on authorization and price and reimbursement and HTA agencies, while both try to maintain an early, transparent and systematic interaction with the healthcare industry.

VP07 Cost-Effectiveness Of HTA Fees

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Introduction. Health technology assessment (HTA) bodies evaluate the clinical and/or economic impact of new therapies to inform public reimbursement decision-making. This research evaluates the value for money of current or proposed fees for HTA in countries with mandatory cost-effectiveness HTA bodies relative to their respective public drug expenditure.

Methods. HTA appraisal fees were identified from publicly-available websites: National Institute for Health and Care Excellence (NICE), Canadian Agency for Drugs and Technologies in Health (CADTH), Institut National d'Excellence en Santé et Services Sociaux (INESSS), and Pharmaceutical Benefits Advisory Committee (PBAC). Annual national public drug expenditure (ANPDE) were sourced from the National Health Service England, Canadian Institute for Health Information, and the Pharmaceutical Benefit Scheme.

Results. NICE is proposing to charge GBP 126,000 (EUR 142,582) for a single technology or highly specialized technology appraisal, CADTH charges CAD 72,480 (EUR 48,576) for a Schedule A submission, INESSS charges CAD 38,921 (EUR 26,089) for the first evaluation of a new drug or new indication, and PBAC charges AUD 136,716 (EUR 87,576) for a Major Lodgment. The ANPDE in England: GBP 16 billion (EUR 18.1 billion), Canada: CAD 14.5 billion (EUR 9.7 billion), Quebec: CAD 4 billion (EUR 2.7 billion) and Australia: AUD 8.7 billion (EUR 5.6 billion). The appraisal cost to drug expenditure ratio for these countries/regions were: 126,984, 200,055, 102,772, and 63,636, respectively.

Conclusions. HTA submissions in the United Kingdom, Canada and Australia require financial contributions from manufacturers. These contributions bear little relation to the market size and cumulatively exceed EUR 300,000 (assuming no resubmissions). By adopting charging/cost recovery models, HTA bodies are aiming to reinvest the proceeds to increase the efficiency and capacity of appraisals, expediting patient access. However, these fees may be burdensome, especially for SMEs with promising therapies for orphan/rare diseases, and they may thus have the potential to deter/delay their submissions.

VP08 Can Health-Economic Evaluation Provide a Representation of 'Value For Money' For HTA?

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Introduction. Health technology assessment (HTA) processes typically combine both evidence and values in order to inform decisions about relative value. Health-economic evaluation and other economic evidence are thought by many to be important for such processes, but there is typically tension between the information offered by health-economic assessment, and the context-specific interpretation of such information. This study reviews the meaning, and interpretation, of 'health-economic evaluation' aimed at informing HTA processes. One central aim is to answer the question: "Can health-economic evaluation provide a representation of 'value for money' for HTA?"

Methods. A seminal article was used as a starting point and then a variety of search techniques, including bi-directional citation searching, were used to obtain evidence relating to the study objective. A critical review is undertaken spanning the last fifty years of health-economic evaluation, which provides perspective on the balance between more context-independent assessments and the context-specific interpretation of those assessments.

Results. Although health-economic evaluation can legitimately be undertaken in a variety of ways, we find that processes of 'valuation' are fundamental to all approaches to economic evaluation in practice. Values influence how these economic value frameworks tend to be operationalized, promoted and understood. Our critical review provides those interested in prioritization with a timely reminder that health-economic evaluation should be thought of as largely context- and content -specific.

Conclusions. Health-economic evaluation can typically only offer a truncated representation of 'value for money' to HTA processes. In answer to the question posed above, this study finds that health-economic evaluation will typically not provide a full assessment of 'value for money'. Therefore, it should always be accompanied by an assessment of its qualities: what is covered in the analysis, how well what is covered is measured or analysed, and what is left out. Humility about what health-economic evaluation can offer would seem useful, especially given that other elements of value exist, such as the potential harms and benefits of medical-industry profits and environmental sustainability.

VP11 Use Of Health Technology Assessment Adaptation In Latin America

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Introduction. The development of health technology assessment (HTA) reports is a time-consuming process that requires highly trained human resources. In many Latin American countries this type of personnel is scarce. The adaptation of HTA could be a time-saving process to get inputs for decision. The objective of this study is to determine the frequency of use of HTA adaptation process and to describe type of tools used in this process in Latin American countries.

Methods. The Health Technology Assessment Network of the Americas (REDETSA) is a non-profit network formed by ministries of health, regulatory authorities and health technology assessment agencies (PAHO/WHO). During the last meeting of REDETSA in November 2018, we performed an exploration survey to gather information related to the topic in order to promote the creation of an adaptation working group. The question was

https://doi.org/10.1017/S0266462319002897 Published online by Cambridge University Press

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

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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

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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

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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

https://doi.org/10.1017/S0266462319002897 Published online by Cambridge University Press