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Is failure the end of the story? The repeated attempts to introduce health technology assessment in Romania

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Abstract

This paper aims to investigate what happens with an epistemic community when it is unsuccessful in turning its agenda into policy. Our research documents how a domestic epistemic community displays a variety of reactions when faced with failure. Members can leave the community or they can take a step back and abandon their active involvement in the group. When faced with failure, members of the epistemic community show their regret and frustration as well as endurance. Some look for external explanations of failure, others question the original goal and settle for a less ambitious one.

Key words: epistemic community, policy transfer, policy failure, health technology assessment (HTA), Romania

Introduction

This paper aims to contribute to the literature on epistemic communities, networks of experts who aim to persuade others of their common conceptual framework and policy goals via their professional knowledge. We are interested to study failure stories and find out what happens to an epistemic community that is unsuccessful.

Due to the preference for positive cases, political science has had almost nothing to say (lone voices such as Cross 2007, 2015 and Loblova, 2016a excepted) about how epistemic communities deal with failure in turning their agenda into policy. Obvious questions that arise include: What happens to an epistemic community that fails to introduce its preferred policy options? What if it continues to be unsuccessful? How does it cope with failure? Will it persevere, reposition, dismantle?

Our research documents how a domestic epistemic community displays a variety of reactions when faced with failure. Members can leave the community thus leading to loss of expertise or they can take a step back and abandon their active involvement in the group, leading to the existence of siloed expertise. When faced with failure, members of the epistemic community show their regret and frustration as well as endurance. Some look for external explanations of failure, others question the original goal and settle for a less ambitious one.

In this article we use labels such as “success”, “failure”, “some progress” to evaluate the actions of an epistemic community. Our assessment of failure and success is done by comparison to the original stated objective of the epistemic community. We also base our use of these labels on the appraisal of external observers as well as the self-assessment of the epistemic community’s own members.

The empirical work is based on a case study looking at the transfer of a particular pharmaceutical policy in Romania. Health technology assessment (HTA), the multidisciplinary evaluation of “value for money” of health care treatments, has attracted considerable attention within health policy debate in the last thirty years turning it into a target for policy transfer (see for example Banta 2009). Similar to other former communist countries in Eastern Europe, as of 1989 Romania has been the testing ground of various polices, therefore a good subject for the analysis of policy transfer. HTA has been put forward as a recommendation for Romania as early as 1992 and a number of repeated attempts to introduce HTA are documented (for example Moga et al. 2003, Corabian et al. 2005, Radu & Pana 2013 etc.). However an HTA unit was introduced inside the Ministry of Health only in 2012. This implementation is seen by some observers as a tick the box, copycat exercise that has little in common with established HTA frameworks in other European Member States (for example Gulacsi el al. 2014), and the controversy is an additional reason that makes this a good case to study policy transfer. Recent research has already showed that HTA introduction in Central Eastern European counties can be explained via the mediation of domestic epistemic communities (Loblova 2016b). Our access to new data, via interviews and review of personal archives, allows us to better document this process.

Methods

This is a qualitative research drawing on interviews with key informants, participatory observation and the analysis of policy documents, regulations and relevant reports. We make use of process-tracing and reconstruct actors’ motivations, perceptions and evaluations of the situation (Berman 2001). We also utilize triangulation with the objective to capture different dimensions of the epistemic community’s activity.

Most of this paper’s empirical observations are based on data from a set of 13 in-depth, semi-structured expert/elite interviews (Littig 2009; Dexter 2006). Interviewees were selected based on their institutional affiliations and, to some extent, through snowball sampling based on referral from previous interviewees. An additional source was provided by access to personal archives and saved email communication of key informants covering 2002-2007.

Overview of the theoretical framework

Policy ideas are dynamic and can move from one place to another. This process has been analyzed by distinct literatures which generated a variety of labels alongside conceptual overlapping and cross-pollination. Taking as a reference point whether the travel of ideas is path dependent and the result of external structural forces or a function of free agents that act independently, we make a broad distinction between policy diffusion and policy transfer.

Diffusion has been defined as "the process by which an innovation is communicated through certain channels over time among members of a social system" (Berry and Berry, 1999: 171). The diffusion literature suggests that policy disperses starting from a point of origin, it is something contagious, path dependent rather than chosen, and leads to incremental changes in policy. Therefore, "the travel of ideas [is seen] as a function of structural forces, such as industrialization, globalization and regionalization, rather than the work of free agents" (Mukhtarov, 2014: 73).

Policy transfer is the "process by which knowledge about policies, administrative arrangements, institutions and ideas in one political system (past or present) is used in the development of policies, administrative arrangements, institutions and ideas in another political system" (Dolowitz and Marsh, 1996, 2000). It suggests intentionality, it requires policy learning and it is the result of actors and their actions.

Although we believe that both processes can coexist, our case study follows a model of actor-centered mediation to diffusion. Thus we agree that policies are not "disseminated mechanically, because of GDP per capita or a certain type of health care system, but because of human activity" (Loblova 2016b: 84). We borrow the concept of "epistemic communities" (Haas, 1992) from the global public policy networks literature and their mediating role in the introduction of new concepts in domestic healthcare policy (Loblova 2016b). We aim to shade light on a specific dimension of a domestic epistemic community: the way it deals with failure in achieving its policy goals.

The epistemic community has been defined as "a network of professionals with recognized expertise and competence in a particular domain and an authoritative claim to policy-relevant knowledge within that domain or issue area" emerging around a shared set of normative and principled beliefs, shared causal beliefs, shared notions of validity of knowledge and a common policy enterprise (Haas 1992: 3). Research has showed that epistemic communities can stimulate policy transfer inducing changes in state interests (for example Haas, 1992) and

resulting in global forms of public policy (Stone, 2000, 2008). "A process of policy failure, paradigm innovation and policy emulation" needs to exist to create the appropriate environment where the ideas of an epistemic community can influence policy (McNamara 1998 quoted by King 2005: 113). Epistemic communities exercise their influence by coming up with solutions, seen as "road-maps or blue-prints" (King 2005: 99) when "conditions of radical uncertainty and political visibility" (Radaelli, 1999a: 763) determine decision-makers to "demand" (Loblova, forthcoming) for their input.

Since the 1992 special issue of International Organization, entitled 'Knowledge, Power, and International Policy coordination', most of the subsequent literature stayed in the International Relations scholarship and examined single case studies where epistemic communities were successful in pursuing their goals (Cross 2012). As a consequence, the literature on epistemic communities tends to overemphasize the communities' influence (Toke 1999, Krebs 2001, Dunlop 2009) and does not explain well what happens if the group fails to reach its policy goal.

Although it is generally acknowledged that negative cases are essential for theory testing, selection bias towards positive cases is present in all types of research. The same is true for most of the literature on epistemic communities. Notable exceptions include Cross (2007, 2015) and Loblova (2016b). Cross looks at non-cases, expert groups that do not form epistemic communities, and at weak or nascent epistemic communities that "may be able to achieve incremental change over time, but only on occasion or without a high level of ambition" (Cross 2015:91). Loblova compares a successful case of epistemic community influence with an unsuccessful example of the same policy, concluding that decision-makers' demand for expertise is what sets the two cases apart.

From Cross (2013) we know that epistemic communities tend to be "always at work", not only when there is a triggering crisis. This suggests that the group continues to pursue its agenda, waiting to be called upon when the right context arises. The literature seems to agree on the fact that the influence of epistemic communities is not constant and that it can fluctuate. For example Drake and Nicolaïdis' (1992: 41) claim that "direct epistemic community influence often declines once ideas and interests have been clarified". Once the decision makers and the other stakeholders have come to understand the implications of an issue and created an opinion, the epistemic community sees its influence diminish. At this point other factors take precedence, such as competing ideas, material interests, electoral gains (King 2005) and epistemic communities need to engage in bargaining or coalition building just like any other actors in the policy process (Dunlop 2000; Sebenius 1992).

This paper investigates what happens with a particular epistemic community when it is unsuccessful in turning its agenda into policy. Via a rich empirical section, the paper documents how a domestic epistemic community displays a variety of reactions when faced with failure.

The policy transfer of health technology assessment by domestic epistemic communities

This section briefly introduces the concept of health technology assessment (HTA) and shows how the domestic epistemic communities have been previously used to explain the domestic adoption of health technology assessment.

Health technology is a broad concept. It is defined by the International Network of Agencies for Health Technology Assessment (INAHTA) as "any intervention that may be used to promote health, to prevent, diagnose or treat disease or for rehabilitation or long-term care. This includes pharmaceuticals, devices, procedures, and organizational systems used in health care" (Facey 2006). Health technology assessment is defined as "the systematic evaluation of properties, effects, and/or impacts of health technology. It may address the direct, intended consequences of technologies as well as their indirect, unintended consequences" (Facey 2006). Its main purpose is "to provide structured, evidence-based input to policy-making to inform the formulation of safe and effective health policies that are patient-focused and seek to achieve best value. Despite its policy goals, HTA must always be firmly rooted in research and the scientific method" (Kristensen 2008). Intended to bridge the gap between the worlds of research and decision-making (Batista 1996), HTA is mainly used in relation to regulation of the health care system, quality of care, and payment for care (i.e. reimbursement decisions) (EUnetHTA 2006).

Health Technology Assessment has attracted considerable attention within health policy debate and academia in the past thirty years, turning HTA into a target of policy transfer (for example Banta 2009). In Europe we can identify "two waves" when formal HTA agencies where set up (Loblova 2015). The 1990s saw the establishment of the first HTA agencies, while the mid-2000s marks a second wave, when the "idea of an institution of public interest charged with HTA as a tool to aid coverage decision-making made its way to mainstream health policy in Europe" (Loblova 2015: 258). The "non-adopters" label applies to the rest of EU member states who have not followed the trend of HTA agencification (Loblova 2015). This category includes Romania, which despite being exposed to both waves of HTA policy diffusion is currently implementing an interim, simplified HTA tool which is far from a full-blown agency and formal HTA.

Despite being a popular object of policy transfer, HTA remains a relatively new field of applied analysis with somewhat fluid boundaries and variation in the way it is implemented. For example Loblova (2016b) identifies at least three different meanings of the concept: HTA as a method; HTA as a policy; and HTA as an institution. This explains to some extent the variation in implementation (at least in the European Union) and turns HTA into a "self-assigned label" (Loblova 2016b: 29). The epistemic community theory has been shown to work at the domestic level (Thomas 1997, Salvador & Ramió 2011), including the domestic adoption of HTA (Loblova 2016b). Along these lines, "One of the crucial beliefs of an HTA epistemic community would be that health care technologies that offer an unfavorable cost-benefit ratio should not be reimbursed (unless there are overriding concerns), and that this ratio should be established by a thorough scientific multidisciplinary analysis" (Loblova 2016b: 85). This translates into the policy goal of creating an institution with the main responsibility to perform HTA analyses.

Adapting Haas, Loblova (2016a) puts forward the following mechanism of health technology assessment (HTA) diffusion via domestic epistemic community based on case studies on Poland and Czech Republic:

1. "individuals from different countries learn about the existence of the policy idea at an international level (academic or policy conferences, professional exchanges, etc.).

2. these individuals interested in HTA form a community at the domestic level. Such community spreads its stances by sharing information and actively framing the issue in question: organizing conferences, meetings, presentations, workshops and the like, which include policy-makers and other actors close to decision-makers, typically high-ranking civil servants at the ministry of health or in other health care institutions.

3. members of the epistemic community acquire access to policy-makers by becoming civil servants or advisors and consultants in the ministry of health, or potentially by getting the 'ear' of decision-makers otherwise, through informal processes – and/or by systematically drawing attention to those aspects of the issue that imply the superiority of their preferred policy.

4. decision-makers are persuaded of the superiority and appropriateness of having an HTA agency and establish one." (Loblova, 2016b:267)

Attempts to introduce health technology assessment in Romania

We can identify 5 "waves" of introducing HTA in Romania. The first recommendation to establish HTA dates from a 1992 World Bank assessment report that involved David Banta , one of the main promoters of the field of HTA internationally. This lead to some professional

development short-courses, aimed at academia, which included health economics . The second wave, 1998 to 2003, consists of complementary activities, a voluntary "mentorship" by the Canadian HTA body in Alberta and an EU funded Twinning project with German authorities. These lead to a detailed concept for an HTA structure and the signing of a Memorandum where decision makers commit to setting up an HTA institution. The third wave, 2005 to 2007, marks the creation of a short-lived HTA unit with the National School of Public Health and includes a second Canadian voluntary "mentorship" collaboration alongside a World Bank project lead by Swiss consultants. The fourth wave, in fact a "tsunami" that finally determined authorities to formally introduce HTA in the decision making process for reimbursement of medicines, refers to the 2011 Memorandum of Understanding signed between the Romanian Government and the International Monetary Fund (IMF), World Bank (WB) and the European Commission (EC) (together known as the Troika) in the context of the financial loan triggered by the international financial crisis. NICE International was the selected consultant which proposed introducing a rapid HTA. In 2012 an HTA unit was introduced in the Ministry of Health. The fifth wave is ongoing as of the 2104 transfer of the HTA unit from the Ministry of Health to the National Medicine Agency and includes another World Bank capacity building project lead by the former NICE International (now Global Health and Development, Imperial College).

Each initiative of the epistemic community to introduce HTA in Romania seems to follow the causal mechanism depicted by Loblova (2016a), with initial activities to develop skills and raise public awareness, followed by attempts to gain access to decision makers and persuade them. They all set as final objective the introduction of an independent HTA institution and include human resource development and awareness rising as preliminary steps. Also, they all recognize the importance of political support. And, they all fall short of their initial objective. Interestingly, one of the interviewees offers a description that closely resembles the causal mechanism described by Olga Loblova: "The problem in Romania is that of critical mass. As the number of people [knowledgeable of HTA] will grow and they will understand what this is all about, things could change. Moreover, people from academia manage to get from time to time in administrative positions, they get to be state secretary, agency presidents, work at the National Insurance House, take part in various expert committees, and it is possible that as they educate themselves they become promoters of something that is common sense".

The objective to implement an independent HTA institution has always been the ultimate objective of the communities. A 2005 personal communication between two champions linked to the third wave describes the creation of an independent HTA institution as the "ideal". The two detailed roadmaps to introduce HTA, one resulted from the German Twining (2002) and the other prepared by a Romanian AmCham working group (2012), propose independent institutions. Even the NICE International report (2012), the one which proposed a "light" HTA, sees this as part of a step by step approach with the ultimate (implicit) goal of an independent HTA institution.

Our assessment of policy failure and success is done by comparison to the stated objective of the epistemic community to implement an independent HTA institution. We also base our use of these labels on the appraisal of external observers as well as the self-assessment of the epistemic community's own members.

We argue that in Romania we can talk about a single HTA epistemic community, which is sometimes interrupted, but otherwise persists. Each wave marks a different attempt to introduce HTA, is made up by a series of actions set in a defined time frame, has easily identifiable "champions", and usually produces an official document such as a memorandum or piece of legislation. Each new wave builds on its predecessors, in the sense that it makes references to previous attempts and there is overlap in membership. For example the head of the current HTA unit graduate a short course initiated during the fourth wave, while the champion behind the forth wave was first exposed to HTA during the Twining project of the third wave. The membership of the Canadian mentorship that is found in both second and third waves is identical, although the actions are set in different time frames. The 1992 World Bank report recommending HTA introduction lead to specialization courses at the Department of Public Health (Medical University of Bucharest) attended by at least two individuals which were involved to a certain extent in all the following four waves.

What we can see in Romania is that the hard core of the HTA epistemic community stays, throughout the various waves, with the academic community of public health specialists and their institutions. They act as "keepers of the faith" and as resource banks of technical expertise on how to perform HTA. The latest World Bank report (2007) clearly describes their activity: "They teach courses on health economics and HTA" and "Their HTA/health economics expertise is very focused on research, with applied work" (World Bank 2017: 40). The report recognizes this group as the "kernels of technical expertise within research institutes and academic settings" and sees it as one of the "basic building blocks needed to establish a systematic, consistent, and policy relevant HTA framework in Romania" (World Bank 2007: 30).

Observers agree that the trigger that finally leads to the introduction by law of the "light" HTA in 2012 was a combination of internal pressure from patient associations and the pharmaceutical industry, the requirement to transpose in local legislation a European Directive and, most importantly, the reform conditionality of the loan from the international institutions. "If the TROIKA would not have imposed it on the decision maker, HTA would have never been implemented" (interview). The previous attempts are minimized and described by the champion of the fourth wave as a "passive popularization in a fractured institutional context". Without the external pressure HTA introduction would have probably

"kept vegetating for some more years". External imposition is justified as: "In Romania many things were imposed because otherwise we wouldn't manage to do it by ourselves" (interview).

Besides these major waves, we can also track smaller scale attempts to introduce HTA which do not manage to generate the same momentum. For example, a 2003 survey of mid-level decision makers shows that they learned about HTA from different sources: HTA seminars (44%), individual study (36%) or from colleagues (10%) (Moga et al, 2003). These results determine Moga and colleagues (2003) to note that "past activities were indeed fruitful". We have also documented independent initiatives. For instance, a clinician reports on his pro bono training courses on HTA taught to medical representatives from a dozen pharmaceutical companies around 2010. He also reports that HTA first gains traction with the middle-level managers from the industry, who see the performing of local HTA analyses as a personal career development tool. The short lived Romanian Pharmacoeconomics Society is also set up in 2002 by a clinician with experience as decision maker. Despite unexpected initial interest, with up to 70 paying members, the society dies out in about two years. An industry driven initiative for setting up a National Strategy on Health Technology Assessment is reported around 2012. Although bringing together the international industry expertise and the local epistemic community, the proposed plan is dismissed by decision makers over the "quick fix" represented by the rapid HTA.

How does an epistemic community cope with repeated failure?

This section documents the failure of the epistemic community to introduce HTA and the impact on the members of the epistemic community.

HTA was first put forward as a policy option for Romania via a 1992 World Bank report. Twenty-five years later, an April 2017 World Bank commissioned report, notes limited progress: "Experience with HTA-related activities in Romania appears to be limited, and has been largely confined to research and spread across several institutions" (World Bank 2017: 23). "Overall, the potential of HTA to inform policy decision-making is under-recognized and under-utilized" (World Bank 2017:28). "Several of the basic building blocks needed to establish a systematic, consistent, and policy relevant HTA framework already exist in Romania. There is, however, significant scope, as well as pressing need, to develop and expand both the infrastructure and application of HTA. (World Bank 2017:30)"

The existence of repeated efforts to introduce HTA in Romania did not go unnoticed. Both our interviews and the literature take note of the "numerous attempts to introduce" HTA in Romania (Scantee 2017, see also HiT 2008). Interestingly this phenomenon is also reported for other countries in the region. For example, Gulacsi (2012) observes that "the idea of implementing HTA-based reimbursement practices has emerged from time to time in other countries in Central and Eastern Europe, such as Bulgaria, Croatia, Romania, Slovak Republic and Serbia".

The fortune of the domestic HTA epistemic community fluctuates and is marked by ups and downs. The support of decision makers varies from formal commitments to introduce HTA to complete reversals. Interestingly, support for HTA with decision makers goes hand-in-hand with a poor understating of the concept. For example, a 2003 survey of middle-level officials' show a 98% support for introducing HTA in Romania, while only 63% declare detail knowledge about the concept and 10% no knowledge at all. (Moga et al., 2003:33). Interestingly, both the initial members of the short lived Romanian Pharmaceconomics Society and the middle-level pharma industry managers supporting the performance of a series of local HTA studies around 2010, are described as curious and open to the concept but having a very poor understating of HTA. An anecdote placed around 2010 mentioned in three different interviews illustrates a complete ignorance of the concept with the decision makers. Thus an inquiry from the European Commission about the use of HTA in Romania was answered by the Ministry of Health with the number of reported cases of high blood pressure, which in Romanian has the same acronym as HTA (hiper-tensiune arteriala). Another anecdote from around 2006 reports how a call for proposals by the Ministry of Heath gets no applications as the concept of pharmaco-economics is misunderstood by authorities. Along the same line of ignorance associated with support, interviews mention the case of self-nominated "experts" on pharmaco-economics from the Ministry of Health and the larger domestic epistemic community, which insist on adding this expertise their CVs and to be consulted on the topic, when, in fact they have a very poor understanding of the concept.

As long as it is seen as something distant, something to be used "in future" (Haivas & Grigore 2007), or "a story that will always be implemented tomorrow" (interview), decision makers seem to be supportive of HTA. However, when faced with the requirement to introduce HTA, and when they realize the considerable efforts needed to develop a full-fledged system, the perception of decision makers around the concept is the subject of a spectacular swift. Thus in a relatively short time (2012-2013) HTA changes from being perceived as the "salvation", opinion correlated to a poor understanding of the concept, to resistance as HTA implementation is seen as a "Sisyphus' story". This is what subsequently led to the search for a "quick fix", which is implicitly a "denaturation" of the concept in the view of a key member of the domestic HTA epistemic community (interview). Even when HTA is finally implemented, this is seen as a "mere administrative procedure to fulfill (inter)national requirements" (Gulacsi el al. 2014). There are "gaps between policy formulation and policy

implementation" (Scantee 2017), which include lack of guidelines on how to apply various elements of the law.

Faced with failure, the domestic epistemic community reacts in various ways. Members can leave the community thus leading to loss of expertise or they can take a step back and abandon their active involvement in the group, leading to the existence of siloed expertise. When faced with failure, members of the epistemic community show their regret and frustration as well as endurance. Some look for external explanations of failure, others come to question the need to introduce HTA, while others settle for less ambitious goals, like a "light" version of HTA.

The failure of the epistemic community to introduce its desired policy, can determine its members to leave the community and follow their career path in other environments. This leads to a loss of expertise and stagnation, or even regression, in achieving the goals of the community. For example, the Romanian initiator of the Canadian mentorship, ends up taking up a positon with the mentoring institution. "The contact person for the Romanian initiative group obtained an extended placement at [the Alberta Heritage Foundation for Medical Research] (for a period greater than 6 months) and gained essential HTA knowledge and skills. The lack of progress in establishing an HTA presence in Romania has caused the individual to look to other places to apply the skills learned during the hands-on training in HTA. This finding raises a question with respect to the unrealistic raising of expectations of professionals in HTA through mentoring, which surpass the capacity or capability of the country to respond with a formal HTA program" (Corabian 2005: 525). Following an almost identical path, the contact person for the second Canadian mentorship and the head of the short lived EBM-HTA Unit at the National School of Public Health, ends up taking up a positon with another partner institution (Joanna Briggs Institute, Australia). Loss of expertise can also happen due to natural events, like the case of the contact person for the German Twinning project who dies in a car accident a few years after the project.

Another process by which members leave the epistemic community is via recruitment by other stakeholders. Thus the local pharmaceutical industry is reported as hiring the professionals with HTA expertise from academia and the public sector, a trend that is especially visible once HTA is introduced by law as a requirement for reimbursement. As a consequence, when the ISPOR Chapter Romani is set up, most of the members came from industry because "At that moment the industry had more people that understood what HTA was about". Industry is described as stocking up on HTA expertise although not using it due to the lack of formal legal requirements: "Gradually all pharma companies hired graduates of health economics. But they are all transferred in market access functions and are kept in stand-by should anything change […] in the current HTA methodology" (SP). External observers record this development with more detachment: "the kind of normal thing that

happens with people being trained and then offered better paid jobs in the industry" (CS) . Another example is reported by a former academic and employee with the Ministry of Health which is tasked with representing the Ministry at a meeting with the European Commission, although it the meantime the individual had taken a position with a private company.

Sometimes the loss of expertise and poor institutional memory, can determine members of the epistemic community to re-discover previous attempts to introduce HTA. Radu & Pana (2013) report with surprise on the early "waves": "During the documentation for this paper we found an article regarding HTA development in Romania from 2003, published in an international magazine [1]. Ten years ago, there were steps already taken towards a HTA system, published articles etc. which made us think about publishing the results of HTA usage in Romania during the previous years". An interviewee shares his view (referring to 2000 - 2002): "In Romania the topic was completely unknown, There were 2, 3 people that had some tangential knowledge". This could lead us to ask if the epistemic community has ceased to exist. However we believe that this is rather a "memory loss" of the epistemic community, explained via brain drain, siloed expertise, and poor communication inside the community. As we discuss above, we treat this as a single HTA epistemic community, which is sometimes interrupted, but otherwise persists.

Interviews (referring to both wave 4 and 5) document poor mechanisms for exchange of knowledge between the academia, where the "kernels" of HTA technical expertise are located, and the decision makers. Collaboration is irregular, ad-hoc and based on personal contacts. The same state is confirmed by a recent World Bank commissioned assessment "There has been a tendency for both individuals and institutions involved or interested in the development and application of HTA to operate in siloes, with little evidence of inter-institutional engagement." (World Bank 2017:28)

Members of the epistemic community shows regret and frustration when failing to succeed. For example, Moga (2003) motivates her article documenting the Canadian mentorship by "the hope that all activities to date have not been in vain". Radu and Pana (2013) describe the repeated failures to implement HTA as "unfortunate". Interviews allowed us to better document this "When I first heard about HTA at a Congress in Italy and about its introduction on a very short notice, I was convinced that this will also happen in Romania […] I was convinced that HTA would be a rapid solution. It turned out that I was wrong." Interestingly, the same type of regret is evident in an assessment of the state of HTA in Eastern Europe in 2012 (Gulacsi) "At that time we had no doubt [that HTA will start to be used] However, this dream is still sluggish in coming to fruition. Still today, the role of HE and HTA is very limited".

What appears to characterize the epistemic community around HTA in Romania is its endurance. The repeated failed initiatives, which come short of their goals, succeed however on the long term to lead to policy transfer via incremental policy change. As one informant puts it: "Although nothing coherent was developed, from each document, from each effort in the direction of HTA, there were elements that were implemented". Same idea is evident in another interview "Part of the objectives [of the AmCham 2012 HTA proposal] was met, although the strategy was not implemented". The informant describes the process as adding new pieces to a puzzle. The term "silent evolution" (used by Preda and Pana (2013) to describe the developments around HTA from 2002 to 2011, when in their view HTA remained only a subject for the academic and research purposes) is a good description of this whole process.

Despite failure, the members of the epistemic community encourage perseverance and try to self-motivate. "Despite this lack of progress, there is a need to continue the efforts to maintain the existing momentum and generate further momentum by developing actions and decisions that could shape and guide the future directions of HTA in Romania. Several mentoring-related services were identified as needed in the future to support the process of developing institutionalized HTA in this country" (Corabian 2005). In 2006, while the second Canadian mentorship was picking up speed, Corabian (2006) enthusiastically notes that "HTA is here to stay". A member of the epistemic community, who hold a decision making position confesses: "The concept of HTA is not well understood. It is just a few of us [who understand HTA]. We need to popularize the topic until we get to a critical mass".

Some members of the epistemic community look for external explanations of failure. These include complexity of HTA, institutional resistance to change and corruption, lack of proper legislation and opposition from parts of the industry. "It is difficult to make public polices when those that need to take the decision do not know what it is all about. A poor understating of the technical aspects leads to wrong decisions".

Some members of the epistemic community can grow disappointed and question the whole process "We don't have a real HTA and maybe we don't even need one. I don't know...Maybe it's enough to guide ourselves by the countries with a better capacity". Here is another illustration referring to the 4th wave: "I was told there were previous attempts to introduce HTA in Romania but were unsuccessful. I was told that this initiative will have the same fate". A long observers of the repeated attempts, describes the whole process as a "perpetuum mobile".

Each new attempt manages to be more sophisticated. As part of the fourth wave, a local chapter of the International Society for Pharmacoeconomics and Outcomes, a major

international promotor of HTA, is being set up as a Romanian initiative. Setting up the local chapter is in fact a coalition building initiative that brings together the epistemic community, the decision makers and the pharmaceutical industry. The ISPOR Chapter was perceived by its initiator as "a bridge for dialog between industry and the National Insurance House, a way to ease tensions on a turbulent relation […] a way to move beyond the formalism of the industry-payer relation. We would meet on the terrain of a [neutral] technical discussion".

Compromise can be an option for the epistemic community. However the long term objective stays the same. Although a "light" HTA is seen as early as the second and third wave as an exceptional option to be used on a case by case basis, the epistemic community sees this is as far from the "ideal". Almost all interviews depict the "light" HTA as a compromise, a short-term solution and criticize the fact that this seems to become permanent. The 2012 NICE report, part of the forth wave of HTA introduction, offers the best description of this view: "In our opinion, the full assessment of medical technologies (HTA) should be introduced for new medicines and subsequently for other technologies and medical services as a specific medium- and long-term objective (2-5 years)". The report also underlines the "development of competencies" and not necessary the development of a "brick and mortar" HTA institution, considering a step by step approach of capacity building.

Conclusion

Failure has been poorly studied by the literature on epistemic communities. This article contributes to filling in this gap by documenting the dynamics of an epistemic community that repeatedly fails short of achieving its policy goal. Based on our case study we find that members of the epistemic community can leave the community or they can take a step back and abandon their active involvement in the group. When faced with failure, members show their regret and frustration as well as endurance. Some look for external explanations of failure, others question the original goal while others settle for a less ambitious one.

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