

The contracting authority Description of the Assignment

About the contracting authority (client)

The Norwegian Medical Products Agency (NOMA) is the national authority responsible for medicinal products and medical devices. Its responsibilities include ensuring security of supply and emergency preparedness, regulatory supervision and surveillance, information and guidance, and international collaboration. NOMA is responsible for ensuring rapid and equitable access to effective medicinal products and medical devices.

NOMA is an agency under the Norwegian Ministry of Health and Care Services (HOD).

Description of the Assignment

Background

Following Parliamentary Resolution No. 903, the Norwegian Ministry of Health and Care Services (HOD) commissioned NOMA and the Norwegian Directorate of Health (NHD) to conduct a rapid assessment of the feasibility of a temporary adjustment of the Norwegian health opportunity cost pending the availability of a more robust estimate. The report was submitted on 5 January 2026, with a revised version delivered on 25 February 2026¹.

NOMA and NHD, supported by an expert reference group, did not recommend a temporary adjustment of the health opportunity cost. The rationale was a lack of reliable evidence on healthcare system productivity, including health gains generated by healthcare. Emphasis was also placed on substantial uncertainty in regard to the current opportunity cost's level.

The rapid assessment was circulated for public consultation during the winter of 2026. Consultation responses addressed both issues related to the possibility of a temporary adjustment of the health opportunity cost, and the broader work to estimate a health opportunity cost using Norwegian data.

As described in TB2025-15 (Letter of Allocation from HOD to NOMA), NOMA has subsequently been commissioned to manage the procurement process for a comprehensive study aimed at producing a more robust estimate of the health opportunity cost for Norway based on Norwegian data. This forms the basis of the present procurement.

Health Opportunity Cost in the Norwegian Health and Care Sector

¹ Hurtig utredning: anbefaling om justering av dagens alternativkostnad

The health opportunity cost is a key parameter in healthcare priority setting. Estimates of the health opportunity cost are used directly in reimbursement decisions for pharmaceuticals and may also be applied when evaluating other health interventions.

The health opportunity cost currently applied in Norway is based on a study by Claxton et al., which relies on data from the United Kingdom.

The Norwegian Parliament has decided to launch a process aimed at developing a new estimate of the health opportunity cost for the Norwegian health and care services based on Norwegian data.

Objectives of the Assignment

The assignment shall:

- develop an evidence-based, robust, and policy-relevant estimate of the Norwegian health opportunity cost based on Norwegian data for use in healthcare priority setting.
- develop a methodology that enables regular updating of the estimate in future years, including recommendations regarding the frequency of revisions.

Scope of Work

The contractor shall:

- produce an estimate for the Norwegian health opportunity cost using Norwegian data, providing a clear justification for the choice of data sources, analytical methods (or combinations of methods), and key modelling assumptions. For a discussion of alternative methodological approaches, see Chapter 2.2 “Ulike metoder” (Alternative Methods) of the report dated 25 February 2026. The study shall evaluate the sensitivity of the results to methodological choices and underlying data.
- quantify and elucidate uncertainty in the estimates through appropriate analyses assessing both robustness and sensitivity, including uncertainty arising from data limitations, knowledge gaps, and alternative estimation methods.
- incorporate data on both mortality and health-related quality of life (HRQoL) in the analyses.
- present a clear strategy for addressing the endogeneity challenges arising from the use of severity-adjusted cost-effectiveness thresholds in decisions regarding the adoption of new health technologies. The report shall also clearly specify the severity category for which the health opportunity cost has been estimated.

- conduct the work within the framework established by the Norwegian Parliament in its consideration of White Paper No. 21 (2024–2025), Helse for alle - Rettferdig prioritering i vår felles helsetjeneste (*Health for All – Fair Priority Setting in Our Shared Health Service*²). Parliamentary decisions concerning, for example, severity weighting and the analytical perspective shall not be reconsidered. The study shall adopt the extended healthcare sector perspective, which includes selected elements of a societal perspective, such as informal care and transportation costs. The contractor shall assess which elements should appropriately be included in the estimation of health opportunity costs.
- assess how separate estimates of health opportunity costs should be produced for municipal health and care services, the National Insurance Scheme, and specialist healthcare services. This reflects the objective that the overall opportunity cost should encompass the entire Norwegian health and care system, including specialist care, municipal health and care services, third-party financed healthcare services, and pharmaceuticals reimbursed through the National Insurance Scheme (Folketrygden).
- propose and apply alternative methodological approaches where access to Norwegian data is insufficient to produce reliable and policy-relevant estimates. This may include continued or partial reliance on estimates derived from international data. The underlying principle remains that the opportunity cost should, wherever feasible, be estimated using Norwegian data.

Where the analytical dataset includes observations from the COVID-19 pandemic, the analyses should account for potential distortions arising from the pandemic period, given that these years differ substantially from normal conditions with respect to casemix, healthcare expenditure, and health outcomes.

The assignment shall be conducted in accordance with the Norwegian Instructions for Official Studies and Reports (Utredningsinstruksen).

Competence and delivery requirements

Relevant stakeholders and expert institutions shall be involved in an appropriate manner throughout the project.

Consortia of multiple contractors may submit a joint proposal. At least one consortium member must belong to a research community with documented experience in empirical health economic analyses based on registry data, including estimation of health outcomes and/or healthcare productivity. The contractor should also be

² St.Meld 21 (2024 – 2025) Helse for alle Rettferdig prioritering i vår felles helsetjeneste

connected to an international research community with expertise relevant to the assignment.

As estimates of the health opportunity cost directly inform reimbursement and adoption decisions for pharmaceuticals and other health technologies, public confidence in the study's findings is essential. Accordingly, the contractor, project team, and any collaborating organisations must be free from conflicts of interest that could compromise the integrity or future application of the final deliverables. Any potential conflicts of interest shall be disclosed in the proposal.

The contractor shall provide NOMA with updates on the progress in the assignment at least once every quarter until submission of the final report. The format of these progress meetings shall be agreed with the contracting authority. More frequent meetings may be requested by the contractor when deemed necessary for a successful execution of the assignment.

The final report shall be submitted no later than 31 August 2028.

An interim report shall be submitted by 31 August 2027, presenting preliminary findings, key analytical considerations, and any proposed methodological options regarding the components to be included in the estimation of the health opportunity cost. The interim report shall also include the status of the timeline for the final delivery. DMP shall have the opportunity to review and comment on the interim report and provide feedback regarding its consistency with the overall objectives and mandate of the assignment.

The final report shall include comprehensive analyses and recommendations, together with a detailed assessment of the uncertainty surrounding the estimated health opportunity cost and an evaluation of how data limitations and methodological uncertainties influence the estimates.

The contractor shall provide complete methodological documentation, analytical code, technical documentation, and any computational tools in a format that enables agencies under HOD to validate, reproduce, and update the analyses as new data become available.

All data sources, key assumptions, variable definitions, and analytical procedures shall be documented in sufficient detail to ensure transparency, reproducibility, and future use of the analyses.

The contractor may publish the results of the project or individual project components. However, no publication may take place before NOMA has received the relevant deliverables and granted permission for publication (publication embargo).

A lay summary of the final report intended for a public information is also desirable.

All deliverables shall be of high scientific and professional quality and firmly grounded in the international peer-reviewed literature.

* This English summary of the assignment was prepared with the assistance of artificial intelligence (AI).