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INCREASE ARV ACCESS FOR PLWHA IN DOMINICAN REPUBLIC THROUGH THE TRANSITION FROM VERTICAL SUPPLY SYSTEM TO AN INTEGRATED NATIONAL PHARMACEUTICAL SYSTEM

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In 2010, the Ministry of Health (MoH) requested USAID for technical assistance to implement interventions to improve the HIV/AIDS supply chain system. Assessments revealed that fragmentation of the pharmaceutical system contributed to stock-outs and expiration of antiretroviral (ARVs) and other medicines and supplies used by disease control programs (DCPs). The implementation of an integrated system was proposed as the most efficient and sustainable alternative to confront the HIV/AID pharmaceutical supply problems. Since 2011, the MoH with the support of USAID partners is integrating vertical DCP systems –including Tuberculosis and HIV/AIDS- into a single pharmaceutical management system (SUGEMI, in Spanish). The implementation of SUGEMI included: (1) an evidence-based for the design of the system and implementation of particular interventions; (2) institutional strengthening of national and regional implementing units; (3) legal support through Ministry and Presidential Decrees; (4) development and implementation of standard operating procedures (SOPs). Since 2014, the HIV/AIDS program has moved the ARVs from program specific stores to integrated warehouses; their personnel is using standardized SUGEMI formularies for requisition and delivery; and, has participated in national forecasting exercises leading to the procurement of quantities of ARVs, closer to the estimated needs of the patients. As a result of these interventions in 2014 and 2015, the availability of ARVs has increased from 40% to a 97% in health facilities and 70% to a 100% in central warehouse. Simultaneous interventions in various pharmaceutical management components, within an integrated national pharmaceutical system have contributed to increase the availability of ARVs in the Dominican public health system.

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HEALTH TECHNOLOGY ASSESSMENT PRACTICES IN TURKEY

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The Ministry of Health of Turkey has a system that places a high value on improving health care in all areas. The Ministry has initiated a project called "Health Transition" which has some sub-components to provide the above-mentioned goal . A number of national priorities have been established for these components one of which is to address health technology assessment (HTA). Health technology covers a variety of practices including pharmaceuticals, medical devices, surgical methods and health systems that are used for protecting and promoting health; and preventing, diagnosing and curing of diseases. Health Economics and in particular HTA is also a high priority for the European Union (EU) as stated in the 15th article of the directive 2011/24/EU related to the application of patients' rights in cross-border health care. Despite HTA being a high-value speciality, the Turkish health care system has just newly developed its HTA perspective. Even though the system has been put in place recently and somehow fragmented between different institutions, HTA department in Turkey has conducted some research and reports regarding medical devices and pharmaceuticals some of which have not yet been concluded. It is also an active member of European Health Technology Assessment Network by having roles and responsibilities in working packages and authorship in projects. There is however a long way to go. In this paper, current situation of Turkish Health Technology Assessment capacity has been discussed and some information has been given regarding the efforts of cohesion between EU and international society.

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EVALUATION OF AVERAGE COST-EFFECTIVENESS RATIOS OF STANDARDS OF CARE ACROSS DIFFERENT INDICATIONS

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OBJECTIVES: Cost-effectiveness evaluations of new products are currently entirely focused on incremental cost-effectiveness ratios (ICERs) calculated over the standard of care (SoCs), and do not take into consideration the cost-effectiveness inherent/implicit of the SoCs themselves. We argue that the average cost-effectiveness of the SoC, expressed as a ratio of the difference in costs between the SoC and no treatment/best supportive care (NT/BSC), to the difference in outcomes, or the ACER, also merits regular evaluation to enable comparison of value being derived from healthcare spend across indications. **METHODS:** To compute ACERs of SoCs, the costs associated with the SoC, and the benefits accrued were compared with that of NT/BSC applicable to each indication, based on inputs derived from previously accepted NICE evaluations. This exercise was carried out over 25 different indications spread across cancers, endocrine disorders, infectious diseases and immune disorders. **RESULTS:** ACERs varied considerably, from a low of £717 (influenza in elderly) to the high seen in Prader-Willi syndrome of £148,675 with a mean of £33,700 and median of £27,190. ACERs in endocrinology ranged from £25,485 to £148,675, oncology from £9,367 to £38,641; infectious diseases from £717 to £13,710, and immune disorders from £22,728 to £90,156. **DISCUSSION:** Evaluation of reigning ACERs of the SoCs in different indications helps in: a) getting an estimate of the economic value of the healthcare budget being spent in particular indications, and across the pharmaceutical product spectrum, b) calibrating and evaluating currently accepted threshold ICERs; and c) providing decision-makers with data that encourages them to consider permitting greater leeway for new products' ICER acceptability in indications where the SOC's ICER may be at the lower end of the range, and conversely, to tighten limits in indications where the current SoC's ACER may be at the higher end of the range, and thereby narrowing the range.

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CONSIDERING EVIDENCE FROM HEALTH ECONOMICS WITHIN IMMUNIZATION DECISION-MAKING - A SEMI MULTIPLE CRITERIA DECISION APPROACH USING THE DECIDE TOOL

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BACKGROUND: mmunization decision-making (IDM) should draw on high quality evidence from various sources such as health economics (HE). Objective of this study was to test the applicability of a framework that enables a systematic, transparent, and evidence based IDM based on multiple criteria. **METHOD:** We applied the 'Evidence to Decision (EtD) Framework' developed by the 'Developing and Evaluating Communication Strategies to Support Informed Decisions and Practice Based on Evidence' (DECIDE) collaboration to the example of vaccination against pneumococcal-disease (PD) in adults and utilized HE evidence from a modeling study for Germany. We tested how EtD criteria can be operationalized for the development of a specific IDM on which HE was expected to have a strong impact. A panel of members of the Methods-Working-Group of the German standing committee on vaccination (STIKO) was asked to use the EtD framework and judge on its applicability and usefulness for IDM. **RESULTS:** Data from the HE model were used to inform one out of six criteria (disease-burden, evidence quality, magnitude of effects, balance of effects, cost-effectiveness, acceptability) of the EtD framework. Since two vaccine-types (23-valent polysaccharide and 13-valent conjugate vaccine [PPSV23, PCV13]) were compared in the HE model, judgement options for the HE criterion were: 'favors PPSV23'; 'favors PCV13'; 'favors sequential vaccination PCV13&PPSV23'; 'does not favor either'; 'favors no vaccination'. Panel-members reported the usefulness of the EtD framework for IDM on PD vaccination, especially regarding the integration of HE result-figures. **DISCUSSION:** The EtD framework seems very suitable to consider HE in evidence based IDM even in a complex situation where multiple vaccination strategies are compared. It's in particular helpful to communicate HE results-figures to non-economists and supports transparency in IDM. In the project 'Standardization of healTh Economic Evaluations of vaccINes in Germany' (STEErING) the integration of HE in IDM will be further explored.

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IMPACT OF DECISION MAKING BASED ON THE MATCHING THE QUALITY OF THE EARLY WARNING INDICATORS IN COLOMBIA DURING 2013 – 2014 BETWEEN PRIVATE AND PUBLIC IPS AND THE QUANTITY OF AFFILIATES BY REGIMEN

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OBJECTIVES: The objective of the present study was assess the impact of the performance evaluation, in terms of quality of the early warning indicators in Colombia during 2013 – 2014 between private and public IPS and the quantity of affiliates. The quality has been established as a key attribute in the comprehensive health care, which under the General System of Social Security in Health(SGSSS) in the Act100 of 1993 and the reforms of Decree1011 of 2006 and Resolution1446 of the same year, was designed and implemented the policy of the system of warranties of quality in health care, in terms of quality of the early warning indicators(EWI). **METHODS:** A GLM and matching analysis comparing the quality in terms of timeliness and accessibility of health(TAH) care in the health institutions by department between 2013-2014 is proposed, taking into account the participation of affiliates in the contributory and subsidized regimen(CR-SR), in order to show that the number of members of the SGSSS at the departmental level is not necessarily determined by the increased presence of IPS or health centers or by the quality results of TAH. **RESULTS:** The period studied, after running nine models of linear regression intertwined variables mentioned above (n_obs=33), it was shown that members of the SR(SR"n2013=22669543;n2014=22882669";&;CR"n2013=20150266;n2014=20760123")had a correlation of 30.63%compared to public regardless of private-IPS , while the worst correlation 7.54 %was manifested in the SRmembers attending Pr-IPS, since a high degree of omitted variables Pu-Pr-IPS manifests48.66%. **CONCLUSIONS:** SR had a notable effect over the quantity of affiliates in the health system. Affiliates of both Regimens prefer to assist to pu-IPS considering that had the highest quality(EWI). This research will open the discussion about the relevance of quality indicators in health and their relation with national budget, and what will happen if Colombia implement a Universal Health System.

DISEASE – SPECIFIC STUDIES

INFECTION – Clinical Outcomes Studies

PIN1

PREVALENCE OF HEPATITIS C AND PRESENCE OF COMORBIDITIES IN SWEDEN: A NATIONWIDE POPULATION-BASED REGISTER STUDY

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OBJECTIVES: The aim of the study was to estimate the prevalence of chronic hepatitis C (CHC) using Swedish nationwide register data. The secondary objective was to describe the presence of comorbidities compared with matched general population controls. **METHODS:** Patients were identified according to international classification codes (ICD) for hepatitis C (HCV) in inpatient care (1987–2013), day surgery and non-primary outpatient care (1997–2013) in the nationwide Swedish Patient Register. The prevalence of CHC was defined as cumulative prevalence, and calculated as the number of patients alive and resident in Sweden Dec 31st 2013 with a diagnosis listings for CHC during the study period divided by the total Swedish population on that date (n=9 644 864). Five general population controls were matched by age, sex, and county of residence to each CHC patient. Presence of co-morbidities were ascertained from the same register after CHC diagnosis and compared with matched