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

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are usually self-limiting and last on average for 4 to 7 days, with patients typically not accessing the public healthcare system (SUS). In severe cases, symptoms include neurological disorders and neonatal malformations. A future Zika vaccine can contribute to decreasing the number of cases and associated complications. However, this has to be balanced against continuing costs to control this and other vector borne diseases. Consequently, information about consumers' willingness to pay (WTP) for a hypothetical Zika vaccine can help with price setting discussions in Brazil starting with the private market before being considered within SUS.

Methods. A cross-sectional study was conducted among residents in one of the main provinces of Brazil (Minas Gerais) regarding their WTP for a hypothetical Zika vaccine with agreed characteristics. This included a mean effective protection of 80 percent, with the possibility of some local and systemic side-effects. The discussed price was USD 56.41 (BRL 180.00) per vaccination as this figure was utilized in a previous WTP study for a dengue vaccine.

Results. Five hundred and seventeen people were interviewed. However, thirty would not be vaccinated even if the vaccine was free. Most of the resultant interviewees (489) were female (58.2 percent), were employed (71.2 percent), had private health insurance (52.7 percent), had household incomes above twice the minimum wage (69.8 percent) and did not have Zika (96.9 percent). The median individual maximum WTP for this hypothetical Zika vaccine was USD 31.34 (BRL 100.00).

Conclusions. WTP research can contribute to decision-making about possible prices alongside other economic criteria once a Zika vaccine becomes available in Brazil alongside other programmes to control the virus.

VP16 A NICE Way To Manage Managed Access: Case Study In Muscular Dystrophy

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Introduction. Managed access arrangements (MAAs) represent a way of enabling patient access to promising treatments while collecting real world data to inform future health technology evaluations (HTE) and commissioning decisions. In July 2016, the National Institute for Health and Care Excellence (NICE) recommended Ataluren for treating Duchenne Muscular Dystrophy within a MAA. NICE is uniquely placed to oversee the implementation and monitoring of this MAA in collaboration with multiple stakeholders to ensure the final outputs meet the needs of a future HTE.

Methods. NICE assembled an Ataluren Managed Access Oversight Committee (MAOC) consisting of representatives from the manufacturer, patient organisations, commissioning body and treatment centres. This group were to meet every six months under the chairmanship of NICE with the primary function of reviewing the progress of data collection and identifying operational challenges in implementing the terms of the arrangement.

Results. The Ataluren MAOC has convened four times since the MAA commenced and these discussions identified a number of important actions. Data completeness was a concern and prompted stakeholders to collaborate on implementing measures to circumvent this, to ensure data quality for future HTE. Lack of awareness and understanding of the MAA in the patient community was highlighted and resulted in the production of lay information. A review of the statistical analysis plan resulted in the need for an agreement amendment. To ensure an audit trail and appropriate critique, NICE produced an amendment process to define and justify amendments made during the agreement term.

Conclusions. MAOC meetings play an important role in monitoring the progress of MAAs and have ensured that implementation issues are identified promptly and resolved with input from key stakeholders. This process allows NICE to coordinate the work of stakeholders to facilitate the success of the MAA, and will be adopted in future NICE MAAs in ultra-rare diseases.

VP18 Potential Of Real World Evidence For 'IDEAL' Procedures Research

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Introduction. Randomized trials and similarly robust research methods generate evidence in carefully controlled settings, often with strict inclusion criteria. But patients in the 'real world' often have multiple comorbidities, and treatments are delivered within diverse environments. Trials are also difficult to fund, and rarely collect longitudinal data. Because of these, and other limitations, researchers are increasingly recognizing the inherent value of real world evidence (RWE). This is not only true for pharmaceutical products, and may have even more relevance in the evaluation of complex interventional procedures and non-medicines healthcare technologies. The Idea, Development, Exploration, Assessment, Learning (IDEAL) Framework guides the developmental 'pipeline' of surgical (and other) procedures, as well as medical device research (IDEAL-D). IDEAL informs the production of high-quality evidence of safety and effectiveness, but there is potential to further expand its applications.

Methods. Our aim is to investigate the feasibility of using of RWE alongside the IDEAL Framework in the assessment of procedures and devices. Methodological experts from the IDEAL Collaboration, HTA agencies and other healthcare research organisations are contributing their unique perspectives and experiences to explore these methods. As part of this work, Cedar Healthcare Technology Research Centre (Cedar) has attempted to retrospectively apply the IDEAL criteria to a series of RWE projects conducted on behalf of the National Institute for Health and Care Excellence (NICE) Interventional Procedures and Medical Technologies Evaluation Programmes.

Results. Cedar's experience indicates that there may be options for using retrospective routinely-collected linked data and other existing sources to address some of the requirements of IDEAL. Likewise, the IDEAL Framework is expected to be a helpful reference when designing new databases and clinical registries for prospective collection of relevant and informative evidence. Examples from several projects will be shared at the Health Technology Assessment International (HTAi) conference.

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