



# **PRI** **RITIES 2024** **CONFERENCE**

**14<sup>th</sup> International Society  
for Priorities in Health Conference**

**Shaping the Future of Health Prioritization:  
Strategies for Sustainable Solutions**



**8 - 10 May 2024  
Bangkok, Thailand**

[www.priorities2024.com](http://www.priorities2024.com)



# Conference book

**14<sup>th</sup> International Society  
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# Welcome from the Chair of the International Society for Priorities in Health

Dear delegate,

A very warm welcome to **Priorities 2024!** This is the 14<sup>th</sup> biennial meeting of the **International Society for Priorities in Health (ISPH)**. It is also the first time that the meeting has been held in Asia.

ISPH is now more international than ever. This conference will welcome 321 delegates from 44 countries around the world to share their insights, challenges, and solutions to the priority setting questions that they face.

The conference theme is **Shaping the Future of Health Prioritization: Strategies for Sustainable Solutions**. Over the next three days we will be exploring the future of health prioritization around the world. Topics range from innovation in health technology assessment and the use of artificial intelligence; to prioritization during emergencies and incorporating concerns about climate change into allocation decisions; to thorny questions of justice in health.

The Society does not stop when our biennial meeting is over. We are committed to keeping our members connected all year round and helping them to share resources and expertise. If you are not already a member, I invite you to join ISPH and become part of this community. You can find us online at: <https://www.prioritiesinhealth.org>.

I look forward to meeting you soon, to many fruitful discussions, and to learning from you all.

**Joseph Millum, PhD, M.Sc.**  
Chair, International Society  
for Priorities in Health



# Welcome from the Organizing Committee

On behalf of the organizing committee, I would like to extend our warmest welcome to all of you to the 14<sup>th</sup> International Society for Priorities in Health (ISPH) Conference or “Priorities 2024 Conference” in Bangkok, Thailand. Your presence here is highly appreciated, and we are thrilled to have you join us for what promises to be an inspiring and informative event.

With the conference’s primary theme of “Shaping the Future of Health Prioritization: Strategies for Sustainable Solutions,” this conference aims to explore how health prioritization can look like going forward for health systems and beyond to grow stronger and be able to withstand and thrive against major challenges and threats not only to our healthcare systems but to the whole world. Regardless of what we will encounter, together we can find ways to prevail and overcome. These challenges include climate change, geopolitical conflicts, and slow economic growth worldwide, among others, which will put pressures on how the limited budget will be allocated across sectors and challenge the resilience of health system during these foreseen crises.

With the conference taking place for the first time in the history of ISPH in Asia, this year is extra special, and we hope to bring partners from all parts of the world to share their experiences and support our movement towards Universal Health Coverage for all.

To put a conference of this magnitude together is not a small task. To that end, I would like to take this opportunity to thank all involved including the ISPH’s management committee, the scientific committee, the academic committee, donors, and all of you for your support and for making this conference possible.

We are privileged to host this important conference and we look forward to a productive and insightful discussion.

**Professor Vicharn Panich**  
Chair, HITAP Foundation Board



# Delegate Information

**Welcome to the Land of Smiles!** Nestled in the heart of Thailand, Bangkok is a city of contrasts. Skyscrapers reach for the sky while ancient temples stand as reminders of a rich cultural heritage. The bustling streets with vibrant markets offer a glimpse into daily life. Amidst the chaos, serene temples provide moments of tranquility, inviting visitors to experience the city's unique blend of tradition and modernity. Bangkok is a captivating destination where every corner tells a story waiting to be discovered. For a taste of local culture, wander through the streets of Chinatown for aromatic food stalls offering a culinary adventure. You can also hop on a cruise along the Chao Praya River to witness the city from a different perspective or try one of the city's biggest malls, ICONSIAM, right next door to the conference! We hope that you will enjoy your stay in Bangkok and the Priorities 2024 Conference.



## Meeting Venue



**Millennium Hilton Bangkok**

**Charoennakorn Station (Sky Train Gold Line)**

123 Charoennakorn Road, Klongsan, Bangkok, 1600, Thailand

Free wifi access

## Registration

The registration desk is located on the 2<sup>nd</sup> floor of the Millennium Hilton Bangkok Hotel and will be open throughout the conference.

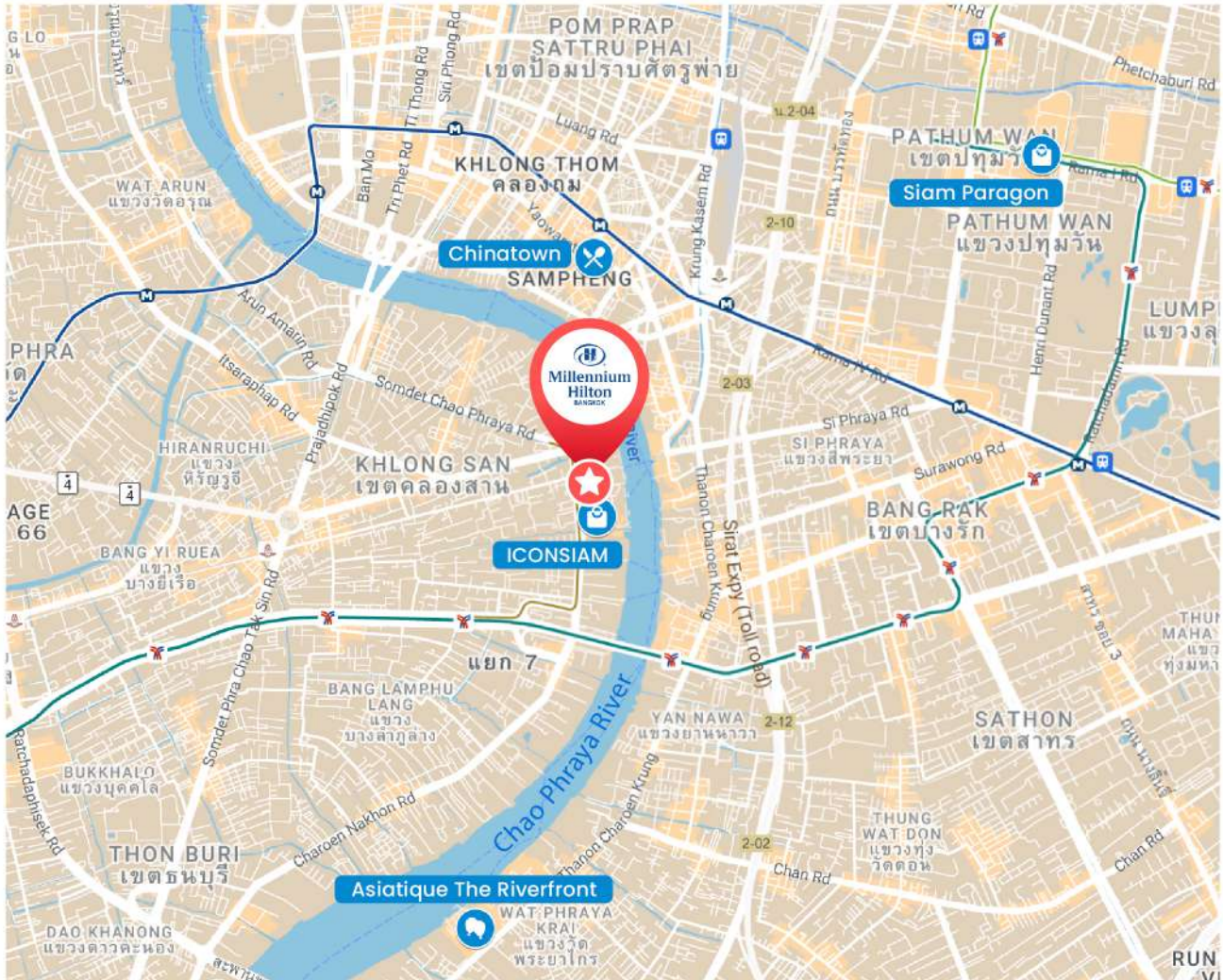
## Name Badges

Please wear your name badge at all times during the conference. If you lose your badge at any time, please inform the organizing staff.








# Map



## Conference location

 Millennium Hilton Bangkok

## Attractions

-  Siam Paragon
-  Chinatown
-  Asiatique The Riverfront

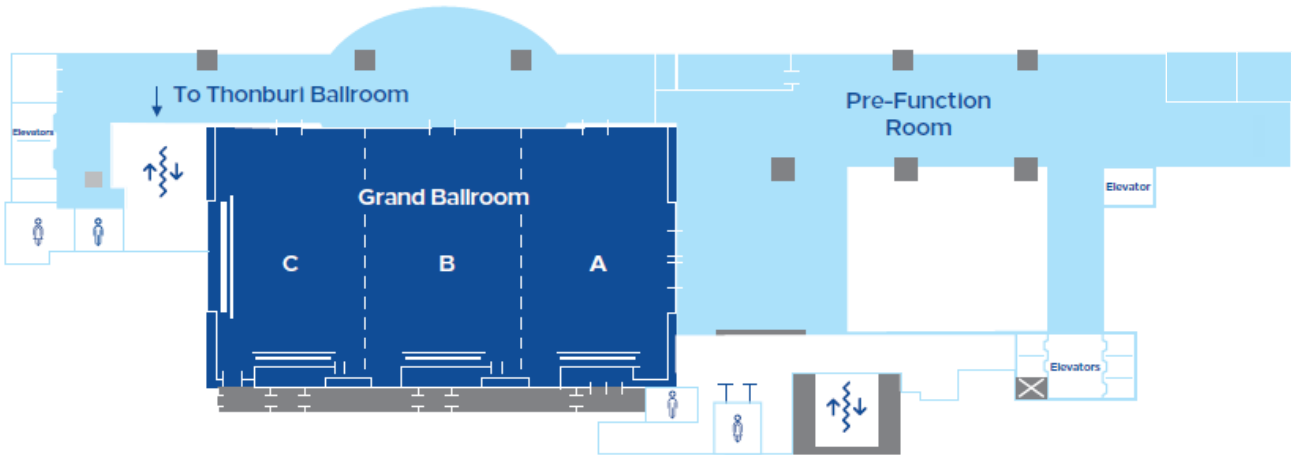


Scan QR Code  
to see the details  
on [Google Maps](#)

# Conference Venue

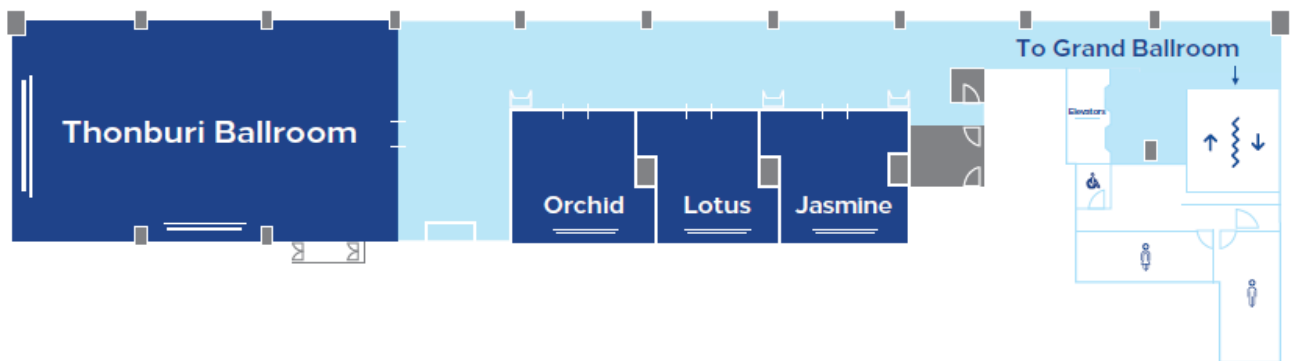
## Grand Ballroom

2<sup>nd</sup> floor



## Thonburi Ballroom, Orchid Room, Lotus Room, Jasmine Room

M floor







# Attractions



**ICONSIAM**

 0.20 km from conference venue

**Open:**  
10:00AM – 10:00PM

**Website:**  
[iconsiam.com](http://iconsiam.com)



**Chinatown**

 5.80 km from conference venue

**Open:**  
7:00AM – 1:00AM

**Website:**  
<https://www.facebook.com/chinatownyaowarach>



**Asiatique The Riverfront**

 6.10 km from conference venue

**Open:**  
11:00AM – 10:00PM

**Website:**  
[asiatiquethailand.com](http://asiatiquethailand.com)



**Siam Paragon**

 8 km from conference venue

**Open:**  
10:00AM – 10:00PM

**Website:**  
[siamparagon.co.th](http://siamparagon.co.th)



# Conference Program

## WEDNESDAY

08:00	Registration
09:00	<p>Welcome Speeches</p> <p>Dr.Jadej Thammatacharee, Secretary-General, NHSO</p> <p>Professor Vicharn Panich – Chair, HITAP Foundation Board</p> <p>Dr. Joseph Millum – Chair, International Society for Priorities in Health</p>
09:30	<p><b>Plenary 1</b></p> <p><b>From Data to Action: Leveraging AI and RWE for Informed Priority Setting</b></p> <p>Prof. Jeffrey S Hoch: RWE – Some challenges and opportunities</p> <p>Dr. Jasmine Pwu: Exploring the potential of RWE in policymaking: Case studies from Taiwan</p> <p>Dr. Karthik Adapa: Enabling Public Healthcare With AI</p> <p>Asst. Prof. Dr. Wenjia Chen: The use of AI in healthcare</p> <p><b>Moderator:</b> Assoc. Prof. Dr. Wanrudee Isaranuwachai</p>
10:45	<i>Coffee Break</i>
11:00	Parallel Session 1
12:15	<i>Lunch</i>
13:00	<p><b>Plenary 2</b></p> <p><b>Early HTA: Are We Too Early to Inform Priorities?</b></p> <p>Prof. Maarten IJzerman: Global view of early HTA and prioritization</p> <p>Assist. Prof. Yi Wang: Early HTA in practices</p> <p>Dr. Maneerat Ekkapongpisit: Early HTA through the lens of innovation program manager</p> <p>Dr. Raymond Hutubessy: Application of early HTA on vaccine development</p> <p><b>Moderator:</b> Prof. Mark Jit</p>
14:15	<i>Refreshment Break</i>
14:30	Parallel Session 2
15:45	Coffee Break and Poster Walk Session
16:30	Parallel Session 3
17:45	<b>End of Day 1</b>



## THURSDAY

08:00	Registration
09:00	<p><b>Plenary 3</b></p> <p><b>Ethics at the Heart of Health Priority Setting: Striking the Balance between Efficiency and Equity</b></p> <p>Prof. Sitanshu Sekhar Kar: Equity in Process (HTA in India)</p> <p>Assoc. Prof. Mayfong Mayxay: Will autonomizing public hospitals affect equity, quality, efficiency &amp; sustainability of health care service? The case of Lao PDR</p> <p>Dr. Phusit Prakongsai: How do Thai policymakers use equity in decision-making in developing UHC health benefit package: The case study of Thailand</p> <p>Prof. Ole Frithjof Norheim: Research innovation: incorporating equity impact in Distributional Cost-Effectiveness Analysis (DCEA)</p> <p><b>Moderator:</b> Assoc. Prof. Beverly Essue</p>
10:15	<i>Coffee Break</i>
10:45	Parallel Session 4
11:45	<i>Lunch</i>
13:00	<p><b>Plenary 4</b></p> <p><b>Greening Our Health: Prioritizing Environmental Sustainability</b></p> <p>Dr. Sarawut Thepanondh: Synergies in Action: Integrating Environment, Health, and Climate Change for a Sustainable Future</p> <p>Sarin K C: Sustainable Health Technology Assessment: Harmonizing Healthcare, Environment, and Policy</p> <p>Dr. Suthirat Kittipongvises: Policy Integration for Sustainable Development: Challenges and Opportunities</p> <p>Mr. Ramon San Pascal: Policy Advocacy: Shaping Sustainable Healthcare Agenda</p> <p><b>Moderator:</b> Dr. Renzo Guinto</p>
14:15	Refreshment Break
14:30	Parallel Session 5
15:45	<i>Coffee Break</i>
16:15	Parallel Session 6
17:30	<b>End of Day 2</b>
18:00	<b>Networking Event</b>



## FRIDAY

08:00	Registration
09:00	Parallel Session 7
10:15	<i>Coffee Break</i>
10:30	<p><b>Plenary 5</b></p> <p><b>Navigating Health Systems During A Crisis for Effective Preparation, Response and Resilience</b></p> <p>John Lee: Approaches to facilitate timely and equitable global access to quality, safe effective and affordable medical countermeasures against pandemic threats</p> <p>Dr. Valerie Ann Luyckx: Principles and values in public health, how these apply in emergencies and for resilience</p> <p>Mr. Chris Potranandana: Bridging Communities: The impact of Zen-Dai Foundation's Response to the Covid-19 Crisis in Thailand</p> <p><b>Moderator:</b> Assoc. Prof. Wee Hwee Lin</p>
11:45	Closing, awards for best oral and poster presentations
12:30	<i>Lunch</i>
13:30	<b>End of Day 3 and Priorities 2024 Conference</b>
13:30	<b>International Society for Priorities in Health - Annual General Meeting</b>



Wednesday 8<sup>th</sup> May – Parallel Session 1: 11:00 – 12:15

Organized Session 1	Organized Session 2	Organized Session 3	Organized Session 4	Oral Session 1	Organized Session 5
Ballroom A	Ballroom B	Ballroom C	Thonburi Room	Lotus Room	Orchid Room
<p><i>P003 - Advancing Social Participation and Deliberation in HTA Appraisal Processes</i></p> <p><b>Speakers:</b> Alexandre Lemgruber Andrew Mirelman Kira Koch Rob Baltussen Luciene Bonan Shankar Prinja</p>	<p><i>P037 - Severity - Evidence and Application</i></p> <p><b>Speakers:</b> Mathias Barra Sandman Borgar Jølstad David Whitehurst Adam Ehlert</p>	<p><i>P021 - Implementing and Institutionalizing Deliberative Evidence Informed Priority Setting (EIPS) in Healthcare in Low and Middle-Income Countries: Experience and Lessons Learnt from Nepal, Ghana, Zanzibar and Tanzania</i></p> <p><b>Speakers:</b> Kjell Arne Johansson Krishna Aryal Kofi Aduo-Adjei Omar Mwalim Ritha Willilo Chantelle Boudreaux</p>	<p><i>P024 - Navigating the Health Technology Assessment Guideline Development</i></p> <p><b>Speakers:</b> Manit Sittimart Siobhan Botwright Nouran Eldesouky Ahmed Saied Hammad Gavin Surgey Jasmine Pwu Sitanshu Sekhar Kar</p>	<p><i>A134 Navigating Public Policy Responses to a Pandemic: The Balancing Act Between Physical Health, Mental Health, and Household Income</i></p> <p><b>Presenter:</b> Huynh Vinh Anh</p> <p><i>A116 Indoor Air Pollution of Volatile Organic Compounds (VOCs) in Hospitals, Thailand: Review of Current Practices, Challenges, and Recommendations</i></p> <p><b>Presenter:</b> Wissawa Malakan</p>	<p><i>P031 - Priority Setting for Vaccination Programs Using Health Technology Assessment and Public Health Modelling</i></p> <p><b>Speaker:</b> Mark Jit Marc Brisson Maarten Jansen Keisha Prem Raymond Hutubessy Alex Cook</p>

				<p><i>A172 Thailand's Telemedicine in Action: Learning from Health Provider Experience</i> <b>Presenter:</b> Vilawan Luankongsom- chit</p> <p><i>A048 Determining the Willingness-To- Pay Based Threshold to Aid Health Technology Assessment in India</i> <b>Presenter:</b> Yashika Chugh</p>	
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Wednesday 8<sup>th</sup> May – Parallel Session 2: 14:30 – 15:45

Organized Session 6	Organized Session 7	Organized Session 8	Organized Session 9	Organized Session 10	Organized Session 11
Ballroom A	Ballroom B	Ballroom C	Thonburi Room	Lotus Room	Orchid Room
<p><i>P013 - Equity in HTA (Part 1): Country Case Studies on Advancing the Building Blocks to Conduct a Distributional Cost-Effectiveness Analysis</i></p> <p><b>Speakers:</b> Marie-Anne Boujaoude Sitanshu Sekhar Kar Kyoko Shimamoto Matthew Robson Xiaoning He Anita Lal Gunjeet Kaur Sarin KC</p>	<p><i>P009 - Countries' Experiences on the Impact of Conflicts on Health Priority Setting</i></p> <p><b>Speakers:</b> Mohamed Jama Haniye Sadat Sajadi Pitiphon Promduangsi Mohammad Musa Elham Ehsani Reza Majdzadeh</p>	<p><i>P029 - Prioritising Precision Medicine in Asia</i></p> <p><b>Speakers:</b> Hwee Lin Wee Yot Teerawattananon Asrul Akmal Shafie Jeonghoon Ahn Yue Xiao</p>	<p><i>P027 - Organising the Appraisal Phase in Health Benefit Package Design What is the Role Of MCDA?</i></p> <p><b>Speakers:</b> Rob Baltussen James Humuza Mojtaba Nouhi Andrew Mirelman</p>	<p><i>P045 - Sustainably Encouraging Pharmaceutical Innovation in Thailand</i></p> <p><b>Speakers:</b> Jessica Ochalek Francis Panlilio Kittima Sriwatanakul</p>	<p><i>P006 - Building Institutions for Priority Setting in Health</i></p> <p><b>Speakers:</b> Victoria Fan Yashika Chugh Janine Jugathpal Ursula Giedion Jasmine Pwu Juhwan Oh Rahab Mbau Saudamini Dabak Justice Nonvignon Javier Guzman Pete Baker</p>



Wednesday 8<sup>th</sup> May – Parallel Session 3: 16:30 – 17:45

Oral Session 2	Oral Session 3	Oral Session 4	Organized Session 12	Oral Session 5	Oral Session 6
Ballroom A	Ballroom B	Ballroom C	Thonburi Room	Lotus Room	Orchid Room
<p><i>A194 Using Time Driven Activity Based Costing for Defining and Integrating Essential Non-Communicable Disease Interventions</i> <b>Presenter:</b> Prajiata Mali</p> <p><i>A047 Cost Analysis of Delivering Cancer Interventions in Nepal</i> <b>Presenter:</b> Pratik Khanal</p> <p><i>A053 Development of a Web-Based Research Impact Evaluation Platform for Translational Research</i> <b>Presenter:</b> Maneerat Ekkapongpisit</p>	<p><i>A050 Developing Health Technology Assessment (HTA) Organizational Development Canvas as Guide for Institutionalization</i> <b>Presenter:</b> Ryan Rachmad Nugraha</p> <p><i>A180 The Scope of Artificial Intelligence (AI) in Health Planning and Preparedness in Disaster-Prone Countries Like Nepal</i> <b>Presenter:</b> Sagun Paudel</p> <p><i>A157 Quality of Life Among Patients with Rheumatoid Arthritis in Zanzibar</i> <b>Presenter:</b> Sanaa Said</p>	<p><i>A165 Sensitivity Analysis of the Revised Prioritization Criteria for Health Technology Assessments in the Philippines</i> <b>Presenter:</b> Sarah May Obmaña</p> <p><i>A155 Promoting Equitable Vaccine Access: Prioritizing Meaningful Engagement with CSOs and Communities in Indonesia</i> <b>Presenter:</b> Sayyid Muhammad Jundullah</p>	<p><i>P042 - To CET or Not to CET: That is the Question</i> <b>Speakers:</b> Alec Morton Yot Teerawattananon Hwee Lin Wee Zhao Lin Justice Nonvignon Gavin Surgey Jeffrey Hoch Wanrudee Isaranuwatthai</p>	<p><i>A163 Saving Lives and Preventing Poverty with Kangaroo Mother Care for Low Birthweight Newborns in India: An Extended Cost Effectiveness Analysis</i> <b>Presenter:</b> Tarun Shankar Choudhary</p> <p><i>A201 From Principle to Practice: Using Precautionary Principle to Tackle Plastic Pollution and Its Health Implications</i> <b>Presenter:</b> Nujpanit Narkpitaks</p>	<p><i>A019 Are Decision Rules for Priority-Setting Actually Used? A Qualitative Analysis of the Cost-Effectiveness Threshold in Thailand</i> <b>Presenter:</b> Siobhan Botwright</p> <p><i>A018 Are Ashas Effective in Increasing the Uptake of Institutional Deliveries for Expectant Mothers in India?</i> <b>Presenter:</b> Sujata Mishra</p>

<p>A093 <i>Factors Influencing Institutionalization of Health Technology Assessment in Kenya</i>  <b>Presenter:</b>  Rahab Mbau</p>	<p>A016 <i>Applying Multi-Criteria Decision Analysis in Prioritization of TB Diagnostics: Lessons from Capacity Building Exercise</i>  <b>Presenter:</b>  Rozar Prawiranegara</p>	<p>A166 <i>Sentinel Lymph Node Biopsy Guided Neck Dissection Versus Elective Neck Dissection in the Management of Early-Stage Oral Cavity Cancer: A Cost-Utility Analysis</i>  <b>Presenter:</b>  Shweta Sharda</p> <p>A066 <i>Eliciting Aversion to Inequality in Health in a Representative Sample of the Norwegian Population</i>  <b>Presenter:</b>  Sindre August Horn</p>		<p>A169 <i>Sub-Saharan Africas Priority Setting Landscape for Health Technologies Selected as Primary-Level Essential Medicines and Diagnostic Tests</i>  <b>Presenter:</b>  Trudy Leong</p> <p>A185 <i>Transforming Air Quality Management Through Participatory Approaches</i>  <b>Presenter:</b>  Avantika Priyadarshini</p>	<p>A114 <i>Implications for Policy and Practice of Healthcare Seeking Journeys in Rural India</i>  <b>Presenter:</b>  Sumit Kane</p> <p>A025 <i>Assessing the Viability of Evidence Generation and Uptake in Health Decision Making in Lao PDR</i>  <b>Presenter:</b>  Sysavanh Phommachanh</p>
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Thursday 9 May – Parallel Session 4: 10:45 – 11:45

Oral Session 7	Oral Session 8	Oral Session 9	Oral Session 10	Oral Session 11	Oral Session 12
Ballroom A	Ballroom B	Ballroom C	Thonburi Room	Lotus Room	Orchid Room
<p><i>A137 Optimizing Screening of Diabetic Retinopathy at Ayushman Bharat-Health and Wellness Centres in India: A Cost-Effectiveness Analysis</i> <b>Presenter:</b> Neha Purohit</p> <p><i>A081 Evaluating Tools for Identifying Pregnant Women at Risk of Delivering Growth Restricted Babies from a Prospective Cohort Study in India</i> <b>Presenter:</b> Nikhil Sharma</p>	<p><i>A087 Exploring Health Inequality Aversion Among Thai Policymakers and General Publics Through Health Inequality Aversion Survey</i> <b>Presenter:</b> Picharee Karunayawong</p> <p><i>A057 Development of the Monitoring and Evaluation Framework for the Health Technology Assessment Topic Selection</i> <b>Presenter:</b> Mutia A. Sayekti</p>	<p><i>A192 Using Real-World Data and Evidence for Health Technology Assessment in Asia: Framework and Findings from Scoping Review</i> <b>Presenter:</b> Ryan Rachmad Nugraha</p> <p><i>A077 Establishing National Hospital Costing Systems: Learnings from the Indian Experience</i> <b>Presenter:</b> Yashika Chugh</p>	<p><i>A075 Equity-Centered Analysis of Australians Pharmaceutical Benefit Advisory Committee (PBAC) Vaccine Funding Recommendations: A Critical Review of Public Summary Documents</i> <b>Presenter:</b> Marie-Anne Boujaoude</p> <p><i>A136 Optimal Human Papillomavirus Vaccination Strategies in the Context of Vaccine Supply Constraints in 100 Countries</i> <b>Presenter:</b> Kiesha Prem</p>	<p><i>A020 Artificial Intelligence in the Early Detection of Children with Autism Spectrum Disorder</i> <b>Presenter:</b> Aziza Imamatinova</p> <p><i>A055 Development of Decision Framework for the Assessment of Covid-19 Health Technologies</i> <b>Presenter:</b> Lyka Rica Salazar</p>	

<p>A073 <i>Enhancing Health Priorities in Zanzibar: Analysis of 302 Healthcare Interventions for Cost Effectiveness, Equity, Budget Impact and Disease Burden Averted in the Essential Healthcare Package</i> <b>Presenter:</b> Omar Mwalim</p>	<p>A135 <i>Nurses Priority-Setting: A Struggle on Different Fronts. A Qualitative Interview Study Exploring Nursing-Home Nurses Experiences of Prioritizations for Older Residents Health and Wellbeing During the Covid-19 Pandemic</i> <b>Presenter:</b> My Eklund Saksberg</p>	<p>A069 <i>Ending Preventable Maternal Deaths: Three Priorities for Maternal Health in Malawi</i> <b>Presenter:</b> Mtisunge Joshua Gondwe</p> <p>A011 <i>Advancing Health Technology Assessment (HTA) Collaboration in Asia</i> <b>Presenter:</b> Christian Suharlim</p>	<p>A121 <i>Is Nepal on Track in Its Path Towards UHC 2030? Evaluating the Current Essential Health Care Package with Vision 2030</i> <b>Presenter:</b> Krishna Kumar Aryal</p> <p>A061 <i>Do Moral Views Change During a National Crisis? A Pre-Registered Experiment</i> <b>Presenter:</b> Liam Strand</p>	<p>A132 <i>National Immunization Programme Decision-Making Using the Capacity Decision-Support Tool: User Feedback from Indonesia and Ethiopia</i> <b>Presenter:</b> Maarten Jansen</p> <p>A108 <i>Impact of Covid-19 on National Tuberculosis Control Services in Bangladesh: Findings from Patients and Service Providers Perspectives</i> <b>Presenter:</b> Mahy Md. Murtayes Jubayer</p>
<p>A024 <i>Assessing the Reproducibility of Artificial Intelligence (AI) Supported Tools Used in the Screening Phase of Systematic Reviews: A Combined Systematic Review and Qualitative Assessment</i> <b>Presenter:</b> Parthibane Sivanantham</p>	<p>A148 <i>Prioritization of Addressing Socioeconomic Health Inequities in India: Issues and Challenges in Achieving Sustainable Development Goals</i> <b>Presenter:</b> Suresh Jungari</p>			

Thursday 9<sup>th</sup> May – Parallel Session 5: 14:30 – 15:45

Organized Session 13	Organized Session 14	Organized Session 15	Organized Session 16	Organized Session 17	Organized Session 18
Ballroom A	Ballroom B	Ballroom C	Thonburi Room	Lotus Room	Orchid Room
<p><i>P033 - Pushing the Edges of the Envelope: Future-Proofing Health Technology Assessment in the Era of Innovation</i></p> <p><b>Speakers:</b> Karthik Adapa Chen Wenjia Wang Yi Sung Hoon Park Hugh McGuire Saudamini Dabak Omary Chilo</p>	<p><i>P046 - Topic Selection for HTA: An Overlooked Step in Priority Setting in LMIC?</i></p> <p><b>Speakers:</b> Andrew Mirelman Nouran Ibrahim Katrine Fronsdal Roza Binti Saimin Prittaporn Kingkaew Mouna Jameleddine Obinna Onwujekwe Justice Nonvignon</p>	<p><i>P010 - Disease Control Priorities, 4th Edition: Fair Distribution and Financial Risk Protection</i></p> <p><b>Speakers:</b> Mizan Kiros Marta Minwelet Stéphane Verguet Josephine Gakii Gatua Ole Frithjof Norheim</p>	<p><i>P023 - Package to Implementation: Institutionalizing a Unified Health Benefit Design Framework</i></p> <p><b>Speakers:</b> Ursula Giedion Altea Sitruk Karin Stenberg Ermias Dessie Lusiana Siti Masytoh Umuhoza Stella Matutina</p>	<p><i>P025 - Operationalizing the Evidence-Informed Deliberative Processes for Priority Setting in Low and Low-Middle-Income Countries</i></p> <p><b>Speakers:</b> Reza Majdzadeh Rob Baltussen Solomon Memirie Majtaba Nouhi Maryam Huda</p>	<p><i>P015 - Harnessing the Potential of Implementation Science to Advance Universal Health Coverage (UHC): A Workshop on UHC Research Priorities</i></p> <p><b>Speakers:</b> Erica Di Ruggiero Beverley Essue Sumit Kane Breanna Wodnik Prossy Namyalo Lydia Kaporiri Rahab Mbau Avram Denburg</p>

Thursday 9<sup>th</sup> May – Parallel Session 6: 16:30 – 17:45

Oral Session 13	Oral Session 14	Oral Session 15	Organized Session 19	Oral Session 16	Oral Session 17
Ballroom A	Ballroom B	Ballroom C	Thonburi Room	Lotus Room	Orchid Room
<p><i>A015 Application of Multi-Criteria Decision Analysis and Deliberative Processes to Health Care Priority Setting in Low-And-Middle-Income Countries: A Systematic Review of Literature</i> <b>Presenter:</b> Godwin Gulbi</p> <p><i>A078 Establishing Priority Setting for the Assessment of Long-Term Care Insurance Service Items in China</i> <b>Presenter:</b> Guanqiao Li</p>	<p><i>A082 Evidence Based TB Planning in Resource Limited Countries: Experience on Intervention Prioritization Processes in Ethiopia and Namibia</i> <b>Presenter:</b> Demelash Abebe</p> <p><i>A080 Evaluating Efficiency and Equity of Prevention and Control Strategies of Rheumatic Fever and Rheumatic Heart Disease in India: An Extended Cost-Effectiveness Analysis</i> <b>Presenter:</b> J Jyoti Dixit</p>	<p><i>A111 Impact of Pandemic on Budgetary Allocation for Health Projects: A Study of Local Bodies of Kerala, India</i> <b>Presenter:</b> Chintha Sujatha</p> <p><i>A098 Health Technology Assessment for Medical Devices: A Cross-Country Study of Methodological Approaches</i> <b>Presenter:</b> Christian Suharlim</p>	<p><i>P030 - Prioritizing Cancer Services in Low- And Middle-Income Settings: Challenges and Lessons Learned from Benefits Package Design in Rwanda</i> <b>Speakers:</b> Rob Baltussen Stella Umuhoza Andres-Madriz Montero Inga Mumukunde Cassandra Nemzoff James Humuza</p>	<p><i>A130 Model Calibration to Harness Real-World Evidence in a Cost-Effectiveness Analysis of Adjuvant Trastuzumab in Indonesia</i> <b>Presenter:</b> Arie Rahadi</p> <p><i>A032 Burden of Disease and the Need for Health Financing Reforms in Nepal</i> <b>Presenter:</b> Achyut Raj Pandey</p>	<p><i>A037 Clinical Rationing of Orphan Drugs: Implementation of CFTR-Modulators Against Cystic Fibrosis in Norway</i> <b>Presenter:</b> Audun Brendbekken</p> <p><i>A144 Planning with A Gender Lens: A Gender Analysis of Pandemic Preparedness Plans from Eight Countries in Africa</i> <b>Presenter:</b> Beverley Essue</p> <p><i>A046 Critical Review on Health Insurance Program in Nepal</i> <b>Presenter:</b> Sabina Marasini</p>

<p><i>A106 Identification and Implications of Drug Policies for Financial Sustainable Health Care: An Australian Case Study</i> <b>Presenter:</b> Hansoo Kim</p> <p><i>A200 Equitable chances as a new paradigm in rationing scarce resources under Crisis Standards of Care</i> <b>Presenter:</b> Harald Schmidt</p>	<p><i>A071 Engaging Health Professionals and Local Governments for Effective Air Quality Management</i> <b>Presenter:</b> Avantika Priyadarshini</p> <p><i>A191 Using Multi-Criteria Decision Analysis (MCDA) to Enhance Deliberative Processes of Indonesia’s HTA Appraisal</i> <b>Presenter:</b> Mutia Sayekti</p>	<p><i>A017 Applying the Equity Lens to a Prospective Hospital Based Cohort of Pregnant Women in a Low-Middle Income Setting</i> <b>Presenter:</b> Deepika Rathna Murugesan</p> <p><i>A153 Priority Setting and Technological Advances in Medicine: Fair Improvements for All?</i> <b>Presenter:</b> Bjoern Schmitz-Luhn</p>		<p><i>A187 Understanding the Extent of Economic Evidence Usage for Informing Policy Decisions in The Context of Indias National Health Insurance Scheme</i> Ayushman Bharat Pradhan Mantri Jan Aarogya Yojana (Pm-Jay) <b>Presenter:</b> Deepshikha Sharma</p> <p><i>A076 Essential Emergency and Critical Care to Enhance Public Health Emergency Response: A Cost-Effectiveness Study from Ethiopia</i> <i>Presenter:</i> Marta Terefe <b>Presenter:</b> Marta Terefe</p>	
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Friday 10 May – Parallel Session 7: 09:00 – 10:15

Organized Session 20	Organized Session 21	Organized Session 22	Organized Session 23	Organized Session 24	Organized Session 25
Ballroom A	Ballroom B	Ballroom C	Thonburi Room	Lotus Room	Orchid Room
<p><i>P044 - What's the Risk of Making the Wrong Decision? Exploring Existing Methods to Inform Health Benefits Packages</i></p> <p><b>Speakers:</b> Alec Morton Cassandra Nemzoff Gavin Surgey Jessica Ochalek Siobhan Botwright Mark Jit</p>	<p><i>P034 - Set Priority and Design Target Product Profiles for Medical Innovation Development</i></p> <p><b>Speakers:</b> Yi Wang Teerawat Wiwatpanit</p>	<p><i>P022 - Instituting or Refining Deliberation in HTA: Can We Live Up to Expectations?</i></p> <p><b>Speakers:</b> Rob Baltussen Saudamini Dabak Michael DiStefano Marita Tolentino-Reyes</p>	<p><i>P041 - The Ethics of Health Research Priority Setting: New Guidance from the World Health Organization</i></p> <p><b>Speakers:</b> Joseph Millum Katherine Littler Phaik Yeong Cheah Lydia Kapiriri</p>	<p><i>P018 - Health Technology Assessment in Times of Crisis: What Do We Know Today and What Do We Need to Know for the Future?</i></p> <p><b>Speakers:</b> Tessa Edejer Adrian Gheorghe Altea Sitruk Andrew Mirelman Raymond Hutubessy Oresta Piniashko</p>	<p><i>P039 - Strengthening Strategic Health Purchasing in Southeast Asia: An Overview of Regional Practices, Challenges and Capacity-Building Needs</i></p> <p><b>Speakers:</b> Yot Teerawattanon Vanphanom Sychareun Nguyen Khanh Phuong Shita Dewi Kiesha Prem Capucine Barcellona</p>





# Networking Event

**Thursday, 9 May (18:00 – 19:30)**

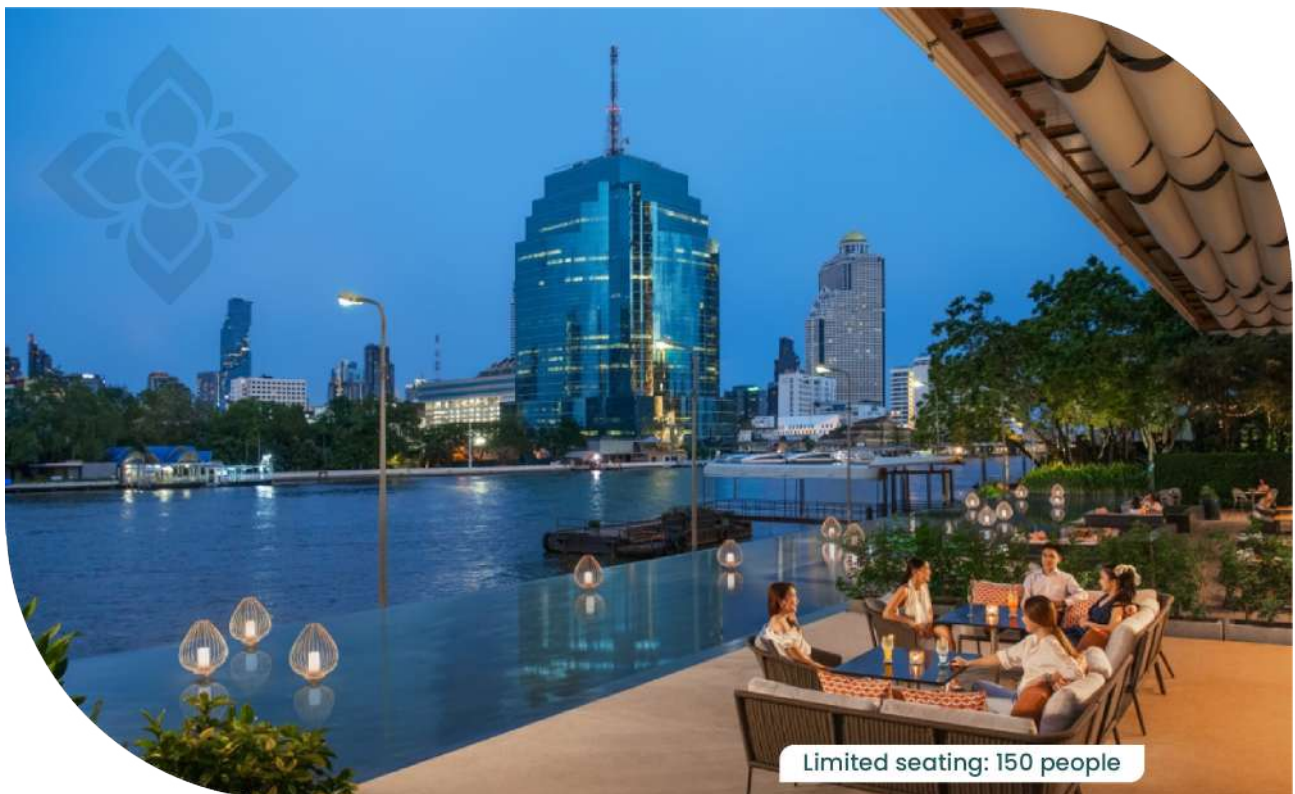
Join us on a memorable networking journey during our exclusive event on Day 2, 9 May 2024, set against the stunning backdrop of the Chao Praya River at the Flow Terrace in the Millennium Hilton Bangkok Hotel. From 18:00 – 19:30 PM, it is time for an evening dedicated to fostering connections, sparking collaborations, and expanding your network! This is your chance to connect with like-minded individuals, exchange ideas and explore new opportunities in a vibrant atmosphere. Don't let this occasion pass by – register now and be part of this experience!

## Venue

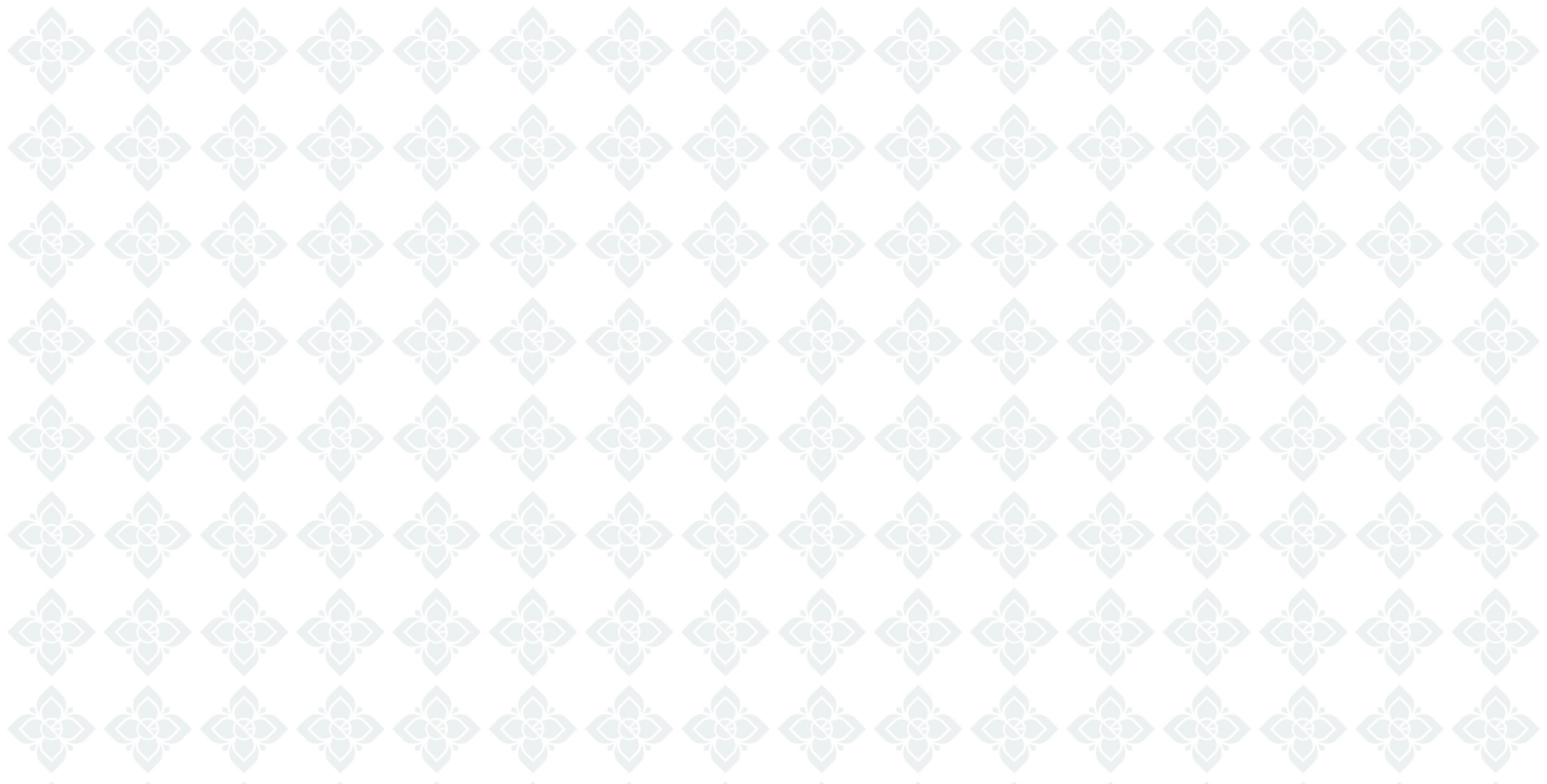
**L Level, Flow Terrace** by the river at Millennium Hilton Bangkok Hotel

## Name Badges

Please wear your name badge at all times during the event.



# Plenary Sessions





# From Data to Action: Leveraging AI and RWE for Informed Priority Setting

*Dr. Jasmine Pwu (Data Science Center, Fu-Jen Catholic University); Prof. Jeffrey Hoch (Center for Healthcare Policy and Research, University of California); Asst. Prof. Dr. Wenjia Chen (National University of Singapore); Dr. Karthik Adapa (Digital Health, World Health Organization-South East Asia Regional Office (WHO-SEARO)); Assoc. Prof. Dr. Wanrudee Isaranuwachai (Health Intervention and Technology Assessment Program)*

## Background:

Real-World Evidence (RWE) and Artificial Intelligence (AI) have been around for over decades, serving as valuable tools for prioritization support. Still today, they remain prominent topics of discussion at numerous conferences and platforms. Debates continue on issues such as whether RWE and AI are here to stay or are they just trendy items and whether their pros outweigh their cons (i.e., what are the tradeoffs) including can they truly help with prioritization and how, and what are things to watch out for in RWE and AI if our society will rely on them more and more.

In this plenary, we hope to settle these debates once and for all. The session aims to provide a comprehensive overview of the advantages and disadvantages of RWE, followed by illuminating case studies showcasing its role in bolstering the policy-making process. Our exploration of RWE will culminate in a forward-looking discussion, pondering its enduring presence, potential pitfalls, and strategies for fostering its advancement. We will then seamlessly transition to a similar examination of AI, dissecting its pros and cons before delving into real-world examples of how AI has empowered the decision-making process. As we wrap up the discussion on AI, we'll contemplate its future trajectory – are they here to stay, what to watch out for, and how can we support AI moving forward responsibly.

## Objectives:

- To summarize the pros and cons of RWE and AI
- To learn more about case studies where RWE and AI have been used to support prioritization in healthcare system
- To discuss future directions of RWE and AI

# Early HTA: Are We Too Early to Inform Priorities?

*Assist Prof. Yi Wang (National University of Singapore); Dr. Maneerat Ekkapongpisit (Mahidol Oxford Tropical Medicine Research Unit); Prof. Maarten Ijzerman (Erasmus School of Health Policy and Management); Dr. Raymond Hutubessy (World Health Organization); Prof. Mark Jit (The London School of Hygiene & Tropical Medicine)*

## Background:

In the dynamic landscape of Health Technology Assessment (HTA), the concept of 'Early HTA' has emerged as a critical tool for evaluating the potential value of emerging medical products or interventions. However, a pertinent question arises: Are we engaging in early assessment too prematurely to inform healthcare priorities effectively?

The plenary session '*Early HTA: Are we too early to inform priorities?*' seeks to dissect this important question by exploring the evolving role of early HTA methodologies and prioritization strategies linked to the allocation of budgetary resources for early HTA. As medical innovations continue to accelerate, the urgency to assess their potential impact and value grows. This urgency poses a significant challenge in finding the balance between the evaluation speed and the evidence's robustness necessary for the informed decision-making process. This plenary session will navigate this delicate balance, discussing advancements in early HTA methods, inherent challenges, and issues in applying early HTA.

This session will feature insights from the research and innovation program manager's point of view, shedding light on the intersection of medical innovation and prioritization. Attendees will explore alternative tools and options, drawing comparisons to early HTA, while confronting the challenges and issues encountered in real-world research funding practices.

This session culminates in an engaging open discussion section, facilitating discussions around the future landscape of early HTA and regulatory bodies. Participants will be encouraged to contemplate strategies to support the complexities that lie ahead, fostering a dialogue that encourages reflection on plausible impact and future trends.



# Ethics at the Heart of Health Priority Setting: Striking the Balance between Efficiency and Equity

*Prof. Ole Frithjof Norheim (University of Bergen); Prof. Sitanshu Sekhar Kar (Jawaharlal Institute of Postgraduate Medical Education and Research); Dr. Phusit Prakongsai (Mahidol University); Assoc. Prof. Mayfong Mayxay (Lao-Oxford-Mahosot Hospital-Wellcome Trust Research Unit); Assoc. Prof Beverly Essue (Univeristy of Toronto)*

## Background:

In our pursuit of creating resilient and sustainable healthcare systems, the imperative to address health equity has become increasingly paramount. This plenary session aims to delve into the multifaceted landscape of health equity, exploring the why, how, and what of equitable healthcare access and delivery. By examining social determinants, distributional effects, and the interplay between efficiency and equity, we hope to chart a course towards a healthcare future that is not only effective but also just.

## 1. Why do we need to care about health equity?

Health equity is not just a moral imperative but an essential foundation for robust and sustainable healthcare systems. This session will delve into the social determinants in healthcare and the distributional effects that often lead to disparities in health outcomes. We will explore the significance of equitable access to healthcare, not only to individuals but also its broader impact on health systems.

## 2. Relative importance of efficiency and equity (individuals, health systems, decision-makers)

Balancing efficiency and equity is a complex task, and this session will critically examine the relative importance of these principles. We will explore the acceptable and unacceptable trade-offs that individuals, health systems, and decision-makers must navigate. By engaging with real-world scenarios, we aim to provide insights into the challenges of striking a delicate balance between efficiency and equity.

## 3. Tools to ensure equitable yet sustainable UHC:

The session will highlight tools and strategies that contribute to ensuring equitable yet sustainable Universal Health Coverage (UHC). We will delve into the policy process, focusing on Health Technology Assessment (HTA), and discuss research methods such as Distributional cost-effectiveness analysis (DCEA). Participants will gain insights into when Cost-Effectiveness Analysis (CEA) might fall short and explore alternative approaches that better address the nuances of equity in healthcare.

## 4. Challenges (and ways forward) in using evidence from health equity research to inform equitable healthcare policies

Translating evidence from health equity research into effective policy is a challenging endeavor. This session will identify and address these challenges while exploring innovative ways to bridge the gap between research and policy. By examining successful case studies and lessons learned, participants will gain a nuanced understanding of the opportunities and obstacles in leveraging evidence for the formulation of equitable healthcare policies.



## 5. Equity considerations in healthcare decision-making (how much do decision-makers value equity)

Decisions made at the policy level profoundly impact health equity. This session will scrutinize the extent to which decision-makers prioritize equity considerations in healthcare decision-making. Through discussions with policymakers speaking in this session, we aim to uncover the factors that influence policymakers and explore avenues for enhancing the value placed on equity in the decision-making process.

By bringing together experts, practitioners, and policymakers, this plenary session aims to foster a comprehensive dialogue on the ethical dimensions of health priority setting. Through critical analysis and shared insights, participants will contribute to shaping a healthcare landscape that is not only efficient but, more importantly, equitable.





# Greening Our Health: Prioritizing Environmental Sustainability

*Dr. Sarawut Thepanondh (Mahidol University); Sarin K C (Health Intervention and Technology Assessment Program); Assoc. Prof. Dr. Suthirat Kittipongvises (Chulalongkorn University); Mr. Ramon San Pascual (Health Care Without Harm); Dr. Renzo Guinto (St. Luke's Medical Center College of Medicine)*

## Background:

Climate change, driven largely by human activity, poses significant challenges to global health, exacerbating existing health disparities and threatening the stability of healthcare infrastructures. As temperatures rise, extreme weather events become more frequent, and ecosystems are disrupted, the impact on public health becomes increasingly evident.

In response to these challenges, there has been a call for healthcare systems to prioritize sustainability and resilience, not only to mitigate the health risks associated with climate change but also to ensure the long-term viability of healthcare services. This necessitates a paradigm shift in how healthcare is delivered and managed, with an emphasis on reducing carbon emissions, minimizing waste, and promoting environmental stewardship across all levels of care. Against this backdrop, this session seeks to explore the synergies between environmental sustainability, healthcare, and climate change, bringing together experts to discuss practical strategies for integrating sustainable practices into healthcare systems. By examining the intersection of environmental and public health, the session aims to inspire action and drive meaningful change towards a more sustainable and equitable future for healthcare.



# Navigating Health Systems During A Crisis for Effective Preparation, Response and Resilience

*Dr. Valerie A Luyckx (University of Zurich); Mr. John Lee (High Impact Events Unit of the Epidemic and Pandemic Preparedness and Prevention Department); Mr. Chris Potranandana (Founder of Zen-Dai Foundation); Assoc. Prof. Wee Hwee Lin (National University of Singapore)*

## Background:

The COVID-19 pandemic clearly highlighted, again, the urgent need to develop resilient health systems that are better prepared for epidemics. Millions of people died from COVID-19 itself, but almost three times as many people died from disruptions in their health systems.

Outbreaks, epidemics/pandemics, and humanitarian crises have a disproportionate impact in countries where health systems infrastructure, staffing and funding are insufficient, and which are already functioning close to the capacity limit at baseline. These systems, often catering to the most vulnerable, are rarely able to cope with additional demands and shocks. This was clearly evident during the Ebola outbreak in 2013 – 2016. Much discussion ensued regarding the need for more global solidarity, and the need to heed the lessons learned from Ebola to improve outbreak preparedness at the global level, as highlighted by Dzau and Sands in 2016:

*“With the immediate crisis over, the world’s attention has moved on. Ebola has vanished from the headlines and seemingly from policymakers’ to-do lists.... Yet it would be a huge mistake to turn away and declare the war over.... There will undoubtedly be new outbreaks; the only question is how well they will be contained.”<sup>1</sup>*

As we know, these words soon turned prophetic, as the world was not prepared for the COVID-19 pandemic. Rich and poor countries all floundered and global inequities deepened. The same systemic weaknesses that were laid bare in Ebola, including lack of investment in health systems strengthening, insufficient technical capacity, neglect of the importance of community engagement, and lack of clear global leadership, solidarity and accountability were all still evident during COVID-19, and contributed to the inadequacy of local and global responses. Indeed, as starkly put by Dr Tedros during the pandemic:

*“The greatest threat we face now is not the virus itself, it’s the lack of global solidarity and global leadership.”<sup>2</sup>*

The recent surge in the number and intensity of extreme weather conditions and conflicts, exacerbated by the risks superimposed by climate change, mass displacement and antimicrobial resistance, is concerning. The time is now for tangible steps to be taken to strengthen resilience of health systems everywhere.

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<sup>1</sup> Victor j. Dzau & Peter sands, NEJM, 2016 (<https://www.nejm.org/doi/full/10.1056/NEJMp1605847>)

<sup>2</sup> Tedros Adhanom Ghebreyesus, the director-general of the World Health Organization (WHO)







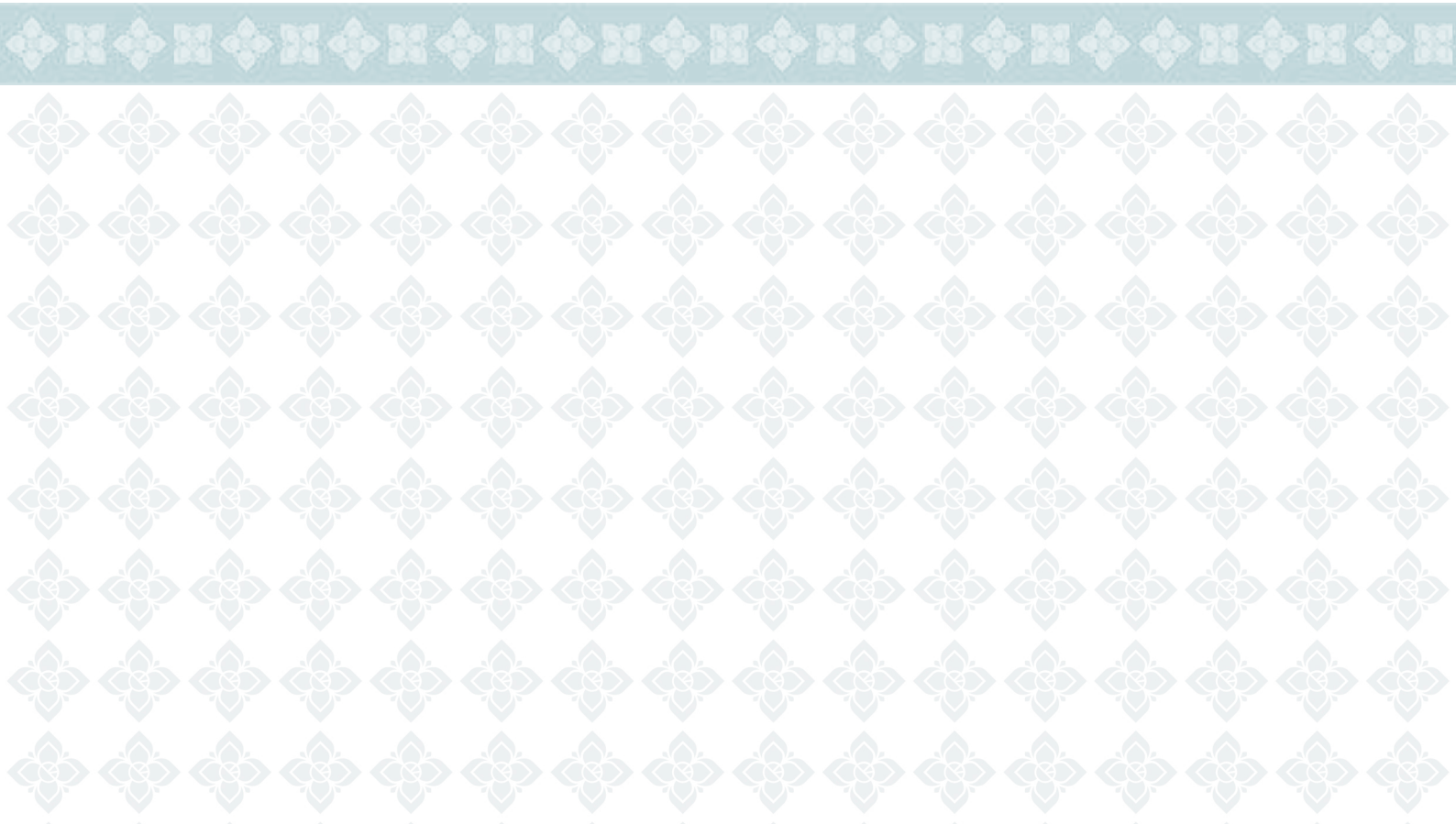
This plenary will focus on the need to develop health systems resilience, starting with discussion of potential definitions and how resilience can be measured and identified. Much discussion around resilience has centered on “building back better” after a crisis, which, although necessary, is often too late or does not happen. Many issues that arise in a crisis cannot be anticipated, therefore it is important that health systems develop processes to enhance resilience during the various potential forms of crisis (acute short, acute long, acute repeated, chronic, chronic system dysfunction). This requires responsiveness, communication, flexibility, transparency and accountability especially among the leadership. Strategies to enhance resilience during a crisis, including potential interventions to strengthen health systems, and requirements for optimal leadership during crises will be discussed.

Research is important during and after a crisis to improve knowledge and build resilience at all levels across the health system. The value of implementation research during a crisis will be discussed, including the importance of data collection and data interpretation, the potential utility of artificial intelligence to enhance resilience, and development and testing of strategies to improve communication and data quality, improve procurement and distribution capacity, quality of care, support the healthcare work force, and ultimately to mitigate the impact of a crisis.

Given the lack of action taken to strengthen health systems after Ebola, and the almost inevitability of a future outbreak or pandemic, there is a moral and ethical imperative for health systems everywhere to become more resilient now. This imperative will be discussed within the framework of public health ethics, focusing on justice/equity in decision making and priority setting during a crisis, and identifying where the loci of responsibility lie across the spectrum of stakeholders who can contribute to efforts to reduce the risks (e.g. mitigating climate change, enhancing global solidarity) and to strengthen resilience during outbreaks. Examples will be given highlight dilemmas of priority setting during a crisis, especially when health systems are not resilient at country level and from the perspective certain highly vulnerable groups with urgent but expensive and logistically challenging demands such as dialysis.



# Plenary Session Speakers





## Dr. Jasmine Pwu

**Fu-Jen Catholic University**

Dr. Jasmine Pwu is the current CEO of the Data Science Center at Fu-Jen Catholic University. She specializes in epidemiology with a focus on large database analysis, as well as decision analysis and cost-effectiveness analysis. She is one of the pioneering researchers in healthcare decision analytic modeling in Taiwan. Pioneering developer of Taiwan's HTA system. Creator of the National Hepatitis C Program under the Ministry of Health and Welfare (MOHW).



## Asst. Prof. Dr. Wenjia Chen

National University of Singapore

Heterogeneity in phenotypes and multi-morbidity are common challenges in the management of chronic diseases. Dr Chen and her colleagues are interested in addressing the complexity of care and treatment in chronic diseases to ensure the sustainability of our healthcare system. Big health data such as electronic health records enable us to thoroughly investigate the complete picture of chronic conditions, health services use, medication pattern and outcomes of each individual in the population.

Dr Chen's research program aims to apply big data analytics to generate cutting-edge evidence to support personalized, 'systems' care of chronic disease and multi-morbidity. She integrates principles of health economics, statistics, and health policy, and uses knowledge translation to empower policy and clinical decision making.





## Prof. Jeffrey Hoch

University of California, Davis

Jeffrey Hoch received his PhD in health economics from the Johns Hopkins School of Public Health. He is a Professor and Chief of the Division of Health Policy and Management, Department of Public Health Sciences, and he is the Associate Director of the Center for Healthcare Policy and Research at the University of California at Davis. Professor Hoch teaches courses in health economics and studies value in healthcare. He has contributed more than 200 peer-reviewed articles to scientific literature. An award-winning educator, Professor Hoch has taught Economic Evaluation classes worldwide, giving over 250 invited presentations in 15 countries.



## Dr. Karthik Adapa

**Digital Health, World Health Organization-  
South East Asia Regional Office (WHO-SEARO)**

Dr. Karthik Adapa is the Regional Adviser, Digital Health, World Health Organization-South East Asia Regional Office (WHO-SEARO). Dr Adapa is a physician-scientist and his work broadly focuses on designing, developing, implementing, validating, and evaluating digital health interventions. Dr. Adapa uses methods from human factors engineering, implementation science, and artificial intelligence based on his training in internal medicine, public health, public policy, and digital health. At WHO-SEARO, Dr. Adapa provides strategic advice to member countries on the digital transformation of health systems and supports member countries in exploiting opportunities provided by digital technologies and use of big data while safeguarding privacy, security and confidentiality.





## Assoc. Prof. Dr. Wanrudee Isaranuwachai

**Health Intervention and Technology Assessment Program**

Assoc. Prof. Dr. Wanrudee Isaranuwachai is a Program Leader and Senior Researcher of the Health Intervention and Technology Assessment Program (HITAP), Thailand. She is also an Affiliated Scientist at St. Michael's Hospital, and an Associate Professor at the Institute of Health Policy, Management and Evaluation, University of Toronto, in Canada.

Her research focuses on how to apply health economics and health technology assessment (HTA) in the real-world setting as well as how to advance methods in economic evaluation (EE). She has experience conducting EEs using various methods with specific interest in the potential of big data in health economics and HTA to support evidence generation and policy-making process.

She has collaborated with researchers, health professionals, and policymakers in various areas to help communicate the value of health initiatives using EE. She has contributed to the training on HTA to support health systems in many countries. Dr. Wanrudee is dedicated to the creation and use of evidence in healthcare decision making.



## Prof. Maarten Ijzerman

**Erasmus School of Health Policy & Management, Erasmus University Rotterdam**

Prof. Maarten Ijzerman is Dean of Erasmus School of Health Policy & Management in the Netherlands and an honorary Professor in the Melbourne School of Population and Global Health, Australia. He has previous experience in Health Technology Assessment as a committee member of MSAC and PBAC (2019–2022) in Australia and as a Chair of the Pharmacoeconomic Guidelines committee (2015–2016) in the Netherlands. He was involved in global taskforces developing methodological guidance for the use of Dynamic Simulation Modelling, Multi-Criteria Decision Making, Constrained Optimisation and Structured Expert Elicitation. Following his PhD in biomedical engineering, he developed an interest in early HTA, a collection of methods and approaches to inform medical product development. In his current research, he is adopting a health systems approach to ensure equitable access to medical technologies, particularly in the field of data-driven, genomics enabled, precision oncology. He is the chair of the Rotterdam Global Health Initiative (RGHI), the chair of ISPOR's Health Sciences Policy Council and a non-executive board member in different organisations. As an academic leader, he is pushing for healthcare researchers to be conscious about labour shortage and the carbon footprint of medical innovation.





## Assist. Prof. Yi Wang

**Swee Hock School of Public Health,  
National University of Singapore**

Asst. Prof. Yi Wang is affiliated from the Saw Swee Hock School of Public Health at the National University of Singapore. His research areas include early health technology assessment, traditional health technology assessment, population's preference for health and healthcare, and economic evaluation/analysis using real-world data and observational data. He is also interested in medical innovation and promoting an efficient medical innovation process. He co-directs a research unit, Medical Innovation Development and Assessment Support (MIDAS), to support medical innovation prioritization, development, and adoption in Thailand.



## Dr. Maneerat Ekkapongpisit

**Mahidol Oxford Tropical Medicine  
Research Unit**

Dr. Maneerat Ekkapongpisit joined MORU (Mahidol Oxford Tropical Medicine Research Unit) 4 years ago as a translational partnership manager. Her main role is to set up and manage all aspects of institutional Translation Partnership Awards: Thailand Major Overseas Programme (Thailand iTPA: MOP). Her experiences involved various roles, including top management, research, and operational and Intellectual Property consultants in local and international organizations in both the academic and private sectors.

Maneerat got her Doctor of Philosophy degree in molecular genetics and genetic engineering from the international programme at Mahidol University, Thailand, with financial support from the Royal Golden Jubilee scholarship from the Thailand Research Fund. She also got a postdoctoral fellowship from Amedeo Avogadro University of Eastern Piedmont, Italy. She also holds Thai Patent Agent licenses and has a certificated mini-MBA from Chulalongkorn, CBS (Chula Business School). Maneerat is highly passionate and motivated to translate the latest scientific discoveries into practice to improve the community's quality of life.





## Dr. Raymond Hutubessy

**Team lead of VoV and modelling team in WHO**

Dr. Raymond Hutubessy, a seasoned health economist with over 25 years of experience, is the team lead of the Value of Vaccines, Economics, and Modelling (VoV) team within the World Health Organization (WHO) Department of Immunization, Vaccines, and Biologics (IVB) in Geneva and a visiting Professor at the Saw Swee Hock School of Public Health at the National University of Singapore. He has conducted economic policy research, focusing on non-communicable diseases, vaccine impact, and modelling of vaccine-preventable diseases in both low and high-income countries. Additionally, he is the executive secretary of the WHO Immunization and Vaccine-related Implementation Research (IVIR) Advisory Committee and until recently he was seconded to the G20 Joint Finance and Health Task Force on pandemic response, preparedness and response Secretariat hosted at the WHO.





## Prof. Mark Jit

**Department of Infectious Disease  
Epidemiology at the London School of Hygiene  
& Tropical Medicine (LSHTM)**

Prof. Mark Jit is a professor of vaccine epidemiology and head of the Department of Infectious Disease Epidemiology at the London School of Hygiene & Tropical Medicine (LSHTM). He also holds visiting professorial appointments at the NUS Saw Swee Hock School of Public Health and the School of Public Health, University of Hong Kong.

His research group focuses on epidemiological and economic modelling of vaccines to support evidence-based public health decision making.

He also organises or contributes to academic and professional courses on vaccine modelling, economics, and decision science around the world.



## Prof. Ole Frithjof Norheim

University of Bergen

Prof. Ole Frithjof Norheim is a physician and a professor of medical ethics, Dept. of Global Public Health and Primary care, University of Bergen, Norway. He is also adjunct professor of global health at Harvard T.H. Chan School of Public Health. Norheim's wide-ranging research interests include theories of distributive justice, inequality in health, how they apply to priority setting in health systems, and how to achieve Universal Health Coverage. He firmly believes that priority setting for health should aim for the greatest number of healthy life years for all, fairly distributed.

He is currently directing the Bergen Center for Ethics and Priority Setting at the University of Bergen. Norheim is a member of the Lancet Commission on Investing in Health (CIH3) chaired by Larry Summers and Dean Jamison and the Lancet Commission on Sustainability in Healthcare (LCSH) chaired by Andrea MacNeill and Jodi Sherman. Norheim has chaired the 2009 revision of Norwegian Guidelines for Primary Prevention of Cardiovascular Disease, the World Health Organization's Consultative Group on Equity and Universal Health Coverage (2012-2014), and the third Norwegian National Committee on Priority Setting in Health Care (2013-2014). He has published more than 200 peer-reviewed papers in journals such as the Nature Medicine, Science, Lancet, Lancet Global Health, BMJ, Bulletin of WHO, Health Policy and Planning, and Journal of Medical Ethics.



## Prof. Sitanshu Sekhar Kar

**Jawaharlal Institute of Postgraduate Medical  
Education and Research**

Prof. Sitanshu Sekhar Kar is a Professor and Head of the Department of Preventive and Social Medicine at Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), Puducherry, India. He has around 18 years of academic and research experience in Public Health. His areas of work include chronic disease epidemiology, Health technology assessment, Tobacco control and Medical Education. He played an important role in starting the MPH programme at JIPMER and establishing JIPMER International School of Public Health. He is the principal investigator of the HTAIn Resource Centre established at JIPMER from 2020. He contributed to the Department of Health Research commissioned study on EQ-5D-5L Value set generation and Estimation of Cost-effective threshold for India. He takes special interest in the issues of health equity and adaptive HTA methods.

He is a Fulbright Nehru Academic Professional Excellence Fellow of 2016-17 at University of Southern California Institute for Global Health, LA, USA. Prior to joining JIPMER in February 2010, he had served in the WHO Country Office for India and in the Population Council, New Delhi.

Dr Sitanshu was awarded for his research output at the national and regional level. He has 210 publications to his credit in peer reviewed journal.



## Dr. Phusit Prakongsai

**Ramathibodi Hospital, Mahidol University**

Dr. Phusit Prakongsai is the medical lecturer at Faculty of Medicines, Ramathibodi Hospital, Mahidol University. He served as the senior advisor on health promotion for the Office of Permanent Secretary, Ministry of Public Health of Thailand from 2018-2021. Before that he served as the director of the Bureau of International Health (BIH) and the International Health Policy Programme (IHPP) between October 2010 and December 2017. Prior to joining IHPP, he had 10 years of field experience in public health and health care management in three district hospitals in the rural area of Thailand from 1988 to 1998. He has been a principal investigator and co-investigator of several research projects related to health system and policy, health insurance, universal health coverage, and health care finance since 1999.

Dr. Prakongsai earned a PhD degree in public health and policy from the London School of Hygiene and Tropical Medicine (LSHTM), in 2008, and the Medical Doctor degree from Mahidol University in 1988.



## Assoc. Prof. Mayfong Mayxay

**Lao-Oxford-Mahosot Hospital-Wellcome Trust  
Research Unit**

Assoc. Prof. Mayfong Mayxay is the Head of the Field Research of Lao-Oxford-Mahosot Hospital-Wellcome Trust Research Unit (LOMWRU), Associate Professor, and Vice-President of the Lao University of Health Sciences (UHS), Ministry of Health, Lao PDR. He has also been a Visiting Professor in Tropical Medicine at University of Oxford since 2020. His particular research interests include antimalarial drug resistance, causes of fever, dengue, rickettsial infections, Japanese encephalitis virus infection, and infantile beriberi.

Dr. Mayfong founded and co-founded many important official entities in Lao PDR such as LOMWRU in 2000; Research Ethics Committee of UHS in 2001; Lao Medical Journal (LMJ) in 2010; Institute of Research and Education Development (IRED) onf UHS in 2018; Lao Infectious Disease Society (LIDS) in 2019; Lao One Health University Network (LAOHUN) in 2019; and recently Unit for Health and Evidence Policy (UHEP) in 2020.







## Assoc. Prof. Beverley Essue

University of Toronto

Assoc. Prof. Beverley Essue is an Associate Professor of Global Health in the Institute of Health Policy, Management and Evaluation at the Dalla Lana School of Public Health, University of Toronto. She holds a Visiting Scientist appointment at the Institute for the Advanced Study of the Americas, University of Miami and is an Honorary Senior Fellow at the George Institute for Global Health, India.

She is a global health systems researcher and health economist who leads interdisciplinary research focused on strengthening financial risk protection, supporting effective and equitable priority setting and advancing equity, including gender equity, across global health systems. Her research tackles some of the most pressing issues facing global health and is conducted with a network of collaborators and partnerships across low-, middle- and high-income countries. She has led work for key global health initiatives including the Disease Control Priorities series and the Lancet Taskforce on Non-Communicable Diseases. She co-chairs the Scientific Advisory committee for the Lancet Commission on Gender Based Violence and Maltreatment of Young People and co-leads the Economics working group for this Commission. She is also a Commissioner on the Lancet Commission on Cancer and Health Systems and was a Scientific Advisor to the Lancet Commission on Breast Cancer. In 2020 she was recognized on the list of Canadian Women in Global Health for her scholarship and contributions to the field.



## Dr. Sarawut Thepanondh

**Mahidol University**

Dr. Sarawut Thepanondh, a dynamic force in academia, is the Associate Professor and Faculty Dean at Mahidol University, Thailand. Holding a Ph.D. in Atmospheric Science from Monash University, Australia, he spearheads groundbreaking research in emission inventory and air pollution modeling, featured in esteemed international journals. Beyond academia, Dr. Thepanondh actively shapes global environmental policies, advising Thailand's House of Representatives and collaborating with influential entities like UNEP and the World Bank. His passion for cleaner air resonates globally, making him a pivotal figure in atmospheric science.





## Sarin K C

### Health Intervention and Technology Assessment Program

Sarin is a Health Economist at HITAP and has been working to inform health policies across Asia and Africa.

His area of research include HTA, strengthening the use of infectious disease modelling, DCEA, digital health, and now environment and climate.



## Assoc. Prof. Dr. Suthirat Kittipongvises

**Director of Environment Development and  
Sustainability (International Program),  
Chulalongkorn University**

Assoc. Prof. Dr. Suthirat Kittipongvises is currently a lecturer at Environmental Research Institute, Chulalongkorn University (ERIC) and also Director of Environment Development and Sustainability (International Program), Chulalongkorn University, Thailand. She received Ph.D. degree in Sustainability Science from the Graduate Program in Sustainability Science (GPSS), Graduate School of Frontier Sciences, the University of Tokyo, Japan. Her research focuses on environmental sustainability, climate change mitigation, GHG quantification, climate change impacts and natural resources management, low carbon society, disaster management, ecological resilience and sustainability, environmental concern and worldviews, climate change perception and communication and so on. She also has experience as a visiting scholar at the School of Sustainability, Arizona State University, USA. Furthermore, she has attended and presented her research at various international conferences including International Climate Change Conference in Copenhagen, Denmark, International Conference of Climate Change and Global Warming, Venice, Italy, International Conference on Sustainability Science, Arizona, USA, International Conference on Ecology, Ecosystems and Climate Change, Athens, Greece, International Expert and Dialogue on Applying Resilience Concept for Climate Change Study and Disaster Management in Thailand Context, Bangkok, Thailand, and International Conference on Ecosystems, Environment and Sustainable Development, Sydney, Australia.





## Mr. Ramon San Pascual

### Health Care Without Harm - Asia

Mr. Ramon San Pascual, MPH, is the Executive Director of Health Care Without Harm - Asia, a pivotal role he has held since 2016, driving the organization's mission to transform the healthcare sector's environmental footprint and champion sustainability and environmental health justice globally. His rich background includes serving as a faculty member at the PUP College of Social Sciences and Development, specializing in Health Economics, and leading roles within the Philippine Department of Health and the Asian Forum of Parliamentarians on Population and Development, emphasizing his dedication to health policy and legislative reform. A Gates-Packard Fellow and holder of a Master of Public Health from the University of Washington, as well as a Bachelor in Political Economics from the Polytechnic University of the Philippines, Manila, San Pascual's extensive experience and education have established him as a respected figure in advancing sustainable healthcare and public health policies both in the Philippines and internationally.



## Dr. Renzo Guinto

**St. Luke's Medical Center College of Medicine**

Dr. Renzo R. Guinto, MD DrPH is Associate Professor of Global and Planetary Health at the SingHealth Duke-NUS Global Health Institute (SDGHI), Duke-NUS Medical School, National University of Singapore. Holding visiting appointments at the St. Luke's Medical Center (Philippines) and University of Cambridge, Renzo is currently a member of the National Panel of Technical Experts of the Philippine Climate Change Commission; World Health Organization's Technical Advisory Group on the ethics of climate and health; editorial boards of several journals including The Lancet Planetary Health and PLOS Global Public Health; and two Lancet Commissions – The O'Neill-Lancet Commission on Racism, Structural Discrimination, and Global Health, and The Lancet Commission on Sustainable Healthcare. An Obama Foundation Asia-Pacific Leader and Aspen Institute New Voices Fellow, he has served as consultant for various organizations including the WHO, World Bank, USAID, and Wellcome Trust. At present, Renzo also serves as convener of Planetary Health Philippines, and chair of the Committee on Environmental Health and Ecology of the Philippine Medical Association and of the Thematic Working Group on Climate Resilient and Sustainable Health Systems of Health Systems Global. He obtained his Doctor of Public Health from Harvard University and Doctor of Medicine from the University of the Philippines Manila, and received further training from Oxford, LSHTM, Copenhagen, Western Cape, Institute of Tropical Medicine-Antwerp, and East-West Center (Hawaii). He has traveled to and lectured in nearly 60 countries and 100 universities across the world; published more than 200 reports and articles in scientific journals, books, and popular media; and directed and produced short films that communicate the message of planetary healing to the world. In 2020, Renzo was included by Tatler Magazine in its Gen.T List of 400 leaders of tomorrow who are shaping Asia's future. In 2022, he was named one of The Outstanding Young Men (TOYM) and Women of the Philippines for pioneering the field of planetary health in the Philippines and Southeast Asia.





## Mr. John Lee

**High Impact Events Unit of the Epidemic and Pandemic Preparedness and Prevention Department, WHO**

Mr. John Lee as a Technical Officer within the High Impact Events Unit of the Epidemic and Pandemic Preparedness and Prevention Department at the WHO Health Emergencies Programme, bringing expertise in medical technology and biotechnology commercialisation. Beginning his WHO journey in 2022, Mr. Lee played a pivotal role in advancing the organization's community-centred epidemic and pandemic platform, Hive. Since 2023, he has been integral in developing a coordination mechanism aimed at ensuring timely and equitable global access to high-quality, safe, effective, and affordable medical countermeasures against pandemic threats



## Dr. Valerie A Luyckx

University of Zurich

Dr. Valerie Ann Luyckx obtained her MBBCh from the University of the Witwatersrand, South Africa. She trained in Internal Medicine at the University of Miami and in Nephrology at Harvard Medical School. Her research activities include the challenges of justice, ethics and moral distress relating to resource allocation and the prevention and management of kidney disease and in resource limited regions. She is an active advocate for prevention of non-communicable diseases, especially kidney health, with the goal of supporting equity, local expertise, and fair priority setting for quality kidney care in resource limited settings. She is actively involved in international efforts to support kidney care in Disasters/Emergencies.







## Mr. Chris Potranandana

### Founder of Zen-Dai Foundation

Founder of Zen-Dai foundation, Member of Parliament Committee on expressway and Bangkok Transit System (BTS) concession extension, 2018 Co-founded Future Forward Party, Assistant Researcher at King Prajadhipok's Institute. Chris Potranandana is a distinguished lawyer, esteemed politician, and often serve as an adjunct professor at prestigious universities in Thailand, including Chulalongkorn University and Thammasat University. Notably, he is the founder of the 'Zen-Dai Foundation,' a volunteer organization that played a pivotal role in aiding over 300,000 individuals in accessing crucial resources such as transportation, rapid testing kits, and medication during the COVID-19 crisis. Beyond the pandemic, Chris remains a passionate advocate for equitable healthcare access, particularly for underserved communities.





## Assoc. Prof. Wee Hwee Lin

**Saw Swee Hock School of Public Health,  
National University of Singapore**

Dr. Wee Hwee Lin is Associate Professor at the Saw Swee Hock School of Public Health (SSHSPH), National University of Singapore. Dr. Wee spends her time thinking about how health services may be redesigned to maximise the value that they provide to patients and the health system. Her research has been used to inform policy making in Singapore and Thailand. She has written articles for or been interviewed by the major news channels in Singapore (Straits Time, TODAY and Channel News Asia). She has also represented Singapore in several international professional organizations, including the ISPOR Health Science Policy Council.





# Organized Sessions



**P003**

## Advancing Social Participation and Deliberation in HTA Appraisal Processes *Elit mattis platea rhoncus*

### Details descriptions of the session:

It is only through broad stakeholder involvement and meaningful deliberation that priority-setting can “see the whole picture”, account for broader determinants and consider equity appropriately.

In recent years, there have been several resources produced showing where appraisal processes sit within health technology assessment (HTA) and health benefit package (HBP) design. There is also substantial guidance on technical assessment methods for HTA (e.g. evaluating burden of disease, cost-effectiveness, budget impact, equity etc.). These have focused on institutionalization and evidence presentation to ensure robust decision-making.

At the same time, there are increasing calls to ensure population and community perspectives feed into these appraisal processes. Guidance on how to undertake deliberative processes and social participation is emerging, both for HTA specifically and for health priority-setting contexts more generally with examples such as the report from 2022 titled: Designing and Implementing Deliberative Processes for Health Technology Assessment: A Good Practices Report of a Joint HTAi/ISPOR Task Force.

This session attempts to explore how social participation and deliberative processes can be leveraged for HTA and HBP design processes. By doing so, it is envisioned that there will be learnings for developing better priority-setting processes that are more inclusive and responsive to population needs.

### Learning objectives and target audience:

1. Shed light on the current frameworks and thinking for embedding meaningful social participation in appraisal processes.
2. Understand how deliberative processes can be organized to ensure that health system improvements include people-centredness.
3. Highlight this as an important area of the priority-setting process that is often neglected or an afterthought when developing HTA-type processes.

### Speakers:

- **Alexandre Lemgruber**
- **Andrew Mirelman**
- **Kira Koch**
- **Rob Baltussen**
- **Luciene Bonan**
- **Shankar Prinja**



**P037**

## Severity – Evidence and Application

### Details descriptions of the session:

Severity serves an important role in health care priority setting, being part of priority frameworks and function as a modifier for acceptable cost-effectiveness thresholds in jurisdictions like the Netherlands, Norway, and Sweden. This session will present novel, empirical results on popular accounts of what severity is (and the distribution of these accounts in a population) as well as empirical findings about the measurement of inequality aversion and the link to severity of illness. These findings emerge from two cooperating projects—Just Severity (Sweden) and Severity in Priority Setting in Health Care (SEVPRI) (Norway). We will present an overview of empirical research, primarily focusing on the following themes:

- “Severity should confer priority” is a common intuition, but what does the term severity mean in this proposition? Our research projects have taken a deep dive into this issue, capturing and quantifying citizens’ differing views.
- The worse off – those at the lower end of some distribution – are often identified as the most severely ill. How does the public respond to surveys, with experimental designs, aimed at eliciting inequality aversion?

### Learning objectives and target audience:

We aim to deepen attendees’ understanding of possible complications when using severity as a criterion in health care priority setting. We will do this by focusing on empirical research aimed at gauging the citizenry’s views on the meaning of the term ‘severity’, and their views on topics related to the operationalisation of severity as a criterion for priority setting. The session should be of high interest for researchers in ethics, health economics and policy research, as well as practitioners involved in priority setting.

### Speakers:

- **Mathias Barra**
- **Lars Sandman**
- **Borgar Jølstad**
- **David Whitehurst**
- **Adam Ehlert**

**P021**

## Implementing and Institutionalizing Deliberative Evidence-Informed Priority Setting (EIPS) in Healthcare in Low and Middle-Income Countries: Experience and Lessons Learnt from Nepal, Ghana, and Tanzania

### Details descriptions of the session:

Institutionalization of evidence-informed priority setting (EIPS) in the current dispensation has become a critical venture in ensuring sustainability, efficiency, capacity building and policy learning. Researchers and policymakers from around the world are increasingly recognizing the need for setting healthcare priorities informed with evidence on economic evaluation and contextualized priority setting criteria using a deliberative process. Evidence on strategies, methods, and theories on how best to implement processes to engage stakeholders in EIPS is growing but remains diverse and scant. Also, the implementation process varies a lot between countries. In this organized session, case examples from Nepal, Tanzania and Ghana, will be used to familiarize participants with the lessons learnt in institutionalizing EIPS in resource-constrained settings.

We will describe challenges of accessing data and application of quantitative methods to inform priority-setting processes. In addition, we will also describe the importance of stakeholder analysis and qualitative approaches taken in each country to ensure stakeholder involvement in deliberative and fair processes of priority setting. We will then as a group discuss the approaches that each country is implementing to institutionalize priority setting including sustainability. The group sessions will also discuss the facilitators and challenges based on the experience and knowledge of participants.

We expect to create a pragmatic summary of approaches to institutionalizing EIPS that will note various challenges and facilitators that can be utilized in similar settings to promote sustainable priority setting. Contributions from workshop participants will be detailed in a workshop report. Using tools such as Menti, information will elicit participants' experiences and views on the challenges of institutionalizing EIPS in low resource settings.

### Learning objectives and target audience:

Learning objective is a better understanding of approaches, challenges and sustainable solutions to implementation of EIPS in healthcare at national levels in resource-constrained settings.

Target audience are stakeholders involved in national policymaking and decision making including defining healthcare interventions at national and sub-national level; researchers working in the areas of health economics, health technology assessment, evidence-informed policy and programming, as well as priority setting in healthcare; and anyone interested in strategies and frameworks to promote EIPS of healthcare interventions in resource-limited settings.

**Speakers:**

- Kjell Arne Johansson
- Krishna Aryal
- Kofi Aduo-Adjei
- Omar Mwalim
- Ritha Willilo
- Chantelle Boudreaux



**P024**

## Navigating the Health Technology Assessment Guideline Development

### Details descriptions of the session:

Health technology assessment (HTA) is increasingly being adopted as a multidisciplinary, systematic, and participatory tool for priority setting and to inform decision-making. In many countries, HTA has been used to support health policy decisions regarding health services and technologies for the population and promote efficient resource allocation. Alongside political will, strong governance, data infrastructure, and capacity building, national HTA guidelines have been identified as a key factor in establishing a well-functioning HTA system.

More countries are developing their national guidelines, including those that are relatively in a nascent stage of HTA development, such as low- and middle-income countries (LMICs) that have limited resources and context constraints. Although there are several international organisations that offer support in developing HTA guidelines, there are limited resources and literature that could provide an overview to develop HTA guidelines.

This session will launch a stepwise guide for HTA guideline development, which has been developed as a collaboration between HTAsiaLink, ISPOR, HTAi, with HITAP, NUS, and KEMRI as the working group. The qualitative study, involved eleven countries around the world, shows that the country context and HTA institutionalisation maturity level influence how HTA guidelines support national priority-setting and stakeholder engagement processes to ensure guideline quality and promote adherence.

### Learning objectives:

This proposed session aims to disseminate the findings and introduce a stepwise guide for developing HTA guidelines. This session will be relevant for LMICs who are currently developing, revising, and/or implementing HTA guidelines, and for development agencies or funders who are supporting HTA guideline development in LMICs.

### Target audience:

- Policy-makers, researchers, anyone who would like to improve the efficiency of their healthcare system

### Speakers:

- **Manit Sittimart**
- **Siobhan Botwright**
- **Nouran Eldesouky**
- **Ahmed Saied Hammad**
- **Gavin Surgey**
- **Jasmine Pwu**



**P031**

# Priority Setting for Vaccination Programs Using Health Technology Assessment and Public Health Modelling

## Details descriptions of the session:

Vaccination is one of the most life-saving public health interventions: for instance, during 2021, COVID-19 vaccines are estimated to have saved 14–20 million lives. However, several issues limit their deployment, such as difficulties in evaluating the full societal benefits of vaccine programs, in evaluating whether to switch to higher valency vaccines even at greater cost, and how to deal with transitions from one income bracket to another, which may lose international financial support to maintain vaccine programs.

Health technology assessment (HTA) is one way to provide information to support such financial investments, but standard, well-accepted methods in HTA may struggle to capture the full value of vaccination. Greater use of mathematical modelling in HTA can address this issue by capturing the indirect effects of vaccination and characterizing the changing individual and population level immunity thus engendered, but this fusion of fields has yet to become fully established.

This session will discuss some of the latest work in using mathematical modelling in HTA to provide better evidence to support governments' and funders' decision making in how best to change their vaccination programs.

## Learning objectives and target audience:

The aim of the session is to provide a platform for experts working at the cutting edge of use of public health modelling in HTA to address issues that prevent optimal vaccination coverage being reached, and for those working in formulating vaccination policies to learn more of these methods, so that they may, we hope, incorporate them in their own policy making processes.

## Speakers:

- **Mark Jit**
- **Marc Brisson**
- **Maarten Jansen**
- **Keisha Prem**
- **Raymond Hutubessy**
- **Alex Cook**



## P013

# Equity in HTA (Part 1): Country Case Studies on Advancing the Building Blocks to Conduct a Distributional Cost-Effectiveness Analysis

### Details descriptions of the session:

The session will be divided into 3 parts:

**Part 1** will consist of a short introduction with welcoming remarks, session agenda and objectives, and a short presentation to introduce the key concepts of health equity and distributional cost-effectiveness analysis (DCEA).

**Part 2** will consist of a series of short presentations from country representatives from different continents. It will provide insights into how countries are working towards the incorporation of equity in their different HTA processes. These presentations will cover topics such as social determinants of health, health inequality aversion parameters, and equity related research agendas as follow:

1. Social determinants of health and other equity related research in China
2. Eliciting health inequality aversion parameters: evidence from Australia and Japan
3. Social determinants of health and other equity related research in Canada

**Part 3** will consist of a facilitated panel discussion and Q&A with panel members and audience. The audience will be engaged through active polling and interactive discussion on how to use research findings, drawing from real world examples of how information is being used across HTA, government, academic, and pharmaceutical stakeholders.

### Learning objectives and target audience:

At the end of the session, the participants should be able to

4. discuss the importance of considering equity within HTA
5. learn from representatives from across the globe on the local advancement to include equity in HTA through DCEA
6. describe of the different building blocks needed to run a DCEA
7. discuss challenges, exploring potential solutions, and future plans

**Speakers:**

- Marie-Anne Boujaoude
- Sitanshu Sekhar Kar
- Kyoko Shimamoto
- Matthew Robson
- Xiaoning He
- Anita Lal
- Gunjeet Kaur
- Sarin KC



P009

## Countries' Experiences on the Impact of Conflicts on Health Priority Setting

### Details descriptions of the session:

Many low- and middle-income countries are currently facing conflict, be it from war, political unrest, or sanctions. The consequences of these conflicts have led to a direct impact on access to and availability of health care services and goods. This has caused an increase in mortality rates posing a threat to public health.

The complex economic, social, and political circumstances resulting from these disputes provide significant obstacles for health systems to operate effectively. In this context, it is essential to highlight that in chronic and acute conflicts, differing impacts are at play. Acute conflicts are transient and temporary, while chronic conflicts exert prolonged and destructive effects but also provide opportunities for better planning to rebuild the health system.

Within this panel, the experiences of several countries such as Iran, Sudan, Somalia and Thailand will be examined in the context of priority setting within the prolonged context of chronic conflicts spanning several decades. These discussions will encompass various domains, including healthcare systems and health research, to provide a comprehensive understanding of the unique challenges and potential solutions associated with health priority setting and its financing in the context of chronic conflicts.

This session is relevant to the sub-theme of priority-setting during crises: preparing for future health threats. Countries experiencing conflict need to be familiar with the challenges of health priority-setting in their circumstances and consider possible solutions to address them. Moreover, there is a need for effective collective action to introduce a practical way of setting priorities in fragile health systems.

### Learning objectives:

- To explore the experiences of health systems in countries affected by conflicts, highlighting the challenges faced and strategies employed to overcome them.
- To identify opportunities for improving priority setting in fragile situations within these health systems.

### Target Audience:

This informative session is designed to benefit:

- Policymakers and researchers operating in contexts characterized by conflict and involved in health priority setting.
- Governance experts and executives representing international organizations at the global level who are interested in the challenges and solutions related to health priority setting in conflict-affected countries.



**Speakers:**

- **Mohamed Jama**
- **Haniye Sadat Sajadi**
- **Pitiphon Promduangsi**
- **Mohammad Musa**
- **Elham Ehsani**
- **Reza Majdzadeh**



P029

## Prioritizing Precision Medicine in Asia

### Details descriptions of the session:

This interactive panel discussion is designed to critically analyze and discuss the implications, progress, and future prospects for the prioritization of personalised and precision medicine in the Asian healthcare sector. The session leans on a report published by the ISPOR Personalised and Precision Medicine Special Interest group (Faulkner et al 2020; henceforth ISPOR P&PM). Our aim is to validate and translate the findings and strategies of the ISPOR report to diverse Asian medical economic and socio-cultural contexts.

### Learning objectives:

- To understand the applicability and limitations of concepts from ISPOR P&PM within Asian healthcare systems.
- To compare advancements in precision medicine across different Asian countries.
- To engage in a critical analysis of the discrepancies, if any, between Western experience and Asian experiences in prioritising precision medicine.

### Target Audience:

- Healthcare professionals and policymakers involved in Health Technology Assessment (HTA) and precision medicine.
- Researchers and academicians interested in the globalization of healthcare practices, particularly in personalized medicine.

Medical practitioners looking to understand broader applications and considerations in the field of precision medicine.

### Speakers:

- Hwee Lin Wee
- Yot Teerawattananon
- Asrul Akmal Shafie
- Jeonghoon Ahn
- Yue Xiao

**P027**

## Organizing the Appraisal Phase in Health Benefit Package Design What is the Role Of MCDA?

### Details descriptions of the session:

An important step in any health benefit package (HBP) design process is the appraisal phase which involves the prioritization of services on the basis of scientific and social judgment on several decision criteria. Presently, countries use many different approaches to organise the appraisal phase, and there is little guidance on which approach is best in which decision-making context.

Countries need to decide on a number of key elements in their organisation of the appraisal phase: i) how to best structure the decision-making process in terms of trading off criteria? Countries can use qualitative multi-criteria decision analysis (MCDA) in which a committee deliberates on the performance of services on a number of explicit criteria; quantitative MCDA in which a committee uses scoring and weighing techniques; or decision rules in which the committee follows a hierarchical set of questions to define priorities; ii) how the governance is best organised (by a central appraisal committee, or also technical working groups to support these?); iii) how opportunity costs are best reflected in the appraisal phase (by a budget constraint or a cost-effectiveness threshold?); iv) how evidence is best presented (by showing all data or summarised in evidence briefs?), and v) how a committee arrives at recommendations (by consensus or voting?).

This session provides insight in these various approaches that countries can use to organize their appraisal phase. The session will start with a conceptual framework on the options and limitations of each of these approaches. This followed by three country case-studies on the organisation of appraisal in Rwanda, Iran and Ghana in which the presenters delve into the challenges they have faced or are still facing.

The presentation contributes to the subtheme of the conference 'Seeing The Whole Picture: Taking A Holistic View Of Healthcare Prioritization'.

### Learning objectives and target audience:

This session aims to inform practitioners, policy makers and other stakeholders in the field of benefit package design on the different approaches to appraisal. Presently there is much confusion on which approach is best used in which decision-making context, and this session aims to clarify this.

### Speakers:

- **Rob Baltussen**
- **James Humuza**
- **Mojtaba Nouhi**
- **Andrew Mirelman**

**P045**

## Sustainably Encouraging Pharmaceutical Innovation in Thailand

### Details descriptions of the session:

Healthcare systems in both high and low- and middle-income countries face pressure to fund high-cost new branded pharmaceuticals. Health technology assessment (HTA) and, in particular, cost-effectiveness analysis, can be used to inform decisions around whether new pharmaceuticals should be approved and funded by national healthcare systems. However, conventional cost-effectiveness analysis fails on three counts: health opportunity costs are not reflected in the cost-effectiveness threshold, which instead merely represents an approval norm; it does not typically assess the long-term value of branded pharmaceuticals; and finally, it is insufficient to inform a sharing of this value in a way that balances the competing concerns for encouraging innovation and ensuring affordability.

To address these issues, recent work in the UK developed a framework and estimated the share of value currently being given to manufacturers and what the optimal share should be. This sheds light on the value that the current combination of pricing policy and intellectual patent protection brings to the healthcare system, and how these policies could be optimized while taking account of implications for future innovation.

This work has potential implications for global pricing and access, especially in low- and middle-income countries (LMICs), home to 84% of the global population and an ever expanding share of the healthcare market. Research underway in Thailand is assessing the share of value currently being given to manufacturers there using a sample of new, branded pharmaceuticals recently assessed for inclusion in the National List of Essential Medicines.

This session presents the evidence from the UK and Thailand alongside the perspective of manufacturers. It explores the implications of new research for informing a more effective and explicit pricing/reward mechanism, drawing on HTA estimates of long-term value and independent assessment of health opportunity costs to establish the appropriate level of reward, which could be delivered in a number of ways.

### Learning objectives and target audience:

Policy makers and HTA practitioners will come away with 1) an understanding of how share of value is currently being given to manufacturers and what the optimal share should be determined, 2) a view of the existing distribution of value between Thai patients and manufacturers, and 3) an understanding of the manufacturer perspective.

### Speakers:

- **Jessica Ochalek**
- **Francis Panlilio**
- **Kittima Sriwatanakul**



**P006**

## Building Institutions for Priority Setting in Health

### Details descriptions of the session:

In the pursuit of universal health coverage, countries expand health care benefits but are invariably confronted with budget constraints and hence questions about which benefits to add and how to ensure value for money. In selecting priorities, countries should use evidence to inform decisions. Evidence-informed priority setting (EIPS) processes are not merely technical; they also have political, institutional, and organizational dimensions. The ways in which organizations and institutions set, shape, and implement the agenda for priority setting including EIPS and health technology assessment are the focus of a new special issue of Health Systems & Reform on “Building Institutions for Priority Setting in Health,” guest edited by Victoria Fan, Javier Guzman, and Pete Baker with editor-in-chief Michael Reich (Harvard University). The issue will include over 15 articles covering countries across Latin America, Asia, and Africa, including those in the International Decision Support Initiative (iDSI). This proposed workshop for the Priorities 2024 Conference launches this special issue.

The interactive, dynamic workshop session will examine issues cutting across articles. Instead of traditional lectures and presentations, the workshop will be presented as a conversation, podcast style, where the moderators will ask four or five questions on key themes of the special issue. Topics may include organizational design and creation, political considerations, capacity building and training, advocacy and coalition building, incorporation of evidence in process design, and strategic thinking and planning. Panelists, representing diverse institutional and geographical perspectives, will answer questions; audience members can also engage through the use of interactive technology such as Menti. Following the conversation, there will be a small group breakout discussion in which each group chooses a country and examines reform strategies in light of the panel’s key themes and lessons.

### Learning objectives and target audience:

- Identify strategic considerations for leaders seeking to build or reform organizations for EIPS
- Understand the importance and the role of politics and organizational development in EIPS
- Build peer networks with panelists and audience members through interactive pedagogy

Target audience are policymakers, academics, and civil society representatives seeking to reform EIPS institutions.

**Speakers:**

- Victoria Fan
- Yashika Chugh
- Janine Jugathpal
- Ursula Giedion
- Jasmine Pwu
- Juhwan Oh
- Rahab Mbau
- Saudamini Dabak
- Justice Nonvignon
- Javier Guzman
- Pete Baker



**P042**

## To CET or Not to CET: That is the Question

### Details descriptions of the session:

This session aims to introduce the concept of cost-effectiveness threshold (CET), specifically on how it can be used to support decision-making process to improve the efficiency of a healthcare system.

Economic evidence (cost-effectiveness information) can be used to inform policy-making process in supporting the priority setting movement towards universal health coverage. Public healthcare payers around the world are progressively using economic evidence to inform decision-making (such as whether to include a medicine in healthcare benefit package).

Often, these decisions are based on an incremental cost-effectiveness ratio (ICER), which represents additional cost per an additional unit of health gain, frequently expressed as quality-adjusted life year (QALY) gained. ICER compares costs occurred and health benefits yielded from a new health intervention as compared to the standard care or next best alternative. The intervention is considered cost-effective (representing a good value-for-money), if the ICER is less than the maximum financial investment that a public payer will commit to generate a unit of health gain, which is known as a CET. When properly used, CET enhances health maximization, and ensures consistent decision making across different types of health interventions and disease areas. However, opponents of CETs have argued that they have negative consequences including driving out deliberation and encouraging manufacturers to “bid up” to the threshold.

### Learning objectives:

- To understand the what, why, and how CET can be used to support priority setting process (to improve the efficiency of our healthcare system)
- To better understand the current debate on whether or not each country should have an explicit CET
- To discuss other ongoing debates of CET (e.g. whether a higher CET is better than a lower one)

### Target audience:

- Policy-makers, researchers, anyone who would like to improve the efficiency of their healthcare system

### Speakers:

- Alec Morton
- Yot Teerawattananon
- Hwee Lin Wee
- Zhao Lin
- Justice Nonvignon
- Gavin Surgey
- Jeffrey Hoch
- Wanrudee Isaranuwatjai

**P033**

## **Pushing the Edges of the Envelope: Future-Proofing Health Technology Assessment in the Era of Innovation**

### **Details descriptions of the session:**

Digitalisation has disrupted our everyday lives, and the future of the health sector is being shaped by technological advances in the field. During the COVID-19 pandemic, telemedicine gained importance as it was able to bridge the gap for care when social distancing policies were in place. Additionally, the recent surge in the development and use of innovations like personalised medicine and AI in diagnostics are undoubtedly reshaping the healthcare landscape. The rapid pace of innovation, however, poses challenges to healthcare priority setting, potentially exceeding the healthcare system's capacity to thoroughly assess and integrate novel tools. Consequently, healthcare systems need to be prepared to effectively navigate the inevitable changes prompted by these advancements.

In this context, this session will seek to learn from different countries about their experiences of regulating and evaluating innovative technologies. The key questions to be explored during the session are:

- What are the types of digital health technologies and how are they being considered/evaluated for use in public health programmes?
- How do these methods or approaches differ for digital health technologies compared to assessing traditional health technologies? What are other considerations that ought to be taken into account to assess digital health technologies?
- What are the challenges in assessing digital health technologies and setting priorities? How do they vary across country contexts and capacities?

This session topic relates to the sub-theme of "The Power of Possibility: Prioritizing Healthcare's Emerging Innovations.

### **Learning objectives and target audience:**

Learning objectives:

- Understand potential of digital health technologies and the issues related to their assessment for public use;
- Exploring adaptable and resilient strategies to help evolve HTA practices in alignment with healthcare advancements

Target audience: Researchers, practice managers



**Speakers:**

- Karthik Adapa
- Chen Wenjia
- Wang Yi
- Sung Hoon Park
- Hugh McGuire
- Saudamini Dabak
- Omary Chilo



**P046**

## Topic Selection for HTA: An Overlooked Step in Priority Setting in LMIC?

### Details descriptions of the session:

Evidence synthesis and Health Technology Assessment (HTA) is key in supporting decision-making and priority setting (PS), and particularly relevant in LMIC with constraint health care budgets. However, producing HTAs is resource intensive, thus it is important to have explicit processes for Topic Identification, Selection, and Prioritization (TISP) to ensure the right use of limited resources to those HTA topics that are of national/regional importance. In countries where HTA supported decision-making and priority setting are well-established, the process for TISP is usually institutionalized, or at least somewhat formalized. In settings where HTA is emerging, relatively new, or where there may not be the necessary supporting institutional mechanisms, there is limited normative guidance on how to implement TISP.

### Learning objectives and target audience:

This session is relevant for a broad range of participants who work with HTA or priority setting. Specifically, we would like to target those participants who develop HTA/PS recommendations and those who use them. The discussions are relevant to participants from both low and high-income countries. Objectives are to:

- Share the concept of TISP for HTA, and examples of various approaches in LMIC
- Identify relevant needs for TISP in supporting HTA/PS recommendations that align with local priorities, and possibly determine what TISP processes are best suited
- Determine how the TISP process can be best integrated when establishing an HTA/PS system/framework (HTA/PS institutionalization)
- Assess resources in terms of dedicated personnel, stakeholders and institutions involved that may be particularly relevant for TISP
- Find out how to ensure legitimacy and impact through transparent TISP processes, and how to best involve patients and citizens

### Speakers:

- **Andrew Mirelman**
- **Nouran Ibrahim**
- **Katrine Fronsdal**
- **Roza Binti Saimin**
- **Prittaporn Kingkaew**
- **Mouna Jameleddine**
- **Obinna Onwujekwe**
- **Justice Nonvignon**

**P010**

## **Disease Control Priorities, 4th Edition: Fair Distribution and Financial Risk Protection**

Disease Control Priorities Fourth Edition (DCP4) builds on Disease Control Priorities Editions 1-3, published by the World Bank. Through collaboration (with local and international experts, WHO and the World Bank) in a select number of low- and lower-middle income countries, DCP4 will summarize, produce, and help translate economic evidence into better priority setting for universal health coverage (UHC) and for intersectoral and international action for health. DCP4 will be relevant for all countries committed to increasing public financing of UHC and promoting other health-improving policies, recognizing the need to set priorities on their path towards achieving the sustainable development goals.

### **Details descriptions of the session:**

This panel will have brief presentations with an interactive session in the middle and plenary discussions with an opportunity to sign on to DCP4 collaboration at the end.

Handouts for the breakout session will be made available.

### **Learning objectives and target audience:**

The aims of this session are a) to present ongoing work in DCP4, b) to engage the audience in how to integrate fair distribution (equity) and financial risk protection in economic evaluations, and c) to invite new collaborators into the DCP4 network.

Target audience: Decision-makers, academics, civil society organizations and experts who want to learn more about disease control priorities in low- and middle-income countries.

### **Speakers:**

- **Mizan Kiros**
- **Marta Minwyelet**
- **Stéphane Verguet**
- **Josephine Gakii Gatua**
- **Ole Frithjof Norheim**

**P023**

## Package to Implementation: Institutionalizing a Unified Health Benefit Design Framework

### Details descriptions of the session:

Health benefit package (HBP) design processes, when designed as narrow one-time efforts, cannot achieve their full potential in supporting sustainable change and the long-term goal of Universal health coverage (UHC). Focusing on institutionalization is key to enhancing the legitimacy and fairness of these processes. Effective implementation also requires a comprehensive macro policy approach that considers the health system setup and available resources. WHO has recently developed a framework with a series of steps to consider during prioritization processes for health benefit packages, outlining the different aspects for institutionalization and effective implementation. A series of tools are available to support different aspects of prioritizing and selecting services for health packages, defining services in detail to support planning, costing, and financing.

Join this session to learn more about the tools and resources that are available to support modelling feasibility constraints within the health system. Hear country accounts of the journey towards institutionalization, and ongoing work to reconcile economic analysis for individual interventions with the broader health financing strategy for paying providers and ensure quality delivery.

### Learning objectives and target audience:

- This session will present current thinking on institutionalizing robust health benefit design processes to move towards the goal of UHC, enabling a rich discussion on further strengthening such processes.
- It will highlight practical, hands-on tools to support such processes.
- The target audience is those working on developing and refining health benefit design processes in countries. A particular focus is given to audiences in low- and middle-income countries.

### Speakers:

- **Ursula Giedion**
- **Altea Sitruk**
- **Karin Stenberg**
- **Ermias Dessie**
- **Lusiana Siti Masytoh**
- **Umuhoza Stella Matutina**



**P025**

## **Operationalizing the Evidence-Informed Deliberative Processes for Priority Setting in Low and Low-Middle-Income Countries**

### **Details descriptions of the session:**

Evidence-informed deliberative processes (EDPs) represent a pragmatic and systematic method for improving the legitimacy of decision-making processes in designing Essential Health Service Packages (EPHS) through several elements including stakeholders' deliberation and transparency. The processes include identifying, acknowledging, and gaining insights into stakeholder values, informed through evidence on these values. The session aims to illustrate the use of EDPs in several countries, including its options and limitations. A first version of a guide based on EDPs was published in 2019 and the subsequent version released in 2022. These guidelines have served as a practical foundation for priority setting in various countries in different setting, both in the context of Health Technology Assessment (HTA) and the development of EPHS. The practical application of this session involves gathering feedback on the implementation of EDPs in real-world settings and considering potential recommendations for the next version of the guide.

The session will commence with an introduction on the conceptual framework and elements of EDPs. This is followed by two presentations of country case studies where EDPs were used to design EPHS, in Iran and Pakistan respectively. The session also includes the country case study of Ethiopia where EDPs were not explicitly used but alternative efforts were made to promote legitimacy of EPHS revision. The discussion will focus on the lessons learned and the key aspects of addressing legitimacy in EPHS revision in Low and Low Middle-Income Countries (L-LMICs).

### **Learning objectives and target audience:**

This session is designed to offer insights into the recent experiences of L-LMICs on the legitimacy of EPHS design, through the lens of EDPs.

The target audience for this session includes policymakers, health system professionals, and all stakeholders actively engaged in priority setting in diverse international contexts.

### **Speakers:**

- **Reza Majdzadeh**
- **Rob Baltussen**
- **Solomon Memirie**
- **Majtaba Nouhi**
- **Maryam Huda**

## P015

# Harnessing the Potential of Implementation Science to Advance Universal Health Coverage (UHC): A Workshop on UHC Research Priorities

### Details descriptions of the session:

Universal Health Coverage (UHC) is a global health priority identified in the 2030 Agenda for Sustainable Development that continues to garner increased attention on country-level policy agendas. While implementation science (IS) holds promise for generating much-needed evidence on scaling equitable and sustainable health system strengthening interventions, it has been under-utilized in advancing UHC goals. Using Delphi methods that engaged n=95 participants (n=75 in subsequent rounds), we streamlined a suite of 42 IS research priorities for progressing UHC that align with four domains: 1) financial risk protection, 2) equity, 3) health workers' role, and 4) governance. This workshop will engage diverse global stakeholders from academic, policy and practice institutions and civil society organizations in dialogue on the research priorities that were determined through two rounds of consensus-building surveys and a virtual workshop. The research priorities will be presented using a short presentation; subsequently, a moderated panel of speakers, with representation from government, civil society, academia and a funder, will discuss and respond to the research priorities. Attendees will have an opportunity to work in smaller facilitated groups to discuss context-relevant lines of research inquiry to advance action on the research priorities and explore opportunities for multi-country collaboration and co-development of research proposals.

### Learning objectives and target audience:

The learning objectives are as follows:

1. To orient attendees to evidence-based and research informed IS research priorities for UHC;
2. To facilitate a discussion with diverse global stakeholders on the IS research priorities for UHC;
3. To foster collaborative engagement among attendees on the research priorities and opportunities to co-develop/generate context-relevant ideas for IS-focused research questions and funding proposals stemming from the priorities.

### Speakers:

- Erica Di Ruggiero
- Beverley Essue
- Sumit Kane
- Breanna Wodnik
- Prossy Namyalo
- Lydia Kapiriri
- Rahab Mbau
- Avram Denburg

**P030**

## **Prioritizing Cancer Services in Low- And Middle- Income Settings: Challenges and Lessons Learned from Benefits Package Design in Rwanda**

### **Details descriptions of the session:**

Approximately three-quarters of cancer deaths are expected to occur in LMICs by 2030 , and cancer funding from global health donors is disproportionately low compared to other diseases. Many low- and middle-income countries are under increased pressure to cover cancer interventions and include them in their health benefits package (HBP). Rwanda is one country seeking to develop a robust priority-setting system to help navigate choices around cancer services. This session will outline how the Government of Rwanda, academia, and development partners sought to prioritize a set of 40 cancers for its community-based health insurance scheme, within limited resources; and present the results from that prioritization process.

Priority setting for cancer services presents some specific challenges to nascent priority setting systems. First, recommended cancer services for resource-constrained settings focus on cancers which are most prevalent and when caught early, can be treated with curative intent . However, the distinction between treatment with curative intent and palliative intent is opaque and varies by context. Further, rare cancers are often excluded from recommended HBPs, which raises ethical challenges around equity of access. Second, cancer requires complex clinical pathways and treatment options depending on staging, disease mutations, available diagnostics, patient performance and preference, and facility and human resource capacity. While there are globally stratified treatment guidelines for some cancers , defining cancer services in countries with limited capacity is not straightforward. Third, clinical and cost-effectiveness research on cancer is disproportionately undertaken in high-income countries; many of these studies may not be relevant to the health systems, patient characteristics, or drugs available in LMIC settings , leaving considerable evidence gaps.

### **Learning objectives and target audience:**

This session will discuss these challenges and present lessons learned for others seeking to embark on including cancer in benefit package design.

The target audience for the session includes HBP practitioners, and health economists, clinicians, public health specialists, ethicists, and others working on cancer or other NCDs in LMICs.

### **Speakers:**

- **Rob Baltussen**
- **Stella Umuhoza**
- **Andres-Madriz Montero**
- **Inga Mumukunde**
- **Cassandra Nemzoff**
- **James Humuza**

**P044**

## What's the Risk of Making the Wrong Decision? Exploring Existing Methods to Inform Health Benefits Packages

### Details descriptions of the session:

Prioritizing services within health benefits packages (HBP) is a data-demanding process. Often, HBPs are prioritized based on various criteria such as cost-effectiveness, cost/budget impact, feasibility, and equity. Analysts are faced with adapting methods to demanding time constraints and varying levels of available local data. This is particularly acute when revising full benefits packages, where data demands are so intensive that they often draw on data from other jurisdictions, global estimates, default values, and/or expert opinion.

While there have been efforts in recent years to pool global evidence to inform HBP prioritization, combining data from various sources or adapting it from other contexts is inherently uncertain. In turn, using uncertain information in HBP design can incur a high risk, or opportunity cost, particularly in settings with low resource levels.

In health economics, uncertainty analysis typically focuses on the range and uncertainty of possible values used to parameterize cost-effectiveness analysis (CEA). Likewise, value of information analysis (VOI) is used to quantify risk by drawing on sensitivity analyses from these CEAs to estimate the value of reducing uncertainty.

However, evaluating risk in HBPs is challenging. First, uncertainty in HBPs goes beyond parameter uncertainty. For example, structural uncertainty, differences in health systems, and uncertainty of transferring estimates from other jurisdictions should be considered. Second, HBPs typically draw on secondary CEAs, and obtaining the necessary values to calculate VOI is not always possible. Finally, frameworks for evaluating uncertainty and risk have mostly been developed in high-income countries but have rarely been considered in the context of HBP design which is typically concentrated in low- and middle-income countries (LMICs).

There is limited guidance on how best to represent the uncertainty associated with HBP design, and the resulting risk of making the wrong decision.

### Learning objectives and target audience:

This session will explore how existing methodological frameworks for addressing risk have been considered in Kyrgyzstan, Rwanda, Malawi, and Thailand.

The target audience for this session is HBP and health technology assessment practitioners in LMICs who may use these methods when designing an HBP.

**Speakers:**

- **Alec Morton**
- **Cassandra Nemzoff**
- **Gavin Surgey**
- **Jessica Ochalek**
- **Siobhan Botwright**
- **Mark Jit**



**P034**

## Set Priority and Design Target Product Profiles for Medical Innovation Development

### Details descriptions of the session:

In response to the challenges and gaps in healthcare, as prioritized by the healthcare system and the government, clear guidance is required to set priorities in medical innovation investment and to inform medical innovation development. Target product profile is a document setting the minimum standard and optimum standard for medical innovation development. The target product profile can be customized to address the local healthcare priorities and fit the local context.

The session is designed to explore the critical aspects of priority setting and target product profiles in the context of medical innovation development.

Our session kicks off with a concise but comprehensive 10-minute introduction. This will provide participants with the foundation in aligning health priority and target product profiles in the development of medical innovations.

Following the introduction, a 45-minute interactive group activity will be conducted. Using hypothetical case studies, participants will have the opportunity to create target product profiles for hypothetical medical innovations. Participants will tailor the target product profiles to suit the specific health priorities in the local contexts.

After the group activities, the session coordinators will take 10 minutes to summarize the key takeaways, ensuring a clear understanding of the concepts explored.

Finally, the session will be wrapped up with a 10-minute talk to share real-world case studies. These case studies provide valuable insights into how these principles are applied in practical settings, offering participants a holistic perspective on the role of priority setting and target product profiles in the world of medical innovation.

### Learning objectives and target audience:

#### Learning objectives:

- Grasp the concept of target product profiles and how it can be used to inform medical innovation development
- Acquire the skills to tailor target product profiles to align with local healthcare priorities.
- Demonstrate proficiency in creating target product profiles as a guiding framework in medical innovation development.

**Target audience:** academic researchers and medical innovators

#### Speakers:

- **Yi Wang**
- **Teerawat Wiwatpanit**

**P022**

## Instituting or Refining Deliberation in HTA: Can We Live Up to Expectations?

### Details descriptions of the session:

This will be an organized session on the concept of a deliberative process in health technology assessment (HTA). HTA deliberation is commonplace, yet the philosophy, structure, and outputs of deliberation vary widely across settings. Our session, which links to the “Seeing the Whole Picture” conference theme and the sub-theme of “From Principle To Practice: Ethical And Equitable Health Priority Setting”, will describe a set of principles and checklist for deliberation developed by a Health Technology Assessment International-International Society of Pharmacoeconomics and Outcomes Research (HTAi-ISPOR) joint task force, provide detailed examples of HTA deliberation in multiple settings with a focus on how well global deliberative principles have been followed, and discuss where differences in deliberative approach are warranted or might represent opportunities for empirical research on what works best.

### Learning objectives and target audience:

1. To educate attendees on the key principles and activities arising from the global taskforce effort;
2. To understand both established and newer efforts to implement an HTA deliberative process, including how well they are working and level of adherence to published principles; and
3. To review differences in the approach to HTA deliberation, and consider critically whether differences are warranted or require further investigation.

The target audience should include HTA practitioners, policymakers, and interested stakeholders who would like to understand how to institute a deliberative process in their local setting or what areas of existing deliberation to consider refining.

### Speakers:

- **Rob Baltussen**
- **Saudamini Dabak**
- **Michael DiStefano**
- **Marita Tolentino-Reyes**



**P041**

## The Ethics of Health Research Priority Setting: New Guidance from the World Health Organization

### Details descriptions of the session:

Health research is a vital component of the fight to improve health worldwide. But the available resources for research are far outstripped by the valuable research questions that need to be answered. Which research is conducted affects which populations ultimately benefit from the knowledge generated by the research. The question of how to allocate limited health research resources is therefore an ethical question, not just a technical one. At present, however, many governmental and non-profit funders treat this as a primarily technical matter—for example, untargeted funding is largely allocated on the basis of the quality of the science, rather than the burden of disease or patients' values. Further, when funders do set priorities for which research they will fund, the methods used for setting those priorities are generally opaque. Consequently, it is unlikely that research priorities are currently being set in an ethically optimal way. The World Health Organization recently convened an expert writing group to craft guidance on the ethics of research priority-setting. This guidance is being developed in close consultation with stakeholder groups around the world. Its aim is to provide a framework to assist the relevant actors—from individual researchers to national governments—in thinking through the questions that need to be answered in order to set priorities in an ethically justified way. These include:

Questions about process, such as how to think about who should be involved in priority-setting exercises, what genuine participation and engagement entail, and at what points different stakeholder groups should be included;

Questions about substantive criteria, such as what the scope of priority-setting exercises should be, what are the ultimate aims of priority-setting, and how to understand equity in this context.

This workshop will provide an opportunity for experts in the field to give critical commentary and for practitioners working on priority setting in health to give feedback on the draft WHO guidance.

### Learning objectives:

- Present draft WHO guidance on the ethics of health research priority setting.
- Obtain feedback from experts and practitioners on the ethical basis and the practical utility of the guidance.

### Target audience:

- Policy-makers, researchers, anyone who would like to improve the efficiency of their healthcare system

### Speakers:

- **Joseph Millum**
- **Katherine Littler**
- **Phaik Yeong Cheah**
- **Lydia Kapiriri**



**P018**

## **Health Technology Assessment in Times of Crisis: What Do We Know Today and What Do We Need to Know for the Future?**

### **Details descriptions of the session:**

Detailed guidance and tools have been produced over the past decade for developing priority-setting institutions in health, particularly using health technology assessment (HTA) as a core approach, and on measuring institutional progress to this effect. Setting priorities during emergencies, however, is an area that has received little explicit attention. The assumption that HTA as currently understood can also be used “as is” during emergency situations has been untested. Moreover, for countries in the process of developing their HTA institutions, the potential influence of emergencies as catalysts or stumbling blocks has not been explored.

This session aims to discuss these knowledge gaps. It will build on existing work (2020/2021 Health Technology Assessment and Health Benefit Package Survey and the Institutionalizing health technology assessment mechanisms: a how to guide) and provide new data from ongoing work on HTA capacity and development case-studies, as well as detailed thematic (vaccines) and regional experiences on the interaction of developing HTA systems with various types of emergencies. Facilitated discussion around these experiences will target consolidating insights and identifying priority areas for future guidance development.

### **Learning objectives and target audience:**

The target audience consists of healthcare priority-setting practitioners, particularly in governments in low- and middle-income countries.

The session aims to:

1. Synthesize what is currently known about how HTA systems have functioned and what provisions they currently have in place to operate during emergencies of various types.
2. Illustrate thematic, regional and country experiences on the above, as well as gather further insights from the audience.
3. Elicit attendees’ views on priority areas for developing or strengthening guidance for using and developing HTA in emergency situations.

### **Speakers:**

- Tessa Edejer
- Adrian Gheorghe
- Altea Sitruk
- Andrew Mirelman
- Raymond Hutubessy
- Oresta Piniashko

**P039**

## Strengthening Strategic Health Purchasing in Southeast Asia: An Overview of Regional Practices, Challenges and Capacity-Building Needs

### Details descriptions of the session:

Strategic health purchasing (SP) is a key mechanism to increase fiscal space and support Universal Health Coverage (UHC). This is important in Southeast Asia (SEA), where health spending is fragmented among governments, insurers and individuals. Though ASEAN has collectively committed to strengthening social health protection, the region continues to face significant resource constraints and out-of-pocket (OOP) spending. Greater technical and allocative efficiency for health is required – however, the diversity of regional health systems has limited collaboration on health financing for UHC.

A greater understanding of SP and of current health purchasing mechanisms can increase regional capacity. For example, key lessons could be shared among countries undergoing health financing reforms; and countries at different stages of development could share experts and resources with their ASEAN peers.

This session will present a background on SP, highlighting the Southeast Asia Regional Collaborative for Health (SEARCH)'s research on health purchasing mechanisms across SEA. It will present case studies, best practices and challenges from multiple ASEAN countries. Finally, it will encourage participants to discuss the next steps required to build capacity for SP; and how technical experts can support regional decision-makers and bureaucrats in their implementation of SP initiatives.

### Learning objectives and target audience:

The learning objectives for this session will include:

1. To discuss the importance of SP as a health financing tool, with a focus on primary healthcare.
2. To understand the landscape of health purchasing in Southeast Asia – including financing schemes, contracting arrangements and performance monitoring – and to identify best practices and common challenges among regional health systems.
3. To discuss the next steps required for capacity-building and policy advocacy for SP in SEA, and how regional experts could support these efforts.

This session will include technical (development partners, health economists, academics) and non-technical (policymakers, funders, civil servants, global health researchers) stakeholders as target audiences.

**Speakers:**

- Yot Teerawattanon
- Vanphanom Sychareun
- Nguyen Khanh Phuong
- Shita Dewi
- Kiesha Prem
- Capucine Barcellona



# Oral Presentations



Presenter	Abstract Title
Huynh Vinh Anh	<b>A134</b> Navigating Public Policy Responses to a Pandemic: The Balancing Act Between Physical Health, Mental Health, and Household Income
Wissawa Malakan	<b>A116</b> Indoor Air Pollution of Volatile Organic Compounds (VOCs) in Hospitals, Thailand: Review of Current Practices, Challenges, and Recommendations
Vilawan Luankongsomchit	<b>A172</b> Thailand's Telemedicine in Action: Learning from Health Provider Experience
Yashika Chugh	<b>A048</b> Determining the Willingness-To-Pay Based Threshold to Aid Health Technology Assessment in India
Prajita Mali	<b>A194</b> Using Time Driven Activity Based Costing for Defining and Integrating Essential Non-Communicable Disease Interventions
Pratik Khanal	<b>A047</b> Delivering Cancer Interventions in Nepal: Cost-Effectiveness and Equity Impact Analyses
Maneerat Ekkapongpisit	<b>A053</b> Development of a Web-Based Research Impact Evaluation Platform for Translational Research
Rahab Mbau	<b>A093</b> Factors Influencing Institutionalization of Health Technology Assessment in Kenya
Ryan Rachmad Nugraha	<b>A050</b> Developing Health Technology Assessment (HTA) Organizational Development Canvas as Guide for Institutionalization
Sagun Paudel	<b>A180</b> The Scope of Artificial Intelligence (AI) in Health Planning and Preparedness in Disaster-Prone Countries Like Nepal
Sanaa Said	<b>A157</b> Quality of Life Among Patients with Rheumatoid Arthritis in Zanzibar
Rozar Prawiranegara	<b>A016</b> Applying Multi-Criteria Decision Analysis in Prioritization of TB Diagnostics: Lessons from Capacity Building Exercise
Sarah May Obmaña	<b>A165</b> Sensitivity Analysis of the Revised Prioritization Criteria for Health Technology Assessments in the Philippines
Sayyid Muhammad Jundullah	<b>A155</b> Promoting Equitable Vaccine Access: Prioritizing Meaningful Engagement with CSOs and Communities in Indonesia



Presenter	Abstract Title
Shweta Sharda	<b>A166</b> Sentinel Lymph Node Biopsy Guided Neck Dissection Versus Elective Neck Dissection in the Management of Early-Stage Oral Cavity Cancer: A Cost-Utility Analysis
Sindre August Horn	<b>A066</b> Eliciting Aversion to Inequality in Health in a Representative Sample of the Norwegian Population
Tarun Shankar Choudhary	<b>A163</b> Saving Lives and Preventing Poverty with Kangaroo Mother Care for Low Birthweight Newborns in India: An Extended Cost Effectiveness Analysis
Nujpanit Narkpitaks	<b>A201</b> From Principle to Practice: Using Precautionary Principle to Tackle Plastic Pollution and Its Health Implications
Trudy Leong	<b>A169</b> Sub-Saharan Africa's Priority Setting Landscape for Health Technologies Selected as Primary-Level Essential Medicines and Diagnostic Tests
Avantika Priyadarshini	<b>A185</b> Transforming Air Quality Management Through Participatory Approaches
Siobhan Botwright	<b>A019</b> Are Decision Rules for Priority-Setting Actually Used? A Qualitative Analysis of the Cost-Effectiveness Threshold in Thailand
Sujata Mishra	<b>A018</b> Are Ashas Cost-Effective in Increasing the Uptake of Institutional Deliveries for Expectant Mothers in India?
Sumit Kane	<b>A114</b> Implications for Policy and Practice of Healthcare Seeking Journeys in Rural India
Sysavanh Phommachanh	<b>A025</b> Assessing the Viability of Evidence Generation and Uptake in Health Decision-Making in Lao PDR
Neha Purohit	<b>A137</b> Optimizing Screening of Diabetic Retinopathy at Ayushman Bharat-Health and Wellness Centres in India: A Cost-Effectiveness Analysis
Nikhil Sharma	<b>A081</b> Evaluating Tools for Identifying Pregnant Women at Risk of Delivering Growth Restricted Babies Analysis from a Prospective Cohort Study in India
Omar Mwalim	<b>A073</b> Enhancing Health Priorities in Zanzibar: Analysis of 302 Healthcare Interventions for Cost Effectiveness, Equity, Budget Impact and Disease Burden Averted in the Essential Healthcare Package



Presenter	Abstract Title
Parthibane Sivanantham	<b>A024</b> Assessing the Reproducibility of Artificial Intelligence (AI) Supported Tools Used in the Screening Phase of Systematic Reviews: A Combined Systematic Review and Qualitative Assessment
Picharee Karunayawong	<b>A087</b> Exploring Health Inequality Aversion Among Thai Policymakers and General Publics Through Health Inequality Aversion Survey
Mutia A. Sayekti	<b>A057</b> Development of the Monitoring and Evaluation Framework for the Health Technology Assessment Topic Selection
My Eklund Saksberg	<b>A135</b> Nurses Priority-Setting: A Struggle on Different Fronts. A Qualitative Interview Study Exploring Nursing-Home Nurses Experiences of Prioritizations for Older Residents Health and Wellbeing During the Covid-19 Pandemic
Suresh Jungari	<b>A148</b> Prioritization of Addressing Socio-economic Health Inequities in India: Issues and Challenges in Achieving Sustainable Development Goals
Ryan Rachmad Nugraha	<b>A192</b> Using Real-World Data and Evidence for Health Technology Assessment in Asia: Framework and Findings from Scoping Review
Yashika Chugh	<b>A077</b> Establishing National Hospital Costing Systems: Learnings from the Indian Experience
Mtisunge Joshua Gondwe	<b>A069</b> Ending Preventable Maternal Deaths: Three Priorities for Maternal Health in Malawi
Christian Suharlim	<b>A011</b> Advancing Health Technology Assessment (HTA) Collaboration in Asia
Marie-Anne Boujaoude	<b>A075</b> Equity-Centered Analysis of Australians Pharmaceutical Benefit Advisory Committee (PBAC) Vaccine Funding Recommendations: A Critical Review of Public Summary Documents
Lyazzat Kosherbayeva	<b>A020</b> Artificial Intelligence in the Early Detection of Children with Autism Spectrum Disorder
Marie-Anne Boujaoude	<b>A075</b> Equity-Centered Analysis of Australians Pharmaceutical Benefit Advisory Committee (PBAC) Vaccine Funding Recommendations: A Critical Review of Public Summary Documents
Kiesha Prem	<b>A136</b> Optimal Human Papillomavirus Vaccination Strategies in the Context of Vaccine Supply Constraints in 100 Countries



Presenter	Abstract Title
Krishna Kumar Aryal	<b>A121</b> Is Nepal on Track in Its Path Towards UHC 2030? Evaluating the Current Essential Health Care Package with Vision 2030
Liam Strand	<b>A061</b> Do Moral Views Change During a National Crisis? A Pre-Registered Experiment
Aziza Imamatinova	<b>A020</b> Artificial Intelligence in the Early Detection of Children with Autism Spectrum Disorder
Lyka Rica Salazar	<b>A055</b> Development of Decision Framework for the Assessment of Covid-19 Health Technologies
Maarten Jansen	<b>A132</b> National Immunization Programme Decision-Making Using the Capacity Decision-Support Tool: User Feedback from Indonesia and Ethiopia
Mahy Md. Murtayes Jubayer	<b>A108</b> Impact of Covid-19 on National Tuberculosis Control Services in Bangladesh: Findings from Patients and Service Providers Perspectives
Godwin Gulbi	<b>A015</b> Application of Multi-Criteria Decision Analysis and Deliberative Processes to Health Care Priority Setting in Low- And-Middle-Income Countries: A Systematic Review of Literature
Guanqiao Li	<b>A078</b> Establishing Priority Setting for the Assessment of Long-Term Care Insurance Service Items in China
Hansoo Kim	<b>A106</b> Identification and Implications of Drug Policies for Financial Sustainable Health Care: An Australian Case Study
Harald Schmidt	<b>A200</b> Equitable chances as a new paradigm in rationing scarce resources under Crisis Standards of Care
Demelash Abebe	<b>A082</b> Evidence Based TB Planning in Resource Limited Countries: Experience on Intervention Prioritization Processes in Ethiopia and Namibia
Jyoti Dixit	<b>A080</b> Evaluating Efficiency and Equity of Prevention and Control Strategies of Rheumatic Fever and Rheumatic Heart Disease in India: An Extended Cost-Effectiveness Analysis
Avantika Priyadarshini	<b>A071</b> Engaging Health Professionals and Local Governments for Effective Air Quality Management

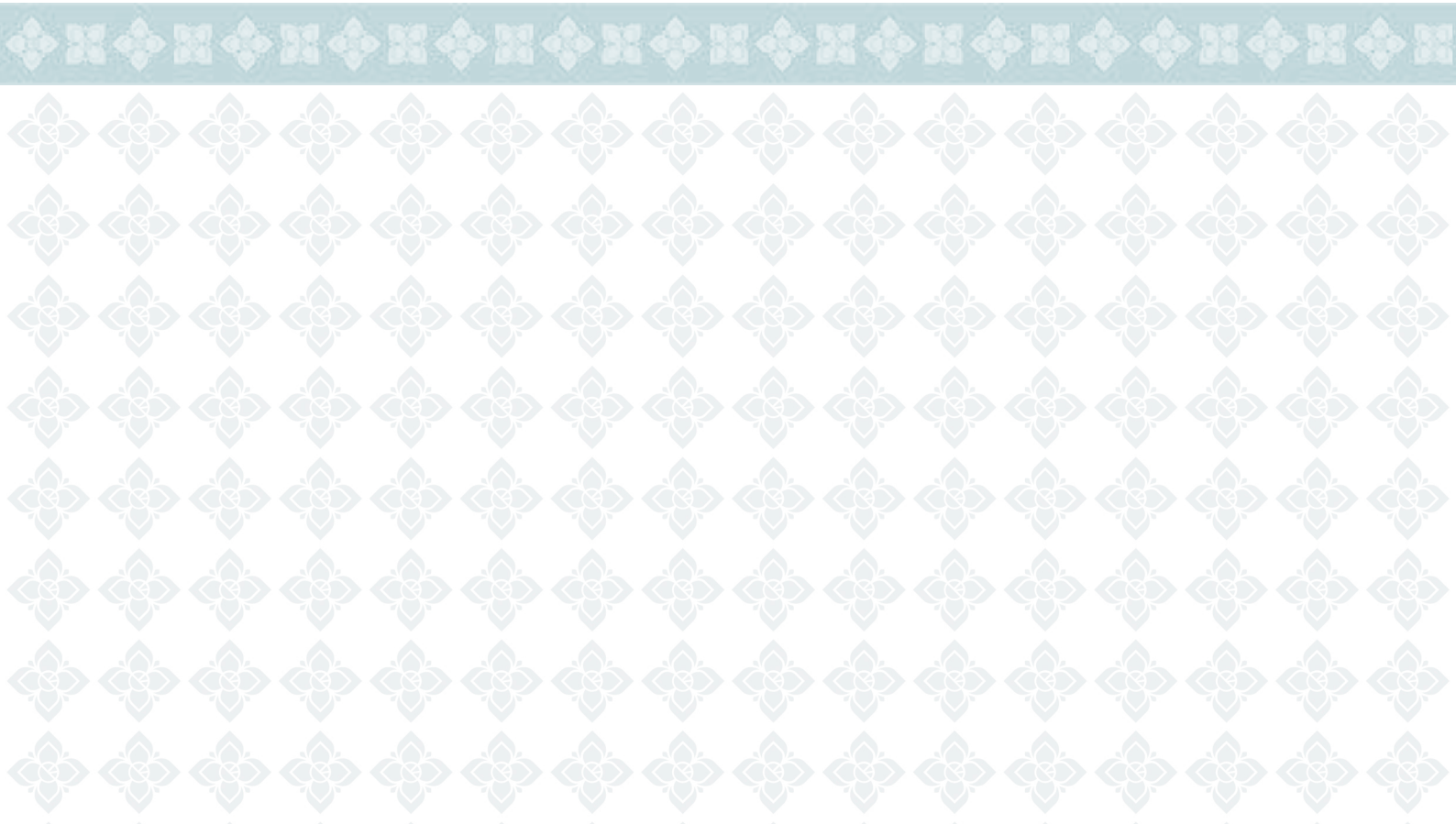




Presenter	Abstract Title
Mutia Sayekit	<b>A191</b> Using Multi-Criteria Decision Analysis (MCDA) to Enhance Deliberative Processes of Indonesia's HTA Appraisal
Chintha Sujatha	<b>A111</b> Impact of Pandemic on Budgetary Allocation for Health Projects: A Study of Local Bodies of Kerala, India
Christian Suharlim	<b>A098</b> Health Technology Assessment for Medical Devices: A Cross-Country Study of Methodological Approaches
Deepika Rathna Murugesan	<b>A017</b> Applying the Equity Lens to a Prospective Hospital Based Cohort of Pregnant Women in a Low-Middle Income Setting
Bjoern Schmitz-Luhn	<b>A153</b> Priority Setting and Technological Advances in Medicine: Fair Improvements for All?
Arie Rahadi	<b>A130</b> Model Calibration to Harness Real-World Evidence in a Cost-Effectiveness Analysis of Adjuvant Trastuzumab in Indonesia
Achyut Raj Pandey	<b>A032</b> Burden of Disease and the Need for Health Financing Reforms in Nepal
Deepshikha Sharma	<b>A187</b> Understanding the Extent of Economic Evidence Usage for Informing Policy Decisions in The Context of Indias National Health Insurance Scheme Ayushman Bharat Pradhan Mantri Jan Aarogya Yojana (Pm-Jay)
Audun Brendbekken	<b>A037</b> Clinical Rationing of Orphan Drugs: Implementation of CFTR-Modulators Against Cystic Fibrosis in Norway
Beverley Essue	<b>A144</b> Planning with A Gender Lens: A Gender Analysis of Pandemic Preparedness Plans from Eight Countries in Africa
Sabina Marasini	<b>A046</b> Critical Review on Health Insurance Program in Nepal



# Poster Presentations



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Rahab Mbau	<b>A004</b> A qualitative evaluation of the priority-setting process conducted by the Health Benefits Package Advisory Panel in Kenya
Thanayut Saeraneesophon	<b>A005</b> A Retrospective Secondary Data Analysis of Telemedicine Service Utilisation (2020-2023) Among Patients Covered by the Universal Coverage Scheme in Thailand
Sudi Indra Jaya	<b>A008</b> Access to Medicine in Indonesia Based on Marketing Authorization Data
Borgar JÃIstad	<b>A012</b> Against Limited Aggregation in Healthcare Priority Setting
Capucine Barcellona	<b>A021</b> Assessing progress toward strategic purchasing for health systems and primary healthcare in Southeast Asia: A multi-country study
Hugh McGuire	<b>A022</b> Assessing the Impact of Nice Advice: The Lifecycle Approach to HTA in Action
Rajarajan K	<b>A027</b> Assessment of Nurses' Health-Related Quality of Life using EQ-5D-5L in a Tertiary Care Hospital of South India
Colene Bentley	<b>A030</b> Biosimilar adoption in oncology: public and patient willingness to trade preferences for cost savings in British Columbia, Canada
Hannah Amoquandoh Asante	<b>A034</b> Clinical and Cost-Effectiveness of Selected Diabetes Medicines in Ghana - An Adaptive Health Technology Assessment (AHTA)
Robin De Leeuw	<b>A035</b> Clinical benefits, risks, and cost-effectiveness of urine albumin screening in healthy populations: A systematic review to inform coverage decision in Thailand
Watanyoo Prayoonhong	<b>A036</b> Clinical outcomes and economic evaluation of patient-centered care system versus routine service system for patients with type 2 diabetes in Thailand
Chawitar Noparatvarakorn	<b>A041</b> Cost-Effectiveness Analysis of Novel Rapid Test and Polymerase Chain Reaction for Melioidosis
Sakditat Ittiphisit	<b>A049</b> Developing A Horizon Scanning Manual for Proactive Monitoring of Emerging Medicines and Health Innovations to Enhance Preparedness in the Healthcare System
Jaruwan Malaikham	<b>A054</b> Development of Analytics Tools for Prioritizing Characteristics of Notifiable Diseases in Thailand: From Real-World Data to Real-World Evidence for Decision Making

Presenter	Abstract Title
Cho Zin Win	<b>A056</b> Development of Integrated Assessment Tool for Water, Sanitation and Hygiene (Wash) Services in Health Care Facilities Under Climate Change Context
Emily Gama	<b>A059</b> Disasters and Priority Setting in Health Care Delivery System in Resource Constrained Setting: A Case of Tropical Cyclone Freddy in Malawi
Abdur Razzaque Sarker	<b>A063</b> Economic burden of dengue in urban Bangladesh: A societal perspective
Mathias Barra	<b>A068</b> End Aversion and Scaling Properties - An Experimental Trade-Off Design
Liam Strand	<b>A085</b> Exploring Attitudes to the Use of Grandfather Clauses in Health Care Rationing: A Pre-Registered Experiment
Chintha Sujatha	<b>A091</b> Factors associated with priority setting: Budget allocation for non-communicable diseases in local bodies of Kerala, India.
Antara Sinha	<b>A097</b> Health equity impact for the treatment of clinical severe infection in infants younger than 2 months
Jyoti Dixit	<b>A109</b> Impact of health benefit package policy interventions on utilization under Government-funded health insurance: Evidence from India's Ayushman Bharat Pradhan Mantri Jan Arogya Yojana
Inga-Britt Gustafsson	<b>A113</b> Implementing a Decommissioning Programme: Experiences of Healthcare Managers in Sweden
Sysavanh Phommachanh	<b>A117</b> Initiative Establishment of the Unit of Health Evidence and Policy (UHEP) in Lao PDR
Sami El Sabri	<b>A122</b> Isolated and Abused: How to improve access to mental health services for refugee women experiencing intimate partner violence
My Eklund Saksberg	<b>A126</b> Leadership Practices for Prioritization Among Key Stakeholders in Municipal Healthcare
Mojtaba Nouhi	<b>A131</b> Monitoring and Evaluation of the Implementation of the Health Insurance Benefit Package Revision: the case study of Iran
Govinda Devkota	<b>A139</b> Participatory Pedagogy to Change Urine Blindness for the Use of Urine-Fertiliser
Subramaniam Thanimalai	<b>A140</b> Patient Access Schemes: Is it an Option for Rare Disease Treatment in Malayisa?



Presenter	Abstract Title
Deliang Yang	<b>A145</b> Population-Wide Depression in Incidence Forecasting: A Comparative Study between Varima and TFT
Omary Chillo	<b>A151</b> Prioritizing Primary Healthcare to Strengthen Health Systems for Universal Health Coverage (UHC) in Tanzania. Progress, Challenges and Strategies.
Prossy Namyalo	<b>A152</b> Priority Setting and Budget Allocation During COVID-19 in Uganda: A Retrospective Mixed Method Study
Bjoern Schmitz-Luhn	<b>A162</b> Priority Setting is Inhumane Rethinking Priorities: Saving Lives in the Covid Pandemic
Avram Denburg	<b>A173</b> The Comprehensive Assessment of Technologies for Child Health (CATCH) Framework: Towards child-tailored value assessments
Thomas Davidson	<b>A174</b> The cost of a live birth with uterus transplantation and its consequences for priority setting
Zhao LIU	<b>A177</b> The Impact of Innovative General Technologies on the Pricing Mechanism of Medical Services in China
Ndeye Maguette Ndiaye	<b>A198</b> Which health interventions should be covered to reduce neonatal mortality in the context of Universal Health Coverage? Experience from Senegal
Nicha Moonkham	<b>A199</b> Prioritizing Rare Diseases In Thailand's Health Insurance: Criteria Development
	<b>A051</b> Developing Methodology Guidelines for Health Technology Assessment in the Context of Medical Devices in the Philippines
	<b>A197</b> What is the Most Effective Payment Method for Oral Health Promotion and Prevention?: Scoping Review

