Results. Sixty-two reviews published between 2008 and 2022 reporting on using a framework to stratify health opportunities and outcomes met the inclusion criteria. Frameworks identified included the PROGRESS (place of residence, race or ethnicity, occupation, gender, religion, educational level, socioeconomic status, and social capital), PROGRESS-Plus (plus age, disability and sexual orientation) and Preferred Reporting Items for Systematic Reviews and Mata Analysis (PRISMA) – Equity checklist.
Conclusions. Currently, there does not seem to be consensus in how evidence of inequality or inequity in evidence synthesis or HTA are reported. As research interests in health inequality and inequity continue to grow, there is a need to develop a framework that provides an in-depth understanding of how inequalities in health and inequities in health should be considered within evidence synthesis and HTA. This will allow researchers to analyze not just the effects of interventions, but also how healthcare outcomes are impacted by inequalities or inequities.

OP22 Using Threshold Analysis To Guide Searches For Additional Sources Of Evidence

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Introduction. Threshold analysis is a novel statistical approach which can be used to investigate which direct comparisons in a network meta-analysis (NMA) have estimated relative effects that may not be robust to changes in the evidence, either due to possible bias, sampling variation, or relevance.
Methods. In a health technology assessment of the clinical effectiveness of ablative and non-invasive therapies for patients with early hepatocellular carcinoma (HCC), we conducted a threshold analysis to identify treatment comparisons that would be sensitive to changes in the randomized controlled trial (RCT) evidence used in the NMAs, potentially leading to a change in the recommended treatment. The results of the threshold analysis were used to guide a targeted systematic review of high-quality, non-randomized, prospective comparative studies that could strengthen the evidence for those comparisons identified as sensitive to change.
Results. We conducted NMAs of RCT evidence for four outcomes: overall survival (16 RCTs), progression-free survival (6 RCTs), overall recurrence (7 RCTs), and local recurrence (10 RCTs). The results of the NMAs displayed a high level of uncertainty, attributable to the sparse nature of the network, characterised by interventions being mainly compared in small trials. A targeted systematic review was conducted on relevant interventions that were identified as being sensitive to changes in evidence by the threshold analysis. The studies identified in this review were incorporated into a second NMA to support the RCT evidence.
Conclusions. Threshold analysis has been typically used as a tool to assess how robust comparisons in an NMA are to additional sources of evidence, but it can also be used to guide the search for additional non-randomized evidence when the available RCT evidence is sparse.

OP24 Impact Of Patient Input On Cancer Drug Funding Recommendations In Canada

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Introduction. Patient involvement in health technology assessment (HTA) has documented advantages, such as improved understanding of disease context, and increased legitimacy and transparency of the HTA process. In the absence of clear metrics, thresholds, or criteria, it is not clear how input regarding patient preferences influences HTA based recommendations of the pan Canadian Oncology Drug Review (pCODR).
Methods. This is a concurrent complementary mixed methods study. A quantitative model (logit) is used to estimate the impact of patient input and other HTA criteria on pCODR recommendations. A qualitative analysis of semi-structured interviews with Canadian HTA committee members is used to describe the mechanisms of action through which patient input influences recommendations.
Results. Patient input was considered important in providing context to the HTA discussion, but committee members were not able to explicate how any specific elements of patient submissions weighted into the committee's recommendation. There was an element of mistrust in the patient input data. The estimated impact of patient input on funding recommendations is not statistically significant, recommendations remain driven by evidence of clinical benefit.
Conclusions. The commitment to inclusion of patient perspectives in HTA in Canada is strong, and procedurally Canada is among the leaders in this regard. The tangible impact of patient input could be increased with an improved system for collection of most relevant data, and clear guidelines about how patient input should weigh into HTA recommendations.

OP26 Policy Perspectives Of Health Technology Assessment In Ethiopia

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Introduction. Health technology assessment (HTA) is defined as a multidisciplinary field of policy research that provides evidence on the consequences of adopting and using health technologies. A ministry of health with jurisdiction over HTA should determine the influence of public law on all HTA-related activities and the rules that apply. Therefore, health decision-makers interested in HTA must learn to navigate the legal system, starting by situating it in the legal apparatus of the country. As a result, establishing a national HTA system requires designing a legal pathway towards HTA. However, a historic overview of HTA, in the context of policy documents of Ethiopia is not clearly reported. Therefore, this review is warranted

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to understand the historic overview of HTA in the context of health policy documents of Ethiopia.
Methods. A review of online policy documents was conducted in advanced Google Scholars and websites of the Ministry of Health (MoH) of Ethiopia. Some of the policy documents were also obtained through contacting experts at MoH. The review findings were organized into six categories.
Results. Regulatory documents have emphasized the approval of new health technologies before selecting health technologies. Health Policy of Ethiopia and the Directive on Medical Equipment also clearly stated the importance of institutionalizing HTA and establishing HTA organizations. Additionally, the National Medical Device Policy clearly indicated the importance of establishing an HTA advisory team at MoH. Similarly, the Health Sector Transformation Plan II (HSTP II) stressed the need to build a national capacity to conduct HTA. Even though policy statements on HTA appear scattered across different policy documents, they were not put into a national HTA system.
Conclusions. It is important to refer to policy statements outlined in different policy documents when establishing a national HTA system in Ethiopia. Also, attention should be given to the development of policy documents related to HTA guidelines, strategic documents in HTA, and policy documents that can link HTA results to policy-making.

OP27 Health Technology Assessment Processes, Characteristics, And Key Differences In High, Middle, And Low-Income Countries Of Asia Pacific Region

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Introduction. The healthcare sector in the Asia Pacific (APAC) region is in a period of rapid growth and exciting innovation. This has led to an increase in the number of APAC countries adopting and implementing health technology assessment (HTA) to assess the clinical, ethical, economic, and societal aspect of healthcare technology. The aim of this study is to provide an updated snapshot of the status of HTA and key differences in selected countries of APAC region.
Methods. HTA robustness and gap requirements, including its structure, process, use in decision-making and resource allocation processes were assessed through a review of published and gray literature for each of the selected country. A qualitative analysis was carried out by using a set of 15 principles of an International Working Group for HTA Advancement to identify the robustness and key differences in HTA based decision-making process in scoping countries.
Results. The finding of this study reveals that maturity of HTA determined by country-specific factors, such as presence of independent HTA agency, healthcare funding and expenditure, etcetera, and varies across the high-, middle-, and low-income countries of APAC region. Based on the study's results, HTA ecosystem of selected countries categorized into rising HTA followed by advancing and mature HTA categories. In addition to the differences in HTA structure, the influence of stakeholder engagement differs among HTA bodies. The variation in the time frame of HTA decisions was significant among countries, with a general lack of awareness and transparency among health policy decision-makers and resulted in longer time for assessment for rising HTA category compared to the advance and mature HTA categories.
Conclusions. The vision of a comprehensive and robust HTA system can be achieved by implementing a transparent, independent, decision-making, and strongly integrated HTA process in the region. We recommend that efforts should be directed to promote a transparent and sustainable HTA, throughout the low- and middle-income countries of APAC region which eventually, lead to more effective HTA ecosystem.

OP28 Health Technology Assessment: A Situation Analysis Of Zimbabwe

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Introduction. With ever increasing burden of disease and limited resources, health technology assessment (HTA) is required for efficient resources allocation and priority setting in healthcare. The objective of this study was to establish the baseline HTA evidence generation and use in Zimbabwe.
Methods. In 2019, we convened a stakeholder workshop on HTA at the University of Zimbabwe. Presentations on HTA processes, current healthcare reimbursement model, priority setting in the Ministry of Health and selection of medicines into the treatment guidelines, were done by the experts. We adapted the Health Intervention and Technology Assessment Program questionnaire for situational analysis of HTA introduction at national level and administered it among the workshop participants. We report the baseline information on HTA situation, the need, demand and supply of HTA in Zimbabwe obtained from the presentations and responses from workshop participants.
Results. A total of 33 participants attended the workshop. Participants indicated that there is no formal HTA agency or process in Zimbabwe. The selection of medicines into treatment guideline is determined by disease burden, safety, efficacy and cost data, and it is done by a group of experts. The Association of Healthcare Funders of Zimbabwe (AFHOZ) reported that private healthcare funders use resource-based relative value scale system to determine tariffs and reimbursement levels. The regulator requires safety, efficacy and product quality data for the registration of medicines. Transparency in decision-making, registration of heath technology and formulation of essential medicines and treatment guidelines were reported as the major needs of HTA. The major users of HTA outputs were reported as medicines regulator, AFHOZ and Ministry of Health. Key suppliers of HTA evidence are academic and clinical research institutions

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