

Response to comments

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To the Editor:

Concerning the comment on the study “Health technology assessment agencies: An international overview of organizational aspects,” here are our responses.

Our study summarizes the results of a research project carried out during 2004–06. Data acquisition was performed at the very end of 2004 and in mid 2006. Agencies were included in the interview on the basis of their INAHTA membership *at that time*, and this explains the absence of some, more recent, INAHTA members.

We want to emphasize that there was no “selection” process driven by the researchers; however, several agencies were nonresponders. It must be remembered that answering a questionnaire is a voluntary act, so there is no means to guarantee an answer from a very important organization, such as the AHRQ or others. We agree, however, that the absence of a response/results from some large or otherwise important organizations could have an impact on the outcome of the analysis.

We are well aware that, from the start of the project until our study was published, some agencies were renamed. Moreover, in more than in one case, we received questionnaires from agencies that were renamed months before still carrying the old affiliation. In addition, some of the agencies continued to publish information under their old name (see for example, INAHTA Brief 2005/49 for ANAES).

Excluding from the survey academic institutes because of a *supposed* lack of regulatory impact would have been a clear bias in the study. It is well known that even governmental agencies very often lack regulatory power. Regarding the matter of legal mandate, we decided to investigate an indirect effect of this aspect in the form of “prescriptiveness,” because legal mandates are not reliable indicators of “regulatory power” because they are heavily dependent on the type of healthcare organization in the corresponding country.

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