INTRODUCTION:

The role of Health technology assessment (HTA) as a systematic approach in the evaluation of health interventions and technologies is becoming increasingly important as the quest for attaining universal health coverage globally continues to increase. Some developed countries in Europe and the Americas now apply HTA extensively in healthcare policy decisions, however, developing regions and countries like sub-Saharan Africa and Nigeria respectively, seem not to be making significant progress in this area. Given that evidence suggests that Nigeria and indeed several countries in sub-Saharan Africa are performing poorly on most healthcare indices as the region continues to be ravaged by predictable and avoidable epidemics and disease outbreaks, the need to build HTA capacity has never been more paramount.

METHODS:

A review of HTA capability in Nigeria was done. Pharmacists in Nigeria's Capital were randomly sampled. Semi-structured questionnaires were administered. Descriptive statistics was used in data analysis. P values less than 0.05 were considered to be significant.

RESULTS:

In Nigeria, there is no institution tasked with undertaking HTA and there seems to be limited knowledge, capacity and awareness on the issue. Pharmacists, being the most accessible healthcare professionals according to evidence, are a key group that could play an active role in HTA and its implementation in developing countries like Nigeria. However, out of 322 pharmacists randomly sampled, ninty-three percent were not aware of HTA and its application in healthcare decision-making.

CONCLUSIONS:

There is no paucity of healthcare programs and plans in Nigeria but they seem to fail due to lack of evidence-based assessment, decision-making and implementation. Hence, there is increasing need to raise awareness on the importance of HTA in healthcare decision-making; strengthen HTA capacity by developing and sustaining institutional capacity and adequate human resource for HTA; and creating regional annexes of HTA organizations in Africa.

PP130 Economic Burden Of Nine Human Papillomavirus Strains (HPV9)-Related Diseases: A Real World Cost Analysis From Italy

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INTRODUCTION:

The objectives of this study were to estimate the economic burden of human papillomavirus (HPV) in Italy, accounting for total direct medical costs associated with nine major HPV-related diseases, and to provide a measure of the burden attributable to HPV 6, 11, 16, 18, 31, 33, 45, 52, 58 infections.

METHODS:

A cost-of-illness incidence-based model was developed to estimate the incidences and costs of invasive cervical cancer, cervical dysplasia, cancer of the vulva, vagina, anus, penis, oropharyngeal, anogenital warts, and recurrent respiratory papillomatosis (RRP) in the context of the Italian National Health System (NHS). We used data from hospital discharge records (HDRs) of an Italian region and conducted a systematic literature review to estimate the lifetime cost per case, the number of incident cases, the prevalence of HPV9 types. Costs of therapeutic options not included in the diagnosis-related group (DRG) tariffs were estimated through a scenario analysis.

RESULTS:

The total annual direct costs were EUR 540.7 million, with a range of EUR 338.3 – EUR 789.7 million. These costs could increase considering innovative therapies for cancers treatment (range EUR 16.2 – EUR 37.6 million). The fraction attributable to the HPV9 genotypes without innovative cancers treatment was EUR 329.2 million (range EUR 150.1 – EUR 576.7 million), accounting for sixty-one percent of the total annual burden of HPV-related diseases in Italy. Of this amount, EUR 136.7 million (forty-two percent) was related to men, accounting for sixty-four percent of the costs associated with non-cervical conditions.

CONCLUSIONS:

The infections by HPV9 strains and the economic burden of non-cervical HPV-related diseases in men

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were found to be the main drivers of direct costs. The fraction of the total direct lifetime costs attributable to infections by HPV9 strains and the economic burden of non-cervical HPV-related diseases in men were found to be the main drivers of direct costs.

PP131 Eliciting Implicit Value-Judgments In The HTA Process

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INTRODUCTION:

Eliciting implicit value-judgments (VJs) in the HTA process is one way of integrating ethics in HTA since the latter is recognized as a value-laden process. An analysis of the diversity of opinions on implicit VJs in HTA and of their role, highlights the connection there exists between VJs and the different decisions involved in the whole HTA process. Such a link is corroborated by a conceptual analysis of VJ using a speech-act philosophical approach grounded in the philosophy of language, since VJs are linked with normative speech-acts such as commands, recommendations and advices.

METHODS:

We propose an analysis of the published citations mentioning VJs, extracted from our systematic review on the challenges of integrating ethics in HTA. In order to do so, those quotes were categorized in a chart, the latter of which presents: (i) the different steps of decision-making in the HTA process, (ii) the description of the implicit VJ(s) and (iii) the criteria involved. This chart was elaborated with the participation of the HTA local evaluators involved as co-investigators in our research group. The final version was discussed, debated and validated by the entire research group.

RESULTS:

The chart shows 18 decision-making steps in the HTA process in which twenty-three implicit VJs can be observed. The range of such VJs encompasses the whole HTA process from the initial mandate to the agency presenting the decisional issues, to the dissemination of the final report. The published citations gathered for each category compile different expectations on the elicitation of the implicit VJs, thus making the latter VJs more explicit.

CONCLUSIONS:

This chart allows a better understanding of the expectations that are at the core of the appeal for more transparency in the HTA process, since stakeholders need to understand which value-judgments the final conclusion of a report is relying on.

PP134 The Impact Of Pan-Canadian Oncology Drug Review Coming Under The Remit Of The Canadian Agency For Drugs And Technologies In Health – Three Year Update

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INTRODUCTION:

The pan-Canadian Oncology Drug Review (pCODR) was established in 2010 to bring consistent oncology drug assessments across Canadian provinces/territories. In April 2014, pCODR was transferred to the Canadian Agency for Drugs and Technologies in Health (CADTH). This transfer comprised two phases. In phase one, pCODR staff, processes, funding, and expertise remained intact as a program but under the government of CADTH. In phase two, beginning April 2015, better alignment of pCODR and CADTH evaluation criteria and review processes were explored. This research aims to see what effect the CADTH transfer has had on the number of appraisals conducted by pCODR and their recommendation rates.

METHODS:

All publically available pCODR reports were extracted up to 22nd November 2017. The drug, indication, date and outcome were extracted. Statistical comparisons were made using Student's t-test.

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