: AIHTA's research projects in 2025

#	Project title	Principal investigator	Duration	Goals
1	Telecardiology for heart failure patients: Benefit assessment and evaluation concept for telemedicine-supported care programs in Austria	Michal Stanak	April – October 2025	This project aims to systematically evaluate the clinical and organizational effects of adding non-invasive telemedical components to disease management programs for heart failure patients, compared to programs without telemedicine and to establish an evaluation concept for such programs in Austria.
2	Artificial Intelligence in Health Care: Evaluation of the Clinical and Organizational Impacts of selected AI Applications in Hospitals	Judit Erdos	April – November 2025	This project aims to provide an overview and prioritisation of AI-enabled digital health technologies used for documentation support and diagnostic imaging in Austrian hospitals and to systematically evaluate the clinical and organizational impacts, including relevant resource considerations, of two applications selected by Austrian healthcare experts.
3	Human Genetic Testing in Austria: An Overview of Reviews of Massive Parallel Sequencing (MPS) - Application Areas, Clinical Evidence, and Implications for Healthcare	Gregor Goetz	April – November 2025	This project aims to systematically review evidence from systematic reviews and HTA reports on MPS technologies in human genetic testing in order to provide Austrian healthcare decision-makers with a structured evidence base to support the prioritisation and potential inclusion of MPS-based services in the healthcare benefit catalogue.
4	Transition from Child and Adolescent to Adult Mental Health Services: Analysis and Comparison of International Models	Romy Schönegger	February – October 2025	This project aims to systematically analyse international models and strategies of transition psychiatry to identify facilitating and hindering factors, ultimately deriving recommendations for implementing, evaluating, and developing transition psychiatry services in Austria.
5	Systematic Review of the Long-Term Effectiveness and Safety of Enzyme Replacement Therapy in Mucopolysaccharidoses Disorders and Pompe Disease	Sabine Geiger-Gritsch	April – September 2025	This project aims to conduct a systematic search and qualitative evidence synthesis of published studies assessing the long-term effectiveness and safety of five enzyme replacement therapies used to treat Pompe disease and three types of mucopolysaccharidosis (MPS I, MPS II, and MPS IVA).
6	Nudges to Optimise Prescriber Behaviour of Physicians	Viktoria Hofer	April – November 2025	This project aims to systematically categorize nudging strategies in healthcare that influence physician's prescribing behaviour. This involves documenting implemented approaches from the literature and evaluating them about their effectiveness and utility. A further focus lies in analysing the transferability of these strategies to the context of the Austrian healthcare system. T
7	Further Development of the Program on Preventive Health Check-Ups	Part 1: Jule Anna Pleyer Part 2: Doris Giess	Part 1: April – October 2025. Part 2: May – August 2025.	Part 1 focusses on lifestyle counselling as a primary prevention measure and risk assessment scores for cardiovascular disease prognosis. The goal of part 2 is the evaluation of screening strategies for four different diseases based on HTA reports and systematic reviews, focusing on benefits for target populations and summarising current S3 guideline recommendations to support evidence-based decision-making in Austria.

#	Project title	Principal investigator	Duration	Goals
8	Structured Medication Review for Polypharmacy	Reinhard Jeindl	April – November 2025	The project evaluates evidence on structured medication reviews, provides an overview of similar initiatives in selected European countries, and describes the legal framework and methodological approach in Austria to support decision-making.

Source: AIHTA as of February 12, 2026

3. Appraisal Board

The AIHTA's 2025 research programme also includes the continuous support of the Appraisal Board work by supporting secretariat services and preparing Health Technology Assessments (HTAs) (Lead: Sabine Geiger-Gritsch).

As part of the reform of the Austrian healthcare system, the establishment of an Appraisal Board for selected high-priced and specialized medicinal products, either in the hospital sector or at the interface between hospital and outpatient care, was mandated by law. The implementation of the appraisal board and the interlinking with the implementation of the EU HTA Regulation require a series of preparatory and ongoing activities.

AIHTA supports the Appraisal Board Secretariat in the following areas in 2025:

- Ongoing expansion of a database of clinical experts in various medical fields
- Creation of a method manual, including preliminary work for method guidelines for health economic evaluations
- Support for the prioritisation of medicinal products (longlists, fact sheets,...)
- Conducting HTAs, considering - where available - European joint clinical assessments (JCA), on medicinal products selected by the appraisal board (for 2025: 5 HTAs)

Furthermore, AIHTA coordinates inputs for PICO-questions for JCAs for medicinal products applied in hospitals and conducts preparatory work for a health economic evaluation guideline. While many countries have developed and adopted health economic evaluation guidelines (HEEGs) to improve harmonization, comparability, and quality of evaluations for pharmaceuticals, Austria has no formal publicly endorsed guideline with detailed specifications. The primary purpose of this preparatory work is

- a) to obtain an overview of international guideline development processes and to derive options for such a process in Austria
- b) Identify barriers and facilitators of the HEEG's DDIS process: Explore potential challenges and enablers in its development, dissemination, implementation, and sustainment to ensure effective adoption and use.
- c) to obtain an overview of international HEEG, their contents and specific methodological suggestions for different parts of economic evaluations

4. Self-initiated projects

Five self-initiated projects address key areas, including primary care and health economics (see Table 3). Notably, projects #2 and #3 have the potential to make unique contributions to the Austrian healthcare system by generating innovative, data-driven evidence to inform future-oriented policy interventions.

Table 3: AIHTA's self-initiated projects in 2025

#	Project title	Project lead	Duration	Objective
1	Social Prescribing in Primary Care: A Realist Review	Julia Kern	April 2025 – November 2025	This project aims to further develop the theoretical model behind Social Prescribing using empirical evaluation data and realist review methodology to determine which approaches work for specific target groups under particular contextual conditions, ultimately supporting potential nationwide implementation in Austria.

#	Project title	Project lead	Duration	Objective
2	Measures to Improve Cost Data Use for Health Economic Studies and Decision-Making – Overview of Existing Frameworks and Status Quo in Austria	Christoph Strohmaier	April – November 2025 (part I, to be continued in 2026)	This project aims to compare international best practices for unit cost calculation and reporting, map existing Austrian cost data sources and identify fragmentation, pilot unit cost methods in reference hospitals to assess variability and propose strategies for a sustainable national unit cost database and application in Austria.
3	Implementation of the HTA Regulation (HTA-R)	Ingrid Zechmeister-Koss	Ongoing	The HTA Regulation became legally binding in January 2025 and requires member states to contribute their priorities for product assessment through the central steering committee (Coordination Group), In decentralized countries like Austria, where many healthcare decisions are made regionally, coordination is essential for successful HTA-R implementation, involving active participation in the HTA Coordination Group and the subgroups, and ongoing development of guidance documents.
4	Preparation for Evaluation	Ingrid Zechmeister-Koss, Sabine Geiger-Gritsch	June – December 2025	The self-initiated evaluation of AIHTA as a HTA agency in 2025 requires in addition to the actual inspection, the compilation of extensive materials for the evaluators.
5	Master's Theses Supervised by the AIHTA in 2025	Ingrid Zechmeister-Koss	Ongoing	Supervision of master theses relevant for AIHTA's areas of expertise.

Source: AIHTA as of September 3, 2025 and the AIHTA website.

5. Third-party funded projects

Finally, AIHTA's 2025 research programme includes six third-party funded projects covering areas such as mental health, digital health technologies, and innovative rehabilitation techniques (see Table 4).

Table 4: AIHTA's third-party funded projects as of 2025

#	Project title	Project lead	Duration	Objective
1	FWF project #Connecting-Minds: Co-design of Perinatal Mental Health Care in Tyrol	Jean Paul (Medical University of Innsbruck), Ingrid Zechmeister-Koss (AIHTA)	April 2022 – March 2027	This project analyses international evidence and the Austrian situation regarding perinatal psychiatric care models, highlighting prevalence, impacts on parents and children, and regional variations in prevention and support structures. Improved care approaches are co-designed with stakeholders, implemented and evaluated.
2	High PRIX: Innovative payment and pricing models	Claudia Wild (AIHTA)	January 2023 – December 2025	Pharmaceutical prices have risen rapidly in recent decades, with many high-priced therapies often costing over one million euros per patient and exerting enormous financial pressure on healthcare payers worldwide, raising questions about future access to these therapies. To address this challenge, AIHTA is systematically collecting data on public contributions to pharmaceutical R&D to create transparency about the costs and expenditures of various stakeholders in drug development.
3	ASSESS-DHT: Development and Harmonisation of Methodologies for assessing Digital Health Technologies in Europe	Yui Hidaka (AIHTA)	January 2024 – December 2026	Trustworthy and effective digital health technologies are considered crucial for the digital transformation of European health systems, with this project aiming to develop harmonized assessment methodologies that encompass innovative areas such as intelligent AI-based systems including Digital Therapeutics (DTx) and Digiceuticals. AIHTA's role in 2025 is to pilot this assessment methodology using a telemedical care intervention for diabetic patients to test and validate the developed evaluation framework.

#	Project title	Project lead	Duration	Objective
4	FALCO: Fighting Additions, improving Lives: COmprehensive drug rehabilitation with music	NORCE (Norway), Lucia Gassner (AIHTA)	January 2025 – December 2029	Within the multicentre FALCO project investigating long-term effects of music therapy approaches, AIHTA conducts a systematic literature review to identify suitable clinical and socioeconomic outcome measurement instruments and supports stakeholder engagement and dissemination of results to various target groups.
5	HTA Capacity Building (HAG insight)	Agenas (Italy), Judit Erdős (AIHTA)	November 2024 – February 2027	The project aims to strengthen the long-term capacity and expertise of HTA institutes across the EU by establishing a comprehensive training platform for HTA regulation processes and developing a competency framework detailing the expertise required to conduct joint clinical assessments and scientific advice. The initiative is implemented by a consortium of 15 HTA institutes, led by Agenas in Italy.
6	Teaching PMU	Ingrid Zechmeister-Koss	Ongoing	Since 2021, AIHTA has maintained a cooperation agreement with Paracelsus Medical Private University (PMU) to build capacity among junior staff in the Master's degree programme in Public Health in Health Technology Assessment (HTA) aimed at implementing evidence-based decision support in healthcare.

Source: AIHTA as of September 3, 2025 and the AIHTA website.

5. Performance and output

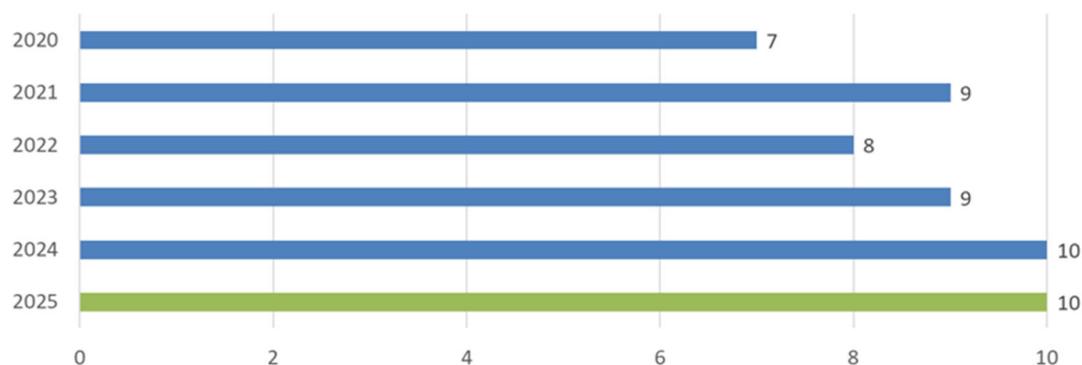
5.1 Publications

During the evaluation period (2020–2025), AIHTA generated 316 outputs. A total of 299 outputs (95%) had been published, whereas 17 outputs (5%) were in development at the time of evaluation. As outlined below, approximately 130 HTA reports, decision support documents, and rapid reviews were produced during the period under review, with oncology fact sheets constituting most of the remaining publications (see Annex II)

It is important to note that all HTA reports are published and publicly accessible.

A consistent feature across AIHTA's various publication formats is the provision of evidence-based support for health policy decision-making. Decision Support Documents are shorter, more concise formats, while all other project reports follow the standard AIHTA report structure. The following section examines the development of different types of publications from 2020 onwards.

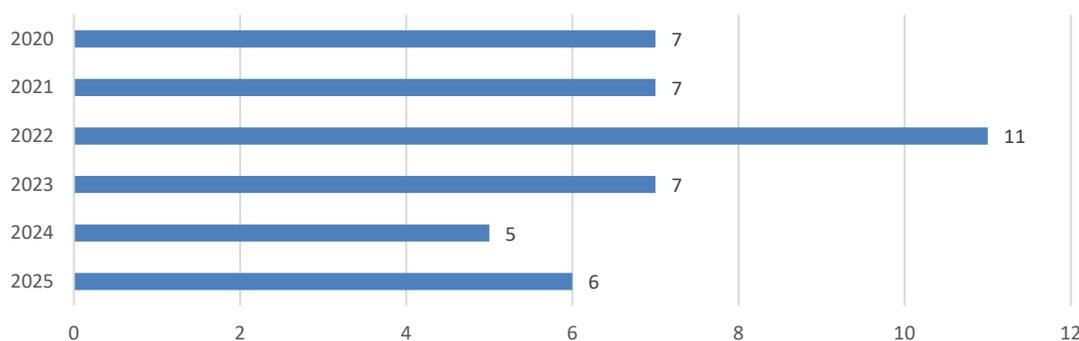
Figure 4: Number of project reports published per year, 2020–2025



Notes: Indicated numbers without HTA-reports for the Appraisal Board. The data is presented as of December 16, 2025, and therefore does not represent the full calendar year 2025.

Source: Analyses by WPZ, based on information available on the AIHTA website; as of December 16, 2025.

Figure 5: Number of annual AIHTA Decision Support Documents, 2020–2025



Source: Analyses by WPZ, based on information available on the AIHTA website; as of February 12, 2026.

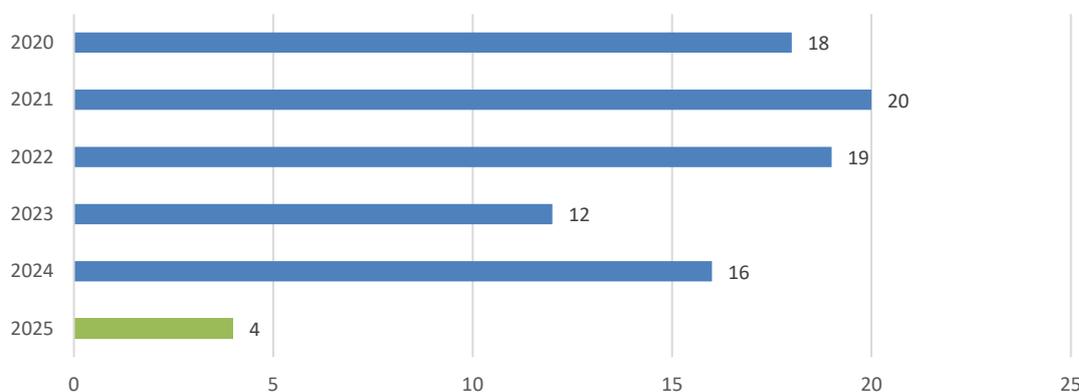
The figures show that AIHTA's research output has been consistently high over the years and can be maintained at a high level. In addition, AIHTA publishes HTA Newsletters²⁵ approximately 10 times per year, Annual Reports²⁶ and Oncology Factsheets²⁷.

All reports and published results are open access and available on the AIHTA website.

5.2 Scientific impact

AIHTA also generates considerable scholarly impact through the research activities of its staff. Between 2020 and 2025, AIHTA researchers produced 89 peer-reviewed scientific publications (Annex III), averaging 17 publications per year (Figure 6)²⁸. By comparison, over its 14-year existence, LBI-HTA researchers published 108 peer-reviewed articles, corresponding to an average of approximately eight publications per year. This clearly demonstrates a substantial increase in scientific output under AIHTA.

Figure 6: Number of peer-reviewed publications per year AIHTA 2020 – 2025



Notes: The 2025 data is presented as of July 23, 2025, and therefore does not include the research output published later in the year.

Source: Analyses by WPZ, based on AIHTA's website.

The peer-reviewed scientific publications produced by researchers at AIHTA had accumulated a total of 416 citations as of 24 July 2025 (see Annex III), corresponding to an average of 5.4 citations per publication. This citation

²⁵ <https://aihta.at/page/newsletter/de>

²⁶ <https://aihta.at/page/jahresberichte/de>

²⁷ <https://eprints.aihta.at/view/types/dsd-hso.html>

²⁸ The average count excludes 2025, to account for the full years only.

rate is comparable to average citation levels reported by leading medical journals²⁹. However, given the interdisciplinary nature of Health Technology Assessment (HTA), direct comparison with purely medical disciplines is limited, as interdisciplinary research is generally less likely to be published in high-impact, monodisciplinary medical journals. Against this background, the observed citation performance indicates a strong scientific impact of AIHTA's research output.

These publications have appeared in 60 different international outlets (Annex IV), with the majority published in the United Kingdom (44%), the United States (21%), and Switzerland (13%). This demonstrates not only the diversity of research conducted at AIHTA but also its high quality. The global spread of publication venues highlights the broad international influence and reach of AIHTA's research activities.

Table 5: Geographical distributions of the outlets where the peer-reviewed scientific publications of the researchers employed at AIHTA have been published

Country	Number of outlets		Number of peer-reviewed scientific publications ³⁰	
Great Britain (GB)	21	35.00%	38	43.68%
United States (US)	15	25.00%	18	20.69%
Switzerland (CH)	6	10.00%	11	12.64%
Netherlands (NL)	8	13.33%	8	9.20%
Australia (AU)	2	3.33%	3	3.45%
Austria (AT)	1	1.67%	2	2.30%
Germany (DE)	2	3.33%	2	2.30%
Japan (JP)	1	1.67%	1	1.15%
New Zealand (NZ)	1	1.67%	1	1.15%
Romania (RO)	1	1.67%	1	1.15%
Slovakia (SK)	1	1.67%	1	1.15%
Italy (IT)	1	1.67%	1	1.15%
Total	60		87	

Source: Analyses by WPZ, based on AIHTA's website information as of August 2, 2025; country data retrieved from OpenAlex using publications DOIs.

The peer-reviewed publications of AIHTA researchers have appeared in outlets with an average h-index of 103 - more than five times higher than the median h-index³¹ of 24 - and an average of 3.16 citations per document over two years, nearly three times the median of 1.11.³² Among the most prominent outlets are several highly regarded journals, including:

- Critical Care Medicine.
- Journal of Clinical Epidemiology.
- European Journal of Cancer.
- International Journal of Environmental Research and Public Health.
- Drug Discovery Today.
- Molecular Therapy.
- BMC Public Health.

²⁹ Recent evidence suggests that the average citations among the world top 12 journals in General and Internal Medicine, Surgery, and Anesthesiology is 7.00. Lobo, Neal (2025): <https://doi.org/10.1016/j.bja.2024.12.035>

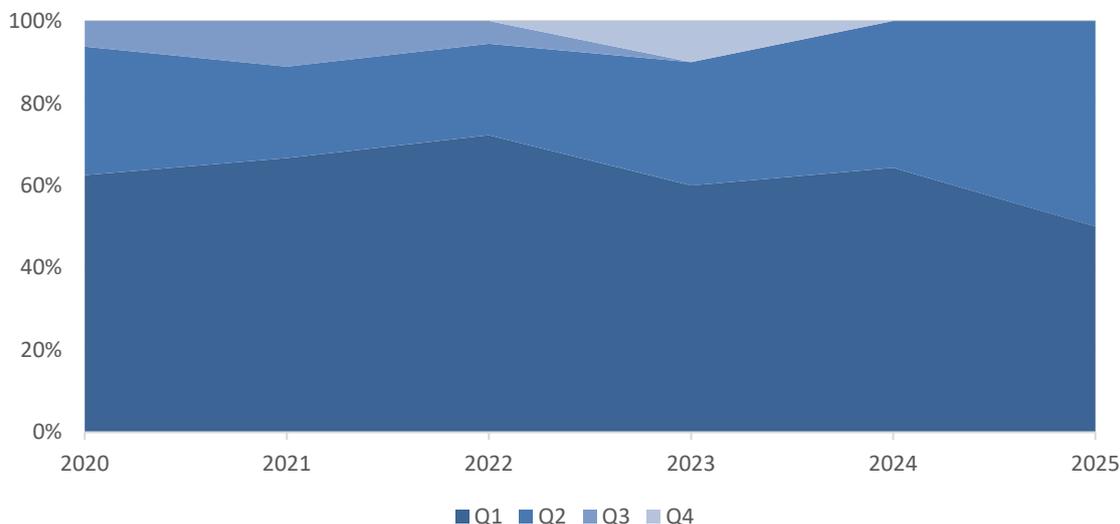
³⁰ Data for two peer-reviewed scientific publications is not available: both are currently under review.

³¹ The h-index is defined as the maximum value of h such that the given author/journal has published at least h papers that have each been cited at least h times.

³² Calculated by WPZ based on the data retrieved from Scimago as of July 23, 2025. Median values are calculated using full Scimago database.

The majority of peer-reviewed publications by AIHTA researchers appear in first quartile (Q1)³³ journals according to Scimago³⁴ rankings (Figure 7). This indicates that their research is published in the top 25% of journals in their respective fields, reflecting both high visibility and strong scientific quality.

Figure 7: Overview of the outlets' quartiles where the peer-reviewed publications of the researchers employed at AIHTA have been published between 2020 and 2025³⁵



Notes: The data is presented as of July 23, 2025, and therefore does not represent the full 2025 year – including the unpublished papers being submitted for publication throughout 2025.

Source: Analyses by WPZ, based on AIHTA's website information. Quartile data retrieved from the Scimago database.

In the earlier years, a higher share of AIHTA researchers' peer-reviewed publications appeared in lower-quartile journals (Q3), accounting for 6%, 11%, and 6% of publications in 2020, 2021, and 2022, respectively. Over time, however, there has been a clear shift towards higher-ranked outlets. Between 2023 and 2025, approximately 60% of all peer-reviewed publications were published in first quartile (Q1) journals on average. This progression reflects a strengthening of research know-how and demonstrates the increasing visibility, credibility, and scholarly impact of AIHTA's research at the highest academic levels.

5.3 Dissemination activities

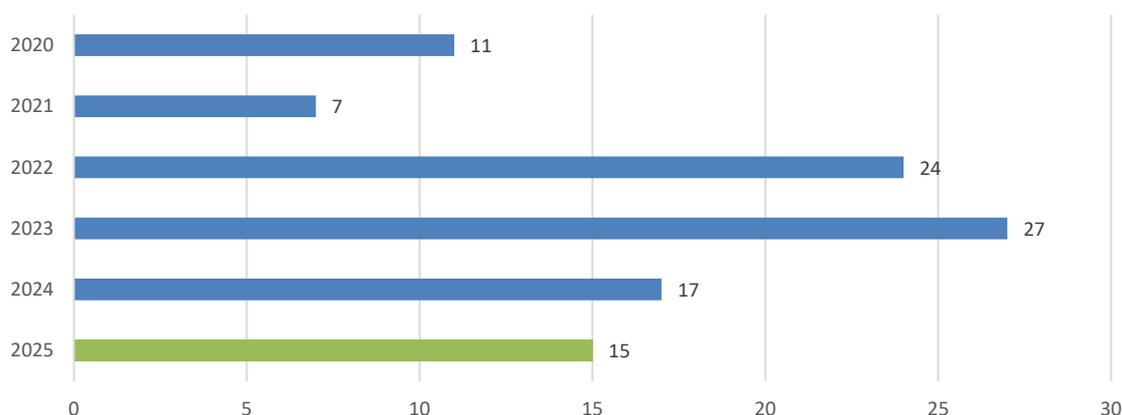
Building on its strong research capacity, AIHTA actively disseminates its research findings through participation in a wide range of national and international conferences (Figure 8).

³³ The set of journals are ranked according to their Scimago Journal Ranking (SJR) and divided into four equal groups (Quartiles), with Q1 representing the highest value and Q4 the lowest. SJR represents the average number of weighted citations received in the selected year by documents published in the chosen journal during the previous three years. For example, it counts the weighted citations received in year X for documents published in the journal in years X-1, X-2, and X-3.

³⁴ SCImago is the SCImago Research Group, an international research group focused on bibliometric indicators, journal metrics, and institutional rankings based on Scopus data.

³⁵ 9 out of 89 publications are not mapped. Two of them are currently under review, and for the outlets of the other 7 the quartile data is not available from Scimago.

Figure 8: Number of AIHTA’s conference presentations for the period between 2020 and 2025



Notes: The data is presented as of September 23, 2025, and therefore does not represent the full calendar year 2025. Only the listed presentations were counted (presentations that were not systematically documented are not included).

Source: Analyses by WPZ based on the information provided by AIHTA as of September 23, 2025.

Between 2020 and 2025, AIHTA researchers delivered 101 presentations, including 23 poster presentations, at national and international conferences across Europe and beyond (Table 6).

Table 6: Geographical scope of AIHTA’s conference presentations for the period between 2020 and 2025

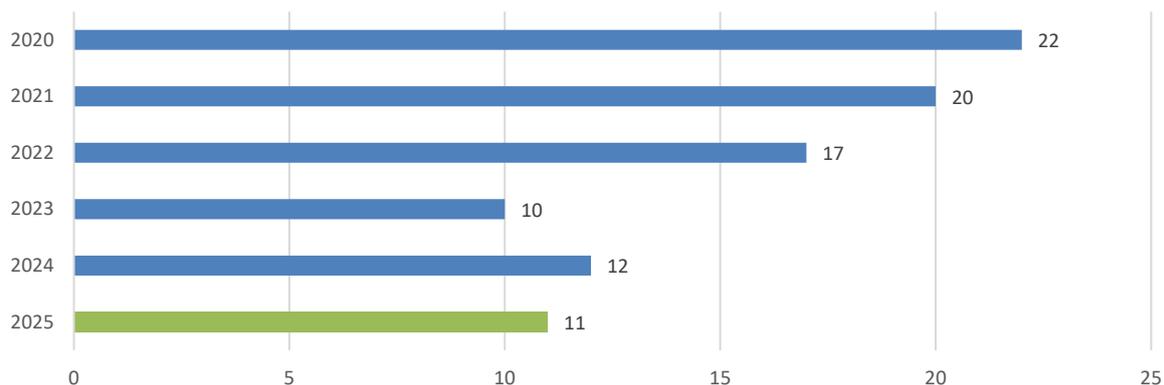
Country	# presentations
Austria	48
Online	14
Germany	14
Switzerland	6
Australia	5
Italy	2
Netherlands	4
Portugal	2
Spain	2
UK	2
Czech Republic	1
Finland	1
Total	101

Source: Analyses by WPZ, based on the information provided by AIHTA as of September 23, 2025.

While the majority of conference presentations (47,52%) took place in Austria - which is expected given AIHTA’s strong integration into national healthcare knowledge networks - AIHTA also actively contributed to knowledge exchange across the EU, the United Kingdom, and Oceania. This broad geographical reach underscores AIHTA’s role as an active participant in global healthcare knowledge networks.

In 2025, AIHTA produced 11 conference papers. This follows 12 papers published or accepted in 2024 and 10 in 2023, as reported in the respective annual reports. Earlier years show higher numbers, with 17 papers in 2022, 20 in 2021, and 22 in 2020. While the total number of papers has declined compared to the period from 2020 to 2022, AIHTA continues to maintain a stable and substantial output of conference papers, reflecting sustained activity and relevance.

Figure 9: Number of AIHTA’s conference papers for the period between 2020 and 2025

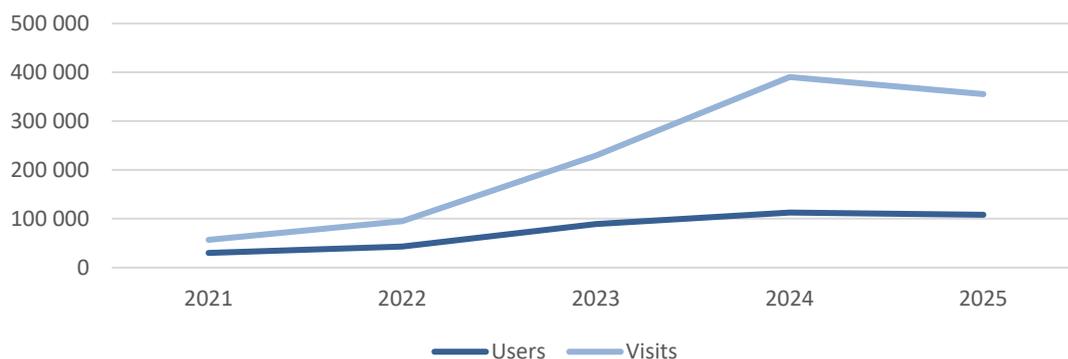


Notes: The data is presented as of September 23, 2025, and therefore does not represent the full calendar year 2025.

Source: Analyses by WPZ based on the information provided by AIHTA as of September 23, 2025.

Another key channel for disseminating AIHTA’s work is its website. Since early 2021, the website has recorded more than one million visits from over 380,000 unique users (Figure 10)³⁶, highlighting its significance as a widely used platform for accessing AIHTA’s research and outputs.

Figure 10: AIHTA website data for the period between 2021 and 2025



Notes: The data is presented as of October 1, 2025, and therefore does not represent the full 2025 year.

Source: Analyses by WPZ, based on the information provided by AIHTA as of October 1, 2025; 2021–2024 data retrieved from annual reports.

Not only did the number of visits and unique users increase by factors of 6.27 and 3.61, respectively, over the period, but the engagement metric 'visits per user' also rose from 1.89 in 2021 to 3.29 in 2025. This indicates that users find the website’s content valuable, returning multiple times for information.

Importantly, AIHTA’s website attracts a global audience, with the following ten countries accounting for the highest share of visits in 2025 (Table 7).

³⁶ 2020 is excluded from analysis to avoid misrepresenting the statistics for the incomplete 2020 year (AIHTA was established in March 2020).

Table 7: Top 10 countries in terms of AIHTA website visits in 2025

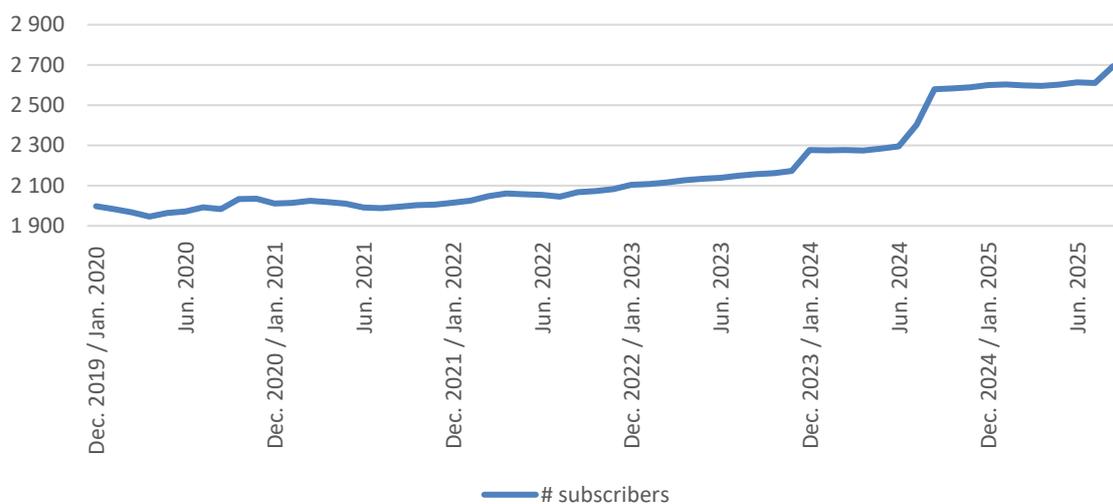
Country	# website visits in 2025
US	1,021,037
China	114,405
Germany	76,566
Canada	70,702
Russia	56,993
Belgium	50,014
Japan	47,641
Bulgaria	45,799
France	42,054
Saudi Arabia	14,827

Source: Analyses by WPZ, based on the information provided by AIHTA as of October 1, 2025.

Additionally, AIHTA conducts extensive dissemination activities targeting the broader health ecosystem, including patients and caregivers. Research findings are shared through reports, scientific articles, and other documents, all of which are available open access on AIHTA’s website. AIHTA also proactively communicates its findings to targeted medical interest groups.

To further raise public awareness, AIHTA distributes free newsletters at least ten times per year to various stakeholders within the healthcare community. Between 2020 and September 2025, the number of subscribers increased by 35%, from 1,997 in December 2019/January 2020 to 2,694 in September 2025 (Figure 11).

Figure 11: Number of AIHTA’s newsletter subscribers for the period between 2020 and 2025



Notes: The data is presented as of October 1, 2025, and therefore does not represent the full calendar year 2025.

Source: Analyses by WPZ, based on the information provided by AIHTA as of October 1, 2025.

Taken together, these findings highlight the success of AIHTA’s omni-channel dissemination strategy, which effectively engages the diverse stakeholders across the healthcare ecosystem at both national and international levels, ensuring wide reach and meaningful impact.

5.4 Integration into the Scientific Community through Cooperation in Research and Teaching and Supervision of Master's Theses with higher education institutions in Austria

At the national level, AIHTA is closely connected with all relevant higher education institutions engaged in the field of Health Technology Assessment (HTA). These connections take the form of both project-based research collaborations and formal teaching partnerships. Regular cooperation partners are:

- University for Continuing Education Krems, Department for Evidence-Based Medicine: Collaboration on projects such as ThemaCheck Medicine IQWiG – Depression in Children and Adolescents, covering ethical and economic aspects of a larger HTA report.
- Medical University of Graz, Institute for General Practice and Evidence-Based Health Services Research: Annual collaboration within the programme line “Evaluation of individual medical procedures”.
- UMIT Tirol, Department of Public Health, Health Services Research and HTA: Project-based cooperation in case modelling expertise is required in the projects.
- Research & Evaluation, Inc. ASERNIP-S/Australia: Annual cooperation within the programme line “Evaluation of individual medical procedures”.

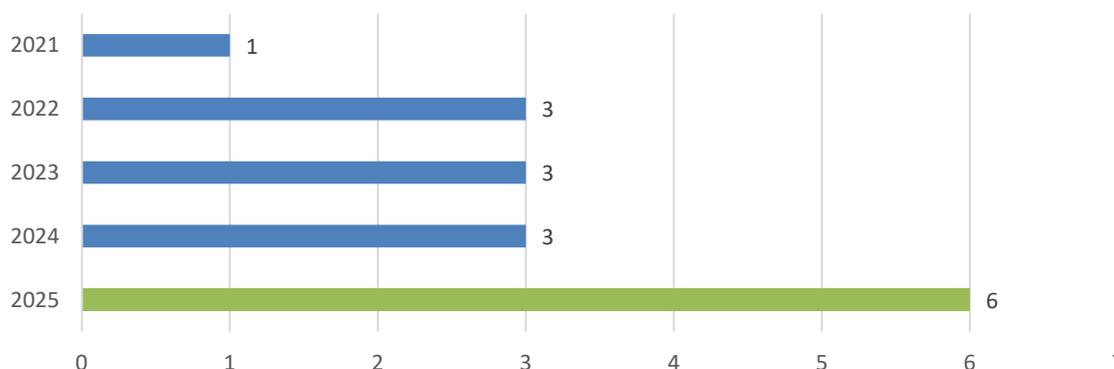
In addition, AIHTA maintains several formal teaching collaborations, including:

- Medical University of Graz (until 2024): within the Master's Programme in Public Health, focusing on Health Economic Evaluation and HTA.
- University of Innsbruck and Medical University of Innsbruck (since 2025 Master's Programme Pharmaceutical Sciences - Drug Development and Regulatory Affairs).
- Medical University of Innsbruck (since 2019): Principal Investigator Course - Evidence-Based Medicine & Health Technology Assessment.
- UMIT Tirol – Private University for Health Sciences and Health Technology (since 2025): Master's Programme in Public Health, module HTA.

Furthermore, on June 1, 2021, AIHTA signed a cooperation agreement with Paracelsus Medical University Salzburg. This agreement aims to build capacity among junior personnel within the Master's Programme in Public Health, specifically in HTA, to support evidence-based decision-making in healthcare. It also regulates AIHTA's participation in teaching and the supervision of Master's theses.

As a result, between 2021 and 2025, AIHTA significantly expanded its involvement in supervising Master's theses, from one in 2021 to six in 2025 (Figure 12). These supervised theses have been successfully defended at leading Austrian institutions, including the Medical University of Innsbruck and Paracelsus Medical University (for more details see Annex VI).

Figure 12: AIHTA's supervision of master's theses activity 2021 – 2025



Notes: The data is presented as of September 10, 2025 and therefore does not represent the full calendar year 2025.

Source: Analyses by WPZ, based on the information provided by AIHTA as of September 10, 2025.

5.5 Networking at international level

At the international level, AIHTA plays an active role in several key networks and initiatives that shape health technology assessment and pharmaceutical policy. It is an engaged member of the International Network of Agencies for Health Technology Assessment (INAHTA) and participates in the global HTA community through activities associated with Health Technology Assessment international (HTAi), contributing expertise, engaging in international exchanges, and collaborating with HTA agencies worldwide. AIHTA is also involved in preparatory and implementation activities related to the EU HTA Regulation, including participation in European joint assessment and methodological initiatives that support the regulation's operationalisation. Furthermore, Austria contributes to cross-country collaboration on pharmaceutical policy and HTA through its participation in the BeNe-LuxA Initiative, within which AIHTA supports cooperative assessment and evidence-based decision-making. In addition to its networking activities at institutional level, several AIHTA staff members are personally engaged in a range of national and international knowledge networks, as shown in Table 8.

Table 8: AIHTA's staff members personal involvement into knowledge networks as of 2025

Knowledge network description	Type	AIHTA staff members involved
International Advisory Board of ZEFQ (Zeitschrift für Evidenz, Fortbildung und Qualität im Gesundheitswesen), 2008-2025	International	Claudia Wild
Editorial Board of International Journal for Technology Assessment in Health Care, since 2010	International	Claudia Wild
Advisory board of "Health Statistics" of Statistic Austria, 2010-2025	National	Claudia Wild, Ingrid Zechmeister-Koss
National Oncology Advisory Board for developing a national cancer plan, 2011-2025	National	Claudia Wild
Working group "Public Health" at Transparency International – Austrian Chapter (TI-AT), 2007-2023	International	Claudia Wild
EC-Expert Group on COVID-19 Therapeutics, 2021-2022	International	Claudia Wild
Joint Access Advisory Mechanism (JAAM) for covid-19 platform trials, 2021-2022	International	Claudia Wild
Scientific Advisory Board of "Der Arzneimittelbrief", since 2015	International	Claudia Wild
EC Science and Innovation Panel (SIP) of the Innovative Health Initiative (IHI), since 2022	International	Claudia Wild
Scientific Advisory Board of HEU-EFS (Harmonized approach to early feasibility studies for medical devices in the European Union), since 2024	International	Claudia Wild
Scientific Advisory Board of HELICAP (Health literacy in early childhood allergy prevention: parental competencies and public health context in a shifting evidence landscape), since 2024	International	Claudia Wild
Scientific Advisory Board of a project on Conflicts of Interest at German Medical Faculties, funded by the Volkswagen Foundation, since 2024	International	Claudia Wild
Austrian Health Economics Association (ATHEA)	National	Ingrid Zechmeister-Koss
International Society for Pharmacoeconomics and Outcomes Research-Austria (ISPOR-Austria)	International	Ingrid Zechmeister-Koss
Scientific Advisory Board of Gesundheit Österreich GmbH	National	Ingrid Zechmeister-Koss
Austrian Society for Public Health (ÖGPH)	National	Ingrid Zechmeister-Koss, Inanna Reinsperger, Sabine Etinger, Reinhard Jeindl, Romy Schönegger, Christoph Strohmaier, Julia Kern, Sarah Wolf
Austrian Society for Epidemiology (OeGEp), since 2016	National	Sabine Geiger-Gritsch
German Society for Medical Informatics, Biometry and Epidemiology (GMDS), since 2016	National	Sabine Geiger-Gritsch
German Network for Evidence-Based Medicine	National	Sabine Geiger-Gritsch, Gregor Goetz
BMASGPK Oncology Advisory Board	National	Sabine Geiger-Gritsch
Advisory board of "Cancer Statistics" of Statistic Austria	National	Sabine Geiger-Gritsch

Knowledge network description	Type	AIHTA staff members involved
European Public Health Association	International	Inanna Reinsperger, Sabine Etinger, Reinhard Jeindl, Romy Schönegger, Julia Kern
Advisory Board of LATITUDES Network, since 2023	International	Gregor Goetz
Scientific Advisory of Austrian Dementia Quality Register (öDQR)	National	Christoph Strohmaier
Supreme Medical Council Working Group "Quality Register"	National	Christoph Strohmaier
Scientific Advisory of "Early childhood interventions" ("Frühe Hilfen")	National	Julia Kern
Pharmaceutical Pricing and Reimbursement Initiative (PPRI)	International	Sabine Geiger-Gritsch, Sarah Wolf

Source: Information provided by AIHTA as of September 24, 2025.

6. Financial and staffing resources of AIHTA

6.1. Budget

AIHTA operates with a base budget of €1,510,000 in both 2024 and 2025, representing an 11% increase compared to 2023. The base funding comes from its eleven shareholders, with the largest contributions provided by the Austrian Association of Social Insurance Institutions and the Regional Health Funds, and a smaller share from the Federal Ministry of Labour, Social Affairs, Health and Consumer Protection.

The increase in the base budget from 2023 to 2024 is primarily due to inflation adjustments. A further increase in the budget was made possible through the assignment of implementation tasks related to the Appraisal Board. Signed in autumn 2024, this is reflected in the 2025 budget with an additional €1,227,860, as shown in table 9.

Looking at the development of third-party funding over the years, amounts have varied considerably. For example, while third-party funding reached €389,878 in 2023, it was lower in 2025, amounting to €81,912. AIHTA management explained the observed fluctuations in third-party funding, including the comparatively low level recorded for 2025, by noting that third-party funds are largely disbursed at the start of DRM projects. Consequently, substantial year-to-year budgetary variations arise, as funding for multi-year DRM projects is recorded in the budget at the time of disbursement, while the associated expenditures are spread over several subsequent years. A comprehensive list of third-party funding by year is provided in Annex V.

Table 9: AIHTA's budget for the period 2020 – 2025

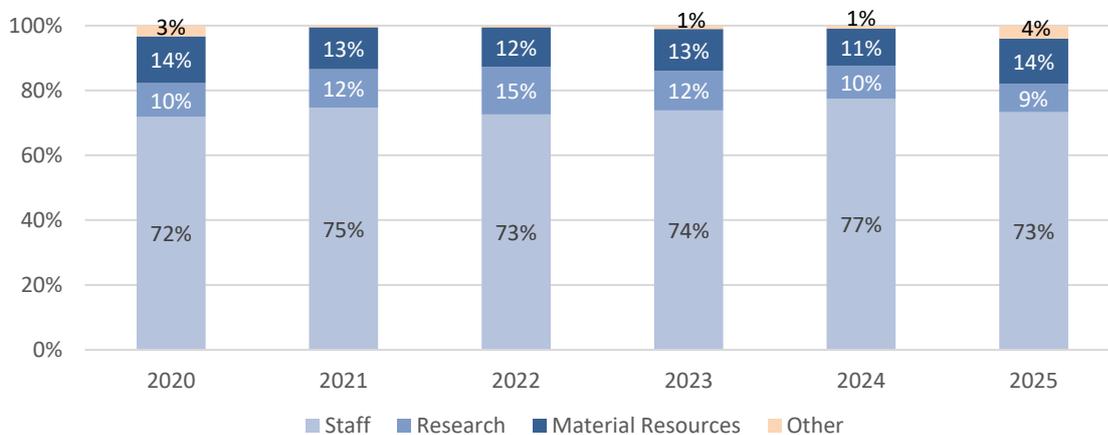
Category	2020	2021	2022	2023	2024	2025
Revenue						
Base Budget	1,133,101.34	1,360,000.00	1,360,000.00	1,360,000.00	1,510,000.00	1,510,000.00
Appraisal Board						1,227,860.00
Third-party Funding	244,505.72	118,311.82	130,544.98	389,878.49	461,513.70	81,912.24
Total Revenue	1,377,607.06	1,478,311.82	1,490,544.98	1,749,878.49	1,971,513.70	2,819,772.24
Costs						
Staff	777,080.19	980,868.69	1,031,654.25	1,112,955.70	1,296,282.80	1,998,800.00
Research	112,879.00	155,341.22	208,361.76	184,118.90	171,281.16	237,500.00
Material Resources	155,988.57	170,119.71	174,142.84	194,561.37	191,789.55	380,717.15
Other	35,727.67	6,278.50	6,973.15	15,854.42	15,144.50	109,000.00
Total Costs	1,081,675.43	1,312,608.12	1,421,132.00	1,507,490.39	1,674,498.01	2,726,017.15
Net Assets	295,931.63	165,703.70	69,412.98	242,388.10	297,015.69	93,755.09
Net Assets Cumulative	295,931.63	461,635.33	531,048.31	773,436.41	1,070,452.10	1,164,207.19

Notes: 2025 third-party funding data is presented as of March 21, 2025

Source: AIHTA

Figure 13 shows the development of AIHTA's cost structure over the years. It shows that the largest part of the budget is allocated to personnel costs, which account for an average of three quarters of the total costs. Research expenses recently accounted for around 10% of the costs, and a similar proportion was allocated to material costs. It is noteworthy that administrative expenses have been kept very low over the years. In 2023 and 2024, these amounted to only 1% of total costs, and in 2025, they were only slightly higher, at 4%.

Figure 13: AIHTA's annual cost structure for the period 2020–2025



Source: Analyses by WPZ

Overall, with regard to the financing and costs of AIHTA, it can be concluded that the base budget has increased due to inflation adjustments and that the largest budget increase was due to the work in connection with the establishment of the Appraisal Board. The total amount of additional third-party funding varies considerably over the years. Especially noteworthy is that administrative costs have been kept extremely low throughout all years. Given the very low administrative costs, an increase in these costs is expected in the future, partly as a result of the ongoing professionalisation of the organisation.

6.2. Personnel

Between 2020 and 2023, AIHTA employed around 17 to 19 people, which corresponding to 15 to 16 full-time equivalents. In 2024, the number of employees increased to 24, corresponding to almost 20 full-time equivalents. In 2025, the number of employees increased again to a total of 30, corresponding to more than 26 full-time equivalents.

As with the budget, the latest increase in staff numbers is due to the work for the Appraisal Board in 2025.

With regard to the personnel structure, Table 10 shows that the majority of employees work in research, while the number of employees in administration remains low over the years.

Table 10: AIHTA's annual headcount from 2020 to 2025

Category	2020	2021	2022	2023	2024	2025*
Total	19	17	17	19	24	30
Full-time equivalents						
Research	11.99	10.41	11.10	12.14	15.83	21.90
Administrative	4.06	4.06	4.06	4.06	4.06	4.77
Total, full-time equivalents	16.05	14.47	15.16	16.20	19.89	26.67

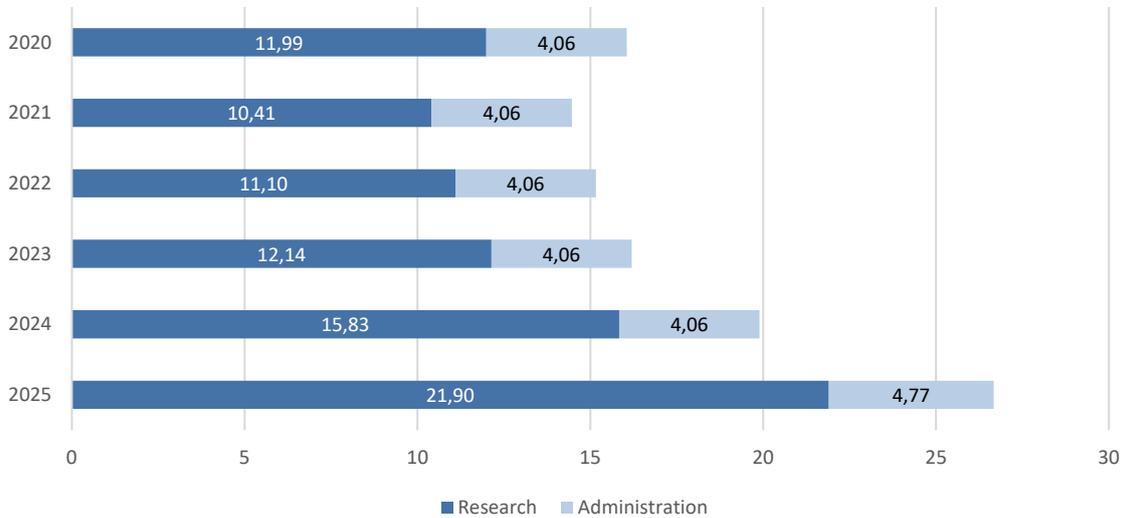
Notes: (*) Anticipated as of November 30, 2025 (based on the signed contracts as of March 1, 2025).

Source: AIHTA

The next figure also shows that administrative costs have remained consistently low, as reflected in the comparison between the number of staff employed in research and those employed in administration over the years.

This once again clearly demonstrates that AIHTA operates very efficiently. Administrative costs are also very low compared to other non-university research institutions, which can be regarded as evidence of the efficient use of public funds.

Figure 14: AIHTA’s annual personnel structure by categories (in full-time equivalents) for 2020 – 2025



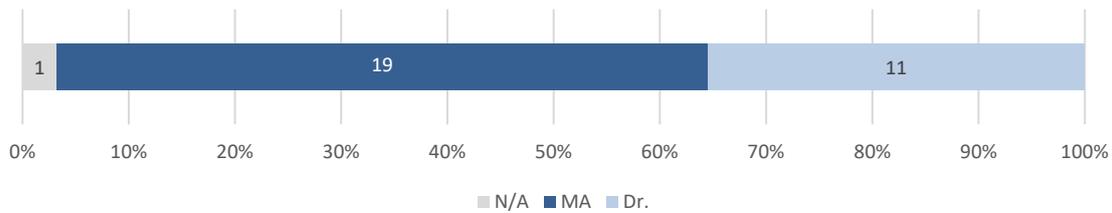
Notes: Includes the anticipated staff structure as of November 30, 2025 (based on the signed contracts as of March 1, 2025).

Source: AIHTA

Examining the qualifications of AIHTA staff, it is evident that the majority hold a master’s degree, followed by a doctorate, reflecting the institute’s strong research orientation (figure 15).

Regardless of formal qualifications, it is important to offer career development opportunities and long-term job perspectives to support high-quality scientific work.

Figure 15: AIHTA’s personnel structure in terms of formal qualifications as of 2025



Notes: MA and Dr indicate master-level, and doctoral-level degree respectively.

Source: Analyses by WPZ as of December 16, 2025, based on the AIHTA website.

In 2025, AIHTA undertook an intensive development phase with a dedicated team to enhance personnel development. The results were incorporated into an end-of-August staff workshop, which facilitated the implementation of a new role-based organisational structure and the establishment of clearly defined positions, roles, and salary frameworks, thereby strengthening organisational capacity and transparency. The workshop was organised with the aim of clarifying how the new organisational model will function in practice and how it will support effective collaboration and professional development. Participants discussed the principles of a role-based structure, emphasising that the organisation needs to enable flexible assignment to projects, specialisation of expertise, and clear visibility of roles, tasks, and responsibilities across the institute.

The role-based model provides clearly defined roles that reflect both functional responsibilities and career development potential. Under this scheme, staff can take on multiple roles appropriate to their skills and project assignments, and progression is linked to increasing responsibility and impact rather than hierarchical levels

alone. For example, early career roles such as Junior Researcher and Researcher are designed to support project work and research activities, while advanced roles involve strategic leadership, coordination of resources, and representation of research areas at the national and international level. Optional roles such as Method Developer, Supervisor, or Master's Thesis Supervisor could further expand opportunities for leadership and professional growth.

A significant motivation behind this restructuring was the absence of formal salary and position descriptions prior to mid-2025; until then, AIHTA did not have a systematic salary scheme or clearly articulated career paths, which limited transparency and professional development. The new salary scheme introduced alongside the role profiles provides structured progression bands, with additional allowances for certain leadership roles. This approach aims to support career development, retention, and motivation of highly skilled staff, while enabling the organisation to assign personnel more flexibly and responsively to emerging project needs.

7. Benchmark Analysis

7.1. Significance of HTA internationally and trends observed

Health Technology Assessment (HTA) agencies are present worldwide, as demonstrated by international networks such as HTAi, INAHTA and HTAsiaLink. HTAi, for example, represents around 1,300 member agencies (including non-HTA agencies) from 65 countries and facilitates collaboration on methodological guidelines. INAHTA works in a similar way, supporting the shared use of open databases and cooperation among HTA agencies. HTAsiaLink is a network of organizational and individual members who are involved in HTA research and evidence-based policy decision-making in Asia and Pacific region.

In Europe, EU-wide cooperation among HTA agencies has grown increasingly important in recent years. This cooperation was initially fostered through EUnetHTA and ultimately culminated in the adoption of the EU HTA Regulation (Regulation (EU) 2021/2282). With the Regulation in force, collaboration is formalized through a structured governance framework, including a coordination group and specialized sub-groups ensuring that joint assessments and shared methodologies are binding across member states.

When looking for trends how HTA bodies are currently aligning themselves, particularly in order to respond better to the growing and complex challenges in the healthcare sector, a recently published study by Fontrier, Visintin and Kanavos has identified a number of trends. The study is based on a comprehensive comparative analysis of HTA agencies in 32 countries, covering all important regions of Europe as well as Canada and Australia.³⁷ Key findings include:

First, to address recent technological advancements, HTA practices expand their scope beyond traditionally assessed areas. While well-developed HTA processes for pharmaceuticals are established across the studied countries, there is an urgent need to establish formal processes for medical devices and other technologies, including public health interventions. This need arises due to a highly fragmented market structure of medical devices, a lack of clear guidance on evidence requirements, and inconsistencies in assessment methods. Other technologies encompass a wide range of interventions, including screening programmes, vaccination campaigns, surgical procedures, stem cell therapies, innovative cancer vaccines, cell and gene therapies, and personalized treatments. This expansion of technological scope often leads to the establishment of multiple HTA agencies within a country, each specializing in different technologies.

Second, an increase of evidence-based assessments is central to HTA, continuously shaping its methodologies. A significant majority (73%) of HTA agencies assess technologies based on their clinical and cost-effectiveness, indicating a strong reliance on rigorous evidence. The core assessment phase of HTA specifically involves "collecting, reviewing and synthesizing clinical and economic evidence to support funding decisions". However, transparency in reimbursement processes remains a challenge³⁸, limiting understanding of how evidence-based information is applied in practice. Despite this, HTA systems are continuously adapting to new types of evidence to ensure their recommendations remain relevant and impactful.

³⁷ Fontrier et al. (2025): <https://doi.org/10.1007/s41669-021-00311-5>

³⁸ Whether or not a given health technology should be included into the national / regional reimbursement list.

Third, patient involvement has become an essential part of HTA procedures, aiming to increase transparency, reduce appeals, and promote inclusiveness. The abovementioned study highlights that a substantial majority (94%) of HTA agencies involve various stakeholders, including patients and patient organizations, either as members of the HTA committee or through external consultation (76%) via public calls. This engagement allows for the incorporation of preferences, values, judgments, opinions, and individual insights into the HTA process. While external consultation often depends on patient participation on various stages from topic selection to final recommendations, some regulatory bodies still lack such input. Even where direct patient representatives are not involved, ethicists may be included in committees to bring a societal perspective. Although stakeholder participation is intended to improve uptake of HTA recommendations, the direct link has not yet been established.

Finally, regulatory developments significantly influence how HTA systems are structured, operate, and integrated into national policies, affecting their ultimate impact on funding decisions. HTA agencies may serve in diverse roles, being advisory, regulatory, or coordinating entities.

7.2. Comparative analysis of the thematic scope and institutional size of selected HTA institutes

A comparison of the thematic focus of HTA agencies in Belgium, Germany, Italy, the Netherlands, selected Nordic countries such as Norway and Sweden, and Canada shows that priorities do vary. However, most agencies cover core areas such as HTA methods, drugs, mental health, non-drug interventions and health services research. Overall, AIHTA appears to be one of the more broadly positioned agencies in international comparison in terms of its thematic focus (Table 11). AIHTA's thematic focus includes traditional drug and non-drug interventions, as well as health technologies, AI applications in diagnosis and therapy, and genetic testing, while also addressing key issues of the Austrian health policy.

Table 11 Comparative analysis of HTA agencies with regard to their strategic orientation

HTA institute	Country	Key study domains
AIHTA – Austrian Institute for Health Technology Assessment	AT	High tech medicine; Prevention and screening; HTA-methods and steering instruments; Rehabilitation and occupational therapy; Health economics; Oncology (Drugs); Psychological and psychiatric interventions; Complementary medicine
KCE – Belgian Health Care Knowledge Centre	BE	Health services research; Drugs; Implants; Vaccines; Surgical techniques; Clinical practice; HTA-methods
IQWiG – Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen	DE	Drugs; Non-drug interventions (e.g. surgical procedures); Diagnostic tests and screening tests; Clinical practice guidelines; Disease management programs
Agenas – Italian National Agency for Regional Healthcare Services	IT	Health services research; Drugs; Primary care; Medical devices; Cancer; Digitalization in healthcare
NIPH – Norwegian Institute of Public Health	NO	Vaccines and vaccination; Infectious diseases; Public health; Non-communicable diseases and injuries; Cancer; Mental health and quality of life; Lifestyle, diet, nutrition; Childhood and life course; Climate and environment; Insects and pests
SBU – Swedish Agency for Health Technology Assessment and Assessment of Social Services	SE	Health services research; Mental health; Cancer; Social services; Dental care; Work environment; Functional disabilities
ZIN – Zorginstituut Nederland	NL	Drugs; Cancer; Non-drug interventions (e.g. surgical procedures); Infectious diseases; Mental health; Emergency care, trauma care and intensive care; Health services research
CDA – AMC – Canada's Drug Agency	CA	Drugs; Health services research; Medical devices; Non-drug interventions (e.g. surgical procedures)

Source: Analyses by WPZ, based on the information from the websites of the agencies as of September 17, 2025.

In order to gain a more detailed insight into the orientation of the selected HTA agencies in the coming years, key strategy papers were examined in more detail in the course of this evaluation, resulting in the following picture.

For example, the Belgian Health Care Knowledge Centre (KCE) led by Managing Director Ann Van den Bruel since 2024³⁹, is advancing a needs-driven healthcare approach through initiatives such as the NEED (Needs Examination, Evaluation and Dissemination) framework. This initiative systematically identifies and evaluates unmet health-related needs of patients and society to inform research prioritization and policy decisions. By mapping areas where care gaps persist, KCE aims to better align innovation, research, and healthcare practices with the most significant needs.⁴⁰

IQWiG (Germany), under Director Dr Thomas Kaiser (in office since April 2023), aims to enhance its international engagement and methodological capabilities. In a 2025 interview, Kaiser emphasized strengthening IQWiG's participation in EU-level work, particularly in the context of EU HTA collaboration, and expanding scientific contributions beyond the processing of commissioned benefit assessments. He identified the development of study methods and earlier involvement in evidence-generation activities (e.g., through consultations on study design and protocols) as important goals for the coming years.⁴¹

In its strategic initiatives, Agenas (Italy) is actively working to enhance global health technology assessment (HTA) coherence. Under the leadership of Domenico Mantoan, General Director since 2023, Agenas has prioritized aligning the activities and recommendations of HTA agencies across different countries to foster greater consistency and effectiveness in healthcare decision-making worldwide. During an interview in 2023, Mantoan emphasized the agency's commitment to strengthening digital health initiatives, aiming to leverage technology to improve healthcare delivery and accessibility. Additionally, Agenas is focusing on medical devices within its national and international strategy, as outlined in its newly launched Italian National Health Technology Programme 2023-2025. This programme aims to optimize the integration of medical devices into the Italian healthcare system, ensuring safety, efficacy, and cost-effectiveness.⁴²

Similarly, the Norwegian Institute of Public Health (NIPH – *Folkehelseinstituttet*) is Norway's central public health agency with a strong and growing international profile. Since 18 March 2024, NIPH has been led by Guri Rørtveit, Executive Chair (Director-General), whose background as a physician and researcher supports the institute's emphasis on evidence and international collaboration. In its Global Health Strategic Plan 2024–2027, NIPH highlights digital health, evidence-informed decision-making, and the economic sustainability of health systems as priority areas, positioning the institute to contribute strategically to international public health research, policy development, and global partnerships.⁴³

SBU (Sweden) recently introduced its 2024-2028 strategic plan which outlines a vision of improving health and welfare through science-based knowledge and sets operational objectives to strengthen evidence generation, collaboration, and knowledge dissemination. The strategy emphasizes the production of relevant and robust scientific evidence to support evidence-informed decision-making, the importance of close dialogue and collaboration with a broad array of stakeholders, and efforts to ensure that reports and assessments are responsive to the needs of recipients and decision-makers. SBU also highlights the value of scientific methods, systematic reviews, and methodological support as key elements in advancing knowledge-based healthcare and social services. The strategy is implemented under Director-General Britta Björkholm, who has held this position since 2022.

ZIN (Zorginstituut Nederland), in its Strategic Direction 2024–2028, outlines a long-term commitment to accelerating appropriate care by strengthening collaboration across healthcare stakeholders and engaging with diverse partners across the health system. The strategy emphasizes cross-sector and cross-domain cooperation with patients, clinicians, insurers, regulators, and policymakers to enable coordinated approaches that support personalised, sustainable healthcare. In October 2024, Mark Janssen was appointed Chairman of the Executive Board⁴⁴, under whose leadership ZIN continues to pursue these collaborative strategic objectives.⁴⁵

³⁹ LinkedIn: <https://www.linkedin.com/in/ann-van-den-bruel-8ba1465b/?originalSubdomain=be>.

⁴⁰ KCE (2024): https://kce.fgov.be/sites/default/files/2024-03/KCE_377CS_NEED_assessment_patients_society.pdf.

⁴¹ Monitor Versorgungsforschung (2025): <https://doi.org/10.24945/MVF.02.25.1866-0533.2699>.

⁴² Agenas (2023): <https://www.agenas.gov.it/aree-tematiche/comunicazione/primo-piano/2320-15th-november,-2023-agenas-introduces-the-italian-national-health-technology-programme-2023-2025-for-medical-devices>

⁴³ NIPH (2024): <https://www.fhi.no/contentassets/133a4d9ffd054b1b99d5a60d9d7919c3/global-health-strategic-plan-2024-2027-v1.pdf>

⁴⁴ ZIN: <https://english.zorginstituutnederland.nl/about-us/organisation/the-executive-board>

⁴⁵ ZIN: <https://english.zorginstituutnederland.nl/about-us/organisation/strategic-direction-and-target-groups>

In a published interview with Suzanne McGurn – president and CEO of CDA – AMC⁴⁶, she stresses the HTA agency aims to maintain a balance between rigor of the provided evidence, speed with which this evidence reaches the relevant stakeholders, and efficiency of generating such evidence.⁴⁷ To achieve this, in its 2025-2030 strategic plan, CDA – AMC prioritizes the following key principles that guide its activities: partnership (i.e., collaboration with the healthcare stakeholders); inclusion, diversity, equity and accessibility of healthcare; agility (in generating evidence) and responsiveness and relevance to health system needs.⁴⁸

In addition to thematic focus, the size of the selected HTA agencies in terms of financial and human resources is also relevant. While population sizes vary across the countries considered, a comparison of agency size relative to population indicates that AIHTA is comparatively small in both staff and funding. The table below illustrates that AIHTA has relatively limited resources compared with other agencies: for example, Belgium’s KCE is roughly 2.5 times larger, and Germany’s IQWiG is even bigger. In the Nordic countries, such as Sweden, SBU also operates with substantially greater resources. Overall, AIHTA ranks at the lower end of this international comparison, despite covering a very broad range of topics, as highlighted in the previous analysis.

Table 12 Comparative analysis of HTA agencies with regard to size

HTA institute	Country	Estimated annual budget (in euros)	Staff
AIHTA	AT	2.82 Mio.	30
KCE	BE	10 Mio.	70
IQWiG	DE	35 Mio.	280
Agenas	IT	4 Mio.	45
NIPH	NO	126 Mio.	900
SBU	SE	9 Mio.	65
ZIN	NL	5.5 Mio.	50
CDA - AMC	CAN	21.2 Mio. annually + 555 Mio. for the period 2023-2028	250

Source: Analyses by WPZ, based on the information from the websites of the agencies as of September 17, 2025.

8. Assessment of AIHTA by the owners and community

The exploratory study comprised semi-structured interviews as well as focus groups. All interviews and discussions were conducted between October and early December 2025. In total, 30 interviews and two focus groups with four participants each were carried out with representatives of the owners of the AIHTA and members of the Scientific Advisory Board, cooperation partners, stakeholders from the academic sector such as universities and non-university research institutions, hospital operators, and patient advocacy organizations. In addition, one interview was conducted with the expert responsible for the organizational and human resources development concept, as well as three interviews with HTA institutes abroad. Furthermore, following the availability of interim evaluation results, a series of reflective discussions were held with the management of AIHTA.

Anonymity of the individual interview participants was ensured, and the reporting of findings was restricted to an aggregated level. Consequently, the interview results pertaining to the core evaluation questions are synthesised and presented in a narrative analytical format.

⁴⁶ CDA – AMC: <https://www.cda-amc.ca/executive-team>

⁴⁷ Interview with Suzanne McGurn (2021): <https://pharmaboardroom.com/articles/cadth-ceo-suzanne-mcgurn-on-the-key-challenges-in-hta-today/>

⁴⁸ CDA – AMC (2025): https://www.cda-amc.ca/sites/default/files/corporate/StratPlan/2025/2025_strat_plan_EN.pdf

Addressing needs and perception of AIHTA services

The evaluation findings indicate that the services provided by the AIHTA are perceived by stakeholders as consistently high in quality and well aligned with existing and emerging needs. In particular, AIHTA reports are widely regarded as scientifically robust and methodologically sound. Interviewees emphasize the transparent presentation of methods, the clear justification of assumptions, and the logical structure of analyses, all of which contribute to a high degree of traceability and credibility. The reports are described as comprehensible while maintaining scientific depth, enabling their use by both expert audiences and policy-oriented stakeholders.

The informational value of the AIHTA's outputs is assessed as very high. Stakeholders report that the analyses and syntheses provided offer substantial support for evidence-based decision-making and contribute meaningfully to their daily work. The consistent quality of deliverables across different products creates a uniform and clearly recognizable profile for the institute and reinforces trust in its outputs.

With regard to communication and visibility, AIHTA is perceived as having a strong and professional public presence. The website is considered well structured, clearly laid out, and regularly updated, facilitating easy access to relevant information and publications. The newsletter plays a central role in disseminating AIHTA activities and results. High levels of interest, reflected in a large number of subscribers and a broad readership, indicate that this communication channel effectively reaches relevant target groups and responds to their information needs.

The evaluation further shows that the services of AIHTA effectively support the work of its owners and are largely perceived as meeting their expectations and requirements. At the same time, stakeholders report a growing overall demand for HTA products, driven by increasing complexity and resource constraints within the health system. In parallel, there is a rising need for timely and flexible responses to short-term and politically driven questions. While AIHTA's existing products are highly valued, this development points to increasing expectations regarding responsiveness and turnaround times.

Across stakeholder groups, personal contact and the possibility for direct exchange and coordination with AIHTA staff are highlighted as a particular strength of the institute. Close communication is seen as facilitating mutual understanding of needs, enhancing the relevance of outputs, and enabling tailored support in specific decision-making contexts. This relational dimension is repeatedly emphasized as a key factor in the positive perception of AIHTA services.

Perspectives on thematic scope, Appraisal Board, and emerging HTA priorities

A central evaluation question concerned whether AIHTA should continue to maintain a broad thematic scope or whether it should increasingly focus on selected priority topics in the future. In this regard, the interviews revealed partly divergent perspectives between individual owners and selected stakeholders from hospital management.

Overall, the broader picture indicates that AIHTA is characterised by its thematic breadth, which is widely regarded as a distinguishing feature of the institute. This breadth sets AIHTA apart from other HTA institutions and is perceived as a core strength. Nevertheless, some interview partners emphasised the need for greater thematic focus, in particular to allow submitted topics to be clustered more effectively and to build deeper, topic-specific expertise.

In particular, representatives from the scientific community, as well as parts of the ownership group and members of the Scientific Advisory Board, stressed that thematic diversity strengthens AIHTA and should be preserved. Maintaining broad expertise was highlighted as an important differentiator vis-à-vis other HTA actors in Austria.

With regard to the Appraisal Board and the establishment of its secretariat at the Ministry of Health, the Board was consistently described as playing a central role and is expected to remain of strategic importance in the future. High expectations are associated with the Appraisal Board, not only among the owners; accordingly, it is expected to play a central role for AIHTA as well. The interviews indicate that this topic is of considerable interest.

In particular, the Austrian Association of Social Insurance Institutions emphasised a functional division of responsibilities between the Association and AIHTA: Assessments of pharmaceuticals in the hospital setting should fall within the remit of the AIHTA, whereas assessments of pharmaceuticals in the outpatient sector and at the interface between inpatient and outpatient sector should fall within the remit of the health insurance.

When asked which aspects of HTA are likely to gain importance in the future, many interview partners highlighted the growing relevance of health economic questions, including cost-utility analyses and the monetary evaluation of interventions. Stakeholders also emphasised the need for a more comprehensive assessment perspective, which incorporates ethical considerations, such as the evaluation of quality of life or the value of life under specific circumstances. In countries such as England and the Netherlands, ethical questions are already an established and integral part of HTA processes.

Several stakeholders additionally pointed to public health considerations, noting the need to clarify the strengths and roles of different institutions in Austria. Finally, the assessment of (digital) medical services and applications was highlighted as an increasingly relevant area, particularly in terms of cost efficiency and potential savings for the health care system.

Independence of AIHTA

Health Technology Assessments (HTAs) are designed to support the efficient allocation of health care resources and to underpin evidence-based health policy decisions. By enabling cost-effective use of public funds, HTAs contribute to maximizing societal benefit. Within this context, the independence of AIHTA is a critical prerequisite for the institute to fulfil its mandate and maintain credibility in both national and international settings.

Interviews conducted after the closure of LBI-HTA indicate that AIHTA's broad ownership structure is widely perceived as a positive feature supporting institutional independence. Across all stakeholder groups, there was unanimous agreement that AIHTA operates independently in its assessments and decision-making. This perception reinforces the institute's legitimacy and its ability to act as a neutral actor in the evaluation of health technologies.

At the same time, interviewees emphasised that the independence of AIHTA can only be ensured through an adequate base budget. Funding from industry was consistently regarded as unacceptable. The pursuit of additional resources at the European level elicited ambivalent responses. Some stakeholders considered EU funding or contracts from HTA agencies in other countries (e.g., Germany) to be a valuable source of financial support and a means of gaining knowledge and experience and therefore regarded it as an asset. Fewer, including some owners, expressed caution, noting that reliance on third-party funding from European sources might carry risks, such as the need for co-funding at the national level. However, across all stakeholder groups, there was broad agreement that AIHTA should primarily focus on fulfilling tasks mandated by its owners. At the same time, participation in international networks and the associated possibility for knowledge transfer were widely regarded as positive and strategically beneficial.

Finally, stakeholders highlighted that the long-term preservation of AIHTA's independence requires not only financial stability but also structural and legal anchoring. An adequate base budget was seen as a necessary precondition, but independence could be further reinforced through a clear statutory mandate and a formally defined role for AIHTA within the Austrian health system. Such formalisation was considered crucial to secure the institute's autonomy, maintain credibility in assessments and appraisals, and ensure the continuity, clarity, and legitimacy of its responsibilities within both the national and international HTA landscape.

Institutional development of AIHTA

The transition of AIHTA to a broad ownership structure following the closure of LBI-HTA was consistently regarded as highly positive by all interviewees. Stakeholders highlighted that the move has contributed to institutional stability and legitimacy. The management of AIHTA, both in its previous and current composition, was perceived as highly engaged, committed, and responsive, which is seen as a key factor supporting the institute's operational effectiveness. Similarly, the professional competence of AIHTA staff was consistently recognised as a strength, contributing to the credibility and quality of its outputs.

Methodological expertise was repeatedly highlighted as a central asset of AIHTA. At the same time, interviewees emphasised that ongoing methodological development, the ability to address emerging topics, and the capacity to respond to new challenges are critical for the institute's continued relevance. Several stakeholders noted that achieving these objectives requires sufficient strategic and financial flexibility, underlining that the availability of dedicated resources is a key enabler for AIHTA to expand its methodological portfolio and adapt to evolving health policy needs.

AIHTA as a cooperation partner and network integration

AIHTA is highly valued as a cooperation partner by Austrian universities, such as the University for Continuing Education Krems (UWK), the Medical University of Vienna, the Medical University of Graz, and UMIT, as well as by non-university research institutions. This recognition extends to both scientific expertise and research outputs, including publications and the AIHTA newsletter. In some cases, collaborations with AIHTA, whether in teaching or in joint research projects, have been in place for a considerable period of time, reflecting long-standing partnerships and sustained mutual engagement.

Scientific partners in particular emphasised that basic research is essential for an institute such as AIHTA. It provides a foundation for ongoing methodological development and allows the institute to draw on fundamental scientific insights in its advisory work. This highlights the importance of integrating basic research into AIHTA's activities to strengthen both its analytical capacity and the evidence base for its recommendations.

Overall, AIHTA is also perceived as being very well integrated into international networks. In this context, many interviewees highlighted initiatives such as Horizon Scanning and Joint Clinical Assessments as opportunities to strengthen cross-border cooperation between HTA institutions. On the national level, AIHTA's engagement in exchanges at conferences and meetings was also highly appreciated, as were various additional opportunities for personal networking.

Some interviewees further emphasised that AIHTA is particularly well-suited to manage complex and time-intensive processes with high professionalism and patience. An example frequently mentioned was the reorientation of the Austrian parent-child preventive care programme, which demonstrated AIHTA's ability to handle intricate procedural tasks efficiently while maintaining a collaborative and thorough approach.

Funding and institutional performance

Representatives from the federal and regional governments noted that the public budget is not expected to increase in the near future. Economic transparency regarding public contributions was emphasised as important and, according to the majority of interviewees, is currently considered to be adequately ensured.

Additional resources are potentially considered obtainable at the European level, although interviewees expressed differing opinions on this matter. While some scientific institutions view the acquisition of European funding, or the acceptance of HTA assignments from public institutions in other countries (e.g., Germany), not only as a financial lever but also as an indicator of AIHTA's capabilities and attractiveness, certain owners are more cautious. These owners prioritize ensuring that their commissioned tasks are fully delivered and that the services corresponding to their contributions are met.

From an evaluation perspective, it is worth noting that the 'risk' of co-funding is balanced by potential benefits. These include thematic synergies, methodological developments, the acquisition of new contacts and access to knowledge, and opportunities to address new or additional topics that are of direct or indirect interest to the owners. However, not all projects involve co-funding. The most recent DRM projects, for example, included generous overhead funding, and the scientific work itself was not co-financed. In some cases, thematic synergies have even enabled more national topics to be addressed than would have been possible without DRM participation. For the owners, it is essential that externally acquired third-party funds are reported transparently in terms of volume and thematic area, and that their use is clearly distinguished from core funding.

In addition, AIHTA is expected to provide timely responses to emerging health policy questions and to address the growing demand for rapid assessments.

The role of binding recommendation in implementation with respect to systemic benefit

During the interviews, many stakeholders emphasised that, in order to increase the impact of research outputs, there is a need for greater binding force in the implementation of HTA recommendations. Such binding implementation would benefit the health system as a whole. In countries such as Germany, the binding nature of HTA recommendations is established by law; in Austria, no such legal framework currently exists. Many interviewees considered this to be a shortcoming.

To enhance the system-wide impact of HTA recommendations, appropriate frameworks and regulations regarding their binding implementation are therefore required. While establishing such frameworks is not within the

mandate of AIHTA, stakeholders highlighted that political decision-makers will need to set the relevant conditions in the future.

AIHTA's performance from the perspective of international HTA agencies

Stakeholders from IQWiG highlighted that AIHTA's broad ownership structure and the clear mandate for assigned tasks are major strengths, providing stability and legitimacy. The thematic breadth of AIHTA has consistently been considered a core advantage, fostering cross-fertilisation of expertise across multiple health technology areas.

Both federal and regional health authorities in Austria emphasised the growing need for HTAs in diverse areas, including service delivery, early detection programmes, and digital health applications. The evaluation of pharmaceuticals was repeatedly highlighted as increasingly important, not least because it represents the largest financial lever in the health system, particularly through potential savings in the procurement of expensive medicines. Interviewees noted that in Germany, achieving cost reductions through lower drug prices remains a central priority. Against this backdrop, investments of approximately €1 million in institutions like AIHTA were generally considered to be quickly amortised.

IQWiG stakeholders further reflected on resource differences, noting that IQWiG employs significantly more staff than AIHTA, with funding largely sourced from the health system, supplemented by contributions from its owners. Across both organisations, the readability of reports remains a persistent challenge, as reports have grown increasingly complex over time. Looking ahead, stakeholders anticipate that artificial intelligence will assume routine tasks such as literature searches and preliminary information extraction, while the identification of unpublished primary data, already a major challenge in Germany, will remain resource intensive. IQWiG's analytical processes were recognised for their role in ensuring quality in the health system, providing a benchmark for AIHTA.

Several stakeholders emphasised that legislation in Austria should further strengthen the role of AIHTA. The necessary conditions are largely in place: official institutional structures, highly professional work, and widespread recognition. AIHTA-led events, such as symposia, were highlighted as opportunities not only for knowledge exchange but also for policy advice, with recommendations for one to two high-level events per year to engage decision-makers.

Stakeholders drew attention to differences in implementation culture: in Germany, there is a legal obligation for clinicians to follow HTA recommendations, whereas in Austria, physicians retain interpretative authority. High quality of work was consistently emphasised as essential, alongside a need to focus on core activities. AIHTA's cadre of young scientists was highlighted as an asset: while they develop methodologies, they also require professional freedom to consolidate their skills. The institute's methodological expertise was widely praised as a strong foundation, offering a broad and valuable methodological spectrum, even recognised internationally, including by German stakeholders. Nevertheless, methodological development, particularly in evidence generation, remains an ongoing priority.

Finally, AIHTA enjoys high international reputation, with strong connections within the EU-HTA network. Stakeholders suggested exploring opportunities for mutual learning, thematic alignment, and targeted focus areas, allowing AIHTA to strategically build expertise and further strengthen its reputation on the international stage.

A representative from KCE emphasised that the productivity of AIHTA is remarkable, both in relation to its budget and available resources and when compared to KCE's own output. From AIHTA's perspective, further efficiency gains appear limited, given the scope of what the institute has already achieved.

Interviewees consistently noted that quality has always been high. While KCE reported that the increasing workload for management and administration has reduced efficiency over time, this trend was not observed at AIHTA, indicating a strong balance between output and operational management.

9. Summary of the key evaluation findings and recommendations for the further development

9.1. Summary of the key evaluation findings

The key findings of the AIHTA evaluation are summarized below and presented according to thematic categories.

Evaluation of AIHTA's Performance and Institutional Development

The evaluation indicates that the performance of AIHTA is consistently excellent. Stakeholders widely recognize the high quality of the institute's work, noting that its outputs are scientifically robust, methodologically rigorous, and highly valued within the health technology assessment (HTA) community.

The substantive work of AIHTA is particularly appreciated for its quality. Evaluation feedback emphasizes that both national and international partners regard AIHTA's assessments as thorough, credible, and influential in supporting evidence-informed decision-making. The scientific rigor of the institute is consistently highlighted in data analyses, confirming that AIHTA maintains top-tier standards in research and HTA methodology.

Accessibility and collaboration within the institute are also seen as key strengths. Stakeholders report that personal accessibility of AIHTA staff and effective coordination with employees are highly valued, complementing the institute's technical competencies and expertise. This level of engagement is perceived as enhancing both the relevance and usability of AIHTA outputs.

The evaluation further confirms that the independence of AIHTA is undisputed. This institutional autonomy is regarded as a critical enabler of credibility, allowing the institute to provide impartial, objective assessments and maintain trust among policymakers, healthcare providers, and research partners.

Institutional growth and development are notable. AIHTA has experienced substantial positive development over recent years, expanding its scope, visibility, and influence. The appointment of new leadership has contributed to a more dynamic and present organizational profile, strengthening both internal operations and external engagement.

International integration is another strength. AIHTA is well connected to relevant global HTA networks, which enhances methodological exchange, benchmarking, and the adoption of best practices. This international embedding reinforces the institute's reputation as a competent and credible HTA institution.

National collaborations with academic institutions are strong and multifaceted. AIHTA maintains productive relationships with Austrian universities such as UMIT, Paracelsus Medical University, Medical University of Graz, and Medical University of Vienna, among others. These collaborations extend beyond research activities to teaching, supervision of master's theses, and capacity building, demonstrating the institute's role in supporting the broader health research and education ecosystem.

Finally, AIHTA exhibits effective networking and system-level engagement. The institute maintains constructive exchanges with key national actors, including the Austrian National Public Health Institute (Gesundheit Österreich GmbH, GÖG) and the Austrian Agency for Health and Food Safety (Österreichische Agentur für Gesundheit und Ernährungssicherheit, AGES) supporting coordination, knowledge sharing, and alignment of assessments with broader health system needs. This networked approach enhances AIHTA's influence on policy-relevant decisions and ensures that its outputs are contextually informed and practically applicable.

Evaluation of AIHTA's organizational development and strategic focus

The evaluation indicates that AIHTA's growth necessitates further professionalization of the organization. As the institute expands in scope and influence, strengthening organizational structures, processes, and governance is essential to sustain high-quality outputs and efficient operations. Parallel to the current evaluation, efforts toward organization-wide development have already been initiated, demonstrating a proactive approach to institutional strengthening.

Human resource development emerges as a critical area for continued attention. Providing staff with clear professional perspectives, career pathways, and opportunities for skill development is seen as essential. Ensuring

that roles are more than temporary or “through positions” is vital to maintain motivation, retain talent, and remain competitive in a landscape where highly qualified professionals are in high demand.

Strategic thematic focus is increasingly important. While AIHTA has already implemented measures to cluster topics and prioritize key areas, the scope of work remains broad. The evaluation notes that setting clear thematic priorities could enhance efficiency and impact, while maintaining the diversity of topics, which is highly valued by stakeholders. The breadth of expertise within AIHTA is widely recognized as a strength and a distinctive feature, offering flexibility and comprehensive coverage of HTA needs.

The importance of health economics and ethical considerations is growing. The evaluation highlights that methodological advancement in these areas, along with improved access to relevant data, will be necessary to maintain scientific rigor and relevance. Expanding analytical capacities in economic evaluation and ethical assessment will further enhance AIHTA’s contributions to evidence-based decision-making. However, considering these additional aspects, and thereby ensuring high-quality work, will require more time and resources.

In the field of public health, greater functional specialization among Austrian actors is recommended. The evaluation suggests that assignments and projects should be allocated based on expertise and competencies rather than available resources. This approach would optimize the use of national capacities, promote efficiency, and ensure that high-quality evidence is generated by the most suitable actors, with AIHTA playing a key coordinating and methodological role.

Overall, the evaluation indicates that continuing organizational development, strategic prioritization of themes, and investment in staff capacity are crucial to sustaining AIHTA’s growth, enhancing its scientific impact, and consolidating its role as a leading HTA institution in Austria.

Evaluation of AIHTA’s financing and policy integration

The evaluation indicates that AIHTA’s financial resources and budgetary framework are key factors influencing its operational capacity and strategic impact. National funding levels have largely stagnated, which may constrain the institute’s ability to expand activities, invest in methodological development, and respond flexibly to emerging health technology assessment (HTA) priorities.

Diversifying funding sources, particularly through increased acquisition of European-level third-party funds, is a potential avenue for growth. The evaluation notes, however, that perceptions of the importance of this funding pathway differ among the institute’s shareholders. While additional external funding could provide valuable financial flexibility, it requires careful strategic alignment to ensure sustainability and maintain focus on core institutional mandates.

Transparency regarding the efficiency and economic use of resources is an area of continued importance. Demonstrating the cost-effectiveness of AIHTA’s work and the impact of resource allocation on outputs will reinforce credibility, support stakeholder confidence, and strengthen arguments for sustained or expanded funding.

Expanding budgetary flexibility is recommended. Providing the institute with sufficient discretion in resource allocation would enable more strategic planning, timely responses to emerging topics, and investment in staff and methodological capacity, thereby enhancing overall institutional performance.

The evaluation further emphasizes the need for a sustainable financing model. Establishing long-term, predictable funding mechanisms, potentially combining core national funding with targeted external grants, would provide stability while maintaining independence and scientific integrity.

Enhanced integration of AIHTA into policy processes is critical for increasing its system-wide impact. Active engagement in dialogue with policymakers, collaborative public communication, and joint appearances in health policy contexts are seen as effective mechanisms to increase visibility and relevance.

Formalizing HTA as a regular component of negotiation and decision-making processes, as exemplified in countries such as Germany, would further strengthen the institute’s influence. Embedding AIHTA systematically in policy and reimbursement deliberations would increase the use of its assessments considerably, enhance evidence-informed decision-making, and amplify the institute’s overall impact on the healthcare system.

In summary, the evaluation suggests that addressing funding constraints through diversified and sustainable financing, increasing budgetary flexibility, ensuring transparent and efficient resource use, and embedding AIHTA

more fully into policy processes are essential steps for enhancing the institute's operational effectiveness and strategic influence at the national level.

9.2. Recommendations for the further development

Based on the findings of the evaluation, three recommendations for the further development of AIHTA can be identified. The first recommendation pertains to the institution itself. The second recommendation concerns both AIHTA and its governing bodies. The third recommendation is directed at policymakers and falls within the remit of political responsibility.

Recommendation I: Strengthening the USP of AIHTA and making it more visible

The evaluation indicates that further strengthening the unique selling proposition (USP) of AIHTA represents an important area for development. In particular, the institute's distinctive role, mandate, and added value should be made more explicit and visible to relevant stakeholders. This requires more systematic and targeted communication efforts to ensure that AIHTA's contributions are clearly perceived and differentiated from those of comparable institutions.

The evaluation further suggests that AIHTA's HTA-related competencies and accumulated experience should be highlighted more prominently. Both national and international expertise, including long-standing methodological know-how and participation in international networks and projects, could be communicated more consistently in order to reinforce AIHTA's positioning as a highly competent and credible HTA body.

With regard to scientific quality, the evaluation identifies continued methodological development as a key success factor. Ongoing investment in the advancement and refinement of HTA methods is recommended to ensure that assessments remain state of the art, internationally aligned, and responsive to evolving evidence requirements.

The evaluation also points to the importance of a more proactive, future-oriented approach. By systematically identifying emerging trends and engaging with forward-looking topics at an early stage, AIHTA could further strengthen its role as a pioneer in the field and enhance its strategic relevance for policy and decision-making.

In terms of organizational sustainability, the evaluation highlights competitiveness in human resources as a critical issue. Offering staff clear professional perspectives, development opportunities, and remuneration that is appropriate to qualifications and market conditions is considered essential for attracting and retaining highly qualified personnel in a competitive environment.

Moreover, the evaluation identifies potential for further professionalization within the organization. This includes clarifying and strengthening specific functions, such as external communication and public representation, in order to support a more coherent institutional profile and a more effective external presence.

Finally, the evaluation finds that the dissemination of evidence, findings, and results could be broadened and improved. Increasing the accessibility and readability of outputs through shorter, more concise, and easily comprehensible formats such as fact sheets, executive summaries, or brief reports would facilitate knowledge transfer and enhance the uptake of AIHTA's work by decision-makers and other target groups.

Recommendation II: Establishing a sustainable and future-oriented financing model

To ensure the continued high quality of research activities, a sustainable financing model should be developed that enables medium- to long-term resource planning. Such a model is essential to ensure AIHTA's performance, strategic capacity, and role within the health system.

Human resources are a central pillar of this financing model. High-quality HTA work depends on the availability of sufficiently staffed, highly qualified, and motivated personnel. Resource planning should consider the increasing demand for HTAs, rapid assessments, and short-notice expert advice, as well as the growing methodological and thematic complexity of assessments (including health economic, ethical, and other emerging perspectives). In addition to technical expertise, requirements such as responsiveness, continuity, and personal accessibility need to be adequately resourced.

A stable and adequate base budget that accounts for inflation and is embedded in a forward-looking financing framework is required to ensure planning certainty. Predictable funding is a prerequisite for maintaining operational capacity, ensuring continuity of expertise, and strengthening the AIHTA's positioning within the overall system of health policy advice and decision support.

At the same time, the financing model should explicitly preserve the strategic design and innovation function of the AIHTA. This includes sufficient flexibility and resources to identify emerging topics, anticipate future developments, and further advance HTA methods beyond current mandates. Without such strategic capacity, the institute's ability to act proactively and remain relevant in a rapidly evolving environment would be limited.

Third-party funding and external project acquisition should continue to complement base funding, where this aligns with the institute's mission and capacities. In this context, a stronger engagement at the European level may be considered. Any expansion of activities in European or international frameworks should be strategically assessed and aligned with the objectives and expectations of the AIHTA's shareholders.

Finally, transparency and accountability in the use of financial resources should be ensured through continuous monitoring and regular evaluation. Clear documentation and reporting on outputs, outcomes, and resource use can provide evidence of efficiency and effectiveness, thereby strengthening trust among funders, stakeholders, and partners.

Recommendation III: Enhancing the binding effect of HTAs: required changes to framework conditions for AIHTA

The evaluation identifies several areas in which AIHTA's impact and effectiveness could be further strengthened, particularly with regard to systemic integration, policy relevance, and the allocation of resources. At the same time, HTA is firmly embedded in key operational domains, notably in the maintenance of the performance-oriented hospital financing catalogue ('LKF catalogue') and in the evaluation of individual medical services ('MEL'), where it is well established and operates reliably.

The legal and systemic integration of health technology assessments (HTAs) was identified by many interviewees as a key lever for strengthening their binding nature. In their view, the establishment of clear legal frameworks mandating the systematic consideration of HTAs in healthcare decision-making would enhance their influence on health policy and clinical practice. The further development of such a framework lies with the responsible governance bodies. In practice, such a framework already exists in the form of the Appraisal Board, where it is legally stipulated that HTAs must be used as the evidence base for the Board's recommendations.

Furthermore, formal processes in which evidence is explicitly taken into account include assessments for pharmaceuticals provided in the outpatient sector. These frameworks define the formal role of AIHTA within decision-making processes, clarify responsibilities, and establish mechanisms to ensure that HTA recommendations are systematically integrated into reimbursement, coverage, and policy decisions. The evaluation indicates that, in the absence of such legal grounding, the uptake of HTA findings remains variable and largely dependent on the level of engagement of policymakers and other stakeholders. Accordingly, further clarification with the owners and policymakers is needed to determine which additional HTA fields would benefit from a legal framework in the future.

The evaluation also emphasizes the need to enhance the systemic value of HTAs. This includes demonstrating how HTAs contribute not only to individual decisions but to broader health system goals, such as cost-effectiveness, equity, and quality of care. AIHTA could systematically quantify and communicate the added value of HTAs in supporting transparent, evidence-informed decisions, thereby increasing their perceived utility among policymakers and other stakeholders. By explicitly linking HTA outputs to measurable system-level benefits, AIHTA can strengthen its strategic relevance.

Resource allocation and budgetary considerations are highlighted as important enablers of effectiveness. The evaluation suggests that AIHTA's budget should be considered in relation to the overall healthcare budget and compared with the funding levels of HTA institutions in other countries. Adequate resourcing is essential not only for maintaining methodological rigor and conducting high-quality assessments but also for enabling timely responses to emerging health technologies and policy priorities.

Visibility and influence at the policy level require targeted strategies. The evaluation notes that HTAs can achieve greater decision-making relevance through proactive dialogue with policymakers, collaborative engagement

with other stakeholders, and coordinated public appearances. Demonstrating how HTA findings directly inform policy discussions and decisions will reinforce AIHTA's credibility and enhance its impact on health system governance.

The evaluation identifies alignment with national strategies and legislative frameworks as key mechanisms for increasing HTA bindingness. Specifically, integrating HTA recommendations into Austria's broader healthcare quality strategy and embedding them into relevant legislative instruments would formalize the role of AIHTA and ensure systematic consideration of its outputs. This would also facilitate consistent application of HTA principles across the healthcare system. For example, a strategy could be developed to strengthen the role of HTA in public health (screening programmes, vaccinations), health promotion, and health services research.

Access to relevant data is recognized as a foundational requirement for effective HTA. While timely access to published literature is essential, extending assessments to health-economic aspects also requires access to additional data sources, particularly administrative data such as cost information. The evaluation underscores that timely, comprehensive, and high-quality data is essential for producing robust, policy-relevant assessments. Strengthening legal, technical, and organizational frameworks to improve data availability and interoperability is therefore critical to maximizing the impact and reliability of HTA outputs.

Overall, the evaluation highlights that achieving greater systemic integration, policy influence, and resource adequacy, together with improved access to data, would significantly enhance AIHTA's role in supporting evidence-informed decision-making in Austria. These measures would not only increase the visibility and credibility of AIHTA but also ensure that HTAs deliver meaningful benefits for the healthcare system as a whole.

10. Evaluation questions and answers

In conclusion, all evaluation questions are answered in a concise and structured manner, highlighting the most relevant findings.

- **Strategic orientation of research and impact**

Basic research:

- How effective were AIHTA's activities in the field of "basic research", and what strategic adjustments (portfolio balance, specialisation) can be recommended for the future?

The evaluation demonstrates that AIHTA performs at a very high level in the area of research, particularly with regard to both output and scientific quality. Client satisfaction is consistently very high. Moreover, the strong performance in basic research reinforces AIHTA's position in contract research and consulting activities.

Compared with other HTA institutes, AIHTA is characterised by a notably broad research portfolio. This breadth is widely perceived as a key strength. Further specialisation is primarily pursued through participation in EU-funded projects, which facilitate the acquisition of specialised expertise and access to international knowledge networks.

Health policy-relevant research for current issues:

- Are the publications relevant, visible and well known?

All interviews consistently indicate that the publications of AIHTA are highly relevant and of strong scientific quality. The visibility of publications and research activities is further supported by a well-designed website and a widely disseminated newsletter. However, representatives of hospital management and patient advocacy organisations report that certain outputs, such as AIHTA project reports, do not sufficiently reach these target groups. Enhancing dissemination to these audiences should therefore be regarded as a shared responsibility, involving not only AIHTA but also health policy makers at the governance level.

- Which actors (individuals and institutions) use AIHTA's outputs?

The evaluation indicates that the outputs of AIHTA are used predominantly by health policy stakeholders at EU, national, and regional levels.

- To what extent has AIHTA provided actionable support for health policy decisions, and do the outputs reach the relevant decision-makers?

AIHTA plays a significant role in supporting evidence-based policy-making. However, the responsibility for implementing its recommendations lies with governance bodies. Several interviewees highlighted that there could be stronger obligations to act on HTA recommendations, as is standard practice in other countries (e.g., Germany). Establishing an appropriate legal framework would be necessary to facilitate this.

- Which health policy decisions have been supported by AIHTA's analyses?

Over the years, AIHTA has provided support for numerous health policy and socially relevant issues. The diversity of topics is reflected both in its project reports and in rapid assessments. Within the context of the establishment of the Appraisal Board, AIHTA has further strengthened its role in drug assessments with direct relevance for health policy.

- **Knowledge network and cooperation**

Exchange and cooperation at European level:

- How well does knowledge exchange/transfer work at international/European level? To what extent is there a connection/link to international HTA activities or cooperation with other HTA institutions?

The evaluation indicates that AIHTA is highly well-integrated both internationally, at the European level, and nationally within HTA-relevant communities and knowledge networks. Through research collaborations and its involvement in teaching, AIHTA maintains strong connections with all relevant universities and non-university research institutions engaged in HTA. Interviews further revealed that AIHTA is widely regarded as a reliable and valued partner, demonstrating a high level of methodological rigor and scientific competence.

- Are there HTA institutions in other European countries that serve as role models? If so, in what way?

A comparative analysis with selected HTA agencies in other countries shows that AIHTA addresses a notably broad range of thematic areas. Importantly, a review of available resources, including budget and staff, supported by interview findings, indicates that AIHTA operates with a high degree of efficiency and maintains a high quality of output relative to its resources. Moreover, AIHTA is highly regarded by other HTA agencies. Indeed, no direct role model for AIHTA could be identified in this international comparison.

Cooperation with other research institutions:

- How effectively does AIHTA work with national HTA institutions and academic partners such as universities and technical colleges?

The evaluation shows that AIHTA maintains active teaching and research collaborations with all Austrian universities involved in HTA, including the University for Continuing Education Krems, the Medical University of Vienna, the Medical University of Graz, and UMIT in Tyrol. AIHTA also supervises master's theses, for example from Paracelsus Medizinische Privatuniversität (PMU) in Salzburg. Regular cooperation with non-university research institutions further strengthens its integration. Overall, AIHTA is well embedded in the Austrian scientific community.

- How can these relationships be (further) strengthened?

Given the already extensive collaborations in research and teaching, future potential for cooperation with scientific institutions—especially in the context of increasingly limited public funding—lies primarily in the joint development of methods and models to further strengthen expertise in health economics, as well as in interdisciplinary collaboration, for example to address ethical issues more comprehensively. In the field of public health research, there is additional potential to encourage research institutions to enhance their profile, thereby ensuring the optimal use of public resources in accordance with the required competencies.

- **Communication strategy**

- Are the AIHTA's dissemination and communication activities (reports, publications, conference contributions, etc.) adequate in terms of AIHTA's objectives?

The evaluation indicates that AIHTA's dissemination and communication activities are appropriate in relation to its objectives. Interviews highlighted that the readability of reports is particularly important, while the timely presentation of research results is also critical. In this context, most owners emphasized the value of fact sheets and rapid assessments. The broader community further recognized the high-quality, informative newsletter and the strong online presence of the website. Personal contacts and direct exchanges with AIHTA are likewise considered important for effective knowledge exchange.

- Are the publications, conferences and international presentations of high quality?

The impact analysis demonstrates that AIHTA publishes in leading journals. Interviews further indicate that AIHTA's scientific outputs—including reports, papers, and newsletters—are widely regarded as being of high quality.

- What is the reach and impact of AIHTA's activities?

Through its research profile and activities, AIHTA provides substantial support for evidence-based health policy. Expanding outreach to additional target groups and strengthening the implementation of HTA-based recommendations could further enhance its value for both the health system and society.

- **Financing – sources, mix and sustainability**

- How is the current financial situation of AIHTA?

The most recent increase in the base budget occurred in 2024 through an inflation adjustment of the owners' contributions. The contract to support the Appraisal Board's work from September 2024 onwards led to a further substantial increase, resulting in an almost doubling of the base budget. In contrast, third-party funding has fluctuated considerably over time and has shown a recent decline. This can be explained by the fact that the financing overview shows the budget income from third-party funds, which is then allocated to multi-year projects.

In an international comparison of fields of activity and staffing levels, the budget of AIHTA is relatively modest, particularly in light of its high level of performance and output.

- What is the ratio of basic funding to third-party funding? Is the ratio appropriate or is there need for improvement?

Third-party funding has varied over time, in part due to the strategic focus in supporting the establishment of the Appraisal Board. Some interviewees identified engagement at the European level as a potential lever for increasing third-party funding, although this view is met with some scepticism among owners. In general, however, the acquisition of third-party funding can be regarded as an indicator of the performance and competitiveness of an institute such as AIHTA.

- How has third-party funding acquisition developed? Have there been any observations in this regard, such as thematic priorities?

AIHTA operates in the field of evidence-based health policy advice and is therefore largely project-driven. Project topics are defined in response to emerging policy needs and relevant issues. Given the rapidly evolving nature of topics and technologies—illustrated, for example, by the increasing use of artificial intelligence—AIHTA has continuously developed its fields of activity and regularly reviewed and adapted its strategic focus. The third-party funded projects implemented by AIHTA are well aligned with its defined thematic priority areas.

- How has the current budget structure affected operational planning, and how would adjustments improve financial sustainability?

AIHTA operates under a contract-driven model aligned with its research programme and assigned projects at both national and EU levels. As evidenced by the cost structure and international comparison, operations are characterised by a high level of efficiency. Administrative costs have been

kept consistently low over time, while research output remains high, indicating an efficient and effective use of resources. However, with substantial growth, higher administrative costs will be necessary to maintain smooth operations; otherwise, researchers may need to assume additional administrative duties, such as IT support.

Furthermore, AIHTA's strong performance is partly attributable to the availability of a flexible strategic component, which enables the allocation of resources to emerging topics and the further development of methodologies. This strategic flexibility is considered essential for maintaining AIHTA's position as a leading HTA institute at both national and international levels.

To safeguard the institute's long-term planning capacity, performance, and attractiveness, sustainable base funding is essential. Such funding should ensure adequate salary structures and include a strategic component to support continued development.

- **Quality assurance and independence**

- How is AIHTA's quality assurance system structured? Are regular internal and external quality assurance checks carried out?

Scientific quality assurance at AIHTA is ensured through a combination of internal and external mechanisms. Internally, all research activities are subject to established scientific quality assurance procedures, which are further supported by the revised functional organisational structure and the ongoing professionalisation of the institute. Externally, quality assurance is reinforced through the systematic external review of each report, the Scientific Advisory Board as well as AIHTA's extensive involvement in the HTA community and international networks, which provide additional expertise and peer input.

- How are criticisms or challenges regarding quality and validity dealt with? What rules are in place to avoid conflicts of interest?

Owing to its broad ownership structure and the independence of its research activities—both of which were consistently confirmed by all interviewees—no conflicts of interest were identified in the course of the evaluation. The management of AIHTA is assessed as effectively addressing this issue, supported by its long-standing expertise in HTA and evidence-based policy advice.

- How is the independence of AIHTA's work (vis-à-vis companies, politics and other actors) guaranteed?

Evaluation findings indicate that AIHTA's independence is widely recognized and undisputed by its owners, cooperation partners, and the community. The autonomy of its research activities is a key factor underpinning the institute's institutional independence, which is essential for its credibility and effectiveness as a leading HTA institute.

- **Operational structure, resource allocation and personnel development**

- Is AIHTA's organisational structure adequate and efficient in terms of its objectives, tasks and activities?

Concurrent with the evaluation, AIHTA advanced the professionalisation of its organisational structure, scheduled for implementation from 2026. This development is intended to strengthen institutional capacities, including communication and public visibility, and is expected to further enhance the institute's effectiveness, strategic positioning, and profile.

- Is AIHTA able to respond to new developments or priorities (pharmaceuticals, medical devices, health economics, public health) with sufficient access to data?

The evaluation indicates that AIHTA achieves its objectives and conducts its activities effectively and efficiently, with a high level of satisfaction reported by both owners and cooperation partners.

- How is personnel development structured, including prospects – in terms of the research programme as well as competitiveness and attractiveness compared to other stakeholders in the same/similar field of activity? In particular: How is young scientific talent promoted?

Interviewees—mainly from the scientific community and other HTA institutions—highlighted that young scientists, in particular, require clear career prospects, and that salary structures at an

institute such as AIHTA need to be competitive, for example in comparison with public administration. With the ongoing development of the organisation, salaries at AIHTA have been adjusted, which is expected to improve conditions and support the retention and recruitment of qualified staff. The adjustments were modest, within the available budgetary scope, and salaries, particularly for senior researchers, remain below market levels. For the new budget, it will be important to conduct a thorough review and comparison with other salaries to ensure competitiveness.

- **Governance**

- Are the needs of owners/stakeholders well addressed?

Interviews consistently show that the needs of stakeholders and AIHTA owners are being well met. Stakeholders also emphasised the importance of presenting research results in a more accessible format, allowing key findings to be understood at a glance, and of responding rapidly to emerging health and social issues with scientifically robust, evidence-based analyses.

From an evaluation perspective, it should be noted that potential trade-offs may arise. Beyond a certain point, efforts to provide increasingly rapid responses can compromise quality. Moreover, it is important to consider that more comprehensive HTA, for example, those incorporating additional health economic and ethical aspects, require correspondingly more time and resources.

- How can the planning process – also with regard to the strategically oriented research programme – be better coordinated between stakeholders in the long term? Is there a need for a more formalised, institutionalised form of decision-making (e.g. in the form of an official board)?

Coordination processes between owners and stakeholders have improved over the years. Key considerations include transparency regarding the institute’s economic efficiency and a clearly defined focus on objectives, which are agreed upon with the owners. The evaluation did not identify any additional indications suggesting the need for further organisational changes in this regard.

- Does the research plan need to include a longer-term strategic component?

A strategic component that allows AIHTA to pursue its own initiatives—whether in research, for example on emerging topics, or in methodological development—is indispensable and should be firmly embedded as part of the institute’s research planning and long-term funding model.

- Does AIHTA’s governance structure – including the role of the Steering Board and the Scientific Advisory Board – adequately support its mission and objectives?

The evaluation indicates that AIHTA’s governance structure is appropriate. However, with 11 shareholders and no single board member responsible for coordination, communication can be challenging. Assigning a primary coordinating body—for example, the Ministry—could facilitate more consistent communication, as noted by the management. At the same time, the owners expressed no need to modify the current coordination or governance arrangements. Looking ahead, the appointment of new members to the Scientific Advisory Board is expected to provide additional insights and valuable external expertise to support the institute’s work.

- **Further topics**

- In view of the new regulations on drug evaluation, to what extent can AIHTA meet the requirements well and what role can AIHTA play in this area in the future?

The establishment of the Appraisal Board has further strengthened AIHTA as a scientific institution, particularly with regard to its national standing among owners and other stakeholders. The creation of the Board is considered successful, and drug evaluation is expected to remain a key area of activity in the future. A well-coordinated division of responsibilities in this field is anticipated, primarily in collaboration with the Federation of Austrian Social Insurance Institutions.

- Is there sufficient access to data (including data from public institutions such as AGES)? Are improvements needed in this area?

The availability of primary data and the capacity to link diverse data sets are critical, especially for evaluating the cost-effectiveness of medical interventions. The evaluation highlights that Austria’s legal framework in this regard needs further improvement, taking examples such as Belgium - where administrative data access is more readily facilitated - as a benchmark.

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Annexes

Annex I: Overview of AIHTA's research projects portfolio

#	Original project title	Research area	Project duration
1	Emerging technologies - Part II: EU newsletter	European collaboration	October 2006 – July 2007
2	Procedures in evaluation kyphoplasty and vertebroplasty	High tech medicine	2006 – 2010
3	Role and positioning of university outpatient departments	High tech medicine	May 2006 – March 2007
4	Neonatal care of low-risk newborns. An approach to evidence-based health care planning in Styria	High tech medicine	May 2006 – March 2007
5	Application studies and surveillance systems in the EU	High tech medicine	2006 – 2008
6	Methods manual (External manual- Part 1 & Internal manual- Part 2)	HTA-methods & steering instruments	September 2006 – March 2007
7	Horizon Scanning System (HSS) - An Overview	Oncology	May 2006 – November 2006
8	Mammography screening. Evidence-based evaluation of mammography-based breast cancer screening programmes	Prevention and screening	October 2006 – July 2007
9	Statins: A comparison between predicted and actual effects on population health in Austria - Part II + III	Prevention and screening	2006 – 2008
10	Therapeutic conversation: The effectiveness of intensified physician-patient communication	Prevention and screening	June 2006 – October 2006
11	Development, evaluation and application of a method to assess individual medical services 2008	High tech medicine	July 2007 – March 2008
12	Avastin® for age-related macular degeneration	High tech medicine	July 2007 – October 2007
13	Clinical application of Tissue Engineering. An overview of International and Austrian Areas of Research with a critical analysis of selected applications	High tech medicine	May 2007 – August 2008
14	Testing for HER2 positive breast cancer. Challenge for improvement of current conditions and practice	High tech medicine	January 2007 – June 2007
15	Clinical and health economic registries in the field of cardiovascular, spinal and neurologic diseases. Methods and good practice strategies	High tech medicine	June 2007 – June 2008
16	Clinical Pathways: Systematic Review of outcome parameters and effectiveness	High tech medicine	July 2007 – September 2008
17	Back pain. Diagnosis and treatment according to evidence-based guidelines - options and limitations	High tech medicine	June 2007 – July 2008
18	Horizon Scanning in Oncology - Concept Development for the Preparation of a Horizon Scanning System in Austria	Oncology	May 2007 – September 2008
19	Economic evaluation of HPV vaccination in Austria	Prevention and screening	August 2007 – December 2007
20	Economic aspects of clinically effective and efficient models of health services in alcohol addiction treatment - Part I + II	Psychological & psychiatric interventions	October 2007 – May 2009
21	Outpatient Cardiac Rehabilitation Part I- Evaluation and Indicators Part II- Comparative analysis of various rehabilitation models and Phase III	Rehabilitation and occupational therapy	July 2007 – September 2008
22	Equity and resource allocation of medical interventions	Health economics	May 2008 – 2009
23	Telemedicine in Stroke Management	High tech medicine	November 2008 – August 2009
24	Clavicular fractures - A systematic review about efficacy and safety of different treatment options	High tech medicine	August 2008 – January 2009

#	Original project title	Research area	Project duration
25	Reimbursement processes. An analysis of international practice models for maintaining the health benefit baskets of solidly financed health care systems	High tech medicine	June 2008 – December 2008
26	Strategies for preventing preterm labor	High tech medicine	October 2008 – Spring 2009
27	Evidence supported health service planning	HTA-methods & steering instruments	October 2008 – August 2009
28	Developing a decision aid on HPV-vaccination for young girls and their parents	Prevention and screening	September 2008 – December 2008
29	Folic acid supplementation	Prevention and screening	September 2008 – December 2008
30	Systematic review of evaluations of child and adolescent psychiatry	Psychological & psychiatric interventions	October 2008 – November 2009
31	Outpatient cardiac rehabilitation. Retrospective cohort study (with/without phase III rehabilitation) - Part IIIa + IIIb	Rehabilitation and occupational therapy	October 2008 – 2010
32	Classification of severity for neuro- and trauma rehab patients	Rehabilitation and occupational therapy	September 2008 – May 2010
33	EUnetHTA 2009	European collaboration	January 2009 – December 2009
34	Hyperthermia as an adjuvant in the therapy of designated tumor diseases	High tech medicine	December 2009 – April 2010
35	Haemocomplettan® P and Fibrogammin® P in acquired hypofibrinogenemia	High tech medicine	October 2009 – January 2010
36	Autologous Chondrocyte Implantation	High tech medicine	April 2009 – December 2009
37	Evaluation of individual medical services 2009 - MEL/NUB Cooperation	High tech medicine	January 2009 – April 2009
38	Acquisition Processes of Certain Product Groups in Hospitals - Orthopaedic and Cardiac Implants	High tech medicine	March 2009 – December 2009
39	Evaluation of diagnostic technologies background, challenges, methods	HTA-methods & steering instruments	November 2009 – August 2010
40	Screening for Colorectal Cancer. Part 1: Screening-Tests and Project Design	Prevention and screening	December 2009 – March 2010, Update: December 2010
41	Screening for Colorectal Cancer. Part 2: Health economic evaluations and developments of costs	Prevention and screening	December 2009 – March 2010
42	Bewertung medizinischer Einzelleistungen – MEL 2025	High tech medicine	Since 2009, continuously
43	Horizon scanning in oncology	Oncology	Since October 2009; new concept from 2025
44	IFEDH - Innovative Framework for Evidence-based Decision making in Health Care/1	Health economics	October 2010 – March 2011
45	Evaluation of individual medical services 2010 - MEL/NUB Cooperation	High tech medicine	January 2010 – April 2010
46	Strengthening the evidence base for a learning health system: Inspirations from good practice for capacity building in health services research and public health research	HTA-methods & steering instruments	June 2010 – February 2011
47	Impact from HTA-research for the Austrian health care system	HTA-methods & steering instruments	January 2010 – December 2010
48	Radiosurgery: Gamma Knife versus adapted linear accelerator	Oncology	May 2010 – September 2010
49	Reorientation of the Austrian parent-child preventive care programme	Prevention and screening	April 2010 – March 2011
50	Evaluation study at the University Department of Child and Adolescent Psychiatry at the Christian-Doppler-Clinic, Salzburg, Austria	Psychological & psychiatric interventions	January 2010 – June 2015
51	Outpatient cardiac rehabilitation. Part IV: Options for a prospective study	Rehabilitation and occupational therapy	April 2010 – August 2011
52	IFEDH - Innovative Framework for Evidence Based Decision Making in Health Care/2	Health economics	October 2011 – August 2012
53	Systematic review of the efficacy and safety of treatments for varicose veins of the lower extremity	High tech medicine	May 2011 – August 2011
54	Evaluation of individual medical services 2011	High tech medicine	January 2011 – April 2011
55	Use of routine data and further relevant secondary data in HTA	HTA-methods & steering instruments	May 2011 – August 2011

#	Original project title	Research area	Project duration
56	Appraisal of the quality and accuracy of written consumer health information for patients with chronic myeloid leukaemia on treatment-regimens with dasatinib, nilotinib or imatinib	Oncology	April 2011 – February 2012
57	Quality of care in oncology and its measurement	Oncology	February 2011 – October 2011
58	Reorientation of the Austrian parent-child preventive care programme. Part VI: Health visiting services in the international context and implementation options for Austria	Prevention and screening	May 2011 – March 2012
59	Reorientation of the Austrian parent-child preventive care programme. Part VII: Options for an electronic implementation	Prevention and screening	May 2011 – March 2012
60	Reorientation of the Austrian parent-child preventive care programme. Part V: Preterm birth	Prevention and screening	March 2011 – December 2011
61	Reorientation of the Austrian parent-child preventive care programme. Part VIII: Budget Impact Analysis	Prevention and screening	June 2011 – March 2012
62	Training therapy in physical medicine	Rehabilitation and occupational therapy	October 2011 – December 2011
63	Exercise therapy (Kränkengymnastik/ Heilgymnastik) in physical medicine	Rehabilitation and occupational therapy	October 2011 – December 2011
64	Outpatient cardiac rehabilitation. Part V: study protocol multi-centre prospective controlled observational study with two parallel groups on outpatient cardiac phase III rehabilitation	Rehabilitation and occupational therapy	September 2011 – March 2012
65	Occupational therapy Part I- Status quo in Austria and Part II- Occupational therapy for rheumatoid arthritis	Rehabilitation and occupational therapy	May 2011 – May 2012
66	Evaluation of individual medical procedures - MEL 2013	High tech medicine	November 2012 – April 2013
67	Evidence overview of therapeutic hypothermia	High tech medicine	August 2012 – November 2012
68	Extracorporeal shock wave therapy (ESWT) of non-union or delayed union of fractures	High tech medicine	July 2012 – August 2012
69	Efficacy of Hyperthermia treatment in combination with radio- or chemotherapy in Breast-, Bladder-, Cervix carcinoma and Soft tissue sarcoma patients	High tech medicine	June 2012 – December 2012
70	Day Surgery: A Systematic Overview	High tech medicine	May 2012 – December 2012
71	Evaluation of individual medical services - MEL 2012	High tech medicine	January 2012 – April 2012
72	Evaluation of individual medical services - MEL 2013	High tech medicine	November 2012 – April 2013
73	AdHopHTA - Adopting hospital-based HTA in EU	High tech medicine	September 2012 – October 2015
74	Universal HIV-Testing. International Recommendations and actual risk of HIV-Infections for Healthcare-Workers	Prevention and screening	September 2012
75	(III) Health and access to health care in homeless people: A literature review	Prevention and screening	July 2012 – September 2012
76	Re-orientation of the Austrian parent-child preventive care programme - Part IX: Evidence-based screening guidelines for pregnant women and children (0 – 6 yrs.)	Prevention and screening	May 2012 – March 2013
77	Update of the projects Reorientation of the Austrian parent-child preventive care programme part I and IV	Prevention and screening	May 2012 – June 2012
78	Colorectal-Cancer-Screening Update; Status in Austria and European Countries; and Quality Assurance of Screening-Colonoscopy	Prevention and screening	July 2012 – November 2012
79	Outpatient cardiac rehabilitation, Part VI: Scientific monitoring of the Multi-centre, prospective cohort study with two control groups (with/without phase III)	Rehabilitation and occupational therapy	September 2012 – June 2016
80	Occupational Therapy Part IV Occupational Therapy for Dementia and Depression	Rehabilitation and occupational therapy	March 2012 – June 2012
81	Occupational therapy Part III Occupational therapy for patients after stroke	Rehabilitation and occupational therapy	February 2012 – June 2012

#	Original project title	Research area	Project duration
82	Evaluation of individual medical procedures - MEL 2014	High tech medicine	November 2013 – April 2014
83	Proton- and Carbon Ion therapy	High tech medicine	June 2013 – November 2013
84	Cervical cancer screening: p16/Ki-67 Dual Stain test (CINtec® PLUS) in the triage of equivocal results or mild to moderate dysplasia in pap cytology	High tech medicine	April 2013 – September 2013
85	Identifying ineffective interventions and health technologies: models and their implementation	HTA-methods & steering instruments	April 2013 – October 2013
86	Treatment by clinical psychologists; Literature overview on training, methods of treatment and areas of application	Psychological & psychiatric interventions	April 2013 – September 2013
87	Mental Health rehabilitation for children and adolescents. A literature overview on indications, outcomes and evaluation instruments	Psychological & psychiatric interventions	April 2013 – September 2013
88	Occupational therapy in children: Literature review on indications, utilisation and recommendations	Rehabilitation and occupational therapy	April 2013 – October 2013
89	Effectiveness and sustainability of inpatient psychiatric rehabilitation for adults: systematic review	Rehabilitation and occupational therapy	July 2013 – March 2014
90	Acupuncture - areas of application, current evidence and proven indications	Complementary medicine	April 2014 – November 2014
91	Vasoprotectives: Efficacy and safety of capillary stabilising agents for venous insufficiency or haemorrhoids	Health economics	May 2014 – December 2014
92	Evaluation of individual medical procedures - MEL 2015	High tech medicine	November 2014 – April 2015
93	Opportunities and strategies to drive appropriate use of MRI in Austria	High tech medicine	April 2014 – November 2014
94	Cost- and Budget-Impact-Analysis of an Increase in Day Surgery for Selected Indications	High tech medicine	April 2014 – May 2014
95	Assessment – APPRAISAL – Decision: (Good) Practice examples and recommendations	HTA-methods & steering instruments	April 2014 – September 2014
96	Procedural guidance for the systematic evaluation of biomarker tests	HTA-methods & steering instruments	April 2014 – September 2014
97	Positron emission tomography/ Computer tomography (PET/ CT): need-assessment for planning	Oncology	September 2014 – December 2014
98	Re-orientation of the Austrian parent-child preventive care programme. Part X: further development of the mother-child-pass – scientific support of the appraisal process and Part XI: Screening recommendations of the expert working group	Prevention and screening	April 2014 – June 2018
99	Evaluation of individual medical procedures - MEL 2016	High tech medicine	November 2015 – April 2016
100	Addendum to: Options and strategies to drive appropriate use of MRI in Austria II	High tech medicine	April 2015 – October 2015
101	Thrombectomy for patients with ischemic stroke	High tech medicine	May 2015 – March 2016
102	HTA Strategy for Lithuania	High tech medicine	February 2015 – July 2015
103	Robotic-assisted surgery: A systematic review of effectiveness and safety for elected indications and accumulating costs	High tech medicine	May 2015 – November 2015
104	Involvement of the public and patients in HTA processes / programs. International experiences and good practice examples	HTA-methods & steering instruments	October 2015 – April 2016
105	Project „Transparency“	HTA-methods & steering instruments	2015 – 2021 (annually)
106	The effects of tangible and intangible incentives on health behaviour	Prevention and screening	April 2015 – November 2015
107	Outpatient cardiac rehabilitation, part VII: Economic evaluation	Rehabilitation and occupational therapy	April 2015 – June 2016
108	Evaluation of individual medical procedures - MEL 2017	High tech medicine	November 2016 – April 2017
109	Wearable cardioverter-defibrillator (WCD) therapy as prevention of sudden cardiac death in patients at risk	High tech medicine	May 2016 – November 2016

#	Original project title	Research area	Project duration
110	New concept for primary care (Supply mandates)	HTA-methods & steering instruments	April 2016 – December 2016
111	Hepatitis C virus screening in hospitals– International recommendations and risks for HCV infections for health care professionals	Prevention and screening	April 2016 – September 2016
112	Re-orientation of the Austrian parent-child preventive care programme. Part XII: Economic evaluation of selected screenings during pregnancy	Prevention and screening	August – November 2016
113	Dropout in psychotherapies – Predictors and parameters to prevent premature termination in psychotherapies	Psychological & psychiatric interventions	November 2016 – September 2017
114	“Social Return On Investment” for Child and Adolescence Health – Outcomes, Methods and Economic Parameters	Health economics	April 2017 – November 2017
115	Evaluation of individual medical procedures - MEL 2018	High tech medicine	November 2017 – March 2018
116	Carbon ion beam therapy for cancer treatment: A systematic review of effectiveness and safety for selected indications	High tech medicine	October 2017 – February 2018
117	Perinatal Care at the threshold of viability	High tech medicine	May 2017 – November 2017
118	Transcatheter Aortic Valve Implantation (Part I): A systematic review of economic evaluations	High tech medicine	May 2017 – September 2017
119	Percutaneous aortic valve replacement in Austria (Part II): Data analysis	High tech medicine	May 2017 – November 2017
120	Transthoracic Echocardiography: Use in Austria and Guideline recommendations for appropriate use	High tech medicine	May 2017 – November 2017
121	Importance and transparency of non-interventional drug studies (NIS) in selected countries: A comparison with Austria	HTA-methods & steering instruments	January 2017 – April 2017
122	Clinical benefit of oncology drugs – Contrasting the evidence of clinically relevant endpoints three years after EMA approval	Oncology	December 2017 – March 2020
123	Legally recognized psychotherapy methods in Austria – effect factors, indications, setting specific aspects	Psychological & psychiatric interventions	April 2017 – November 2017
124	ThemenCheck Medizin: Winter Depression – Do non-pharmaceutical procedures such as light therapy and vitamin therapy lead to superior outcomes? (Health Economics and Ethics)	Health economics	October 2018 – March 2020
125	Drug pricing and reimbursement in the inpatient sector in Austria: Approaches for a transparent and evidence-based process taking into account international experience	Health economics	April 2018 – November 2018
126	Evaluation of individual medical procedures - MEL 2019	High tech medicine	November 2018 – March 2019
127	Wearable cardioverter-defibrillator (WCD) therapy as prevention of sudden cardiac death in patients at risk - Update 2018	High tech medicine	July 2018 – November 2018
128	Natalizumab as treatment for Multiple Sclerosis: a systematic review	High tech medicine	June 2018 – September 2018
129	Robot-assisted surgery: A systematic review of effectiveness and safety in thoracic and visceral surgery	High tech medicine	May 2018 – February 2019
130	Inhalation sedation with nitrous oxide in dentistry	High tech medicine	April 2018 – November 2018
131	Technology Forecast: advanced therapies in late clinical research, EMA approval or clinical application via hospital exemption	High tech medicine	August 2018 – November 2018
132	External stimulation of the trigeminal nerve for the prevention and treatment of episodic and chronic migraine (Cefaly)	High tech medicine	April 2018 – August 2018

#	Original project title	Research area	Project duration
133	Health Services Research (HSR) in oncology in a selected indication: Cancer therapies for lung patients	Oncology	October 2018 – December 2019
134	Health Services Research (HSR) in oncology: end-of-life therapies	Oncology	January 2018 – March 2020
135	Health Services Research (HSR) in oncology: Analysis of Austrian data	Oncology	January 2018 – December 2019
136	Stereotactic radiotherapy (Cyberknife®), proton beam therapy and irreversible (electroporation Nanoknife®) for localised prostate cancer (PCa): a systematic review	Oncology	February 2018 – June 2018
137	Evaluation methods for benefit assessment of easily accessible outpatient health centres for vulnerable groups - Focus: homeless and uninsured persons	Prevention and screening	November 2018 – March 2019
138	Screening programmes for children and adolescents aged 6-14 years in selected countries and recommendations from evidence-based guidelines	Prevention and screening	April 2018 – November 2018
139	'How to raise the village to raise the child?' Supporting children with mentally ill parents in Austria (short title: 'village')	Psychological & psychiatric interventions	February 2018 – August 2022
140	Evaluation of individual medical procedures - MEL 2020		November 2019 – March 2020
141	Minimum Volume Standards in Day and Ambulatory Surgery	Health economics	April 2019 – November 2019
142	POCT/ Point of Care Tests: D-Dimer and Troponin	High tech medicine	April 2019 – October 2019
143	Public & philanthropic financial contribution to the development of new drugs 1: Methodology & 3 Case Studies	HTA-methods & steering instruments	February 2019 – May 2019
144	Development of a logic model for the care of vulnerable persons in a low-threshold, outpatient healthcare centre - Focus: homeless and non-insured persons	Prevention and screening	July 2019 – October 2019
145	Prevention of cervical cancer in Austria – Implementation of HPV testing into the existing screening programme	Prevention and screening	April/May 2019 – October 2019
146	Screening for Diabetes mellitus: guideline recommendations	Prevention and screening	April 2019 – July 2019
147	Screening programmes for children and adolescents aged 6-18 years, Part II	Prevention and screening	April 2019 – November 2019
148	Rehabilitation for children and adolescents in Austria: A systematic analysis of evaluation methodologies	Rehabilitation and occupational therapy	April 2019 – October 2019
149	ThemenCheck Medizin (IQWiG): Depression in children and adolescents - Does psychotherapy lead to better results compared to other therapies? (HT19-04) (Health Economics and Ethics)	Health economics	January 2020 – September 2020
150	Evaluation of individual medical procedures - MEL 2021	High tech medicine	November 2020 – March 2021
151	HSS/ Horizon Scanning for Covid19	High tech medicine	March 2020 – ongoing
152	Comparative effectiveness of surgical techniques and devices for the treatment of benign prostatic hyperplasia – German Summary of the EUnetHTA OCTA27 Assessment	High tech medicine	May 2020 – January 2021
153	Implementation aspects of expensive therapies: Coverage with real world data (RWD) collection using the example of SMA therapies	HTA-methods & steering instruments	Part 1: February 2020 – June 2020 Part 2: July 2020 – August 2020 Part 3: August 2020 – October 2020
154	Evidence-based reimbursement processes in Europe Part 2: A comparative analysis of selected medical devices in Austrian, English, French and German hospitals and possible influencing factors	HTA-methods & steering instruments	October 2020 – August 2021

#	Original project title	Research area	Project duration
155	Evidence-based reimbursement processes in Europe Part 1: Reimbursement decisions for medical procedures in Austria. An analysis of factors – besides clinical evidence – influencing reimbursement decisions for the hospital benefit catalogue	HTA-methods & steering instruments	September 2020 – November 2020
156	Public & philanthropic financial contribution to the development of new drugs 2: EC-FP7 Health Projects	HTA-methods & steering instruments	July 2020 – January 2021
157	Framework for reimbursement decisions of digital health technologies (mHealth) and its (retrospective) application on selected examples	HTA-methods & steering instruments	May 2020 – November 2020
158	Lung cancer screening in risk groups. Systematic review(s) of effectiveness and utility (part 1) Costs and budgetary consequences (part 2)	Oncology	May 2020 – November 2020
159	Molecular genetic diagnostics as a triage mechanism in cardiology using the example of familial hypercholesterolemia: Organisational and ethical implications (part 1) and economic effects (part 2)	Prevention and screening	May 2020 – October 2020
160	Effectiveness of music therapy	Psychological & psychiatric interventions	June 2020 – October 2020
161	Home treatment in child and adolescent psychiatry: An analysis of effectiveness and integrated care	Psychological & psychiatric interventions	April 2020 – November 2020
162	Robotics and functional electrical stimulation for stroke rehabilitation	Rehabilitation and occupational therapy	April 2020 – April 2021
163	The economic and social dimension of parental mental illness		April 2021 – September 2021
164	Core-MD	European collaboration	April 2021 – March 2024
165	EUnetHTA21 - European network for Health Technology Assessment	European collaboration	September 2021 – September 2023
166	Evaluation of individual medical procedures - MEL 2022	High tech medicine	November 2021 – March 2022
167	Long-term sequelae after SARS CoV-2 disease	High tech medicine	April 2021 – November 2021
168	Transparency: Research questions in non-interventional drug studies (NIS), Update	HTA-methods & steering instruments	Throughout 2021
169	Transparency: Sponsoring from patient initiatives, Update	HTA-methods & steering instruments	April 2021 – May 2021
170	Telemonitoring in Austrian diabetes care: A systematic analysis of evaluation methodologies	HTA-methods & steering instruments	April 2021 – March 2022
171	Process and evaluation of digital health applications in the context of “Symptom Checkers”	HTA-methods & steering instruments	April 2021 – November 2021
172	Regulation and financing of prenatal screening and diagnostic examinations for fetal anomalies in selected European countries (Policy Brief)	Prevention and screening	December 2021 – March 2022
173	Effectiveness of national strategies for non-communicable diseases	Prevention and screening	April 2021 – November 2021
174	Stool DNA testing for colorectal cancer (CRC) screening	Prevention and screening	April 2021 – July 2021
175	Update PET/PET-CT: evidence for need based planning in oncological indications		December 2022 – April 2023
176	Evaluation of individual medical procedures - MEL 2023	High tech medicine	November 2022 – March 2023
177	Wearable cardioverter-defibrillator (WCD) therapy as prevention of sudden cardiac death in patients at risk – Update 2022	High tech medicine	May 2022 – August 2022
178	Contrasting the evidence from pivotal trials with the real world evidence (RWE)	High tech medicine	April 2022 – November 2022
179	Update of long COVID care pathways and structures	High tech medicine	April 2022 – September 2022
180	Digital health applications - scientific accompaniment of a process in Austrian social insurances	HTA-methods & steering instruments	April 2022 – October 2022
181	Clinical-quality registers in dementia care: a scoping review and mapping of registers for improving quality of care and service delivery	HTA-methods & steering instruments	April 2022 – November 2022

#	Original project title	Research area	Project duration
182	Oral and parenteral preexposure prophylaxis (PrEP) to prevent HIV in people at risk: a systematic review of clinical effectiveness and safety with assessment of organisational, economic, patients/social, ethical and legal elements	Prevention and screening	November 2022 – March 2023
183	Review on perinatal and infant mental health care models and pathways (third-party funded)	Prevention and screening	April 2022 – November 2022
184	Child and adolescent mental health care models	Prevention and screening	April 2022 – November 2022
185	Risk-based breast cancer screening in Austria: a systematic analysis of predictive models to assess the individual breast cancer risk, their utility and applicability in breast cancer screening programs	Prevention and screening	March 2022 – August 2022
186	Osteopathy: effectiveness and safety for musculoskeletal pain and overview of training and quality requirements	Rehabilitation and occupational therapy	April 2022 – November 2022
187	Co-designing perinatal mental health support in Tyrol	Psychological & psychiatric interventions	April 2022 – March 2027
188	Economic dimensions of community nursing: a systematic literature review	Health economics	January 2023 – September 2023
189	Bewertung medizinischer Einzelleistungen – MEL 2024	High tech medicine	November 2023 – March 2024
190	Image-guided spinal injections in treatment of chronic spinal pain: an overview of evidence-based guideline recommendations and specific focus on guidance techniques	High tech medicine	April 2023 – October 2023
191	Robot-assisted surgery: A systematic review of effectiveness and safety in thoracic and visceral surgery	High tech medicine	April 2023 – August 2023
192	HTAR (HTA-Regulation) Implementation in Austria: Revision of the existing methods manual and complementation with national decision support methods	HTA-methods & steering instruments	June 2023 – April 2024
193	Registries in Austria and their usage for healthcare improvement	HTA-methods & steering instruments	April 2023 – November 2023
194	Transparency: Sponsoring of patient initiatives 2021, update	HTA-methods & steering instruments	February 2023 – April 2023
195	Review of strategies regarding target group accessibility, participation motivation, and adherence in prevention programmes for overweight or obese children, adolescents, and adults	Prevention and screening	April 2023 – November 2023
196	Establishing a Reference Unit Costs catalogue for the optimized evaluation and planning of mental healthcare in Vienna (STREAMLINE)	Health economics	April 2023 – December 2025
197	HTA Information Service	HTA-methods & steering instruments	Since January 2023, continuously
198	HI PRIX (Health Innovation Next Generation Payment and Pricing Models)	European collaboration	January 2023 – December 2025
199	ASSESS-DHT: Telehealth in diabetes: EU mapping and systematic evaluation of organisational aspects	European collaboration	April 2024 – October 2024
200	Threshold values in health economic evaluations and decision-making	Health economics	March 2024 – September 2024
201	Artificial Intelligence in health care (focus on hospitals)	High tech medicine	April 2024 – November 2024
202	POCT/ Point-of-Care Tests: D-Dimer and Troponin - Update 2024	High tech medicine	February 2024 – July 2024
203	Stereotactic radiotherapy (Cyberknife®), proton beam therapy and irreversible (electroporation Nanoknife®) for localised prostate cancer (PCa): a systematic review. Update 2024	High tech medicine	February 2024 – July 2024
204	Oncological Breast Cancer Care in Selected European Countries - Organisation of healthcare infrastructures and medical service provision	Oncology	April 2024 – November 2024
205	Strategies to reduce weight stigmatisation of people with overweight or obesity in the healthcare sector	Prevention and screening	April 2024 – November 2024
206	Mental health screening of adults in primary care	Prevention and screening	April 2024 – November 2024

#	Original project title	Research area	Project duration
207	HTA Capacity Building (HAG insight)	European collaboration	November 2024 – February 2027
208	ASSESS-DHT: Development and Harmonisation of Methodologies for Assessing Digital Health Technologies in Europe (2024-2026)	European collaboration	January 2024 – December 2026
209	Systematic Review of the Long-Term Effectiveness and Safety of Enzyme Replacement Therapy in Mucopolysaccharidoses Disorders and Pompe Disease	High tech medicine	April 2025 – September 2025
210	Further Development of the Program on Preventive Health Check-Ups	Prevention and screening	Part 1: Mid-April 2025 – Mid-November 2025 Part 2: May 2025 – August 2025
211	Nudges to Optimise Prescriber Behaviour of Physicians	Health economics	Mid-April 2025 – November 2025
212	Artificial Intelligence in Health Care: Evaluation of the Clinical and Organizational Impacts of selected AI Applications in Hospitals	High tech medicine	Mid-April 2025 – Mid-November 2025
213	Telecardiology for heart failure patients: Benefit assessment and evaluation concept for telemedicine-supported care programs in Austria	High tech medicine	April 2025 – November 2025
214	Social Prescribing in Primary Care: A Realist Review	Prevention and screening	April 2025 – November 2025
215	Measures to Improve Cost Data Use for Health Economic Studies and Decision-Making – Overview of Existing Frameworks and Status Quo in Austria	Health economics	April 2025 – November 2025
216	Structured Medication Review for Polypharmacy	Prevention and screening	April 2025 – November 2025
217	Human Genetic Testing in Austria: An Overview of Reviews of Massive Parallel Sequencing (MPS) - Application Areas, Clinical Evidence, and Implications for Healthcare	High tech medicine	April 2025 – November 2025
218	Preparatory Work for an Austrian Health Economic Guideline	Health economics	February 2025 – January 2026
219	Transition from Child and Adolescent to Adult Mental Health Services: Analysis and Comparison of International Models	Psychological & psychiatric interventions	February 2025 - September 2025
220	FALCO: Fighting Addictions, improving Lives: COmprehensive drug rehabilitation with music	Psychological & psychiatric interventions	January 2025 – December 2029
221	HTAR (HTA-Regulation): Implementation in Austria	HTA-methods & steering instruments	Ongoing

Notes: includes projects launched by the LBI-HTA to track the evolution of the project portfolio over time.

Source: AIHTA website as of September 17, 2025.

Annex II: AIHTA's publications overview (2020-2025)

#	Type	Original title	Status	Year	Research area
1	HTA Project Report	Health Services Research in Oncology: Patients with Non-small Cell Lung Cancer (NSCLC) treated with Anti-PD1/PD-L1 Therapy in Real-World Practice	published	2020	Health economics / health services research
2	HTA Project Report	Health Services Research in Oncology Part I: End-of-Life Care	published	2020	Health economics / health services research
3	HTA Project Report	Robotics and functional electrical stimulation for stroke rehabilitation	published	2020	Medical devices / Digas
4	HTA Project Report	Home treatment in child and adolescent psychiatry: An analysis of effectiveness and integrated care	published	2020	Public Health
5	HTA Project Report	Molecular genetic diagnostics as a triage mechanism in cardiology using the example of familial hypercholesterolemia: Organisational and ethical implications (part 1) and economic effects (part 2)	published	2020	Medical devices / Digas
6	HTA Project Report	Lung cancer screening in risk groups. Systematic review(s) of effectiveness and utility (part 1)	published	2020	Public Health
7	HTA Project Report	Lung cancer screening in risk groups. Systematic review(s) of Costs and budgetary consequences (part 2)	published	2020	Health economics / health services research
8	HTA Project Report	Effectiveness of music therapy	published	2020	Public Health
9	HTA Project Report	Framework for reimbursement decisions of digital health technologies (mHealth) and its (retrospective) application on selected examples	published	2020	Medical devices / Digas
10	HTA Project Report	Epidemiology of long COVID: a preliminary report. German short version of the original KCE report	published	2021	Public Health
11	HTA Project Report	Long COVID care pathways: a systematic review	published	2021	Public Health
12	HTA Project Report	Evidence-based reimbursement processes in Europe Part 1: Reimbursement decisions for medical procedures in Austria. An analysis of factors – besides clinical evidence – influencing reimbursement decisions for the hospital benefit catalogue	ongoing		Health economics / health services research
13	HTA Project Report	Evidence-based reimbursement processes in Europe Part 2: A comparative analysis of selected medical devices in German and Austrian hospitals and possible influencing factors	ongoing		Health economics / health services research
14	HTA Project Report	(Good) practice organizational models using real-world evidence for public funding of high prized therapies	published	2021	Health economics / health services research
15	HTA Project Report	National strategies and programmes for preventing and managing non-communicable diseases in selected countries	published	2021	Public Health
16	HTA Project Report	Contrasting evidence from pivotal trials with real world evidence for treatment with nivolumab in malignant melanoma.	published	2021	Drugs
17	HTA Project Report	Process and evaluation of digital health applications in the context of "Symptom Checkers"	published	2021	Medical devices / Digas

#	Type	Original title	Status	Year	Research area
18	HTA Project Report	The economic and societal dimension of parental mental illness	published	2021	Health economics / health services research
19	HTA Project Report	Telemonitoring in Austrian diabetes care: A systematic analysis of evaluation methodologies	published	2022	Medical devices / Di-gas
20	HTA Project Report	Osteopathy: effectiveness and safety for musculoskeletal pain and overview of training and quality requirements	published	2022	Public Health
21	HTA Project Report	Risk-based breast cancer screening in Austria: a systematic analysis of predictive models to assess the individual breast cancer risk, their utility and applicability in breast cancer screening programs	published	2022	Public Health
22	HTA Project Report	CAR-T cell therapies (axicabtagen ciloleucel/Yescarta®) or tisagenlecleucel/Kymriah®): Contrasting pivotal studies with data from utility studies	published	2022	Drugs
23	HTA Project Report	Support for children with mentally ill parents in Tyrol: Summary results of the Village Project	ongoing		Public Health
24	HTA Project Report	Perinatal and infant mental health care models and pathways	published	2022	Public Health
25	HTA Project Report	Child and adolescent mental health care models	published	2022	Public Health
26	HTA Project Report	Quality Registries in Dementia Care: Mapping of Registries to improve Quality and Service Delivery	published	2022	Health economics / health services research
27	HTA Project Report	Perinatal and infant mental health care in Austria: A mapping of existing prevention, screening and care structures, with a specific focus on Tyrol	published	2023	Public Health
28	HTA Project Report	Oral and parenteral preexposure prophylaxis (PrEP) to prevent HIV in people at risk: a systematic review of clinical effectiveness and safety with assessment of organisational, economic, patients/social, ethical and legal elements	published	2023	Public Health
29	HTA Project Report	Robot-assisted surgery: A systematic review of effectiveness and safety in thoracic and visceral surgery. Update 2023	published	2023	Medical devices / Di-gas
30	HTA Project Report	Economic dimensions of community nursing	published	2023	Health economics / health services research
31	HTA Project Report	Mental Health Services Uptake in Women Before and During Pregnancy until One Year after Birth: An Analysis of Austrian Health Insurance Data' (im Rahmen des FWF Projektes 'Connecting Minds' erstellt)	published	2023	Public Health
32	HTA Project Report	Review of strategies regarding target group accessibility, participation motivation, and adherence in prevention programmes for overweight or obese children, adolescents, and adults	published	2023	Public Health
33	HTA Project Report	Image-guided spinal injections in treatment of chronic spinal pain: an overview of evidence-based guideline recommendations and specific focus on guidance techniques	published	2023	Drugs
34	HTA Project Report	Registries in Austria and their usage for healthcare improvement	published	2023	Health economics / health services research

#	Type	Original title	Status	Year	Research area
35	HTA Project Report	The Role of Public Contributions to the Development of Health Innovations	published	2024	Health economics / health services research
36	HTA Project Report	Point of Care Tests (POCT): D-Dimer and Troponin. Update 2024	published	2024	Medical devices / Di-gas
37	HTA Project Report	Stereotactic radiotherapy, proton therapy and irreversible electroporation for the treatment of localised prostate cancer	published	2024	Medical devices / Di-gas
38	HTA Project Report	Mental health screening of adults in primary care	published	2024	Public Health
39	HTA Project Report	Strategies to reduce weight stigmatisation of people with overweight or obesity in the healthcare sector	published	2024	Public Health
40	HTA Project Report	ASSESS-DHT: Telehealth in diabetes: EU mapping and systematic evaluation of organisational aspects	ongoing		Medical devices / Di-gas
41	HTA Project Report	Oncological Breast Cancer Care in Selected European Countries - Organisation of healthcare infrastructures and medical service provision	published	2024	Health economics / health services research
42	HTA Project Report	Threshold values in health economic evaluations and decision-making	published	2024	Health economics / health services research
43	HTA Project Report	Artificial Intelligence in health care with a focus on hospitals: Methodological considerations for Health Technology Assessment. A Scoping Review.	published	2024	Medical devices / Di-gas
44	HTA Project Report	Trauma Care: Teaching Recovery Technique (TRT) to refugees: Systematic Review and Evaluation of Austrian TRT-Programme at AFYA	published	2025	Public Health
45	HTA Project Report	CAR-T cell therapy: Updated effectiveness and safety results from real-world evidence	published	2025	Drugs
46	Policy Brief	Update 12 Monate Nachbeobachtung: Nusinersen bei Spinaler Muskelatrophie („late onset“) bei Kindern und Jugendlichen ≥ 6 Jahre	published	2020	Drugs
47	Policy Brief	Covid-19: HSS/ Horizon Scanning Living Document (Part 1 & Part 2)	published	2020	Drugs
48	Policy Brief	Update PET/PET-CT evidence for need based planning in the area of oncology	published	2020	Medical devices / Di-gas
49	Policy Brief	Update: Proton- and carbon ion therapy – an update on indications	published	2020	Medical devices / Di-gas
50	Policy Brief	Parent-Child-Pass Update 2020/21 – Screenings for mental health, nutrition and social competence – recommendations from evidence-based guidelines	published	2021	Public Health
51	Policy Brief	Car-T Cell Therapies	published	2020	Drugs
52	Policy Brief	ATMPs and Gene Therapies	published	2020	Drugs
53	Policy Brief	Transparency: Sponsoring of patient initiatives, Update	published	2021	Health economics / health services research
54	Policy Brief	Combination therapy Casirivimab plus Imdevimab (REGN-COV2) for the treatment of Covid-19	published	2021	Drugs
55	Policy Brief	Bamlanivimab monotherapy and as combination therapy (with etesevimab) for Covid-19	published	2021	Drugs

#	Type	Original title	Status	Year	Research area
56	Policy Brief	Nicht-Interventionelle Studien (NIS) in Österreich	published	2021	Health economics / health services research
57	Policy Brief	Stool DNA testing for colorectal cancer (CRC) screening	published	2021	Public Health
58	Policy Brief	≥ 12 Month Follow-Up of Patients with Spinal Muscular Atrophy (SMA) treated with Spinraza®, Zolgensma® or Combination Therapies	published	2021	Drugs
59	Policy Brief	Regulation and financing of prenatal screening and diagnostic examinations for fetal anomalies in selected European countries	published	2022	Public Health
60	Policy Brief	Car-T Cell Therapies	published	2022	Drugs
61	Policy Brief	ATMPs and Gene Therapies in Development. Horizon Scanning – Update 2022	published	2022	Drugs
62	Policy Brief	Update PET/PET-CT: Evidenz zum Bedarf und zur Planung bei onkologischen Indikationen, Update 2023	published	2023	Medical devices / Di-gas
63	Policy Brief	Sponsoring of patient initiatives in Austria. 5th Update of the Systematic Analyses 2014 to 2019. AIHTA Policy Brief 007/ 5. Update.	published	2023	Health economics / health services research
64	Policy Brief	SMA-Therapien: Mittel- bis längerfristige Nachbeobachtung von SMA-Patient*innen, behandelt für >=24 Monate mit Nusinersen oder Onasemnogene Abeparvovec, und für >=12 Monate mit Risdiplam (Mono-/Kombinationstherapien)	published	2023	Drugs
65	Policy Brief	Assessment of study report: The Improve Drug Therapy Trial	ongoing		Health economics / health services research
66	Decision Support Document for the Austrian Appraisal Board	Exagamglogene autotemcel (Exa-cel, Casgevy®) zur Behandlung von Beta-Thalassämie und schwerer Sichelzellerkrankheit	published	2025	Drugs
67	Decision Support Document for the Austrian Appraisal Board	Fidanacogene elaparvovec (BEQVEZ®) for the treatment of moderate and severe haemophilia B	published	2025	Drugs
68	Decision Support Document for the Austrian Appraisal Board	Exagamglogene autotemcel (Exa-cel, Casgevy®) for the treatment of beta-thalassemia and severe sickle cell disease	published	2025	Drugs
69	Decision Support Document	Telemonitoring and pulmonanry artery pressure-guided treatment of heart failure	published	2020	Medical devices / Di-gas
70	Decision Support Document	Ultrasound-guided transcervical Radiofrequency ablation of Myoma	published	2020	Medical devices / Di-gas

#	Type	Original title	Status	Year	Research area
71	Decision Support Document	Leadless Pacemakers for Right Ventricle Pacing	published	2020	Medical devices / Di-gas
72	Decision Support Document	Extracorporeal cytokine headsorption	published	2020	Medical devices / Di-gas
73	Decision Support Document	Percutaneous transvascular implantation of a coronary sinus constricting stent	published	2020	Medical devices / Di-gas
74	Decision Support Document	Radiofrequency-Induced Intravesical Chemohyperthermia for Non-Muscle-Invasive Bladder Cancer	published	2020	Medical devices / Di-gas
75	Decision Support Document	Photodynamic therapy in prostate cancer with padeliporfin (TOOKAD)	published	2020	Medical devices / Di-gas
76	Decision Support Document	Ercutaneous left ventricular assist devices: micro-axial flow pumps	published	2021	Medical devices / Di-gas
77	Decision Support Document	Liposuction for surgical therapy of lipoedema	published	2021	Medical devices / Di-gas
78	Decision Support Document	Triphasic biomaterial for augmentation of the osteoporotic femoral neck	published	2021	Medical devices / Di-gas
79	Decision Support Document	Endoscopic plication therapy in patients with gastroesophageal reflux disease (GERD)	published	2021	Medical devices / Di-gas
80	Decision Support Document	Allogenic bone screw Shark Screw® in patients with hallux valgus or scaphoid fractures/pseudarthroses	published	2021	Medical devices / Di-gas
81	Decision Support Document	Comparative effectiveness of surgical techniques and devices for the treatment of benign prostatic hyperplasia	published	2021	Medical devices / Di-gas
82	Decision Support Document	Implantation of Bulking Agents for Faecal Incontinence (1st Update)	published	2021	Medical devices / Di-gas
83	Decision Support Document	Percutaneous coronary interventions (PCI) for chronic total occlusion. Update 2022	published	2022	Medical devices / Di-gas
84	Decision Support Document	Upper airway stimulation for moderate-to-severe sleep apnea. Update 2022	published	2022	Medical devices / Di-gas
85	Decision Support Document	Subcutaneous implantable cardioverter defibrillator (ICD)	published	2022	Medical devices / Di-gas
86	Decision Support Document	Percutaneous Transvascular Implantation of a Coronary Sinus Reducing Stent	published	2022	Medical devices / Di-gas
87	Decision Support Document	Hepatic and portal vein embolization prior to major hepatectomy	published	2022	Medical devices / Di-gas
88	Decision Support Document	Ultrasound-guided microwave ablation for liver tumors	published	2022	Medical devices / Di-gas
89	Decision Support Document	HIS Bundle Pacing for patients requiring permanent pacemaker	published	2022	Medical devices / Di-gas

#	Type	Original title	Status	Year	Research area
90	Decision Support Document	Chemosaturation with percutaneous hepatic perfusions for patients with liver metastases	published	2022	Medical devices / Di-gas
91	Decision Support Document	Lower Esophagel Sphincter Devices for Laparoscopic Surgery in Patients with Gastroesophageal Reflux Disease (GERD): magnetic sphincter augmentation device (MSAD) (Update 101), electric stimulation therapy (update 104) RefluxStop™ (new)	published	2022	Medical devices / Di-gas
92	Decision Support Document	Wearable cardioverter-defibrillator (WCD) therapy as prevention of sudden cardiac death in patients at risk – Update 2022	published	2022	Medical devices / Di-gas
93	Decision Support Document	Percutaneous aspiration thrombectomy for pulmonary embolism	published	2023	Medical devices / Di-gas
94	Decision Support Document	Transcranial magnetic resonance-guided high-intensity focused ultrasound treatment in patients with drug-resistant essential tremor	published	2023	Medical devices / Di-gas
95	Decision Support Document	Bleomycin Electrosclerotherapy for Vascular Anomalies	published	2023	Medical devices / Di-gas
96	Decision Support Document	Electrical auricular vagus nerve stimulation for pain	published	2023	Medical devices / Di-gas
97	Decision Support Document	Percutaneous mitral valve repair with a clip device in patients with mitral regurgitation	published	2023	Medical devices / Di-gas
98	Decision Support Document	Allogeneic mesenchymal stem cells for Crohn's Disease-associated complex perianal fistulas	published	2023	Medical devices / Di-gas
99	Decision Support Document	177Lu-PSMA Radioligand Therapy in Patients with Metastatic Castration-Resistant Prostate Cancer: Systematic Review	published	2023	Medical devices / Di-gas
100	Decision Support Document	Caval valve implantation for severe tricuspid regurgitation	ongoing	2024	Medical devices / Di-gas
101	Decision Support Document	Electroconvulsive therapy in treatment-resistant depression and treatment-resistant schizophrenia	ongoing	2024	Medical devices / Di-gas
102	Decision Support Document	Thermoablation for benign thyroid nodules	ongoing	2024	Medical devices / Di-gas
103	Decision Support Document	Percutaneous transluminal coronary angioplasty (PTCA) with drug-eluting balloon (DEB) in patients with coronary artery disease (CAD)	ongoing	2024	Medical devices / Di-gas
104	Decision Support Document	Renal denervation (RDN) in patients with treatment resistant hypertension	ongoing	2024	Medical devices / Di-gas
105	Decision Support Document	Exagamglogene autotemcel (Exa-cel, Casgevy®)	ongoing		Medical devices / Di-gas
106	Decision Support Document	Islet cell transplantation for pancreatotomy, type 1 diabetes with severe hypoglycemia, and after kidney transplantation	ongoing		Medical devices / Di-gas
107	Decision Support Document	Drug-coated balloon catheter for treatment of urethral strictures	ongoing		Medical devices / Di-gas

#	Type	Original title	Status	Year	Research area
108	Decision Support Document	Thermoablation as primary or adjunctive therapy for breast cancer	ongoing		Medical devices / Di-gas
109	Decision Support Document	One-stage matrix-assisted cartilage repair with and without bone marrow aspirate concentrate in the knee	ongoing		Medical devices / Di-gas
110	Decision Support Document	Leadless pacemakers for right ventricle pacing. 3.Update 2025	ongoing		Medical devices / Di-gas
111	Decision Support Document	Temporary nitinol implantation for the treatment of benign prostatic hyperplasia	ongoing		Medical devices / Di-gas
112	HTA-Informationssdienst Rapid Review	iv Immunoglobulins (IgVena) in recurrent in vitro fertilisation implantation failure and/or recurrent pregnancy loss	published	2024	Information service
113	HTA-Informationssdienst Rapid Review	Extracorporeal shock wave therapy for orthopaedic indications	published	2024	Information service
114	HTA-Informationssdienst Rapid Review	Radiofrequency denervation for chronic lumbar or cervical spine pain	published	2024	Information service
115	HTA-Informationssdienst Rapid Review	Biomarkers in Alzheimer's Disease	published	2024	Information service
116	HTA-Informationssdienst Rapid Review	Robot-assisted rehabilitation for incomplete spinal cord injury	published	2024	Information service
117	HTA-Informationssdienst Rapid Review	Myopia control spectacle lenses for children and adolescents	published	2024	Information service
118	HTA-Informationssdienst Rapid Review	Autologous fat grafting in osteoarthritis	published	2024	Information service
119	HTA-Informationssdienst Rapid Review	Endovenous laser therapy for varicose veins in the lower extremities	published	2024	Information service
120	HTA-Informationssdienst Rapid Review	Liposuction for the removal of subcutaneous (large) lipomas	published	2024	Information service
121	HTA-Informationssdienst Rapid Review	Biomarkers in Parkinson's Disease	published	2024	Information service

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122	HTA-Informationssdienst Rapid Review	Calcitonin gene-related peptide antagonists for the prevention of migraine - summary of the BAG /RACS HTA report 2023	published	2024	Information service
123	HTA-Informationssdienst Rapid Review	Use of telepathology for intraoperative frozen section examination	published	2024	Information service
124	HTA-Informationssdienst Rapid Review	CAR-based immunotherapy with a focus on CAR-NK cells	published	2024	Information service
125	HTA-Informationssdienst Rapid Review	Skin cancer prevention: Guideline recommendations for primary and secondary prevention	published	2024	Information service
126	HTA-Informationssdienst Rapid Review	Massive parallel sequencing – technologies for high-throughput analysis of genetic-genomic data sets	published	2024	Information service
127	HTA-Informationssdienst Rapid Review	Reimbursement models and pricing of digital health technologies and telemonitoring applications	published	2025	Information service
128	HTA-Informationssdienst Rapid Review	Serum eye drops for patients with severe ocular surface diseases	published	2025	Information service
129	HTA-Informationssdienst Rapid Review	Telerehabilitation for Movement Support in People with Chronic Back Pain – Rapid Review of Effectiveness	published	2025	Information service
130	Decision Support Document: Oncology Fact Sheet	Venetoclax (Venclyxto®) and obinutuzumab in patients with chronic lymphocytic leukaemia (CLL) and coexisting conditions	published	2020	Drugs
131	Decision Support Document: Oncology Fact Sheet	Darolutamide (Nubeqa®) in nonmetastatic, castration-resistant prostate cancer (nmCRPC)	published	2020	Drugs
132	Decision Support Document: Oncology Fact Sheet	Rituximab (MabThera®) for the treatment of paediatric patients with previously untreated advanced stage CD20 positive DLBCL, BL, BAL, or BLL	published	2020	Drugs
133	Decision Support Document: Oncology Fact Sheet	Brigatinib (Alunbrig®) in ALK-positive non-small-cell lung cancer (NSCLC)	published	2020	Drugs

#	Type	Original title	Status	Year	Research area
134	Decision Support Document: Oncology Fact Sheet	Brentuximab vedotin (Adcetris®) with chemotherapy for CD30-positive peripheral T-cell lymphoma (PTCL)	published	2020	Drugs
135	Decision Support Document: Oncology Fact Sheet	Isatuximab (Sarclisa®) plus pomalidomide and low-dose dexamethasone in patients with relapsed and refractory multiple myeloma (MM)	published	2020	Drugs
136	Decision Support Document: Oncology Fact Sheet	Encorafenib (Braftovi®) in combination with cetuximab for the treatment of adult patients with metastatic colorectal cancer (mCRC) with a BRAF V600E mutation	published	2020	Drugs
137	Decision Support Document: Oncology Fact Sheet	Cabazitaxel Accord for the treatment of patients with metastatic castration resistant prostate cancer (mCRPC) previously treated with a docetaxel containing regimen	published	2020	Drugs
138	Decision Support Document: Oncology Fact Sheet	Daratumumab (Darzalex®) in a new pharmaceutical form associated with a new strength and a new route of administration for the treatment of multiple myeloma	published	2020	Drugs
139	Decision Support Document: Oncology Fact Sheet	Glasdegib (Daurismo®) with low-dose cytarabine (LDAC) in patients with newly diagnosed acute myeloid leukaemia (AML)	published	2020	Drugs
140	Decision Support Document: Oncology Fact Sheet	Maintenance olaparib (Lynparza®) for the treatment of patients with germline BRCA-mutated metastatic pancreatic cancer	published	2020	Drugs
141	Decision Support Document: Oncology Fact Sheet	Alpelisib (Piqray®) plus fulvestrant for PIK3CA-mutated, hormone receptor-positive advanced breast cancer	published	2020	Drugs
142	Decision Support Document: Oncology Fact Sheet	Entrectinib (Rozlytrek®) for the treatment of patients whose solid tumours have a NTRK gene fusion, or patients with ROS1-positive advanced NSCLC	published	2020	Drugs
143	Decision Support Document: Oncology Fact Sheet	Carmustine (Carmustine Obvius®) as conditioning treatment before transplantation in patients with Hodgkin's lymphoma (HL) and non-Hodgkin's lymphomas (NHL)	published	2020	Drugs
144	Decision Support Document: Oncology Fact Sheet	Acalabrutinib (Calquence®) for the treatment of chronic lymphocytic leukaemia (CLL)	published	2020	Drugs
145	Decision Support Document: Oncology Fact Sheet	Avapritinib (Ayvakyt®) for the treatment of gastrointestinal stromal tumours (GIST)	published	2020	Drugs

#	Type	Original title	Status	Year	Research area
146	Decision Support Document: Oncology Fact Sheet	Belantamab mafodotin (Blenrep®) as monotherapy for the treatment of relapsed or refractory multiple myeloma (MM)	published	2020	Drugs
147	Decision Support Document: Oncology Fact Sheet	Durvalumab (Imfinzi®) in combination with etoposide and either carboplatin or cisplatin for the first-line treatment of extensive-stage small cell lung cancer (ES-SCLC)	published	2020	Drugs
148	Decision Support Document: Oncology Fact Sheet	Ibrutinib (Imbruvica®) as a single agent or in combination with rituximab or obinutuzumab for the treatment of previously untreated chronic lymphocytic leukaemia (CLL)	published	2020	Drugs
149	Decision Support Document: Oncology Fact Sheet	Atezolizumab (Tecentriq®) plus bevacizumab for the treatment of advanced or unresectable hepatocellular carcinoma (HCC)	published	2020	Drugs
150	Decision Support Document: Oncology Fact Sheet	Nivolumab (Opdivo®) plus ipilimumab (Yervoy®) and chemotherapy as first-line treatment for metastatic non-small cell lung cancer (NSCLC)	published	2020	Drugs
151	Decision Support Document: Oncology Fact Sheet	Niraparib (Zejula®) in patients with newly diagnosed advanced ovarian cancer	published	2020	Drugs
152	Decision Support Document: Oncology Fact Sheet	Olaparib (Lynparza®) for metastatic castration-resistant prostate cancer (mCRPC)	published	2020	Drugs
153	Decision Support Document: Oncology Fact Sheet	Olaparib (Lynparza®) plus bevacizumab as first-line maintenance treatment in patients with ovarian cancer	published	2020	Drugs
154	Decision Support Document: Oncology Fact Sheet	Blinatumomab (Blincyto®) for the treatment of patients with Philadelphia chromosome positive B-precursor acute lymphoblastic leukaemia (ALL)	published	2020	Drugs
155	Decision Support Document: Oncology Fact Sheet	Nivolumab (Opdivo®) as monotherapy for the treatment of unresectable advanced, recurrent or metastatic oesophageal squamous cell carcinoma (OESCC)	published	2020	Drugs
156	Decision Support Document: Oncology Fact Sheet	Autologous anti-CD19-transduced CD3+ cells (Tecartus®) for the treatment of relapsed or refractory mantle cell lymphoma (MCL)	published	2020	Drugs
157	Decision Support Document: Oncology Fact Sheet	Tagraxofusp (Elzonris®) in blastic plasmacytoid dendritic-cell neoplasm (BPDCN)	published	2020	Drugs

#	Type	Original title	Status	Year	Research area
158	Decision Support Document: Oncology Fact Sheet	Carfilzomib (Kyprolis®) with daratumumab and dexamethasone for the treatment of adult patients with multiple myeloma (MM)	published	2020	Drugs
159	Decision Support Document: Oncology Fact Sheet	A fixed-dose combination of pertuzumab, trastuzumab and hyaluronidase-zzxf (Phesgo™) for the treatment of early and metastatic breast cancer	published	2020	Drugs
160	Decision Support Document: Oncology Fact Sheet	Avelumab (Bavencio®) as monotherapy for the first-line maintenance treatment of patients with locally advanced or metastatic urothelial carcinoma	published	2020	Drugs
161	Decision Support Document: Oncology Fact Sheet	Trastuzumab deruxtecan (Enhertu®) in patients with previously treated HER2-positive breast cancer	published	2021	Drugs
162	Decision Support Document: Oncology Fact Sheet	Fedratinib (Inrebic®) for the treatment of primary and secondary myelofibrosis	published	2020	Drugs
163	Decision Support Document: Oncology Fact Sheet	Pembrolizumab (Keytruda®) as monotherapy for the first-line treatment of MSI H or dMMR colorectal cancer	published	2021	Drugs
164	Decision Support Document: Oncology Fact Sheet	Moxetumomab pasudotox (Lumoxiti®) for the treatment of patients with relapsed or refractory hairy cell leukaemia (HCL)	published	2021	Drugs
165	Decision Support Document: Oncology Fact Sheet	Selpercatinib (Retsevmo®) for the treatment of RET-fusion positive NSCLC, RET-fusion positive thyroid cancer and RET-mutant medullary-thyroid cancer	published	2021	Drugs
166	Decision Support Document: Oncology Fact Sheet	Tucatinib (Tukysa®) with trastuzumab and capecitabine for the treatment of HER2-positive locally advanced or metastatic breast cancer	published	2021	Drugs
167	Decision Support Document: Oncology Fact Sheet	Pembrolizumab (Keytruda®) is indicated for the treatment of adult and paediatric patients with relapsed or refractory classical Hodgkin lymphoma (cHL)	published	2021	Drugs
168	Decision Support Document: Oncology Fact Sheet	Selinexor (Nexpovio®) in combination with dexamethasone for the treatment of relapsed and refractory multiple myeloma (MM)	published	2021	Drugs
169	Decision Support Document: Oncology Fact Sheet	Pemigatinib (Pemazyre®) for the treatment of adults with locally advanced or metastatic cholangiocarcinoma with a fibroblast growth factor receptor 2 (FGFR2) fusion or rearrangement	published	2021	Drugs

#	Type	Original title	Status	Year	Research area
170	Decision Support Document: Oncology Fact Sheet	Dostarlimab (Jemperli®) for the treatment of patients with recurrent or advanced mismatch repair deficient (dMMR)/microsatellite instability-high (MSI-H) endometrial cancer (EC)	published	2021	Drugs
171	Decision Support Document: Oncology Fact Sheet	Nivolumab (Opdivo®) in combination with cabozantinib (Cabometyx®) for the first-line treatment of patients with advanced renal cell carcinoma (RCC)	published	2021	Drugs
172	Decision Support Document: Oncology Fact Sheet	Isatuximab (Sarclisa®) in combination with carfilzomib and dexamethasone for the treatment of patients with multiple myeloma (MM)	published	2021	Drugs
173	Decision Support Document: Oncology Fact Sheet	Duvelisib (Copiktra®) for the treatment of patients with relapsed or refractory chronic lymphocytic leukaemia (CLL) and refractory follicular lymphoma (FL)	published	2021	Drugs
174	Decision Support Document: Oncology Fact Sheet	Atezolizumab (Tecentriq®) as monotherapy for the first-line treatment of adult patients with metastatic non-small cell lung cancer (NSCLC)	published	2021	Drugs
175	Decision Support Document: Oncology Fact Sheet	Enzalutamide (Xtandi®) for the treatment of adult men with metastatic hormone-sensitive prostate cancer (mHSPC) in combination with androgen deprivation therapy (ADT)	published	2021	Drugs
176	Decision Support Document: Oncology Fact Sheet	Azacitidine (Onureg®) for the maintenance treatment of patients with acute myeloid leukaemia (AML)	published	2021	Drugs
177	Decision Support Document: Oncology Fact Sheet	Osimertinib (Tagrisso®) as monotherapy for the adjuvant treatment after complete tumour resection in adult patients with stage IB-IIIa non-small cell lung cancer (NSCLC)	published	2021	Drugs
178	Decision Support Document: Oncology Fact Sheet	Venetoclax (Venclyxto®) in combination with a hypomethylating agent for the treatment of patients with newly diagnosed acute myeloid leukaemia (AML)	published	2021	Drugs
179	Decision Support Document: Oncology Fact Sheet	Nivolumab (Opdivo®) in combination with ipilimumab for the first-line treatment of patients with unresectable malignant pleural mesothelioma	published	2021	Drugs
180	Decision Support Document: Oncology Fact Sheet	Nivolumab (Opdivo®) in combination with ipilimumab (Yervoy®) for the treatment of patients with mismatch repair deficient (dMMR) or microsatellite instability high (MSI-H) metastatic colorectal cancer	published	2021	Drugs
181	Decision Support Document: Oncology Fact Sheet	Cemiplimab (Libtayo®) as monotherapy for the first-line treatment of adult patients with non-small cell lung cancer (NSCLC)	published	2021	Drugs

#	Type	Original title	Status	Year	Research area
182	Decision Support Document: Oncology Fact Sheet	Cemiplimab (Libtayo®) as monotherapy for the treatment of locally advanced or metastatic basal cell carcinoma (laBCC or mBCC)	published	2021	Drugs
183	Decision Support Document: Oncology Fact Sheet	Pembrolizumab (Keytruda®) in combination with platinum and fluoropyrimidine based chemotherapy for the treatment of locally advanced unresectable or metastatic carcinoma of the oesophagus	published	2021	Drugs
184	Decision Support Document: Oncology Fact Sheet	Daratumumab (Darzalex®) in combination with pomalidomide and dexamethasone for the treatment of multiple myeloma (MM)	published	2021	Drugs
185	Decision Support Document: Oncology Fact Sheet	Daratumumab (Darzalex®) in combination with cyclophosphamide, bortezomib and dexamethasone for the treatment of newly diagnosed systemic light chain (AL) amyloidosis	published	2021	Drugs
186	Decision Support Document: Oncology Fact Sheet	Idecabtagene vicleucel (Abecma®) for the treatment of patients with relapsed and refractory multiple myeloma (MM)	published	2021	Drugs
187	Decision Support Document: Oncology Fact Sheet	Tafasitamab (Minjuvi®; Monjuvi®) for the treatment of patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL)	published	2021	Drugs
188	Decision Support Document: Oncology Fact Sheet	Adjuvant nivolumab (Opdivo®) as monotherapy for the treatment of patients with oesophageal (OC) or gastro-oesophageal junction cancer (GEJC)	published	2021	Drugs
189	Decision Support Document: Oncology Fact Sheet	Zanubrutinib (Brukinsa®) as monotherapy for the treatment of patients with waldenström's macroglobulinaemia (WM)	published	2021	Drugs
190	Decision Support Document: Oncology Fact Sheet	Pralsetinib (Gavreto®) as monotherapy for the treatment of patients with rearranged during transfection (RET) fusion-positive advanced non-small cell lung cancer (NSCLC)	published	2021	Drugs
191	Decision Support Document: Oncology Fact Sheet	Ripretinib (Qinlock®) for the treatment of patients with advanced gastrointestinal stromal tumour (GIST)	published	2021	Drugs
192	Decision Support Document: Oncology Fact Sheet	Nivolumab (Opdivo®) in combination with fluoropyrimidine- and platinum-based combination chemotherapy for the treatment of patients with HER2?negative advanced or metastatic gastric, gastro?oesophageal junction or oesophageal adenocarcinoma	published	2021	Drugs
193	Decision Support Document: Oncology Fact Sheet	Pembrolizumab (Keytruda®) in combination with chemotherapy for the treatment of locally recurrent unresectable or metastatic triple-negative breast cancer (TNBC)	published	2021	Drugs

#	Type	Original title	Status	Year	Research area
194	Decision Support Document: Oncology Fact Sheet	Pembrolizumab (Keytruda) in combination with Lenvatinib (Kisplyx) for the firstline treatment of advanced renal cell carcinoma (RCC)	published	2021	Drugs
195	Decision Support Document: Oncology Fact Sheet	Pembrolizumab (Keytruda) in combination with Lenvatinib (Kisplyx) for the treatment of advanced or recurrent endometrial carcinoma (EC)	published	2021	Drugs
196	Decision Support Document: Oncology Fact Sheet	Amivantamab (Rybrevant) as monotherapy for the treatment of patients with advanced non-small cell lung cancer (NSCLC)	published	2021	Drugs
197	Decision Support Document: Oncology Fact Sheet	Sacituzumab govitecan (Trodelvy) as monotherapy for the treatment of patients with unresectable or metastatic triple-negative breast cancer (mTNBC)	published	2021	Drugs
198	Decision Support Document: Oncology Fact Sheet	Sotorasib (Lumykras®): Sotorasib (Lumykras®) as monotherapy for the treatment of advanced NSCLC with KRAS G12C mutation	published	2021	Drugs
199	Decision Support Document: Oncology Fact Sheet	Enfortumab vedotin (Padcev®) as monotherapy for the treatment of patients with locally advanced or metastatic urothelial cancer	published	2022	Drugs
200	Decision Support Document: Oncology Fact Sheet	Tepotinib (Tepmetko®) as monotherapy for the treatment of patients with advanced non-small cell lung cancer (NSCLC)	published	2022	Drugs
201	Decision Support Document: Oncology Fact Sheet	Pembrolizumab (Keytruda®) as monotherapy for the adjuvant treatment of renal cell carcinoma (RCC)	published	2022	Drugs
202	Decision Support Document: Oncology Fact Sheet	Lorlatinib (Lorviqua®) as monotherapy for the treatment of anaplastic lymphoma kinase (ALK) positive advanced non-small cell lung cancer (NSCLC)	published	2022	Drugs
203	Decision Support Document: Oncology Fact Sheet	Tegafur/gimeracil/oteracil (Teysono®) for the treatment of metastatic colorectal cancer	published	2022	Drugs
204	Decision Support Document: Oncology Fact Sheet	Lisocabtagene maraleucl (Breyanzi) for the treatment of relapsed or refractory DLBCL	published	2022	Drugs
205	Decision Support Document: Oncology Fact Sheet	Avapritinib (Ayvakyt®) for the treatment of advanced systemic mastocytosis (AdvSM)	published	2022	Drugs

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206	Decision Support Document: Oncology Fact Sheet	Tebentafusp (Kimmtrak®) bei Uveal melanoma	published	2022	Drugs
207	Decision Support Document: Oncology Fact Sheet	Relugolix (Orgovyx®) bei Prostate Cancer	published	2022	Drugs
208	Decision Support Document: Oncology Fact Sheet	Nivolumab (Opdivo®) bei MIUC	published	2022	Drugs
209	Decision Support Document: Oncology Fact Sheet	Ipilimumab (Yervoy®) + Nivolumab (Opdivo®) bei OSCC	published	2022	Drugs
210	Decision Support Document: Oncology Fact Sheet	Nivolumab (Opdivo®) + chemotherapy bei OSCC	published	2022	Drugs
211	Decision Support Document: Oncology Fact Sheet	Abemaciclib (Verzenio®) bei early breast cancer	published	2022	Drugs
212	Decision Support Document: Oncology Fact Sheet	Enfortumab vedotin (Padcev®) as monotherapy for the treatment of patients with locally advanced or metastatic urothelial cancer	published	2022	Drugs
213	Decision Support Document: Oncology Fact Sheet	Ciltacabtagene autoleucl (Carvykti®) for the treatment of multiple myeloma (MM)	published	2022	Drugs
214	Decision Support Document: Oncology Fact Sheet	Cabozantinib (Cabometyx®) as monotherapy for the treatment of thyroid carcinoma (DTC)	published	2022	Drugs
215	Decision Support Document: Oncology Fact Sheet	Tisagenlecleucel (Kymriah®) for the treatment of follicular lymphoma (FL) after two or more lines of systemic therapy	published	2022	Drugs
216	Decision Support Document: Oncology Fact Sheet	Polatuzumab vedotin (Polivy®) in combination with rituximab, cyclophosphamide, doxorubicin, and prednisone (R-CHP) for the treatment of B-cell lymphoma (DLBCL)	published	2022	Drugs
217	Decision Support Document: Oncology Fact Sheet	Pembrolizumab (Keytruda®) as monotherapy in adults with colorectal cancer	published	2022	Drugs

#	Type	Original title	Status	Year	Research area
218	Decision Support Document: Oncology Fact Sheet	Pembrolizumab (Keytruda®) in combination with chemotherapy with or without bevacizumab for cervical cancer	published	2022	Drugs
219	Decision Support Document: Oncology Fact Sheet	Mosunetuzumab (Lunsumio®) Follicular lymphoma	published	2022	Drugs
220	Decision Support Document: Oncology Fact Sheet	Capmatinib (Tabrecta®) NSCLC	published	2022	Drugs
221	Decision Support Document: Oncology Fact Sheet	Pembrolizumab (Keytruda®) TNBC	published	2022	Drugs
222	Decision Support Document: Oncology Fact Sheet	Selpercatinib (Retsevmo®) NSCLC	published	2022	Drugs
223	Decision Support Document: Oncology Fact Sheet	Atezolizumab (Tecentriq®) NSCLC	published	2022	Drugs
224	Decision Support Document: Oncology Fact Sheet	Axicabtagene ciloleucel (Yescarta®) Follicular lymphoma	published	2022	Drugs
225	Decision Support Document: Oncology Fact Sheet	Selinexor (Nexpovio®) in combination with bortezomib and dexamethasone for the treatment of multiple myeloma (MM)	published	2022	Drugs
226	Decision Support Document: Oncology Fact Sheet	Pembrolizumab (Keytruda®) as monotherapy for the adjuvant treatment of adults and adolescents aged 12 years and older with stage IIB, IIC or III melanoma who have undergone complete resection	published	2022	Drugs
227	Decision Support Document: Oncology Fact Sheet	Melphalan flufenamide (Pepaxti®) with dexamethasone for the treatment of multiple myeloma (MM)	published	2022	Drugs
228	Decision Support Document: Oncology Fact Sheet	Asciminib (Scemblix®) for the treatment of Philadelphia chromosome?positive (Ph+) chronic myeloid leukaemia (CML) in chronic phase (CP)	published	2022	Drugs
229	Decision Support Document: Oncology Fact Sheet	Trastuzumab deruxtecan (Enhertu®) as monotherapy for the treatment of unresectable or metastatic HER2 positive breast cancer	published	2022	Drugs

#	Type	Original title	Status	Year	Research area
230	Decision Support Document: Oncology Fact Sheet	Ibrutinib (Imbruvica®) in combination with venetoclax for the treatment of previously untreated chronic lymphocytic leukaemia (CLL)	published	2022	Drugs
231	Decision Support Document: Oncology Fact Sheet	Olaparib (Lynparza®) as monotherapy or in combination with endocrine therapy for the adjuvant treatment of patients with germline BRCA1/2-mutations who have HER2-negative, high risk early breast cancer	published	2022	Drugs
232	Decision Support Document: Oncology Fact Sheet	Relatlimab/nivolumab (Opdualag®) for the first line treatment of advanced melanoma in adults and adolescents 12 years of age and older with tumour cell PD-L1 expression < 1%	published	2022	Drugs
233	Decision Support Document: Oncology Fact Sheet	Autologous anti-CD19-transduced CD3+ cells (Tecartus®) for the treatment of adult patients 26 years of age and above with relapsed or refractory B-cell precursor acute lymphoblastic leukaemia (ALL)	published	2022	Drugs
234	Decision Support Document: Oncology Fact Sheet	Teclistamab (Tecvayli®) as monotherapy for the treatment of patients with relapsed and refractory multiple myeloma (MM) who have received at least three prior therapies	published	2022	Drugs
235	Decision Support Document: Oncology Fact Sheet	Selpercatinib (Retsevmo®) as monotherapy for the treatment of adults and adolescents 12 years and older with advanced RET mutant medullary thyroid cancer (MTC)	published	2022	Drugs
236	Decision Support Document: Oncology Fact Sheet	Loncastuximab tesirine (Zynlonta®) as monotherapy for the treatment of relapsed or refractory diffuse large B-cell lymphoma (DLBCL) and high-grade B-cell lymphoma (HGBL)	published	2022	Drugs
237	Decision Support Document: Oncology Fact Sheet	Zanubrutinib (Brukinsa®) as monotherapy for the treatment of marginal zone lymphoma (MZL)	published	2022	Drugs
238	Decision Support Document: Oncology Fact Sheet	Axicabtagene ciloleucel (Yescarta®) for the treatment of patients with diffuse large B cell lymphoma (DLBCL) and high-grade B-cell lymphoma (HGBL)	published	2022	Drugs
239	Decision Support Document: Oncology Fact Sheet	Zanubrutinib (Brukinsa®) as monotherapy for the treatment of adult patients with chronic lymphocytic leukaemia (CLL)	published	2022	Drugs
240	Decision Support Document: Oncology Fact Sheet	Cemiplimab (Libtayo®) as monotherapy for the treatment of recurrent or metastatic cervical cancer	published	2022	Drugs
241	Decision Support Document: Oncology Fact Sheet	Lutetium (177Lu) vipivotide tetraxetan (Pluvicto®) in combination with androgen deprivation therapy (ADT) with or without androgen receptor (AR) pathway inhibition for the treatment of metastatic castration-resistant prostate cancer (mCRPC)	published	2022	Drugs

#	Type	Original title	Status	Year	Research area
242	Decision Support Document: Oncology Fact Sheet	Trastuzumab deruxtecan (Enhertu®) for Gastric or gastroesophageal junction (GEJ) adenocarcinoma	published	2022	Drugs
243	Decision Support Document: Oncology Fact Sheet	Durvalumab (Imfinzi®) for Biliary tract cancer	published	2022	Drugs
244	Decision Support Document: Oncology Fact Sheet	Olaparib (Lynparza®) for mCRPC	published	2023	Drugs
245	Decision Support Document: Oncology Fact Sheet	Tremelimumab (Imjudo®) + Durvalumab (Imfinzi®) for HCC	published	2023	Drugs
246	Decision Support Document: Oncology Fact Sheet	Tremelimumab (Tremelimumab AstraZeneca®) + Durvalumab (Imfinzi®) + Chemotherapy for NSCLC	published	2023	Drugs
247	Decision Support Document: Oncology Fact Sheet	Trastuzumab deruxtecan (Enhertu®) for HER2-low breast cancer	published	2023	Drugs
248	Decision Support Document: Oncology Fact Sheet	Nadofaragen Firadenovec (Adstiladrin®) for Bladder cancer	published	2023	Drugs
249	Decision Support Document: Oncology Fact Sheet	Oportuzumab monatox (Vicineum®) for Bladder cancer	published	2023	Drugs
250	Decision Support Document: Oncology Fact Sheet	Darolutamide (Nubeqa®) in combination with docetaxel and androgen deprivation therapy (ADT) for the treatment of metastatic hormone-sensitive prostate cancer (mHSPC)	published	2023	Drugs
251	Decision Support Document: Oncology Fact Sheet	Cipaglucosidase alfa (Pombiliti®) in combination with Miglustat for the treatment of adults with late-onset Pompe disease (acid alpha-glucosidase [GAA] deficiency)	published	2023	Drugs
252	Decision Support Document: Oncology Fact Sheet	Niraparib/abiraterone acetate (Akeega®) for the treatment of metastatic castration-resistant prostate cancer (mCRPC)	published	2023	Drugs
253	Decision Support Document: Oncology Fact Sheet	Ivosidenib (Tibsovo®, Tidhesco®) in combination with azacitidine for the treatment of newly diagnosed acute myeloid leukaemia (AML)	published	2023	Drugs

#	Type	Original title	Status	Year	Research area
254	Decision Support Document: Oncology Fact Sheet	Ivosidenib (Tibsovo®) monotherapy for the treatment of locally advanced or metastatic cholangiocarcinoma	published	2023	Drugs
255	Decision Support Document: Oncology Fact Sheet	Cemiplimab (Libtayo®) in combination with platinum-based chemotherapy for the first-line treatment of locally advanced or metastatic non-small cell lung cancer (NSCLC)	published	2023	Drugs
256	Decision Support Document: Oncology Fact Sheet	Lisocabtagene maraleucl (Breyanzi®) for the treatment of diffuse large B-cell lymphoma (DLBCL), high grade B cell lymphoma (HGBCL), primary mediastinal large B-cell lymphoma (PMBCL) and follicular lymphoma grade 3B (FL3B). Update July 2023	published	2023	Drugs
257	Decision Support Document: Oncology Fact Sheet	Glofitamab (Columvi®) as monotherapy for the treatment of relapsed or refractory (R/R) diffuse large B-cell lymphoma (DLBCL)	published	2023	Drugs
258	Decision Support Document: Oncology Fact Sheet	Pirtobrutinib (Jaypirca™) as monotherapy for the treatment of relapsed or refractory (R/R) mantle cell lymphoma (MCL)	published	2023	Drugs
259	Decision Support Document: Oncology Fact Sheet	Futibatinib (Lytgobi®) for the treatment of locally advanced or metastatic cholangiocarcinoma	published	2023	Drugs
260	Decision Support Document: Oncology Fact Sheet	Nivolumab (Opdivo®) in combination with platinum-based chemotherapy for the neoadjuvant treatment of resectable non-small cell lung cancer (NSCLC)	published	2023	Drugs
261	Decision Support Document: Oncology Fact Sheet	Piflufolastat (18F) (Pylclari®) for the diagnosis of prostate cancer	published	2023	Drugs
262	Decision Support Document: Oncology Fact Sheet	Tremelimumab (Imjudo®) with durvalumab (Imfinzi®) and platinum-based chemotherapy for the first-line treatment of metastatic non-small cell lung cancer (NSCLC)	published	2023	Drugs
263	Decision Support Document: Oncology Fact Sheet	Trifluridine / tipiracil (Lonsurf®, TAS-02) with bevacizumab for the treatment of metastatic colorectal cancer (CRC)	published	2023	Drugs
264	Decision Support Document: Oncology Fact Sheet	Sacituzumab govitecan (Trodelvy®) for the treatment of unresectable or metastatic hormone receptor-positive, HER2-negative breast cancer	published	2023	Drugs
265	Decision Support Document: Oncology Fact Sheet	Crisantaspase (Enrylaze®) for the treatment of acute lymphoblastic leukaemia (ALL) and lymphoblastic lymphoma (LBL)	published	2023	Drugs

#	Type	Original title	Status	Year	Research area
266	Decision Support Document: Oncology Fact Sheet	Cedazuridine/decitabine (Inaqovi®) for the treatment of newly diagnosed acute myeloid leukaemia (AML)	published	2023	Drugs
267	Decision Support Document: Oncology Fact Sheet	Elacestrant (Orserdu®) monotherapy for the treatment of oestrogen receptor (ER)²positive, HER2-negative, locally advanced or metastatic breast cancer	published	2023	Drugs
268	Decision Support Document: Oncology Fact Sheet	Talquetamab (Talvey®) for the treatment of adult patients with relapsed and refractory multiple myeloma (MM)	published	2023	Drugs
269	Decision Support Document: Oncology Fact Sheet	Epcoritamab (Tepkinly®) as monotherapy for the treatment of relapsed or refractory diffuse large B-cell lymphoma (DLBCL)	published	2023	Drugs
270	Decision Support Document: Oncology Fact Sheet	Tislelizumab (Tevimbra®) as monotherapy for the treatment of unresectable, locally advanced, or metastatic oesophageal squamous cell carcinoma (OSCC)	published	2023	Drugs
271	Decision Support Document: Oncology Fact Sheet	Nivolumab (Opdivo®) as monotherapy for the adjuvant treatment of Stage IIB or IIC melanoma, or melanoma with involvement of lymph nodes or metastatic disease	published	2023	Drugs
272	Decision Support Document: Oncology Fact Sheet	Pembrolizumab (Keytruda®) with trastuzumab, fluoropyrimidine and platinum-containing chemotherapy for the first-line treatment of locally advanced unresectable or metastatic HER2-positive gastric or gastro-oesophageal junction (GEJ) adenocarcinoma	published	2023	Drugs
273	Decision Support Document: Oncology Fact Sheet	Trastuzumab deruxtecan (Enhertu®) as monotherapy for the treatment of patients with advanced non-small cell lung cancer (NSCLC) whose tumours have an activating HER2 (ERBB2) mutation	published	2023	Drugs
274	Decision Support Document: Oncology Fact Sheet	Pembrolizumab (Keytruda®) as monotherapy for the adjuvant treatment of non-small cell lung carcinoma (NSCLC)	published	2023	Drugs
275	Decision Support Document: Oncology Fact Sheet	Melphalan flufenamide (Pepaxti®) in combination with dexamethasone for the treatment of multiple myeloma (MM)	published	2023	Drugs
276	Decision Support Document: Oncology Fact Sheet	Quizartinib (Vanflyta®) in combination with standard cytarabine and anthracycline induction and cytarabine consolidation chemotherapy, followed by single-agent maintenance therapy for patients with newly diagnosed acute myeloid leukaemia (AML)	published	2023	Drugs
277	Decision Support Document: Oncology Fact Sheet	Zanubrutinib (Brukinsa®) with obinutuzumab for the treatment of refractory or relapsed follicular lymphoma (FL)	published	2023	Drugs

#	Type	Original title	Status	Year	Research area
278	Decision Support Document: Oncology Fact Sheet	Elranatamab (Elrexfio®) as monotherapy for the treatment of relapsed and refractory multiple myeloma (MM)	published	2023	Drugs
279	Decision Support Document: Oncology Fact Sheet	Durvalumab (Imfinzi®) as monotherapy for the first line treatment of advanced or unresectable hepatocellular carcinoma (HCC)	published	2023	Drugs
280	Decision Support Document: Oncology Fact Sheet	Dostarlimab (Jemperli®) with carboplatin and paclitaxel for the treatment of mismatch repair deficient (dMMR)/ microsatellite instability high (MSI-H) primary advanced or recurrent endometrial cancer (EC)	published	2023	Drugs
281	Decision Support Document: Oncology Fact Sheet	Pembrolizumab (Keytruda®) with fluoropyrimidine and platinum-containing chemotherapy for the first-line treatment of locally advanced unresectable or metastatic HER2-negative gastric or gastro-oesophageal junction adenocarcinoma	published	2023	Drugs
282	Decision Support Document: Oncology Fact Sheet	Rucaparib (Rubraca®) as monotherapy for the maintenance treatment of advanced high-grade epithelial ovarian, fallopian tube, or primary peritoneal cancer	published	2023	Drugs
283	Decision Support Document: Oncology Fact Sheet	Avapritinib (Ayvakyt®) for the treatment of indolent systemic mastocytosis (ISM)	published	2023	Drugs
284	Decision Support Document: Oncology Fact Sheet	Pembrolizumab (Keytruda®) with gemcitabine and cisplatin for the first-line treatment of locally advanced unresectable or metastatic biliary tract carcinoma (BTC)	published	2023	Drugs
285	Decision Support Document: Oncology Fact Sheet	Adagrasib (Krazati®) as monotherapy for the treatment of advanced non-small cell lung cancer (NSCLC)	published	2023	Drugs
286	Decision Support Document: Oncology Fact Sheet	Momelotinib (Omjjara®) for the treatment of disease-related splenomegaly or symptoms in adult patients with moderate to severe anaemia who have primary myelofibrosis (PMF), post polycythaemia vera myelofibrosis or post essential thrombocythaemia myelofibrosis	published	2023	Drugs
287	Decision Support Document: Oncology Fact Sheet	Talazoparib (Talzenna®) in combination with enzalutamide for the treatment of metastatic castration-resistant prostate cancer (mCRPC)	published	2023	Drugs
288	Decision Support Document: Oncology Fact Sheet	Idecabtagene vicleucel (Abecma®) for the treatment of adult patients with relapsed and refractory multiple myeloma (MM) who have received at least two prior therapies	published	2024	Drugs
289	Decision Support Document: Oncology Fact Sheet	Selpercatinib (Retsevmo®) as monotherapy is indicated for the treatment of adults and adolescents with advanced RET fusion-positive thyroid cancer	published	2024	Drugs

#	Type	Original title	Status	Year	Research area
290	Decision Support Document: Oncology Fact Sheet	Tislelizumab (Tizveni®) in monotherapy or in combination with chemotherapy for the treatment of locally advanced or metastatic non-small cell lung cancer (NSCLC)	published	2024	Drugs
291	Decision Support Document: Oncology Fact Sheet	Retifanlimab (Zynyz®) as monotherapy for the first line treatment of patients with metastatic or recurrent locally advanced Merkel cell carcinoma	published	2024	Drugs
292	Decision Support Document: Oncology Fact Sheet	Ciltacabtagene autoleucl (Carvykti®) for the treatment of relapsed and refractory multiple myeloma (MM)	published	2024	Drugs
293	Decision Support Document: Oncology Fact Sheet	Pembrolizumab (Keytruda®) as pre- and post-operative treatment of resectable non-small cell lung carcinoma (NSCLC)	published	2024	Drugs
294	Decision Support Document: Oncology Fact Sheet	Irinotecan hydrochloride trihydrate (Onivyde® pegylated liposomal) in combination with oxaliplatin, 5-fluorouracil (5-FU) and leucovorin (LV) for the first-line treatment of adult patients with metastatic adenocarcinoma of the pancreas	published	2024	Drugs
295	Decision Support Document: Oncology Fact Sheet	Selpercatinib (Retsevmo®) as monotherapy for the treatment of advanced rearranged during transfection (RET) fusion-positive solid tumours	published	2024	Drugs
296	Decision Support Document: Oncology Fact Sheet	Enzalutamide (Xtandi®) as monotherapy or in combination with androgen deprivation therapy (ADT) for the treatment of high risk biochemical recurrent (BCR) non-metastatic hormone sensitive prostate cancer (nmH-SPC)	published	2024	Drugs
297	Decision Support Document: Oncology Fact Sheet	Fruquintinib (Fruzaqla®) as monotherapy for the treatment of metastatic colorectal cancer (mCRC)	published	2024	Drugs
298	Decision Support Document: Oncology Fact Sheet	Capivasertib (Truqap®) with fulvestrant for the treatment ER-positive, HER2 negative locally advanced or metastatic breast cancer	published	2024	Drugs
299	Decision Support Document: Oncology Fact Sheet	Alectinib (Alecensa®) as adjuvant treatment following complete tumour resection for adult patients with ALK positive non-small cell lung cancer (NSCLC)	published	2024	Drugs
300	Decision Support Document: Oncology Fact Sheet	Nivolumab (Opdivo®) in combination with cisplatin and gemcitabine for the first-line treatment of unresectable or metastatic urothelial carcinoma	published	2024	Drugs
301	Decision Support Document: Oncology Fact Sheet	Entrectinib (Rozlytrek®) as monotherapy for the treatment of solid tumours with a NTRK gene fusion	published	2024	Drugs

#	Type	Original title	Status	Year	Research area
302	Decision Support Document: Oncology Fact Sheet	Amivantamab (Rybrevant®) with carboplatin and pemetrexed for the first line treatment of advanced non-small cell lung cancer (NSCLC) with activating EGFR Exon 20 insertion mutations	published	2024	Drugs
303	Decision Support Document: Oncology Fact Sheet	Sugemalimab (Cejemly®) with platinum-based chemotherapy for the first-line treatment of metastatic non-small-cell lung cancer (NSCLC)	published	2024	Drugs
304	Decision Support Document: Oncology Fact Sheet	Osimertinib (Tagrisso®) with pemetrexed and platinum-based chemotherapy for the first-line treatment of advanced non-small cell lung cancer (NSCLC)	published	2024	Drugs
305	Decision Support Document: Oncology Fact Sheet	Tislelizumab (Tevimbra®) monotherapy or in combination with chemotherapy for the treatment of locally advanced or metastatic non-small cell lung cancer (NSCLC)	published	2024	Drugs
306	Decision Support Document: Oncology Fact Sheet	Erdafitinib (Balversa®) as monotherapy for the treatment of unresectable or metastatic urothelial carcinoma (UC)	published	2024	Drugs
307	Decision Support Document: Oncology Fact Sheet	Odronexamab (Ordspono®) as monotherapy for the treatment of relapsed or refractory follicular lymphoma (r/r FL) or diffuse large B-cell lymphoma (r/r DLBCL)	published	2024	Drugs
308	Decision Support Document: Oncology Fact Sheet	Durvalumab (Imfinzi®) in combination with carboplatin and paclitaxel for the first-line treatment of primary advanced or recurrent endometrial cancer (EC), followed by maintenance treatment durvalumab (Imfinzi®) as monotherapy in EC that is mismatch repair deficient (dMMR) or in combination with olaparib (Lynparza®) in EC that is mismatch repair proficient (pMMR)	published	2024	Drugs
309	Decision Support Document: Oncology Fact Sheet	Epcoritamab (Tepkinly®) as monotherapy for the treatment of relapsed or refractory follicular lymphoma (FL)	published	2024	Drugs
310	Decision Support Document: Oncology Fact Sheet	Toripalimab (Loqtorzi®) in combination with cisplatin and gemcitabine for the first-line treatment of recurrent, not amenable to surgery or radiotherapy, or metastatic nasopharyngeal carcinoma (NPC)	published	2024	Drugs
311	Decision Support Document: Oncology Fact Sheet	Toripalimab (Loqtorzi®) with cisplatin and paclitaxel for the first-line treatment of unresectable advanced, recurrent, or metastatic oesophageal squamous cell carcinoma (OSCC)	published	2024	Drugs
312	Decision Support Document: Oncology Fact Sheet	Zolbetuximab (Vyloy®) with chemotherapy for the first-line treatment of locally advanced unresectable or metastatic HER2-negative gastric or gastro-oesophageal junction (GEJ) adenocarcinoma	published	2024	Drugs
313	Decision Support Document: Oncology Fact Sheet	Encorafenib (Braftovi®) in combination with binimetinib (Mektovi®) for the treatment of advanced non-small cell lung cancer (NSCLC)	published	2024	Drugs

#	Type	Original title	Status	Year	Research area
314	Decision Support Document: Oncology Fact Sheet	Pembrolizumab (Keytruda®) with enfortumab vedotin (Padcev®) for the first-line treatment of unresectable or metastatic urothelial carcinoma	published	2024	Drugs
315	Decision Support Document: Oncology Fact Sheet	Amivantamab (Rybrevant®) in combination with carboplatin and pemetrexed for the treatment of advanced non-small cell lung cancer (NSCLC)	published	2024	Drugs
316	Decision Support Document: Oncology Fact Sheet	Atezolizumab (Tecentriq®) as monotherapy for the first-line treatment of advanced NSCLC	published	2024	Drugs

Notes: The “HTA-Informationdienst Rapid Reviews” programme was only introduced in 2023. The “Decision Support Documents: Oncology Fact Sheets” programme replaced the “Horizon Scanning in Oncology” programme in 2020.

Source: Data provided by AIHTA as of September 3, 2025.

Annex III: Overview of the peer-reviewed publications produced by the researchers employed at AIHTA (2020-2025)

ID	Authors	Year	Original title	Journal	Journal quartile	Cite count
1	de Villiers C, Goetz G, Sadoghi P and Geiger-Gritsch S	2020	Comparative Effectiveness and Safety of Allografts and Autografts in Posterior Cruciate Ligament Reconstruction Surgery: A Systematic Review	Arthroscopy, Sports Medicine, and Rehabilitation	Q1	2
2	Stanak, M., & Strohmaier, C	2020	Ethics analysis of light and vitamin D therapies for seasonal affective disorder	International Journal of Technology Assessment in Health Care	Q2	0
3	Sheean ME, Malikova E, Duarte D, Capovilla G, Fregonese L, Hofer MP, Magrelli A, Mariz S, Mendez-Hermida F, Nistico R, Leest T, Sipsas NV, Tsigkos S, Vitezic D, Larsson K, Sepodes B, Stoyanova-Beninska V	2020	Nonclinical data supporting orphan medicinal product designations in the area of rare infectious diseases	Drug Discovery Today	Q1	4
4	Stanak M, Wolf S, Jagoš H, Zebeholzer K	2020	The impact of external trigeminal nerve stimulator (e-TNS) on prevention and acute treatment of episodic and chronic migraine: A systematic review	Journal of the Neurological Sciences	Q1	9
5	Wolf S, Winkler R	2020	A systematic Analysis of Evaluation Methods for Inpatient Children and Adolescents Rehabilitation Programs	Clinical Research and Practice in Pediatrics		0
6	Malikova E, Carlström M, Kmecova Z, Marusakova M, Zsigmondova B, Krenek P, Klimas J, Henrohn D	2020	Effects of inorganic nitrate in a rat model of monocrotaline-induced pulmonary arterial hypertension	Basic & Clinical Pharmacology & Toxicology		4

ID	Authors	Year	Original title	Journal	Journal quartile	Cite count
7	Kmecova Z, Veteskova J, Lelkova-Zirova K, Bies Pivackova L, Doka G, Malikova E, Paulis L, Krenek P, Klimas J	2020	Disease severity-related alterations of cardiac microRNAs in experimental pulmonary hypertension	Journal of Cellular and Molecular Medicine	Q2	5
8	Wolf S, Zechmeister-Koss I, Grössmann N, Wild C	2020	Evaluating options for decision making on costly hospital drugs in Austria	International Journal of Technology Assessment in Health Care	Q2	0
9	Goetz G, de Villiers C, Sadoghi P and Geiger-Gritsch S	2020	Allograft for Anterior Cruciate Ligament Reconstruction (ACLR): A Systematic Review and Meta-Analysis of Long-Term Comparative Effectiveness and Safety. Results of a Health Technology Assessment	Arthroscopy, Sports Medicine, and Rehabilitation	Q1	13
10	Grössmann N, Robausch M, Rothschedl E, Wild C, Simon J	2020	Publicly accessible evidence of health-related quality of life benefits associated with cancer drugs approved by the European Medicines Agency between 2009 and 2015	European Journal of Cancer	Q1	8
11	Ewald H, Klerings I, Wagner G, Heise TL, Dobrescu AI, Armijo-Olivo S, Stratil JM, Lhachimi SK, Mittermayr T, Gartlehner G, Nussbaumer-Streit B, Hemkens LG	2020	Abbreviated and comprehensive literature searches led to identical or very similar effect estimates: a meta-epidemiological study	Journal of Clinical Epidemiology	Q1	5
12	Grössmann N, Robausch M, Willenbacher W, Wolf S, Simon J, Wild C	2020	"Magnitude of clinical benefit" of solid tumour drugs and their real-world application in the Austrian health care setting	Journal of Cancer Policy	Q1	
13	Mayer S, Fischer C, Zechmeister-Koss I, Ostermann H	2020	Are Unit Costs the Same? A Case Study Comparing Different Valuation Methods for Unit Cost Calculation of General Practitioner Consultations	Value in Health	Q1	12
14	Robausch M, Grössmann N, Wild C	2020	Cancer Care near the End-Of-Life in Austria: a retrospective Data-Analysis	European Journal of Cancer Care	Q2	5
15	Zechmeister-Koss I, Goodyear M, Tüchler H, Paul JL	2020	Supporting children who have a parent with a mental illness in Tyrol: A situational analysis for informing co-development and implementation of practice changes	BMC Health Services Research	Q1	6
16	Stanak, M., Strohmaier, C	2020	Minimum volume standards in day surgery: a systematic review	BMC Health Services Research	Q1	6
17	Stanak M, Rothschedl E, Szymanski P	2020	Coronary Sinus Reducing Stent for the Treatment of Refractory Angina Pectoris: A Health Technology Assessment	Medical Devices: Evidence and Research	Q3	1
18	Hidaka Y, Imamura K, Sekiya Y, Watanabe K, Kawakami N	2020	Effects of a Transdiagnostic Preventive Intervention on Anxiety and Depression Among Workers in Japan: A Pre-and Posttest Study	Journal of Occupational and Environmental Medicine	Q2	0
19	Goetz G, Hawlik K, Wild C	2021	Extracorporeal Cytokine Adsorption Therapy As a Preventive Measure in Cardiac Surgery and As a Therapeutic Add-On Treatment in Sepsis: An Updated Systematic Review of Comparative Efficacy and Safety	Critical Care Medicine	Q1	12

ID	Authors	Year	Original title	Journal	Journal quartile	Cite count
20	Bauer A, Best St, Malley J, Christiansen H, Goodyear M, Zechmeister-Koss I, Paul J	2021	Towards a Program Theory for Family-Focused Practice in Adult Mental Health Care Settings: An International Interview Study with Program Leaders	Frontiers in Psychiatry	Q1	8
21	Sheean ME, Naumann-Winter F, Capovilla G, Kalland ME, Malikova E, Mariz S, Matusevicius D, Nistico R, Schwarzer-Daum B, Tsigkos S, Tzogani K, Larsson K, Magrelli A, Stoyanova-Beninska V	2021	Defining Satisfactory Methods of Treatment in Rare Diseases When Evaluating Significant Benefit-The EU Regulator's Perspective	Frontiers in Medicine	Q1	4
22	Nemcekova V, Malikova E, Goncalvesova E, Krenek P, Klimas J	2021	Altered serum levels of neprilysin in heart failure patients with reduced ejection fraction	Bratislava Medical Journal	Q3	1
23	Komase Y, Watanabe K, Hori D, Nozawa K, Hidaka Y, Iida M, et al., Kawakami N	2021	Effects of gratitude intervention on mental health and well-being among workers: A systematic review	Journal of Occupational Health	Q1	20
24	Hidaka Y, Imamura K, Watanabe K, Tsutsumi A, Shimazu A, Inoue A, et al., Kawakami N	2021	Associations between work-related stressors and QALY in a general working population in Japan: A cross-sectional study	International Archives of Occupational and Environmental Health	Q1	4
25	Geiger-Gritsch S, Olschewski H, Kocher F, Wurm R, Absenger G, Flicker M, et al.	2021	Real-world experience with anti-PD-1/PD-L1 monotherapy in patients with nonsmall cell lung cancer: A retrospective Austrian multicenter study	The Central European Journal of Medicine		4
26	Jeindl R, Wild C	2021	Technologiebewertung digitaler Gesundheitsanwendungen für Refundierungsentscheidungen	The Central European Journal of Medicine		4
27	Zechmeister-Koss I, Goodyear M, Grössmann N, Wolf S	2021	Integrating home-treatment into the Austrian child and adolescent mental health care system: An implementation science perspective	Neuropsychiatrie	Q2	2
28	Grössmann N, Wolf S, Rothschedl E, Wild C	2021	12-years of European cancer drug approval – a systematic investigation of the "magnitude of clinical benefit"	ESMO open	Q1	12
29	Hidaka Y, Sasaki N, Imamura K, Tsuno K, Kuroda R, Kawakami N	2021	Changes in fears and worries related to COVID-19 during the pandemic among current employees in Japan: a 5-month longitudinal study	Public Health	Q1	7
30	Elvsaa IKØ, Ettinger S, Willemssen A	2021	Patient involvement in relative effectiveness assessments in the European Network for Health Technology Assessment	International Journal of Technology Assessment in Health Care	Q2	5
31	Luhnen M, Ormstad SS, Willemssen A, Schreuder-Morel C, Helmink C, Ettinger S, Erdos J,	2021	Developing a quality management system for the European Network for Health Technology Assessment (EUnetHTA): toward European HTA collaboration	International Journal of Technology Assessment in Health Care	Q2	5

ID	Authors	Year	Original title	Journal	Journal quartile	Cite count
	Fathollah-Nejad R, Rehrmann M, Hviding K, Rüter A, Chalon PX					
32	Zechmeister-Koss I, Grössmann N, Wolf S	2021	Wirksamkeit und Sicherheit von Home-Treatment in der Kinder- und Jugendpsychiatrie: Eine systematische Literaturübersicht. [Effectiveness and Safety of Home-Treatment in child and adolescent mental health care: a systematic literature review]	Psychiatrische Praxis	Q3	3
33	Sasaki N, Tsuno K, Hidaka Y, Ando E, Asai Y, Sakuraya A, et al., Kawakami N	2021	Expected research in the workplace among Japanese female workers: A cross-sectional online survey based on the framework of patient and public involvement	Journal of Occupational Health	Q1	0
34	Hidaka Y, Watanabe K, Imamura K, Tatha O, Kawakami N	2021	Reliability and validity of the Chinese version of the New Brief Job Stress Questionnaire (New BJSQ) among workers in China	Industrial health	Q2	6
35	Langer A, Gassner L, Flotz A, Hasenauer S, Gruber J, Wizany L, Pokan R, Maetzler W, Zach H	2021	How COVID-19 will boost remote exercise-based treatment in Parkinson's disease: a narrative review	NPJ Parkinson's Disease	Q1	39
36	Schmidt L, Sehic O, Wild C	2021	EU FP7 research funding for an orphan drug (Orfadin®) and vaccine (Hep C) development: a success and a failure?	Journal of Pharmaceutical Policy and Practice	Q1	3
37	Langer A, Hasenauer S, Flotz A, Gassner L, Pokan R, Dabnicki P, Wizany L, Gruber J, Roth D, Zimmel S, Treven M, Schmoeger M, Willinger U, Maetzler W, Zach H	2021	A randomised controlled trial on effectiveness and feasibility of sport climbing in Parkinson's disease	NPJ Parkinson's Disease	Q1	9
38	Gassner L, Geretsegger M, Mayer-Ferbas J	2021	Effectiveness of music therapy for autism spectrum disorder, dementia, depression, insomnia and schizophrenia: update of systematic reviews	European Journal of Public Health	Q1	26
39	Gassner L, Dabnicki P, Langer A, Pokan R, Zach H, Ludwig M, Santer A	2022	The Therapeutic Effects of Climbing: A Systematic Review and Meta-Analysis	Physical Medicine and Rehabilitation Journal	Q1	9
40	Erdös J, Wild C	2022	Mid- and long-term (at least 12 months) follow-up of patients with spinal muscular atrophy (SMA) treated with nusinersen, onasemnogene abeparvovec, risdiplam or combination therapies: A systematic review of real-world study data	European Journal of Paediatric Neurology	Q1	40
41	Formoso G, Jeroncic A, Bonvicini L, Djuric O, Erdös J, Pezzarossi A, & Ballini L	2022	Synthesizing quantitative and qualitative information on multiple comparisons of health interventions to facilitate knowledge transfer: An example from an EUnetHTA multi-HTA	International Journal of Technology Assessment in Health Care	Q2	0

ID	Authors	Year	Original title	Journal	Journal quartile	Cite count
42	Goetz G, Panteli D, Busse R and Wild C	2022	Reimbursement decisions for medical services in Austria: an analysis of influencing factors for the hospital individual services catalogue between 2008 and 2020	BMC Health Services Research	Q1	1
43	Malikova E, Kmecova Z, Doka G, Pivackova LB, Balis P, Trubacova S, Velasova E, Krenek P, Klimas J	2022	Pioglitazone restores phosphorylation of downregulated caveolin-1 in right ventricle of monocrotaline-induced pulmonary hypertension	Clinical and Experimental Hypertension	Q2	2
44	Schmidt L, Sehic O, Wild C	2022	Counting the cost of public and philanthropic R&D funding: the case of olaparib	Journal of Pharmaceutical Policy and Practice	Q1	1
45	Foltanova T, Majernik A, Malikova E, Kosirova S	2022	Availability and Accessibility of Orphan Medicinal Products to Patients in Slovakia in the Years 2010-2019	Frontiers in Pharmacology	Q1	2
46	Naumann-Winter F, Wolter F, Hermes U, Malikova E, Lilienthal N, Meier T, Kalland ME, Magrelli A	2022	Licensing of Orphan Medicinal Products-Use of Real-World Data and Other External Data on Efficacy Aspects in Marketing Authorization Applications Concluded at the European Medicines Agency Between 2019 and 2021	Frontiers in Pharmacology	Q1	3
47	Wolf S, Götz G, Wernly B, Wild C	2022	Subcutaneous Implantable Cardioverter-Defibrillator (S-ICD): A Systematic Review of Comparative Effectiveness and Safety	ESC Heart Failure	Q1	0
48	Hidaka Y, Kawakami N, Watanabe K, Nishi D	2022	The association between premenstrual syndrome before pregnancy and antenatal depression: A cross-sectional study with prerecorded information	Psychiatry and Clinical Neurosciences Reports	Q3	1
49	Willemsen A, Ettinger S, Helmink C, Erdos J, Hviding K, Ormstad SS	2022	EUnetHTA relative effectiveness assessments: efforts to increase usability, transparency and inclusiveness	International Journal of Technology Assessment in Health Care	Q2	4
50	Zechmeister-Koss I, Aufhammer S, Bachler H, Bauer A, Bechter Ph, Buchheim A, Christiansen H, Fischer M, Franz M, Fuchs M, Goodyear M, Gruber N, Hofer A, Hölzle L, Juen E, Papanthimou F, Prokop M, Paul JL	2022	Practices to Support Co-design Processes: A Case-study of Co-designing a Program for Children with Parents with a Mental Health Problem in the Austrian Region of Tyrol	International Journal of Mental Health Nursing	Q1	6
51	Gassner L, Wild C, Walter M	2022	Clinical Effectiveness and Safety of Implantable Bulking Agents for Faecal Incontinence: A Systematic Review	BMC Gastroenterology	Q2	2
52	Wolf S, Zechmeister-Koss I, Erdös J	2022	Possible long COVID healthcare pathways: a scoping review	BMC Health Services Research	Q1	20
53	Sasaki N, Imamura K, Watanabe K, Hidaka Y, Ando E, Eguchi H, et al., Kawakami N	2022	The impact of workplace psychosocial factors on menstrual disorders and infertility: a protocol for a systematic review and meta-analysis	Systematic Reviews	Q1	4

ID	Authors	Year	Original title	Journal	Journal quartile	Cite count
54	Goodyear M, Zechmeister-Koss I, Bauer A, Christiansen H, Glatz-Grugger M, Paul JL	2022	Development of an Evidence-Informed and Codesigned Model of Support for Children of Parents With a Mental Illness "It Takes a Village" Approach	Frontiers in Psychiatry	Q1	5
55	Gassner L, Dabnicki P, Pokan R, Schmoeger M, Willinger U, Maetzler W, Moser H, Zach H	2022	Therapeutic climbing in Parkinson's disease: Differences in self-reported health and well-being, feasibility and clinical changes	Physiotherapy Theory & Practice		2
56	Gassner L, Zechmeister-Koss I, Reinsperger I	2022	National strategies for preventing and managing non-communicable diseases in selected countries	Frontiers in Public Health	Q1	14
57	Langer A, Lucke-Paulig L, Gassner L, Krüger R, Weiss D, Gharabaghi A, Zach H, Maetzler W, Hobert MA	2022	Additive Effect of Dopaminergic Medication on Gait Under Single and Dual-Tasking Is Greater Than of Deep Brain Stimulation in Advanced Parkinson Disease With Long-duration Deep Brain Stimulation	Neuromodulation	Q1	2
58	Goetz G, Wernly B and Wild C	2023	Wearable cardioverter defibrillator for preventing sudden cardiac death in patients at risk: An updated systematic review of comparative effectiveness and safety	IJC Heart & Vasculature		7
59	Ormstad S, Wild C, Erdös J, & Moulton K	2023	Mapping horizon scanning systems for medical devices: Similarities, differences, and lessons learned	International Journal of Technology Assessment in Health Care	Q2	0
60	Grössmann-Waniek N, Riegel-negg M, Gassner L, Wild C	2023	Robot-assisted surgery in thoracic and visceral indications: An updated systematic review	Surgical Endoscopy	Q1	1
61	Palomo GM, Pose-Boirazian T, Naumann-Winter F, Costa E, Duarte DM, Kalland ME, Malikova E, Matusevicius D, Vitezic D, Larsson K, Magrelli A, Stoyanova-Beninska V, Mariz S	2023	The European landscape for gene therapies in orphan diseases: 6-year experience with the EMA Committee for Orphan Medicinal Products	Molecular Therapy	Q1	5
62	Bossert L., Arzberger K., Dorok F., Kern J., Stickler C., Wunderlich M., & Tran U. S.	2023	The Effects of Mindfulness-Based Interventions on Telomere Length and Telomerase Activity: A Systematic Review and Meta-Analysis	Mindfulness	Q1	
63	Daniaux M, Gruber L, De Zordo T, Geiger-Gritsch S, Amort B, Santner W, et al.	2023	Preoperative staging by multimodal imaging in newly diagnosed breast cancer: Diagnostic performance of contrast-enhanced spectral mammography compared to conventional mammography, ultrasound, and MRI	European Journal of Radiology	Q1	9
64	Goetz G, Jeindl R, Panteli D, Busse R, Wild C	2023	Digital Health Applications (DiHA): Approaches to develop a reimbursement process for the statutory health insurance in Austria	Health Policy and Technology	Q2	4
65	Zechmeister-Koss I, Strohmaier Ch, Hölzle L, Bauer A, Goodyear M, Christiansen H, Paul JL	2023	Economic Evaluation of Family-Focused Programs when Parents have a Mental Health Problem: Methodological Considerations	Value in Health	Q1	2

ID	Authors	Year	Original title	Journal	Journal quartile	Cite count
66	Jeindl R, Hofer V, Bachmann Ch, Zechmeister-Koss I	2023	Optimising child and adolescent mental health care - a scoping review of international best-practice strategies and service models	Child and Adolescent Psychiatry and Mental Health	Q1	1
67	Watanabe K, Imamura K, Eguchi H, Hidaka Y, Komase Y, Sakuraya A, et al., Tsutsumi A	2023	Usage of the brief job stress questionnaire: a systematic review of a comprehensive job stress questionnaire in Japan from 2003 to 2021	International Journal of Environmental Research and Public Health	Q2	6
68	Van Meel C, Chierico L, Mittermayr T, Sandqvist K, Stenholt L, Walz J, Wójcikowska K, Koobasi M	2023	Memories from EAHIL Scholarship recipients	Journal of the European Association for Health Information and Libraries		
69	Lo C, Deniz S, Hardt J, Pérez López R, Pleyer J, & Babich S M	2023	Sustainable Reform of European Union (EU): Common Fisheries Policy	South Eastern European Journal of Public Health	Q4	
70	Fabian D, Wild C	2024	OD07 Disaggregation Of The Costs Of Pharmaceutical Research And Development	International Journal of Technology Assessment in Health Care	Q2	
71	Kalland ME, Pose-Boirazian T, Palomo GM, Naumann-Winter F, Costa E, Matusevicius D, Duarte DM, Malikova E, Vitezic D, Larsson K, Magrelli A, Stoyanova-Beninska V, Mariz S	2024	Advancing rare disease treatment: EMA's decade-long insights into engineered adoptive cell therapy for rare cancers and orphan designation	Gene Therapy	Q1	3
72	Stemer G, Mittermayr T, Schnell-Inderst P, Wild C	2024	Costs, challenges and opportunities of decentralised chimeric antigen receptor T-cell production: a literature review and clinical experts' interviews	European Journal of Hospital Pharmacy	Q2	0
73	Wild C, Sehic O, Schmidt L, & Fabian, D.	2024	Public Contributions to R&D of Medical Innovations: a Framework for Analysis	Health Policy	Q1	1
74	Zechmeister-Koss I, Götz G, Fabian D, Wild C	2024	The Role of Health Economics within Health Technology Assessment - Past, Present and Future: An Austrian Perspective	International Journal of Technology Assessment in Health Care	Q2	0
75	Bauer A, Cartagena-Farias, Christiansen H, Goodyear M, Schamschula M, Zechmeister-Koss I, Paul J	2024	Acceptability, engagement and exploratory outcomes and costs of a co-designed intervention to support children of parents with a mental illness: Mixed-methods evaluation and descriptive analysis	International Journal of Mental Health Nursing	Q1	2
76	Wolf S, Zechmeister-Koss I, Fruehwirth I	2024	The Prognostic Quality of Risk Prediction Models to Assess the Individual Breast Cancer Risk in Women: An Overview of Reviews	Breast Journal	Q2	0
77	Hözlle L, Schöch P, Hörtnagl Ch, Buchheim A, Lampe A, Zechmeister-Koss I, Paul JL	2024	Identifying and synthesizing components of perinatal mental health peer support – a systematic review	Frontiers in Psychiatry	Q1	0

ID	Authors	Year	Original title	Journal	Journal quartile	Cite count
78	Schöch P, Hölzle L, Lampe A, Hörtnagl Ch, Zechmeister-Koss I, Buchheim A, Paul JL	2024	Towards effective screening for paternal perinatal mental illness: a meta-review of instruments and research gaps	Frontiers in Public Health	Q1	2
79	Reinsperger I, Wolf S, Zechmeister-Koss I	2024	Strategies to improve recruitment to multicomponent group programs for overweight and obesity: a systematic review	Frontiers in Health Services	Q1	0
80	Wolf S, Al-Froukh R, Schwentner C, Götz G	2024	¹⁷⁷ Lu-PSMA Radioligand Therapy in Patients with Metastatic Castration-Resistant Prostate Cancer: A Systematic Review	Radiation Oncology	Q1	
81	Schmidt L, Sehic O, Theuretzbacher U, Wild C	2024	Public contributions to the development of antibiotics: two successful and two failed investments	Journal of Pharmaceutical Policy and Practice	Q1	
82	Zechmeister-Koss I, Kern J, Edlinger M, Hörtnagl Ch, Lampe A, Buchheim A, Paul J	2024	Uptake of mental health benefits in women before and during the perinatal period in Austria: An analysis of health insurance data	BMC Public Health	Q1	
83	Zechmeister-Koss I, Hörtnagl, Ch, Lampe A, Paul J	2024	Perinatal and infant mental health care in Austria: A mapping of existing prevention, screening, and care services	Neuropsychiatrie	Q2	
84	Fabian D & Wild C	2024	Ownership changes in the pharmaceutical industry: Understanding the 2023 Pharma Mergers and Acquisitions Landscape of Europe	(submitted)		
85	Fabian D, Sehic O & Wild C	2024	The Origins of Novo Nordisk and Novartis Products: Piloting a Framework to identify the public contributions	(submitted)		
86	Goetz G., Schandelmaier S., Busse R., Wild C. and Panteli D.	2025	Implementation of the EU's Health Technology Assessment regulation: where does existing methods guidance require concretization and what are the relevant methodological options?	International Journal of Technology Assessment in Health Care	Q2	1
87	Louise Schmidt, Ozren Sehic, Ursula Theuretzbacher, Daniel Fabian & Claudia Wild	2025	Piloting a framework for analysing the public contributions to R&D: new antibiotics in focus	Journal of Pharmaceutical Policy and Practice	Q1	0
88	Pleyer J A, et al.	2025	Salutogenic Environmental Health Model-proposing an integrative and interdisciplinary lens on the genesis of health	Frontiers in Public Health	Q1	
89	Sasaki N, Imamura K, Watanabe K, Hidaka Y, Sakuraya A, Ando E, et al., Kawakami N	2025	Association of psychosocial factors at work with fertility and menstrual disorders: A systematic review	Japan Journal of Nursing Science	Q2	0

Source: Analysis by WPZ based on the data from the AIHTA website; quartile data retrieved from Scimago; citations data retrieved from PubMed as of July 24, 2025.

Annex IV: Overview of the outlets where the peer-reviewed scientific articles of researchers employed at AIHTA have been published (2020-2025)

#	Journal	Publisher	Country of the publisher	Impact factor ⁴⁹	h-index ⁵⁰	i10-index ⁵¹	Scimago quartile	Scimago H-index	2-year citations per document ⁵²	# publications
1	Arthroscopy, Sports Medicine, and Rehabilitation	Elsevier BV	US	2.93	27	231	Q1	21	2.61	2
2	Basic and Clinical Pharmacology and Toxicology	Wiley	GB	2.71	109	1,938	Q2	108	3.43	1
3	BMC Gastroenterology	BioMed Central	GB	3.06	113	2,509	Q2	99	2.64	1
4	BMC Health Services Research	BioMed Central	GB	3.89	198	9,042	Q1	157	3.17	4
5	BMC Public Health	BioMed Central	GB	4.69	269	17,852	Q1	211	3.83	1
6	Bratislava Medical Journal	AEPRESS	SK	1.22	46	743	Q3	42	1.1	1
7	Child and Adolescent Psychiatry and Mental Health	BioMed Central	GB	5.55	83	661	Q1	66	4.72	1
8	Clinical and Experimental Hypertension	Informa	US	3.98	66	1,330	Q2	57	3.11	1
9	Clinical Research and Practice in Pediatrics	Asclepius Open	US							1
10	Critical Care Medicine	Lippincott Williams & Wilkins	US	0.64	378	14,360	Q1	315	2.77	1
11	Drug Discovery Today	Elsevier BV	NL	7.87	236	3,811	Q1	226	7.83	1
12	ESC Heart Failure	Wiley	GB	4.05	68	1,443	Q1	57	3.76	1
13	ESMO open	Elsevier BV	NL	2.42	84	914	Q1	70	6.4	1
14	European Journal of Cancer	Elsevier BV	GB	3.30	288	10,997	Q1	256	4.38	1
15	European Journal of Cancer Care	Wiley	GB	2.11	101	1,822	Q2	84	2.11	1
16	European Journal of Hospital Pharmacy	BMJ	GB	1.23	35	285	Q2	28	1.17	1
17	European Journal of Paediatric Neurology	Elsevier BV	GB	2.06	94	1,611	Q1	79	1.87	1
18	European Journal of Public Health	Oxford University Press	GB	0.42	142	3,118	Q1	118	2.58	1
19	European Journal of Radiology	Elsevier BV	NL	3.48	159	6,914	Q1	139	3.37	1
20	Frontiers in Health Services	Frontiers Media	CH				Q1	13	2.44	1
21	Frontiers in Medicine	Frontiers Media	CH	3.55	125	5,075	Q1	102	2.96	1
22	Frontiers in Pharmacology	Frontiers Media	CH	5.10	210	13,448	Q1	175	4.65	2
23	Frontiers in Psychiatry	Frontiers Media	CH	3.77	169	6,792	Q1	134	3.1	3
24	Frontiers in Public Health	Frontiers Media	CH	4.19	150	6,510	Q1	119	3.46	3

⁴⁹ In any given year, the two-year journal impact factor is the ratio between the number of citations received in that year for publications in that journal that were published in the two preceding years and the total number of "citable items" published in that journal during the two preceding years.

⁵⁰ The h-index is defined as the maximum value of h such that the given author/journal has published at least h papers that have each been cited at least h times.

⁵¹ The i-10 index indicates the number of academic publications an author has written that have been cited by at least 10 sources.

⁵² Average citations per document over a two-year period. It is calculated by considering the number of citations received by a journal in the current year for documents published in the previous two years.

#	Journal	Publisher	Country of the publisher	Impact factor ⁴⁹	h-index ⁵⁰	i10-index ⁵¹	Scimago quartile	Scimago H-index	2-year citations per document ⁵²	# publications
25	Gene Therapy	Springer Nature	GB	4.48	192	4,053	Q1	177	4.31	1
26	Health Policy	Elsevier BV	NL	3.39	154	3,326	Q1	113	3.66	1
27	Health Policy and Technology	Elsevier BV	NL	4.15	53	322	Q2	43	3.55	1
28	IJC Heart and Vasculature	Elsevier BV	NL	2.41	43	432	Q2	37	2.26	1
29	Industrial health	National Institute of Occupational Safety and Health	JP	1.52	90	1,455	Q2	76	1.5	1
30	International Archives of Occupational and Environmental Health	Springer Science and Business Media	DE	2.77	131	3,575	Q1	105	2.84	1
31	International Journal of Environmental Research and Public Health	Multidisciplinary Digital Publishing Institute	CH	4.31	282	35,395	Q2	229	3.74	1
32	International Journal of Mental Health Nursing	Wiley	AU	3.53	90	1,210	Q1	72	4	2
33	International Journal of Technology Assessment in Health Care	Cambridge University Press	GB	0.75	101	1,520	Q2	79	2.39	10
34	Japan Journal of Nursing Science	Wiley	GB	1.79	41	328	Q2	30	2.13	1
35	Journal of Cancer Policy	Elsevier BV	NL	2.01	26	115	Q1	23	1.74	1
36	Journal of Cellular and Molecular Medicine	Wiley	RO	3.77	177	6,292	Q2	165	4.2	1
37	Journal of Clinical Epidemiology	Elsevier BV	US	4.24	327	5,509	Q1	262	4.48	1
38	Journal of Occupational and Environmental Medicine	Lippincott Williams & Wilkins	US	1.54	162	4,579	Q2	130	1.49	1
39	Journal of Occupational Health	American Psychological Association	US	2.83	192	1,073	Q1	73	1.85	2
40	Journal of Pharmaceutical Policy and Practice	BioMed Central	GB	2.93	44	318	Q1	35	2.3	4
41	Journal of the European Association for Health Information and Libraries	EAHIL	IT							1
42	Journal of the Neurological Sciences	Elsevier BV	NL	0.77	227	11,734	Q1	158	2.89	1
43	Medical Devices: Evidence and Research	Dove Medical Press	NZ	1.81	47	266	Q3	46	1.91	1
44	Mindfulness	Springer Science+Business Media	US	3.93	122	1,448	Q1	98	3.84	1
45	Molecular Therapy	Elsevier BV	US	9.00	243	5,181	Q1	220	9.4	1

#	Journal	Publisher	Country of the publisher	Impact factor ⁴⁹	h-index ⁵⁰	i10-index ⁵¹	Scimago quartile	Scimago H-index	2-year citations per document ⁵²	# publications
46	Neuromodulation	Elsevier BV	US	0.67	93	1,368	Q1	82	3.33	1
47	Neuropsychiatrie	Springer Nature	AT	0.75	23	99	Q2	23	0.61	2
48	NPJ Parkinson's Disease	Springer Nature	GB				Q1	56	7.79	2
49	Physical Medicine and Rehabilitation Journal	Wiley	US	1.67	108	1,368	Q1	90	2.3	1
50	Physiotherapy Theory and Practice	Taylor & Francis	GB	1.70	77	1,161	Q2	61	2.08	1
51	Psychiatrische Praxis	Thieme Medical Publishers (Germany)	DE	0.48	43	529	Q3	37	0.54	1
52	Psychiatry and Clinical Neurosciences Reports	Wiley	AU	0.81	8	7	Q3	7	0.84	1
53	Public Health	BioMed Central	GB	4.69	269	17,852	Q1	102	3.08	1
54	Radiation Oncology	Elsevier BV	US	0.89	340	19,684	Q1	98	3.17	1
55	South Eastern European Journal of Public Health	Uphills Publishers LLC	US		2	1	Q4	7	1.34	1
56	Surgical Endoscopy	Springer Science and Business Media	US	3.15	207	11,677	Q1	178	2.84	1
57	Systematic Reviews	BioMed Central	GB	5.01	122	1,582	Q1	102	3.94	1
58	Breast Journal	Wiley	GB	2.27	98	1,779	Q2	85	2.1	1
59	Central European Journal of Medicine	Springer Nature	GB							2
60	Value in Health	Elsevier BV	US	0.26	157	2,630	Q1	138	4.22	2

Source: Analysis by WPZ based on the data from the AIHTA website; impact factor, H-index, and i10-index retrieved from OpenAlex; quartiles data, Scimago H-index, and 2-year citations per document retrieved from Scimago.

Annex V: Overview of AIHTA's third-party funded projects 2020 – 2025

Project title	Start date	End date	Duration (months)	Type	Client	Budget (EUR)
EUnetHTA JA3	01/06/2016	31/05/2021	60	International	European Commission	162,295.00
IQWIG	01/11/2018	31/12/2019	13	National	University for Continuing Education Krems	28,000.00
IQWIG	01/02/2020	31/05/2021	16	National	University for Continuing Education Krems	25,000.00
Village	01/03/2020	31/08/2022	23	National	Ludwig Boltzmann GesmbH, Medical University Innsbruck	118,170.00
Tumorboards - Systemische Literatursuche und Zweitautorenschaft	01/10/2020			National	Karl Landsteiner Institute	8,210.00
CORE-MD	01/04/2021	31/03/2024	36	International	European Commission	52,968.75
EUnetHTA21 (Folgeprojekt EUnetHTA JA3)	01/09/2021	31/08/2023	24	International	European Commission	214,818.00

Project title	Start date	End date	Duration (months)	Type	Client	Budget (EUR)
MPPVT - Mitgestaltung der perinatalen, psychiatrischen Versorgung in Tirol"	01/04/2022	31/03/2027	60	National	FWF	104,156.60
Improving the Use of HTA in Latvia	01/10/2022	30/09/2024	24	National	Ernst & Young	36,800.00
HI-PRIX	01/01/2023	31/12/2025	36	International	European Commission	318,087.50
Community Nursing Streamline	01/04/2023	31/07/2023	4	National	Gesundheit Österreich GmbH	9,879.00
	01/04/2023	30/06/2025	27	National	Vienna Science and Technology Fund, Medical University Vienna	10,880.00
ASSESS-DHT	01/01/2024	31/12/2026	36	International	European Commission	343,000.00
FALCO	01/01/2025	31/12/2029	60	International	European Commission	120,505.54
HAG insight	01/03/2025	31/10/2026	20	International	European Commission	2,240.00
Total						1,555,010.39

Notes: 2025 third-party funding data is provided by AIHTA as of September 10, 2025, and therefore does not account for the additional funding attracted after this date.

Source: Information provided by AIHTA as of September 10, 2025.

Annex VI: Supervised Master's Theses

(Theses highlighted in blue were additionally incorporated into an AIHTA project report and published as an AIHTA project report)

Title	Master's Programme	Name	Supervised by
Degree completed in 2025 (and in progress)			
Sustainability for hospital consumables - Overview of reviews on the avoidance of non-reusable Waste	PMU Master Public Health	Claudia Azesberger-Meindl	Claudia Wild
Wirksamkeitsnachweis von therapeutischen Medizinprodukten in der Neurorehabilitation aus Leistungsträgersicht: Kontrastierung von Evidenz zum Nutzen und Kosten mit Produktwerbung durch Hersteller	PMU Master Public Health	Florian Ernst	Claudia Wild
Vergleichende Analyse von Klimaschutzstrategien zur Reduktion von CO2-Emissionen im Gesundheitswesen – Ein Scoping Review	PMU Master Public Health	Denise Herzog	Claudia Wild
Digital health technologies for self-identification of the risk of perinatal mental illness: A systematic review	PMU Master Public Health	Sophie Hafner	Ingrid Zechmeister-Koss
CAR-T cell therapy: Updated effectiveness and safety results from real-world evidence: a systematic review	PMU Master Public Health	Diana Dannenbring	Ingrid Zechmeister-Koss
Combination Therapy with Antidepressants and Vitamin B Complex Compared to Antidepressant Monotherapy: A Systematic Review (in progress)	PMU Master Public Health	Susanne Fasching	Claudia Wild

Costs of perinatal mental illness: a systematic literature review (in progress)	PMU Master Public Health	Simone Auer	Ingrid Zechmeister-Koss
Einsatz von Hämostyptika in der Herzchirurgie, um Blutungen zu kontrollieren: Leitlinienübersicht, Vergleich der Komplikationen mit/ohne Hämostyptika (in progress)	Universität Innsbruck/Medizinische Universität Innsbruck	Victoria Hagenbuchner	Sabine Geiger-Gritsch
Degree completed in 2024			
Tumordiagnostik: inhouse vs. commercial tumour-profiling			
Roboter in der Neurorehabilitation			
Supporting the concept of 'child voice' within paediatric health and social care: a scoping review	PMU Master Public Health	Patrizia Siebenhofer	Ingrid Zechmeister-Koss
Degree completed in 2023			
Decentralized CAR-T cell production: a systematic literature review and clinical expert's interviews	UMIT	Gunar Stemer	Claudia Wild
Opportunities and Barriers for Reimbursement of Digital Therapeutics in Austria: Findings from Expert Interviews	PMU Master Public Health	Mahdi Sareban	Claudia Wild
Ökonomische Dimensionen von Community Nursing: Eine systematische Literaturübersicht	PMU Master Public Health	Katharina Buzath	Ingrid Zechmeister-Koss
Degree completed in 2022			
Bewertung einer medizinischen Einzelleistung: Zytoreduktive Chirurgie und hypertherme intraperitoneale Chemotherapie bei sekundärer Peritonealkarzinose: 1. Update	PMU Master Public Health	Daniela Auinger	Ingrid Zechmeister-Koss
Robotergestützte Chirurgie im Vergleich zu konventionellen laparoskopischen und offenen abdominalen Zugängen bei gynäkologischen Patientinnen: eine systematische Übersicht	PMU Master Public Health	Margarita Nagelet	Claudia Wild
CAR-T Zelltherapie (Tisagenlecleucel/Kymriah®) bei Akuter Lymphatischer Leukämie (ALL)	PMU Master Public Health	Andrea Titieni-Schuhmann	Claudia Wild
Degree completed in 2021			
Kontrastierung der Evidenz aus den Zulassungsstudien mit der Real World Evidenz für die Behandlung mit Nivolumab beim malignen Melanom	PMU Master Public Health	Katharina Glanz	Claudia Wild

Source: Information provided by AIHTA as of September 3, 2025.

Authors: Brigitte Ecker, Verena Régent

Title: Evaluation of the Austrian Institute for Health Technology Assessment (AIHTA)

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