



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Health Technology Assessment Directorate 2025 Impact Report**

**2025 REPORT**

## About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent statutory body established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

Reporting to the Minister for Health and engaging with relevant government Ministers and departments, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector of Social Services within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children’s special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of permanent international protection accommodation service centres, health services and children’s social services against the national standards. Where necessary, HIQA investigates serious concerns about the health and welfare of people who use health services and children’s social services.
- **Health technology assessment** — Evaluating the clinical and cost effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland’s health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health and social care services, with the Department of Health and the HSE.

Visit [www.hiqa.ie](http://www.hiqa.ie) for more information.

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## **Overview of the Health Technology Assessment Directorate**

Under the Health Act 2007, HIQA has a statutory role to evaluate the clinical and cost effectiveness of health technologies and to provide advice to the Minister for Health and the HSE in this regard.

The findings of an evaluation, called a health technology assessment (HTA), inform investment decisions in health and social care. We also conduct evidence synthesis to support the development of National Clinical Guidelines, and to inform the development of health policy and the generic justification of medical exposure to ionising radiation practices. We develop national HTA guidelines to inform the production of timely, consistent and reliable assessments that are relevant to the needs of the people using health and social care services.

On 31 March 2025, the National Immunisation Advisory Committee (NIAC), which is Ireland's National Immunisation Technical Advisory Group (NITAG), became a statutory function of HIQA. The NIAC secretariat is sited within our HTA Directorate. NIAC provides independent evidence-based recommendations and advice to the Minister for Health on immunisation and related health matters to inform health policy in Ireland.

Overall, the aim of the HTA Directorate is to ensure that the best available evidence is presented to inform decision-making processes in order to promote a safe, effective, efficient, and sustainable healthcare system.

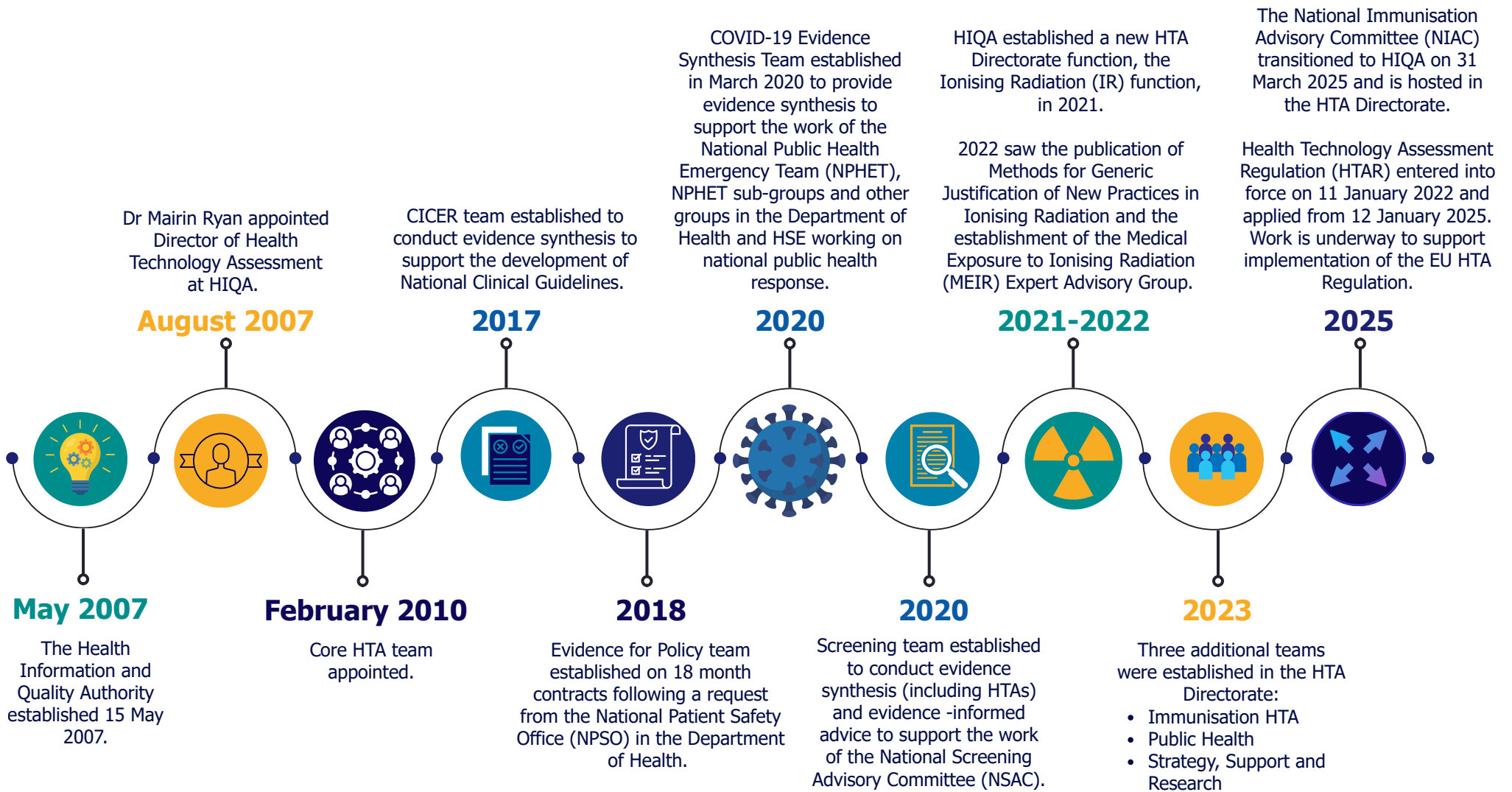


*Pictured: Members of the HTA Directorate at the SPHeRE conference in the Royal College of Surgeons Ireland, Dublin in March 2025*



*Pictured: Members of the HTA Directorate at the directorate away days in the Cork Office in December 2025*

# HTA DIRECTORATE 2007 - 2025



# 1. Introduction

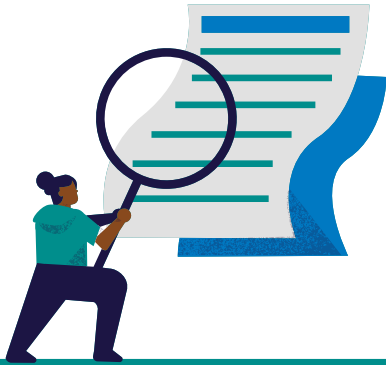
Measuring the impact of the HTA Directorate’s work is important in demonstrating the value it brings to the health system and to ensuring that evidence-informed decision-making continues to improve health and social care outcomes. The HTA Directorate produces outputs that inform national policy development and decision-making in the context of a finite budget, a complex and resource-constrained health and social care system, and evolving technologies. The Impact Report is designed to capture short or medium-term impacts. This report focuses on the impact of HTA outputs in 2025.

The [HTA Directorate Plan 2025-2027](#) was approved by HIQA’s Board in November 2025 and aligns with [HIQA’s Corporate Plan](#) which outlines a clear strategic direction for HIQA for the three-year period from 2025 to 2027. The Corporate Plan sets the Vision, Mission, Values and Outcomes for the whole organisation; the HTA Directorate Plan 2025-2027 should be viewed within this framework. While aligned with the HIQA Corporate and HTA Directorate Plans 2025–2027, the 2025 HTA Impact Report moves beyond outputs to emphasise the outcomes of this work.



Figure 1: HIQA Corporate Plan Framework

# HTA Impact Report 2025 Snapshot

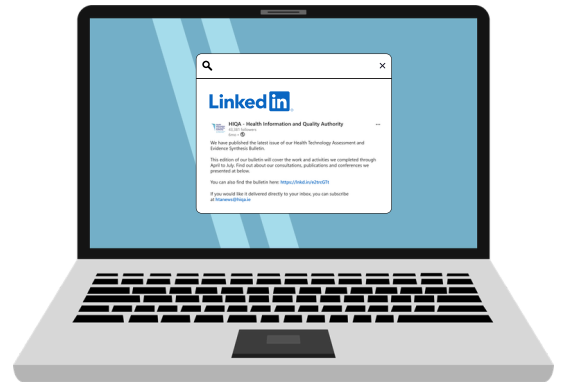


**9,571**

Views of our 171 HTA outputs, which were downloaded from our website over 4,725 times.

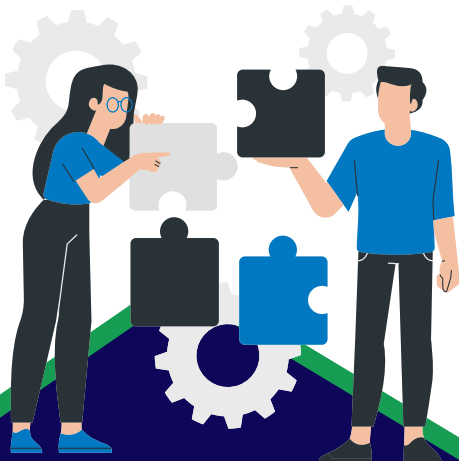
**11,830**

Clicks on our 53 LinkedIn posts, with total impressions numbering 139,781.



**33**

Workshops, presentations and posters delivered at national and international conferences, workshops and seminars.



**24**

Reports published, including two health technology assessment reports, five draft health technology assessment reports as part of the public consultation process, three guidelines, 10 protocols and four other types of evidence synthesis

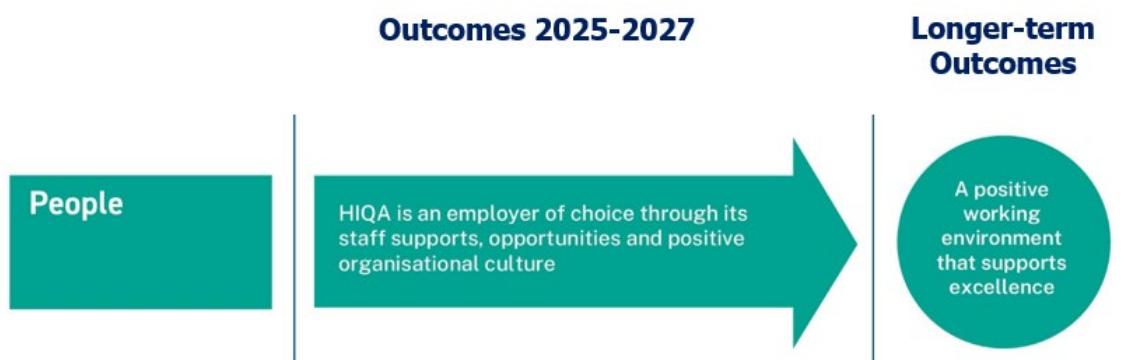
**2025**



## 2. Our People

The HTA Directorate aims to provide a productive and rewarding work environment that supports the recruitment, development and retention of high-calibre staff.

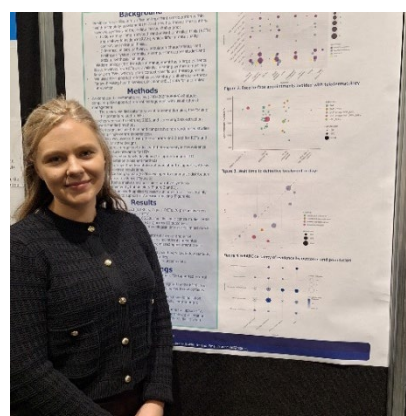
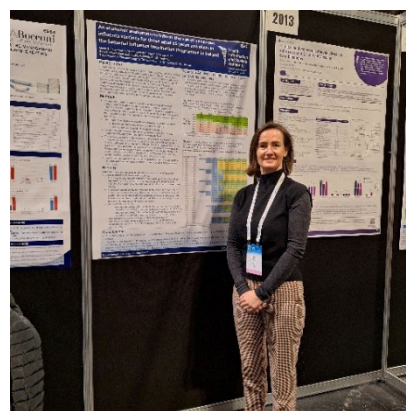
### Impact on Outcomes



The HTA Directorate supported learning and development with staff attending 20 national and international conferences, and multiple training courses. In 2025 the HTA Directorate hosted five internships and placements, and had four staff members undertaking PhDs.



*Pictured: Members of the HTA Directorate attending the ISPOR conference in Glasgow, November 2025 (Dr Conor Teljeur, Dr Rasha Alshaikh, Laura Rouncivell, Dr Susan Ahern)*



2025 saw HTA staff numbers increase to 62. This included the transition of the National Immunisation Advisory Committee (NIAC) to HIQA on 31 March 2025, which saw all seven members of the existing NIAC secretariat join the HTA Directorate.



## NIAC – Transition to HIQA

The National Immunisation Advisory Committee (NIAC) provides independent expert evidence-based recommendations and advice to the Minister for Health on immunisation and related health matters in the Irish context. On 31 March 2025, NIAC moved from the Royal College of Physicians of Ireland to HIQA. With this move NIAC's work became a statutory function of HIQA, recognising the critical role NIAC plays as a National Immunisation Technical Advisory

Group (NITAG) in providing evidence-based expertise to inform safe and effective immunisation policies. As Ireland's NITAG, NIAC continues to work alongside a network of international member organisations, benefiting from peer-to-peer learning and collaboration at a global level.

In hosting NIAC, HIQA is also responsible for the Secretariat that provides clinical, technical and administrative support to the Committee. The move to HIQA was accompanied by an increase in the size of the Secretariat. This recognises NIAC's growing workload, which has increased significantly in recent years due to developments in the field of immunisation, including the emergence of new illnesses and the availability of new vaccines.

NIAC delivers independent recommendations and advice to the Minister for Health, develops the National Immunisation Guidelines for Ireland and advocates for best immunisation practices in the Irish context. In the year since joining HIQA, NIAC have published eight outputs, including updates to six Immunisation Guidelines for Ireland.



HTA Staff Away Days took place in July and December 2025, with positive feedback from attendees. In-person engagement sessions took place with staff members during the HTA July away days to collate feedback regarding the development of [HTA Directorate Plan 2025-2027](#). Based on input from the Directorate, the HTA Directorate Plan 2025-2027 was finalised. It was subsequently approved by the HIQA Board in November and published in December 2025.

There was a great balance between presentations, workshop-style sessions, and opportunities to chat with colleagues informally.

The opportunity to step away from the day-to-day work and collaborate with the wider Directorate.

*Feedback from HTA Staff Away Days 2025*

This connection was further supported by in-person team days, which allowed team members from all three offices to collaborate on specific work items. The interactive activities among staff help to maintain a positive work culture and promote knowledge sharing, which is highly valued by the team.



*Pictured: The Screening team having an in-person meet-up in the Cork office.*

The blended working approach, which offers flexible working arrangements, has been embraced by the HTA Directorate. Feedback from staff has been positive, and a desire expressed to continue promoting work-life balance through the blended working culture and opportunities to engage in in-person events such as office coffee mornings.



Fostering a positive and supportive work environment is fundamental to promoting excellence in our work. In October 2025 Deputy Director of HTA, Dr Kieran Walsh, and Senior HTA Analyst, Dr Helen O'Donnell (pictured), attended the Royal Academy of Medicine Ireland (RAMI) Research Awards at the Royal College of Surgeons in Ireland (RCSI). Kieran and Helen were shortlisted in the Public Health & Epidemiology category for their paper: "Duration of protective immunity following COVID-19 vaccination of individuals with underlying health conditions: A rapid review."

*Pictured: Dr Helen O'Donnell and Dr Kieran Walsh at the Royal Academy of Medicine Ireland (RAMI) Research Awards in October 2025.*

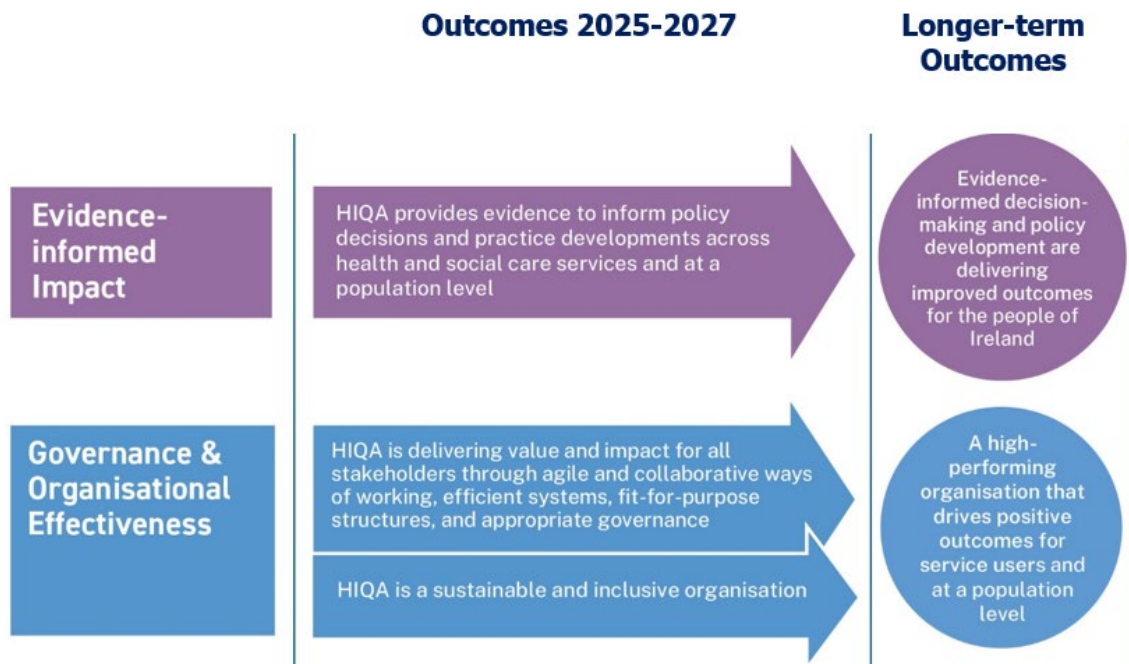





### 3. Our Practices

In our practices, the HTA Directorate aims for excellence and efficiencies in research methodologies and procedures to meet the increasing demand for evidence synthesis.

#### Impact on Outcomes



The HTA Directorate aims to support the use of high-quality methods and procedures. In 2025 the updated HTA Guidelines for [Economic Evaluation of Health Technologies in Ireland](#) and [Budget Impact Analysis of Health Technologies in Ireland](#) were published. HTA Directorate staff members (Laura Rouncivell, Dr Conor Teljeur and Andrew Dullea) also provided external presentations on methodological topics, including two webinars for Evidence Synthesis Ireland.

 <b>EVIDENCE SYNTHESIS IRELAND</b> 	 <b>EVIDENCE SYNTHESIS IRELAND</b> 
<b>Evidence Synthesis Ireland Webinar Series</b>	<b>Evidence Synthesis Ireland Webinar Series</b>
 <p><b>Evidence synthesis for decision-making – navigating the chaos of the real world</b></p> <p>Laura Rouncivell &amp; Dr Conor Teljeur Health Services Researcher &amp; Chief Scientist Health Information &amp; Quality Authority (HIQA)</p> <p>6<sup>th</sup> November, 2025 @ 1pm (UTC)</p> <p>Register: <a href="https://evidencesynthesisireland.ie/training/">evidencesynthesisireland.ie/training/</a></p>	 <p><b>SWARs embedded across multiple reviews: an example evaluating search strategies built using PubReMiner</b></p> <p>Andrew Dullea Health Services Researcher (Ionising Radiation) Health Information and Quality Authority / Trinity College Dublin</p> <p>18<sup>th</sup> September, 2025 @ 1pm (UTC+1)</p> <p>Register: <a href="https://evidencesynthesisireland.ie/training/">evidencesynthesisireland.ie/training/</a></p>

*Pictured: Evidence Synthesis Ireland webinars delivered by HTA Directorate staff*



Members of the HTA Directorate presented the organisation's work to 17 undergraduate and postgraduate courses at five universities in 2025, supporting knowledge translation of HTA in the wider health and social care ecosystem, and the use of high-quality methods and procedures.



OLLSCOIL NA GAILLIMHE  
UNIVERSITY OF GALWAY



RCSI  
UNIVERSITY OF MEDICINE AND HEALTH SCIENCES

The HTA Directorate has established an Artificial Intelligence/Machine Learning



Trinity College Dublin  
Coláiste na Tríonóide, Baile Átha Cliath  
The University of Dublin



UNIVERSITY OF LIMERICK  
OLLSCOIL LUMNIGH

(AI/ML) working group to provide strategic direction and support for the HTA Directorate in relation to the potential use of AI/ML. In 2025, a project was undertaken by Ruth Maher, a Pharmacy student who completed an APPEL (Affiliation for Pharmacy Practice Experiential Learning) placement in the HTA Directorate. The project explored how international HTA agencies are integrating AI/ML in their day-to-day work.

The HTA Directorate actively collaborates with internal HIQA teams and engages with external stakeholders to build strong partnerships, gather diverse perspectives, and support informed, evidence-based decision-making. A key priority for the HTA Directorate is to strengthen stakeholder relationships, particularly to ensure enhanced public and patient involvement (PPI) in our work. In 2025, the [CICER team](#) developed two PPI panels as part of their ongoing programme of work to support the Health Research Board (HRB) funded Knowledge Translation Award (KTA). Ten individuals from diverse backgrounds were members of the CICER PPI panel and six were members on the KTA PPI panel in 2025. Across both panels, there were seven meetings throughout the year. As part of this process, members of the PPI panel for CICER have submitted 58 suggestions for the CICER team to consider in supporting the National Clinical Guideline development process.

## **CICER – Health Research Board Knowledge Translation Award**

In 2024, the Centre in Ireland for Clinical guideline support and Evidence Reviews (CICER) team in the HTA directorate was awarded the Knowledge Translation Award (KTA) for “Scalable Training And Knowledge Exchange on guideline development for patients, public, and healthcare professionals: The STAKEholder project”. This project was funded by the Health Research Board under grant numbers ESCG-2024-002 and KTA-2024-035.

This project aimed to:

- increase awareness and transparency about what National Clinical Guidelines are and how they are developed
- prepare patients, the public, and health professionals to take active roles in National Clinical Guideline development groups
- better understand patients’ and health professionals’ views on how National Clinical Guidelines are developed and implemented.

A key deliverable of this project was the hosting of an in-person conference focused on the ecosystem of health decision-making in Ireland and the role of stakeholders, with a special emphasis on patients, the public, and health professionals.

The CICER team planned the event with Dr. Barbara Clyne, RCSI and with input from advisory group members and stakeholder panels. This approach ensured that patients, the public, health professionals, and experts in health decision-making shaped the content and delivery of the conference.

Held in the Ashling Hotel, Dublin, on 23 October 2025, the fully subscribed conference brought together 200 participants (in person and online) from across healthcare, HTA, academia, patient advocacy, and policy.

Key note speakers at the event (including Dr. Colm Henry, Prof. Mary Horgan, Dr. Danielle Pollock and Dr. Helen Bulbeck) discussed a variety of topics relevant to those in attendance, including fostering open dialogue on patient collaboration; embedding PPI within national policy; strengthening patient partnerships; advancing the concept of “living guidelines” to ensure adaptability and relevance over time; and supporting evidence-based decision-making informed by lived experience as well as scientific research.



# **CICER**

Tacaíocht don Treoirline Chliniciúil  
Clinical Guideline Support

Feedback from attendees was overwhelmingly positive with all respondents indicating they were “satisfied” (n=6/32, 19%) or “very satisfied” (n=26/32, 81%) with the event overall.



Overall, the conference strengthened networks, raised awareness of the project’s upcoming learning resources, and reinforced a shared commitment to transparent and inclusive decision-making. It demonstrated that stakeholder engagement is essential to informing trustworthy, people-centred healthcare decision-making. This conference is a key part of a programme of work to inform the development of our approach to stakeholder engagement and will inform our update to the National Guidelines for Stakeholder Engagement in HTA.



*Pictured: Our healthcare system, our voices: an evidence-based approach for healthcare conference highlights*



The HTA Directorate has developed a breadth of collaborations. Internally, three members of the HTA Directorate are members of the HIQA Diversity and Inclusion Working Group which won the Outstanding Ally in the Public or State Agency category of the Out and Outstanding in Cork Awards 2025 and was shortlisted for the National Diversity and Inclusion Awards 2025. Externally, members of the HTA Directorate represent HIQA on the INAHTA (International Network of Agencies for Health Technology Assessment) environmental sustainability learning group which is active in exploring ways of integrating environmental considerations into HTA.

The Health Technology Assessment Regulation (HTAR) came into effect on 11 January 2025. HTAR is designed to improve the availability for EU patients of innovative health technologies such as medicines and certain medical devices. Members of the HTA Directorate senior management team represent HIQA on the HTAR Coordination Group, the subgroup for joint clinical assessments, and the subgroup for the development of methodological and procedural guidance. This work prepares Ireland for implementing HTAR for high-risk medical devices/in vitro diagnostics. HIQA is also represented on the Secretariat for the Heads of HTA Agencies Group (HAG). The HAG is an independent group of European HTA bodies working together to advance strategic collaboration on HTA. As part of this Europe-wide collaboration, HIQA contributed to the development of the [HAG Strategic Plan 2025-2028](#) which was published in May 2025. Members of the HTA senior management team attended two in-person HAG meetings in 2025 (Oslo and Copenhagen).



*Pictured: Dr Kieran Walsh and Dr Mairin Ryan with the former Chair of the HAG, Dr Rui Santos Ivo at the HAG meeting in Copenhagen in November 2025*



HIQA has a statutory remit to evaluate the clinical and cost effectiveness of health technologies, and provide advice to the Minister for Health and to the Health Service Executive (HSE). HTA guidelines provide an overview of the principles and methods used in assessing health technologies. These guidelines are intended to inform assessments conducted by, or on behalf of HIQA, the National Centre for Pharmacoeconomics (NCPE), the Department of Health and the HSE, as well as health technology developers preparing applications for reimbursement. In 2025 HIQA published the [Guidelines for the Budget Impact Analysis of Health Technologies in Ireland](#) and [Guidelines for the Economic Evaluation of Health Technologies in Ireland](#) which were updated based on international best practice with input from 40 members of the HTA Scientific Advisory Group and underwent public consultation.

In 2025 the HTA Directorate also collaborated with HIQA's Healthcare Regulation Directorate and with the Economic & Social Research Institute on the [Review of urgent and emergency healthcare services in the Health Service Executive Mid West health region](#), and provided advice to the Minister for Health in September 2025.

## **Review of urgent and emergency healthcare services in the HSE Mid West health region**

In May 2024, the Minister for Health requested HIQA to conduct an independent statutory review to inform decision-making around the design and delivery of urgent and emergency healthcare services in HSE Mid West. As part of this request, HIQA was asked to consider the case for a second emergency department (ED) in the region. HIQA published terms of reference for the review in August 2024, which were developed in line with our powers under section 8(1)(e) of the Health Act 2007. The review was a collaborative effort between the HTA and Healthcare regulation Directorates. The review took a programmatic approach spanning a number of different areas to inform the overall advice that was provided to the Minister for Health. These included:

- international evidence reviews to identify measures to alleviate ED overcrowding and the requirements for the provision of an ED service
- a review of policy developments between 2000 and 2024 that have impacted current service configuration, design and delivery in the Mid West
- regulatory inspection of the healthcare services in the Mid West, building on the ongoing programme of monitoring of services in the region against the National Standards for Safer Better Healthcare
- a review of data relating to capacity and service activity performance to understand the situation in the Mid West and how it compares with other health regions

- a stakeholder engagement exercise, including a public consultation, to seek the view of both people in the Mid West, and other interested parties regionally and nationally.

HIQA worked with the Economic and Social Research Institute (ESRI) to understand projected changes in the demand for urgent and emergency care and inpatient capacity in the region up to 2040. An Expert Advisory Group was established to support HIQA's work.

The advice, presented to the Minister for Health in September 2025, described the deficiency in inpatient bed capacity as the core issue impacting urgent and emergency healthcare delivery in HSE Mid West. The advice outlined what is required to address the current risks to patient safety and three potential options for how this might be achieved in the short and longer term. The Minister for Health announced approval for a blend of the three proposed options in December 2025 to respond to the challenges in the delivery of healthcare in the Mid West.

**Independent review to inform decision-making on the design and delivery of urgent and emergency healthcare services in HSE Mid West**

**Why did we complete this review?**  
In 2024, HIQA was requested to conduct an independent review into HSE Mid West due to concerns for patient safety in the region.

**Who did we consult?**  
HIQA completed an extensive stakeholder engagement exercise, including:

- 17 in-person meetings with stakeholders
- 1,121 public consultation submissions.
- An **Expert Advisory Group** was also convened to consult on this independent review.

**What did we find?**  
The core issue is that there are not enough inpatient beds in HSE Mid West which are capable of treating the sickest patients who present for urgent or emergency care.  
**We recommended immediate action and investment to address current risks to patient safety in the shortest timeframe and safest way possible.**

**How do we achieve safer healthcare in the Mid West Region?**  
We presented three potential options to the Minister for Health on how to achieve this in the short and long term.

Option A:	Option B:	Option C:
<b>Expand</b> Expand capacity at University Hospital Limerick (UHL) on the Dooradoyle site.	<b>Extend</b> Extend the UHL hospital campus to comprise a new second site in close proximity under a shared governance and resourcing model.	<b>Develop</b> Develop a Model 3 hospital in HSE Mid West, providing a second emergency department (ED) for the region.

HIQA's view is that **options A and B** are most likely to increase the number of available inpatient beds of the required type in the shortest timeframe, addressing the immediate risk to patient safety.

WWW.HIQA.IE SEPTEMBER 2025

## Strategy, Support and Research – Updated Conflict of Interest Policy and Development of Online system

In line with the Code of Practice for the Governance of State Bodies, HIQA is required to have appropriate policies in place so that members and staff take decisions objectively and steps are taken to avoid and deal with any potential conflicts of interest, whether actual or perceived. The HTA Directorate aims to achieve and maintain impartiality, objectivity, and integrity in the way we conduct our business. Managing actual, potential and perceived conflicts of interest (COIs) is an important part of this process. In addition, there is requirement for a robust process of managing COIs to support the conduct of joint clinical assessments under HTA Regulation (EU) 2021/2282 which applied as of 12 January 2025.

In 2025 the Strategy, Support and Research (SSR) team led the introduction of a revised COI process, applicable to both staff members and members of our Expert Advisory Groups. The process includes a transfer of value check (a publicly available record relating to funding provided from pharmaceutical industry to healthcare professionals and organisations). As part of the revised COI process, a decision framework and algorithm for decision-making on COIs was developed. The new COI process involved moving from hard and soft copy forms to an online platform, Qualtrics. Whilst hard copy forms can be requested, the predominant use of the online platform has resulted in a more efficient approach to circulation, completion and review of declarations of interest. The revised HIQA Conflict of Interest Policy, and associated Dealing with Conflicts of Interest Standard Operating Procedure, was approved by the HIQA Board in July 2025. To assist in embedding the revised COI process a Directorate-wide training session was delivered to ensure all members of staff were informed of the revised process. Migration to the online system has created efficiencies within the HTA Directorate and has been very well received by users.

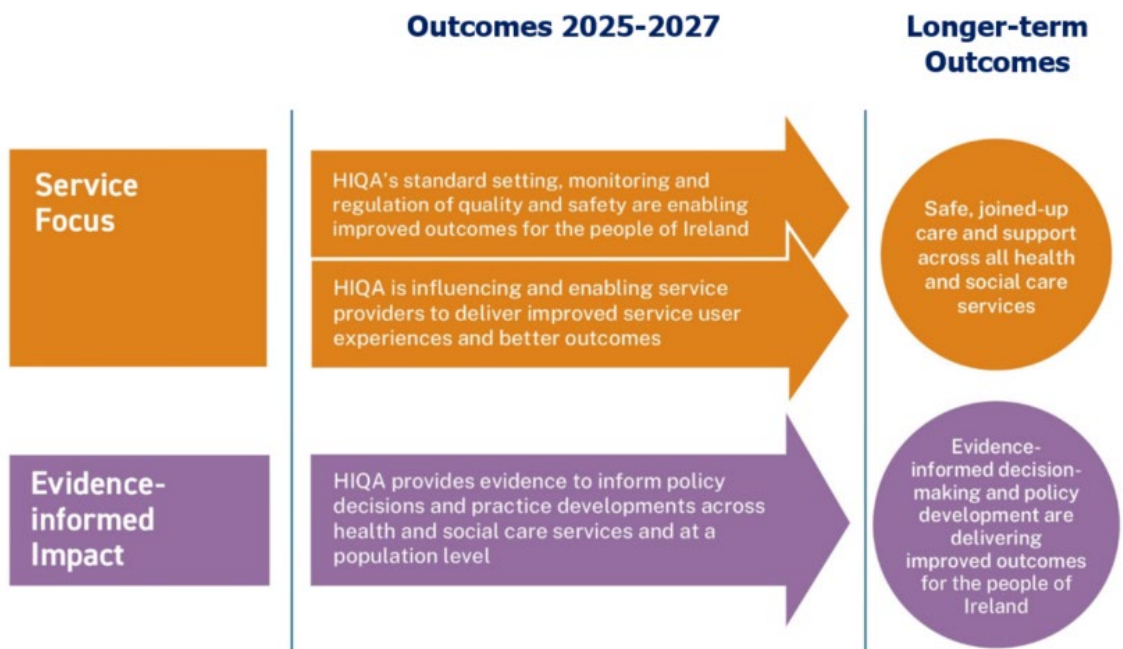




## 4. Our Products

We aim to deliver high-quality products that make a difference.

### Impact On Outcomes



In 2025, we published two HTA reports, five draft HTA reports (as part of the public consultation process), three guidelines, 10 protocols and four other types of evidence synthesis. These publications had a total of 8,411 views and 4,567 downloads on the HIQA website. The HTA Directorate published six academic papers, which together received a total of 25 citations over the year. We also launched five public consultations and published our [HTA Directorate Plan 2025-2027](#). HTA publications and peer-reviewed open-access publications authored by HTA team are available via Lenus, the Irish health research repository, where HIQA curates its open research outputs. In 2025, 10 HTA reports were added (536 views; 119 downloads). HIQA's Zenodo research community uploaded 11 datasets (767 views; 737 downloads), and 2025 publications received 351 views on the INAHTA database.





In 2025 our publications expanded to include outputs from NIAC, comprising [three recommendations](#) to the Minister for Health on immunisation and related health matters in the Irish context. The recommendations, which were downloaded 682 times in 2025, were:

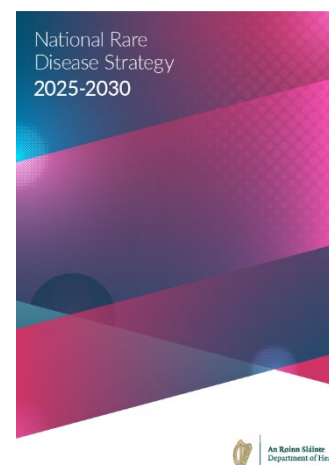
- Recommendations regarding the off-label use of meningococcal B vaccine (4CMenB) for the prevention of gonorrhoea. These recommendations (not to implement vaccine) have been accepted. No changes were required.
- Updated recommendations for vaccination against RSV in older adults. These have been incorporated into NIAC's guidelines. The Minister's decision on RSV immunisation for adults will be informed by the HTA.
- Updated recommendations for post-exposure prophylaxis against rabies. These have been incorporated into NIAC's guidelines. The Minister has accepted NIAC's recommendations and they have been implemented.

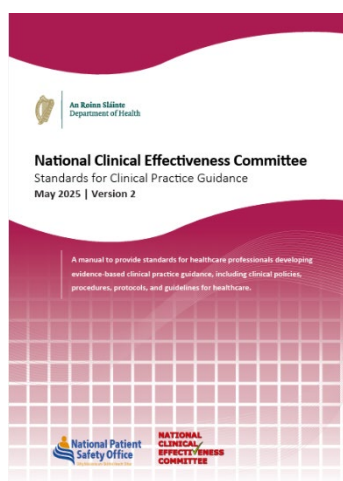
NIAC also updated six [chapters](#) of the Immunisation Guidelines for Ireland, which have over 31,000 chapter downloads in 2025. These included:

- Chapter 11 (Influenza)
- Chapter 18 (Rabies)
- Chapter 5a (COVID-19)
- Chapter 2 (General Immunisation Procedures)
- Chapter 18a (RSV) – 2 updates
- Chapter 23 (Varicella-Zoster).

In addition, NIAC updated the Frequently Asked Questions document about COVID-19 vaccines for people with pre-existing allergic conditions.

The impact of our outputs is demonstrated across the wider health and social care system. Outputs which informed policy development and decision-making include the [review of national rare disease strategies in selected countries](#) which informed the National Rare Disease Strategy 2025-2030, which was published on 27 August 2025.





A scoping review on the [advances in the development of clinical practice guidance](#) was conducted by the CICER team. This informed the National Clinical Effectiveness Committee Standards for Clinical Practice Guidance Version 2, published in May 2025.

The [Evidence Review of Specialist Cardiac Services](#) informed the [National Review of adult Specialist Cardiac Services](#) in Ireland which was published on 8 April 2025.

The [HTA of use of an enhanced inactivated influenza vaccine for those aged 65 years and older](#) in the HSE

Seasonal Influenza Vaccination Programme informed a decision by the Minister for Health and HSE on the provision of the standard flu vaccine during the 2025/2026 flu season. The Immunisation team also conducted the [rapid HTA of immunisation against respiratory syncytial virus \(RSV\) in Ireland](#) which informed the delivery of the RSV immunisation programme for infants for the 2025-2026 RSV season. The [HTA of the addition of herpes zoster \(shingles\) vaccination to the adult vaccination programme](#) also informed a decision by the Minister for Health to consider inclusion of the vaccine in the national immunisation programme in Ireland when the cost effectiveness of the vaccine is confirmed as being more favourable.

## Immunisation – Expansion of the childhood immunisation schedule to include varicella (chickenpox) vaccination: Health Technology Assessment

Following a request from the Department of Health, HIQA conducted a HTA on a potential expansion of the childhood immunisation schedule in Ireland to include varicella vaccination. Varicella is a common, highly infectious, vaccine preventable-disease that mainly affects children. HIQA found that varicella vaccination is safe and effective in preventing infection, particularly severe disease and its associated complications.

The HTA concluded that while both one- and two-dose vaccination strategies are effective in preventing severe disease, a two-dose schedule would be more effective in preventing overall varicella cases and outbreaks. From the HSE perspective, a one-dose strategy would be cost effective compared with no vaccination, whereas a two-dose strategy would be less cost effective. However, from a societal perspective, which includes productivity losses due to absence from paid work for both illness and caregiving, HIQA found that both one-and two-dose strategies would be cost saving compared with no vaccination. The HTA was published on 13 July 2023 and to date is HIQA's top HTA download on LENUS, with 1,922 downloads.

**Primary Childhood Immunisation Schedule**  
Babies born on or after 1 October 2024

Age (months)	Visit	Vaccines
2	Visit 1	6 in 1+PCV+MenB+Rotavirus 3 Injections+Oral Drops
4	Visit 2	6 in 1+MenB+Rotavirus 2 Injections+Oral Drops
6	Visit 3	6 in 1+PCV 2 Injections
No Rotavirus vaccine on or after 8 months 0 days		
12	Visit 4	MMR+MenB+Chickenpox 3 Injections
13	Visit 5	6 in 1+MenC+PCV 3 Injections

Remember to give your baby 3 doses of liquid infant paracetamol after the 2 and 4 month MenB vaccines:

1. Give 2.5 mL (60 mg) of liquid infant paracetamol at the time of the MenB immunisation or shortly after.
2. Give a second dose of 2.5 mL (60 mg) 4 to 6 hours after the first dose.
3. Give a third dose of 2.5 mL (60 mg) 4 to 6 hours after the second dose.

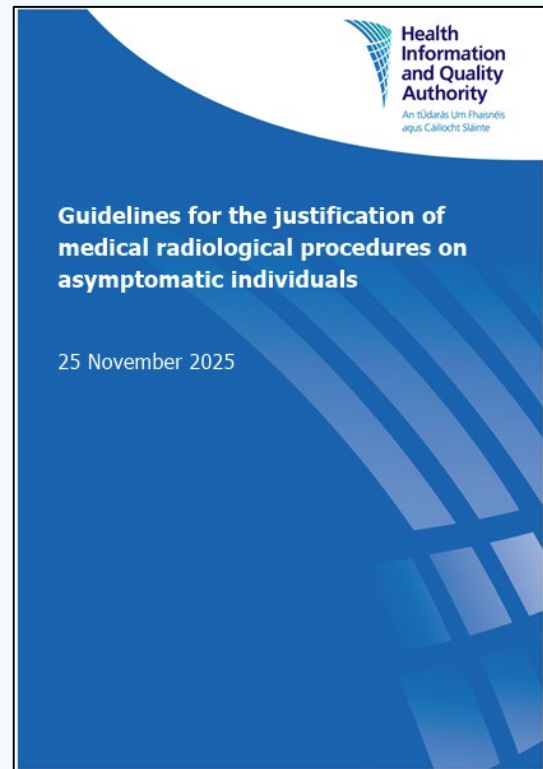
Remember five visits to your GP (doctor)

HSE  
www.immunisation.ie

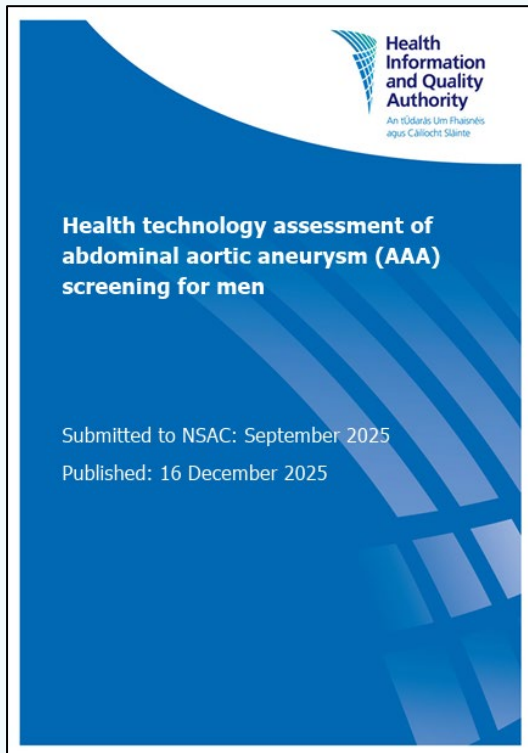
In October 2025, the HSE commenced the roll out of the varicella (chickenpox) vaccine as part of the Primary Childhood Immunisation Programme for all babies born on or after 1 October 2024. The vaccine is offered once a child reaches twelve months of age and consists of two doses: the first at twelve months, administered by GPs, and the second when the child is in junior infants at school.

## **Ionising Radiation – Guidelines for the justification of medical radiological procedures on asymptomatic individuals**

The Ionising Radiation team published new guidelines on the use of medical radiological procedures, such as X-rays and CT scans for the early detection of disease, in people who have no signs or symptoms of that disease and where they are not part of a health screening programme. These guidelines apply to any person or organisation conducting medical radiological procedures. This includes individual professionals involved in the provision of medical radiological procedures in dental and medical settings. The new guidelines outline eight requirements to ensure medical radiological procedures are only used when they are justified, when alternative options have been considered, and when individuals are fully informed before undergoing exposure to radiation. Each case must be individually justified by an appropriately trained and recognised healthcare practitioner. The guidelines were developed following the completion of an evidence review and engaging with an Expert Advisory Group, which included patients and patient advocates, health care professionals, and experts in radiation protection. In addition, a series of focus groups was conducted, followed by a public and targeted consultation in order to gain feedback from a broad range of stakeholders. To support knowledge translation of the new national guidelines two webinars were hosted, with a total of 360 in attendance, demonstrating a high level of interest in the new national guidelines.



## Screening – Health technology assessment of abdominal aortic aneurysm (AAA) screening for men



At the request of the National Screening Advisory Committee (NSAC), HIQA agreed to undertake a HTA of screening for abdominal aortic aneurysm (AAA) for men in Ireland. The screening team conducted this HTA and presented findings to NSAC on 3 October 2025. HIQA found that AAA is becoming less common and is increasingly being detected during imaging for other reasons. While population -based screening would still offer benefits, the clinical and cost effectiveness of a programme would decrease over time, and may no longer be cost effective within a five- to ten-year period.

The report also highlighted these findings could result in a population-based screening

programme for AAA no longer being cost effective within a five to ten-year period. Further, introduction of an AAA screening programme would be challenging due to staff shortages in radiology and vascular surgery, limited national data AAA prevalence data, and limitations in ICT infrastructure.

NSAC welcomed the findings of the report and discussed the practicality of recommending a pilot screening programme for AAA. NSAC ultimately concluded that it could not recommend AAA screening on the basis of the available evidence. NSAC noted that the recommendation letter from the Chair to the Minister for Health should also highlight the challenges with current service delivery and the need for solutions in this regard. The Minister for Health has subsequently accepted NSAC's recommendation against introducing a AAA screening programme.

## Stakeholder engagement

Our work includes extensive engagement with external stakeholders across the healthcare ecosystem, including national and international collaborations. Throughout 2025, members of the HTA Directorate contributed to fourteen national committees and seventeen international committees.



In 2025 the HTA Directorate collaborated on four external grants. An Evidence Synthesis Ireland (ESI) funded "Study Within A Review (SWAR) investigating the sensitivity and completeness of search strategies built using a text mining word frequency tool (PubReMiner) compared with current best practice search strategy"

building concluded in June 2025. This SWAR was led by a member of the HTA Directorate (Andrew Dullea) in collaboration with other HTA colleagues as co-applicants on the grant and has been [published](#).

HIQA also partnered with the School of Pharmacy, University College Cork, on a project entitled "Implications of the EU Regulation on Health Technology Assessment (HTAR) for high-risk medical devices (MDs) and in-vitro diagnostics (IVDs) in Ireland." This project led by Dr Rasha Alshaikh, and which was conducted with the financial support of Research Ireland, through CÚRAM, the Research Ireland Centre for Medical Devices, aimed to explore how the implementation of HTAR will influence reimbursement and decision-making processes for high-risk medical devices and in-vitro diagnostics across EU/EEA countries. Two outputs, [Mapping current decision-making pathways and reimbursement processes for high-risk medical devices in EU/EEA member states and the UK: a scoping review](#), and [The Early Experiences of Health Technology Assessment Bodies in the Implementation of the European Union Health Technology Assessment Regulation for High-Risk Medical Devices: A Qualitative Study](#), were published in 2025. These were submitted to the Department of Health to inform policy on the implementation of HTAR.

HIQA was the knowledge-user co-applicant on the Health Research Board Applied Partnership Award (APA) led by Dr Barbara Clyne, RCSI, entitled "Rapid Health Technology Assessments (rHTA) in Ireland: when do we need them?" This APA which concluded in 2025, is informing ongoing discussions on how HTA products can be undertaken differently to improve efficiencies while still providing all relevant information to the decision-maker.

HIQA was a co-applicant on a European Commission Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA) preparatory Joint Action, funded by the EU4Health programme. Known as the PriSMA project, the preparatory Joint Action involved collaboration with 18 other Competent Authorities to support and sustain implementation of developments in the area of quality and safety issues concerning medical applications of ionising radiation across all EU Member States. The PriSMA project concluded in 2025 and HIQA will participate in the main Joint Action, known as AURORad (Advancing Unified RoadMap on implementation of the strategic agenda for medical ionising Radiation applications), which is due to commence in 2026.



## Ireland & UK

UK National Screening Committee Blood Spot Task Group

Celtic HTA Agencies Strategic Alliance

International Advisory Board for Evidence Synthesis Ireland

Joint Commission on Vaccination and Immunisation (Observer Exchange)



## Europe

Heads of HTA Agencies Group (HAG) and its Secretariat

European Commission HTA Committee

HTA Coordination Group (HTACG)

HTACG Subgroups for joint clinical assessments and for the development of methodological and procedural guidance

ISPOR (The International Society for Pharmacoeconomics and Outcomes Research) European HTA Roundtable

EU/EAA National Immunisation Technical Advisory Group (NITAG) collaboration



## International

International Network of Agencies for HTA (INAHTA)

GINAHTA Steering Committee (INAHTA and Guidelines International Network (GIN))

Conceptual framework of the ecosystem of health decision-making (organised collaboratively by WHO/Europe and the Clinical Epidemiology and Research Center (CERC) at Humanitas University)

Health Technology Assessment International (HTAi) Annual Meeting International Scientific Programme Committee

International Network of Agencies for HTA

Global NITAG Network



## 5. Conclusion

The Health Technology Assessment Impact Report for 2025 demonstrates the significant impact of our work across the healthcare system. The HTA Directorate has continuously evolved and restructured in order to expand work streams and to facilitate additional functions. In 2025, we welcomed the move of NIAC to HIQA, with its work becoming a statutory function of the Authority. As part of this move, the NIAC secretariat, which provides clinical, technical and administrative support to the Committee became part of the HTA Directorate. A further example of new work undertaken by the HTA Directorate in 2025 was the review of urgent and emergency care in Ireland's Mid West health region with the primary objective of ensuring safe, quality, acute care in the region. In 2026, the Directorate is looking to advance work on a new work stream focused on the conduct of joint clinical assessments under the HTAR.

Evaluation of the impact of our work is an essential component in understanding the extent to which it informs decision making and its visibility to the general public. Dissemination of our work and making it subject to independent peer review provides reassurance of its quality and that it is carried out in accordance with international best practice. The Health Technology Assessment Directorate Impact Report for 2025 demonstrates that the broad range of activities undertaken by the HTA Directorate continue to have a substantial impact and influence both nationally and internationally.

## Appendix

### Reports published

- HTA of screening for AAA for men
- HTA of providing a telephone service for acute, non-urgent medical care needs in the pre-hospital setting
- Draft HTA of RSV immunisation: Public consultation
- Draft HTA of teledermatology to support the management of primary care referrals: Public consultation
- Draft HTA of extending BowelScreen to those aged 50 to 54 years: Public consultation
- Evidence Review of Specialist Cardiac Services
- Magnetic resonance-guided radiotherapy (MRgRT) evidence synthesis to support a generic justification decision
- Retiring a clinical guideline: Rapid scoping review
- The management of acute asthma attacks in adults: A systematic review of international clinical guidelines
- Guidelines for the Budget Impact Analysis of Health Technologies in Ireland
- Guidelines for the Economic Evaluation of Health Technologies in Ireland
- Guidelines for the justification of medical radiological procedures on asymptomatic individuals
- Guidelines for the justification of medical radiological procedures on asymptomatic individuals: Stakeholder involvement report
- Protocol for a systematic review on the association between alcohol consumption and mental health outcomes
- Project Protocol: Scalable Training and Knowledge Exchange on guideline development for patients, public, and healthcare professionals (The STAKEholder Project)
- The management of obesity in adults: Protocol for a review of international clinical guidelines
- The management of acute asthma attack in adults: Protocol for Systematic Review of Guidelines
- The management of acute asthma attack in adults: Protocol for Systematic Review of Interventions
- Protocol for a HTA of immunisation against respiratory syncytial virus in Ireland
- Paediatric Early Warning System in Emergency Settings: Protocol for a systematic review of clinical guidelines

- Protocol for modelling the risk of alcohol-attributable mortality and hospital admission in Ireland
- Protocol for HTA of teledermatology to support the management of primary care referrals
- Protocol: Development of a tool for the collection of costs attributable to infectious disease outbreaks in public acute hospitals

NIAC issued two [recommendations](#) to the Chief Medical Officer of the Department of Health. These recommendations were developed by NIAC while it was under the governance of the Royal College of Physicians of Ireland:

- Letter to CMO re. 4 in 1 minimum interval rationale. These recommendations have been implemented and incorporated into guidelines.
- Updated recommendations for vaccination against COVID-19. These updated recommendations have been implemented and incorporated into guidelines.

NIAC issued three [recommendations](#) to the Minister for Health which included:

- Recommendations regarding the off-label use of meningococcal B vaccine (4CMenB) for the prevention of gonorrhoea.
- Updated recommendations for vaccination against RSV in older adults.
- Updated recommendations for post-exposure prophylaxis against rabies.

NIAC updated six [chapters](#) of the Immunisation Guidelines for Ireland.

- Chapter 11 (Influenza)
- Chapter 18 (Rabies)
- Chapter 5a (COVID-19)
- Chapter 2 (General Immunisation Procedures)
- Chapter 18a (RSV) – 2 updates
- Chapter 23 (Varicella-Zoster)

NIAC also updated the Frequently Asked Questions document about COVID-19 vaccines for people with pre-existing allergic conditions.

Reports conducted to support the work of the National Clinical Effectiveness Committee and the development of National Clinical Guidelines:

- Advances in the development of clinical practice guidance: A scoping review

Public consultations conducted:

- HTA of RSV immunisation: Public consultation. 9<sup>th</sup> December 2025 – 20<sup>th</sup> January 2026.
- HTA of teledermatology to support the management of primary care referrals public consultation. 6<sup>th</sup> November – 18<sup>th</sup> December 2025.

- Draft HTA of extending BowelScreen to those aged 50 to 54 years. 7<sup>th</sup> July – 15<sup>th</sup> August 2025.
- HTA of alternative telephone pathway for acute, non-urgent medical care needs in the pre-hospital setting. 7<sup>th</sup> May – 18<sup>th</sup> June 2025.
- Draft HTA of screening for abdominal aortic aneurysm (AAA) in men: Public consultation. 1<sup>st</sup> May – 12<sup>th</sup> June 2025.

### Teaching delivered

During 2025, members of the HTA Directorate presented the organisation's work to undergraduate and postgraduate students enrolled in a number of courses such as:

- Bachelor of Pharmacy, University College Cork
- MSc in Clinical Pharmacy, University College Cork
- MSc in Radiation Therapy, University College Cork
- MSc in Radiography, University College Cork
- MSc in Applied Social Research, Trinity College Dublin
- MSc in Health Policy and Management, Trinity College Dublin
- MSc in Pharmaceutical Medicine, Trinity College Dublin
- BSc in Radiation Therapy, Trinity College Dublin
- MSc in Health Economics, University of Galway
- Economics and Finance students, University of Galway
- Undergraduate students, Royal College of Surgeons Ireland
- Postgraduate students, Royal College of Surgeons Ireland
- SPHeRE PhD programme, Royal College of Surgeons Ireland
- MSc in Public Health, University of Limerick
- Diploma in Health Economics, Institute of Public Administration
- BSc in Radiography, University College Dublin
- MSc in Public Health, University College Dublin.

### Conference oral presentations and workshops delivered

- Dullea A. Justification and optimisation in medicine. PrISMA Start-Up Meeting; 2025 Apr 29; Zagreb. Oral presentation.
- Dullea A, Friberg E. Strengthening & streamlining generic justification in Europe and a roadmap to optimisation of radionuclide therapy. PrISMA Start-Up Meeting; 2025 Apr 29; Zagreb. Workshop presentation.
- Dullea A, Friberg E, Ritva, Ivana, Dario, Charlotte, Larose T. Panel discussion featuring project leads. PrISMA Start-Up Meeting; 2025 Apr 30; Zagreb. Panel discussion.

- Dullea A. Updates from HIQA's HTA Directorate. 2025 Radiation Protection Study Day; 2025 May 22; Dublin. Oral presentation.
- Quigley J, Jenkins O, Rouncivell L, Shrestha S, Gugles R, Reece E, Harrington P, Teljeur C, Ryan M. Evidence synthesis of a complex intervention with real-world data: a case study in teledermatology. HTAi Conference 2025; 2025 Jun 14; Buenos Aires. Oral presentation.
- López A, Jordan K, Foley E, O'Neill M, Ryan M, Spillane S. Systematic review of cost effectiveness of AAA screening in men. HTAi Conference 2025; 2025 Jun 14; Buenos Aires. Oral presentation.
- Larkin C, Bergin A, O'Neill S, Gharbia M, Tyner B, Andriyashchenko O, Carrigan M, Smith S, Ryan M. Systematic review of international acute asthma guidelines: identifying recommendations suitable for adolopment. SPHeRE 2025; 2025 Mar 11; Dublin. Oral presentation.
- Jenkins O, Quigley J, Ahern S, Reece E, Byrne D, Bergin A, McLoughlin C, Reidy E, Carrigan M, Harrington P, Teljeur C, Ryan M. Herpes zoster (shingles) vaccination in Ireland: a health technology assessment. SPHeRE 2025; 2025 Mar 11; Dublin. Oral presentation.
- Tyner B, Larkin C, Geaney F, Doody P, Carrigan M, Bergin A, O'Neill M, Smith S, Ryan M. Systematic review of costing tools for infectious disease outbreaks in acute hospitals. SPHeRE 2025; 2025 Mar 11; Dublin. Oral presentation.
- Boudou M, McDowell C, Teljeur C, Spillane S, O'Neill M, Ryan M. A review of statistical modelling approaches to inform the updating of national low-risk drinking guidelines. SPHeRE 2025; 2025 Mar 11; Dublin. Oral presentation.
- Vudumula U, Quigley J, Gugles R, Varley V, Carrigan M, Harrington P, Teljeur C, Ryan M. Cost effectiveness review of teledermatology supported triage of primary care referrals. SPHeRE 2025; 2025 Mar 11; Dublin. Oral presentation.
- O'Neill M, Larkin C, Bergin A, Gharbia M, Tyner B, Andriyashchenko O, Carrigan M, Smith S, Ryan M. Systematic review of international acute asthma guidelines: identifying recommendations suitable for 'adolopment'. GIN 2025; 2025 Sep 16; Geneva. Oral presentation.
- Larkin C, Shrestha S, O'Neill M, Grealis S, Walsh K, Larkin L, Tyner B, Martin R, Smith S, Ryan M. Scalable training and knowledge exchange on guideline development for service users, public, and healthcare professionals. GIN 2025; 2025 Sep 16; Geneva. Oral presentation.
- Tyner B, Larkin C, Cardwell K, Clyne B, O'Neill M, Smith S, Ryan M. Current approaches to clinical guideline retirement: a scoping review. GIN 2025; 2025 Sep 16; Geneva. Oral presentation.

## Peer-reviewed publications

- McDowell C, Tyner B, Shrestha S, McManus L, Comaskey F, Harrington P, Walsh KA, O'Neill, Ryan R. Effectiveness and tolerance of exercise interventions for long COVID: a systematic review of randomised controlled trials. *BMJ Open* 2025. [In Press}. Cited by 10.
- Larkin J, Foley L, Timmons S, Hickey T, Clyne B, Harrington P, Smith SM. How do people with multimorbidity prioritise healthcare when faced with tighter financial constraints? A national survey with a choice experiment component. *BMC Primary Care*. 2025 Feb 27;26(1):57. Cited by 7.
- Norris M, Burke E, Comaskey F, Connolly MA, Doyle Y, McLoughlin C, McManus L, Power V, Spillane S, Ryan M, O'Neill M. A review of national public health strategies in selected countries. *Frontiers in Public Health*. 2025;13:1391795. Cited by 3.
- Alshaikh RA, Walsh KA, El-Komy F, Spillane S, Carrigan M, Larkin L, Harrington P, O'Neill M, Teljeur C, Ryan M & O'Driscoll CM. Mapping Current Decision-Making Pathways And Reimbursement Processes For High-Risk Medical Devices In EU/EEA Member States And The UK: A Scoping Review. *International Journal of Technology Assessment in Health Care*. 2025;1–43. doi:10.1017/S026646232510319X. Cited by 1.
- Chilcott J, Bessey A, Bonham JR, Castilla-Rodríguez I, Davis S, Elliman D, Hunt S, Hyde C, Lombardo S, Madan J, Marshall J, Morris J, Payne K, Rivero-Arias O, Shinkins B, Shortland G, Spillane S, Sutton A, Taylor-Phillips S, Visintin C. Methodological and Procedural Considerations for Developing Decision Analytic Models to Assess the Health Economic Impacts of Newborn Bloodspot Screening: A Systematic Methodological Review. *International Journal of Neonatal Screening*. 2025;11(4):96. Cited by 0.
- Dullea A, O'Sullivan L, O'Brien K, Harrington P, Carrigan M, Ahern S, McGarry M, Cardwell K, O'Neill M, Walsh K, Clyne B, Smith S, Ryan M. Developing an approach for assigning GRADE levels in a systematic overview of reviews of diagnostic test accuracy using general principles identified from current GRADE guidelines: A case study. *Research Synthesis Methods*. Published online 2025:1-12. doi:10.1017/rsm.2025.10047. Cited by 0.
- Alshaikh RA, Walsh KA, Spillane S, Harrington P, O'Neill M, Teljeur C, Ryan M, O'Driscoll CM. The Early Experiences of Health Technology Assessment Bodies in the Implementation of the European Union Health Technology Assessment Regulation for High-Risk Medical Devices: A Qualitative Study. *Value Health*. 2025 Dec 6:S1098-3015(25)06151-0. doi: 10.1016/j.jval.2025.11.013. Cited by 0.

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