

whether HTA agencies did adaptation of HTA reports and, if so, what methods and tools were used and what sections of the report were adapted.

Results. Thirty-three institutions from fourteen Latin American countries answered to the consultation. Seven countries do adaptation of HTA (50 percent) and one country does adoption. Of those countries that adapt HTA, three do only economic transferability. Methods and tools are usually developed locally or there is not a systematic approach. In two countries, the economic study transferability tool developed by Hutter and Antoñaza is used.

Conclusions. Adaptation of HTA is not well developed among Latin American agencies, although it seems to be an efficient strategy when assessing efficacy and safety. Adaptation of economic studies is still controversial; nevertheless, it is used in some of the countries of the region. It is necessary to advance in the development of HTA adaptation tools, developed and adapted to local contexts in the region.

VP13 Transferability Instrument Of Health Economic Evaluations For Chile

Victoria Hurtado-Meneses (hm.victoria@gmail.com), Catherine De la Puente, Marianela Castillo and Sergio Poblete

Introduction. Any technology submission for the high-cost treatment fund in Chile requires an economic evaluation; however, this is time consuming and given its high number, it is not possible to inform decisions within the established period of time. This presentation proposes a guide for the transferability of international economic evaluation results to our national context, with the intention to inform decision makers in a brief period of time.

Methods. A literature review on transferability analysis, tools and instruments to perform transferability analysis and on how to assess quality of economic evaluations was conducted. In addition, a workshop was held to discuss the proposal with other relevant researchers, in order to receive feedback.

Results. The proposed instrument is based on Welte and consists of: (i) a research question is formulated and a systematic review of economic evaluations is conducted, (ii) the three Welte knock-out criteria are applied to these results and, if these are met, the articles pass to the next stage, (iii) a scored comparison based on twelve criteria is conducted on the articles and each article is compared against the Chilean (economic) reference case, (iv) high-scored economic evaluations will be grouped according of their incremental cost-effectiveness ratio (ICER). If all ICERs do not converge, to the same conclusion, the intervention would not be transferable. If the ICERs of these studies converge, then the results will be compared against the national threshold. If the ICERs are greater than the threshold, the intervention would not be cost-effective. If the ICERs are lower than the threshold, then the intervention would be cost-effective in Chile.

Conclusions. Despite a de novo analysis still being the gold standard to inform decision makers, the proposed instrument could be used as an alternative, given the short time limit and the scarcity of qualified human resources.

VP14 Cost Analysis For HD And Peritoneal Dialysis For ESRD In South Africa

Letlhogonolo Makhele, Moliehi Matlala, Mncengeli Sibanda, Antony Martin and Brian Godman (Brian.Godman@strath.ac.uk)

Introduction. Hemodialysis (HD) and peritoneal dialysis (PD) are commonly used to treat patients with end-stage renal disease (ESRD). However, their costs have grown considerably in recent years as the rates of non-communicable diseases including diabetes and hypertension have grown. This will adversely impact on national health budgets especially in low- and middle-income countries (LMICs). Currently, there is limited knowledge about the costs of ESRD and the different components within the public healthcare system in South Africa. Consequently, our objective was to examine the direct medical costs of both approaches from a public provider perspective to provide future guidance.

Methods. A prospective observational study undertaken at a leading public hospital in South Africa based principally on patients' notes and costs from nationally procured lists. A micro-costing approach was used to estimate health care costs among adult patients with ESRD who had received either HD and PD for at least 3 months.

Results. The majority of patients (35 percent) were aged 40 to 50 years. Patients aged 29-39 years were mostly on HD (28 percent) while those between 51-59 years mostly on PD (29 percent), with HD typically managed in the private sector with limited facilities in the public sector. The average age of patients on HD and PD was 41 and 42 years respectively. Variable costs (USD 20, 488.79) were the highest cost component for PD patients with fixed costs the highest component for HD patients ((USD 16,231.45). The annual cost of HD (USD 31,993.12) was higher than PD (USD 25,282 per patient) but not statistically significant ($p = 0.816$). The overall burden if appreciably more patients with ESRD are managed appropriately within the public system (covering 80 percent of the population) would be considerable and become unaffordable.

Conclusions. HD costs more than PD. These cost estimates are useful for carrying out future health economic analyses and for allocating greater resources to prevent progress to ESRD.

VP15 Consumer Willingness To Pay For A Hypothetical Zika Vaccine In Brazil

Roberto Muniz Junior, Isabella Godói, Edna Reis, Marina Garcia, Augusto Afonso Guerra Junior, Brian Godman (Brian.Godman@strath.ac.uk) and Cristina Ruas

Introduction. The Zika virus is a newly emerging infection associated with increasingly large outbreaks especially in countries such as Brazil where an estimated 326,224 cases were confirmed between 2015 and 2018. Common symptoms associated with Zika include headache, conjunctivitis, fever, erythema, myalgia, vomiting, diarrhea, and abdominal pain. However, the symptoms