HTA Glossary Steering Committee: Terms of Reference
Sept 2011

Background

The introduction to the 2006 edition of the glossary resumes the development of the present HTA Glossary:

> "At the annual meeting of the International Network of Agencies for Health Technology Assessment (INAHTA) in 2002, members discussed the need for a list of standard definitions of terms used in health technology assessment (HTA). The purpose was to give the HTA community – both producers and users of assessment information – a common vocabulary for work in this field. Dr Karen Facey kindly volunteered to compile the list, under the direction of Dr Finn Børlum Kristensen and the INAHTA Education and Training Working Group.
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> Later in 2002 HTA agencies were asked to send in their glossaries for review and compilation. These submissions formed the basis for a draft glossary. In March 2004, the draft was circulated to all INAHTA members and other colleagues with an invitation to review the list and provide suggestions for changes and additional terms. Many further terms and refinements were submitted and subsequently incorporated into the glossary. But a glossary is never really a finished product, and additions and revisions are needed as HTA continues to evolve. The next challenge will be to translate the glossary into other languages and make it accessible to all through the INAHTA web site."

Under the leadership of the Elaine Alligood, the Chair of the HTAi Information Resources Group, HTAi has contributed to the glossary development. In the fall of 2004, the glossary developed by Cliff Goodman for the course TA 101 of the US National Library of Medicine, was aggregated with the INAHTA glossary.

The effort of translating and adapting the glossary into other languages started with discussions at the 2006 INAHTA meeting in Adelaide. The initial development of the French language version by CEDIT was continued by INESSS. All INAHTA member agencies using French have been invited to join this collaboration. The Translation Bureau of the Canadian federal government contributes technical know-how, including the applicable ISO norms (704, 860, 10241, 1087-1), to the French version of the glossary. Through the collaboration with the Translation Bureau, the terms and definitions of the glossary will be integrated into Termium, the Canadian government terminology database, with terms in English, French and Spanish (http://www.termiumplus.gc.ca/). International collaborations of the Translation Bureau,

especially with the European Community (http://iate.europa.eu/) , will lead to a diffusion of the terms into other terminology databases. A wiki based website was set up to facilitate the French language collaboration.

AVILA-T coordinates the collaboration on the Spanish version of the glossary, started in 2007. The Spanish version is also hosted on the wiki based website http://www.htaglossary.net/ together with the English and French version.

The wiki based website is capable of hosting as many languages as needed. The open source software used for developing the site has specific features for multilingual glossaries, such as automatic links between the same terms in different language facilitating updates of terms and definitions. The Glossary website is hosted by INESSS as a contribution to this international collaboration.

The HTA glossary is an official collaboration between INAHTA and HTA guided by the Memorandum of Understanding signed in 2008. The increasing international interest in Health Technology Assessment calls for a renewed effort for common tools of communication such as the glossary. As a global common good, the HTA glossary is available under a Creative Commons license.

The Steering Committee described in the present document will support an international, multi agency and multi stakeholder collaboration on the HTA glossary.

Composition

The HTA Glossary Steering Committee will be composed of

- Person designated by the Board of INAHTA
- Person designated by the Board of HTAi
- One representative from the editorial board of each of the different language versions (currently English, French and Spanish)
- One representative of each of the collaborating partners. The partners currently proposed are the European network for Health Technology Assessment (EUnetHTA), Guidelines International Network (G-I-N) . the Cochrane Collaboration, the Canadian Bureau of translation, International Information Network on New and Emerging Health Technologies (EuroScan) and the International Society for Quality in Health Care (ISQua).

The World Health Organization has agreed to provide technical advice for the glossary. The designated person is however not a formal member of the Committee.

The nomination of additional members as representatives of other organisations has to be approved by the boards of both INAHTA and HTAi. The current members can choose to be accompanied by one other person from their organisation.

Chair

The Committee Chair will be nominated jointly by the Board of INAHTA and HTAi among the members of the committee. Both boards have agreed on Reiner Banken from INESSS as the first chair of the committee.

Term of Appointment

- Two years for all members, with a maximum of 6 years for a member.
- Quorum is the majority of members of the committee.
- A secretary of the Committee will be nominated among the members. Once approved by the Chair the minutes of the meetings will be made available to registered members of the Glossary website.

Committee Mandate

The committee coordinates the development of the HTA glossary, including the development of the website and the access and editorial rights for the different types of users. The committee ensures the coherence between the different language editions and decides on the inclusion of additional languages. Decisions of the committee are to be consensual. Conflicting issues are referred to the boards of HTAi and INAHTA.

Frequency of Meetings

As needed, at the call of the Chair however at a minimum of two times up to a maximum of 5 per year. The meetings will be held through teleconferences or webconferences. If the chair feels that a face to face meeting is required, both the Boards of INAHTA and HTAi must approve such a meeting in order for the travelling costs of their representatives to be funded. The other members of the committee will have to fund their own travel expenses for face to face meetings.

HTAi and INAHTA are sharing the costs of teleconferences or webconferences.

The terms of reference will be revised in 2013 after 2 years of operation of the committee or earlier if required.