

Conference Proceedings

of Priorities 2024 Conference

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



8 – 10 May 2024
Millennium Hilton Bangkok,
Thailand



Conference Theme:
Shaping the Future of Health Prioritization:
Strategies for Sustainable Solutions



Acknowledgments

Funding support

The International Society for Priorities in Health (ISPH)

The Converge Digital Health programme under the WHO Country Cooperation Strategy (CCS)

Program Management Unit for Human Resources & Institutional Development, Research and Innovation (PMU-B)

USAID MTaPS Program, implemented by a consortium led by Management Sciences for Health

Scientific Committee

Alec Morton (National University of Singapore, Singapore)

Alex Cook (National University of Singapore, Singapore)

Beverley Essue (University of Toronto, Canada)

Dennis Henzler (University of Bayreuth, Germany)

Erica Di Ruggiero (University of Toronto, Canada)

Harald Schmidt (University of Pennsylvania, United States of America)

Jasmine Pwu (Fu Jen Catholic University, Taiwan)

Joseph Millum (St Andrews University, United Kingdom)

Kiesha Prem (National University of Singapore, Singapore & London School of Hygiene & Tropical Medicine, United Kingdom)

Kjell Arne Johansson (University of Bergen, Norway)

Marissa Collins (Glasgow Caledonian University, United Kingdom)

Mark Jit (London School of Hygiene & Tropical Medicine, United Kingdom)

Mathias Barra (Akershus University Hospital, Norway)

Mizan Kiros (University of Bergen, Norway)

Nattiya Kapol (Silpakorn University, Thailand)

Omary Chillo (University of Health and Allied Sciences, Ghana)

Pritaporn Kingkaew (Health Intervention and Technology Assessment Program Foundation, Thailand)

Rachel Chikondi Jiya (Lilongwe Institute of Orthopedics and Neurosurgery, Malawi)

Ryota Nakamura (Hitotsubashi University, Japan)

Sanaa Said (University of Bergen, Norway)

Saudamini Dabak (Health Intervention and Technology Assessment Program Foundation, Thailand)

Sitanshu Sekhar Kar (Jawaharlal Institute of Postgraduate Medical Education and Research, India)

Syaqirah Akmal (Malaysian Health Technology Assessment Section, Malaysia)

Valerie Luyckx (Harvard Medical School, United States of America & University of Cape Town, South Africa)

Wang Yi (National University of Singapore, Singapore/Medical Innovation Development and Assessment Support, Thailand)

Wanrudee Isaranuwatthai (Health Intervention and Technology Assessment Program Foundation, Thailand)

Yot Teerawattananon (Health Intervention and Technology Assessment Program Foundation, Thailand & National University of Singapore, Singapore)

Commentators

Alec Morton (National University of Singapore, Singapore)

Alex Cook (National University of Singapore, Singapore)

Avram Denburg (The Hospital for Sick Children Research Institute, University of Toronto, Canada)

Cassandra Nemzoff (Center for Global

Development, United States of America)

Chen Wenjia (National University of Singapore, Singapore)

Erica Di Ruggiero (University of Toronto, Canada)

Gavin Surgey (Radboud University Medical Center, Netherlands)

Gunjeet Kaur (National University of Singapore, Singapore)

Hugo Turner (Imperial College London, United Kingdom)

Jasmine Pwu (Fu-Jen Catholic University, Taiwan)

Jeffrey Hoch (University of California, Davis, United States of America)

Jessica Ochalek (University of York, United Kingdom)

Joseph Millum (St Andrews University, United Kingdom)

Katika Akksilp (Health Intervention and Technology Assessment Program Foundation, Thailand)

Kjell Arne Johansson (University of Bergen, Norway)

Mark Jit (London School of Hygiene & Tropical Medicine, United Kingdom)

Matthew Robson (Erasmus University Rotterdam, Netherlands)

Ole Frithjof Norheim (University of Bergen, Norway)

Pritaporn Kingkaew (Health Intervention and Technology Assessment Program Foundation, Thailand)

Sarin KC (Health Intervention and Technology Assessment Program Foundation, Thailand)

Saudamini Dabak (Health Intervention and Technology Assessment Program Foundation, Thailand)

Sitanshu Sekhar Kar (Jawaharlal Institute of Postgraduate Medical Education and Research, India)

Victoria Fan (Center for Global Development, United States of America)

Wang Yi (National University of Singapore, Singapore/Medical Innovation Development and Assessment Support, Thailand)

Ying-Li Chen (Center for Drug Evaluation, Taiwan)

ISPH Management Committee

Joseph Millum (St Andrews University, United Kingdom)

Dennis Henzler (University of Bayreuth, Germany)

Harald Schmidt (University of Pennsylvania, United States of America)

Ingrid Miljeteig (University of Bergen, Norway)

Kjell Arne Johansson (University of Bergen, Norway)

Marissa Collins (Glasgow Caledonian University, United Kingdom)

Mathias Barra (Akershus University Hospital, Norway)

Michael Laurer (University of Bayreuth, Germany)

Mizan Kiros (University of Bergen, Norway)

Omary Chillo (University of Health and Allied Sciences, Ghana)

Rachel Chikondi Jiya (Lilongwe Institute of Orthopaedics and Neurosurgery, Malawi)

Sanaa Said (University of Bergen, Norway)

Valerie Luyckx (University of Zurich, Switzerland)

Saudamini Vishwanath Dabak (Health Intervention and Technology Assessment Program Foundation, Thailand)

Wanrudee Isaranuwatthai (Health Intervention and Technology Assessment Program Foundation, Thailand)

Report

The following members contributed towards writing this report: Thamonwan Dulsamphan, Lapad Pongcharoenyong, Ryan Sitanggang; Pattama Nualpenyai designed the report.

We thank the rapporteurs, rapporteur coordinators, and lead rapporteurs for

writing the first draft of the summary of the plenary sessions. We also thank the Academic, Funding, MC, and Feedback team for summarizing the activities and sessions

Rapporteurs

Lead rapporteurs: Wanrudee Isaranuwatchai, Saudamini Dabak

Rapporteur coordinators: Chayapat Rachatan, Yin May Tun

Session rapporteurs:

Plenary 1 : Sudi Indra Jaya, Prossy Namyalo

Plenary 2 : Michael Wei-Chih Liu, Neha Purohit

Plenary 3 : Ritha Willilo, Capucine Barcellona

Plenary 4 : Breanna Wodnik, Deepika Rathna Murugesan

Plenary 5 : Adam Ehlert, Antara Sinha

Overall: Ryan Sitanggang

Organizing Team

Core team: Thamonwan Dulsamphan, Lapad Pongcharoenyong, and Ryan Jonathan Sitanggang

Academic: Jarawee Sukmanee, Vilawan Luankongsomchit, and Chittawan Poonsiri

Plenary session coordinators: Picharee Karunyawong, Chayapat Rachatan, Dimple Butani, Thanakit Athibodee, Sarin KC, Francis Carlo Panlilio, Wilasinee Samniang, Aye Nandar Myint, Evan Huang-Ku, and Saranyu Laemlak

Poster session coordinators: Ryan Jonathan Sitanggang, Saranrat Korkerd, Chayapat Rachatan, Nualrat Chotikararanan, Apiwat Piriyaol, Panchanok Muenkaew, and Onwara Doungprecha

Parallel session coordinators: HITAP staff

Budget and funding: Manit Sittimart and Phornnaphat Chertchinnapa

Communications: Nann Vongpuapan, Benjarin Santatiwongchai, Pattama Nualpenyai, Naphat Pudkaew, Serah Carolyn Clarence Gladstone Solomans,

Wittawat Chatchawanpreecha, Pattranit Pohnatchariyagul, Phanitphan Eaimnon, Varaporn Sriphen, Kanokporn Srivarom, Taechas Wongmongkolrit, Siripong Srichau

Logistics: Jidapa Planuson and Onwara Doungprecha

Administration: Saranrat Korkerd, Laddawan Thongfooy, Sarinya Sakthongjeen, and Nualrat Chotikararanan

Finance: Supaporn Eam-akrasena, Supanun Kawsud, and Lapad Pongcharoenyong

Overall: Assoc. Prof. Wanrudee Isaranuwatchai, Dr. Yot Teerawattananon, Saudamini Vishwanath Dabak, Pritaporn Kingkaew, and Waranya Rattanavipapong

We also thank all HITAP staff for other contributions that were not captured in this section.



Contents

Acknowledgments	3
Funding support	3
Scientific Committee	3
Commentators	4
ISPH Management Committee	4
Report	5
Rapporteurs	5
Organizing Team	5
Abbreviations of Key Terms	9
Executive Summary	10
Background	11
About this report	12
Overview of conference	12
Plenary sessions	12
Oral and poster presentations	12
Organized sessions	13
Participants	15
HITAP' strategy for funding	16
Summary of Conference Proceedings	17
Opening ceremony	18
Plenary sessions	19
Awardees of oral and poster presentations	32
Organized sessions	34
Networking activity	34
Closing ceremony	35
ISPH Annual General Meeting	36

Outcomes	37
Feedback form	38
Results	38
Impact of Priorities 2024 Conference	43
Appendix	48
Appendix 1 – Conference agenda	48
Appendix 2 – Concept notes (plenary sessions)	57
Appendix 3 – List of oral abstracts presented at the conference	58
Appendix 4 – List of poster abstracts presented at the conference	63
Appendix 5 – List of organized sessions	66
Appendix 6 – Forms	69
Rapporteur report template	96
Abstract and proposal (organized session) template	69
Feedback form	69
Appendix 7 – Respondents’ feedback for plenary sessions 1–5	70
Appendix 8 – Guidelines	72
Guideline for commentators and moderators	72
Guideline for oral and poster presenters	72
Guideline for rapporteurs	72
Guideline for bursary (support for award applicant)	72
Appendix 9 – Communications materials	73
Appendix 10 – Timeline	74

List of Tables

Table 1: Summary of recommendations and lessons learned collected from different internal teams	45
--	----

List of Figures

Figure 1:	The opening ceremony of the 14 th ISPH conference	11
Figure 2:	Process for abstract selection	13
Figure 3:	Demographics of plenary speakers and moderators, based on their country income status, region, and gender	14
Figure 4:	Demographics of participants, based on their participation type, country income status, and region	15
Figure 5:	HITAP board members, including Dr. Somsak Chunharas, Assoc. Prof. Dr. Cherdchai Nopmaneejumrulers, Dr. Silaporn Buasai, Prof. Dr. Worawan Chandoeeywit, Dr. Yot Teerawattananon, and Assoc. Prof. Wanrudee Isaranuwachai, PhD, were invited for a group photo	18
Figure 6:	Plenary sessions 1: From Data to Action: Leveraging AI and RWE for Informed Priority Setting	21
Figure 7:	Plenary sessions 2: Are We Too Early to Inform Priorities?	24
Figure 8:	Plenary sessions 3: Ethics at the Heart of Health Priority Setting: Striking a Balance Between Efficiency and Equity	27
Figure 9:	Plenary sessions 4: Greening Our Health: Prioritizing Environmental Sustainability	29
Figure 10:	Plenary sessions 5: Navigating Health Systems During a Crisis for Effective Preparation, Response, and Resilience	31
Figure 16:	Three awardees for oral presentations	32
Figure 12:	Two honorary mentions for oral presentations	32
Figure 13:	Three awardees for poster presentations	33
Figure 14:	Two popular votes for poster presentations	33
Figure 15:	Networking activity	34
Figure 16:	Dr. Joseph Millum offering the closing remarks	35
Figure 17:	Dr. Joseph Millum offers the opening remarks at the ISPH Annual General Meeting	36
Figure 18:	General comments on the conference	38
Figure 19:	Respondents' feedback for plenary sessions 1-5	40
Figure 20:	Respondents' feedback for organized sessions	41
Figure 21:	Respondents' feedback for oral and poster presentation sessions (a) presenter (b) commentator	42
Figure 22:	The HTAsialink members join for a group photo	43

Abbreviations of Key Terms

AAR	After Action Review
HITAP	Health Intervention and Technology Assessment Program Foundation
HTA	Health Technology Assessment
ISPH	The International Society for Priorities in Health
NUS	National University of Singapore
AI	Artificial Intelligence
RWE	Real-World Evidence
RWD	Real-World Data
HKJC-GHI	Hong Kong Jockey Club Global Health Institute
DCEA	Distributional Cost-Effectiveness Analysis
LMIC	Low- and middle-income countries High-income countries
WHO	World Health Organization
CCS	Country Cooperation Strategy
PMU-B	Program Management Unit for Human Resources & Institutional Development, Research and Innovation
RCT	Randomized Controlled Trials
MOTIP	Mahidol-Oxford Translational Innovation Partnership
ICER	Incremental Cost-Effectiveness Ratio
OOP	Out-of-pocket
UHC	Universal Health Coverage
HCWH	Healthcare Without Harm
I-MCM-Net	Interim coordination mechanism for medical countermeasures network
PGIMER	Postgraduate Institute of Medical Education and Research



Executive Summary

The 14th International Society for Priorities in Health (ISPH) Conference, known as the “Priorities 2024 Conference,” was hosted by the Health Intervention and Technology Assessment Program (HITAP) Foundation under the aegis of International Society for Priorities in Health (ISPH) from 8th to 10th May 2024 at the Millennium Hilton in Bangkok, Thailand. The conference, with the theme “Shaping the Future of Health Prioritization: Strategies for Sustainable Solutions,” attracted 332 participants from over 40 settings, with more than 50% from outside Thailand and nearly 70% from low-and-middle-income countries.

Five engaging plenary sessions were organized, covering topics of global interest such as leveraging Artificial Intelligence (AI) and Real-World Evidence (RWE) for informed priority setting, impact of early HTA on setting priorities for health, understanding ethics in health prioritization, addressing environmental sustainability in the context of health, and navigating health systems during crises. These sessions facilitated rich discussions and generated actionable insights. Key outcomes included the development of innovative strategies for sustainable health solutions, a deeper understanding of global health challenges, and the strengthening of regional cooperation. The conference also provided a valuable opportunity to connect with HTAsiaLink and other networks in the Asia-Pacific region, amplifying our collaborative efforts.

The conference featured a total of 98 presentations, with 62 oral presentations and 36 poster presentations selected from 205 submitted abstracts. These presentations delved into themes ranging from data-driven decision-making to ethical considerations in health priority setting. Moreover, organized sessions provided a platform for in-depth discussions on key issues, including the role of technology in health prioritization

and the importance of equity in healthcare decision-making. These sessions allowed participants to explore how digital health tools can enhance the efficiency and accuracy of prioritization processes while ensuring that marginalized populations are not left behind. Additionally, the discussions emphasized the need for inclusive policies that address disparities in healthcare access, ensuring that health benefits are equitably distributed across all sectors of society. The next conference was also announced during the Closing Ceremony, setting the stage for future engagements.

The event also served as a platform to announce the inaugural Infectious Disease Modelling (IDM) Conference 2024, supported by the Hong Kong Jockey Club Global Health Institute (HKJC-GHI), a partnership between the University of Hong Kong, the University of Cambridge, and the International Vaccine Institute. Jointly organized by HKJC-GHI and HITAP, this upcoming conference will take place from 6th to 8th November 2024 at the Millennium Hilton Bangkok, Thailand.

The Priorities 2024 Conference thus not only facilitated insightful discussions and networking opportunities but also laid a foundation for continued collaboration and innovation in global health prioritization. Looking forward to the 2026 conference at the University of Bayreuth in Germany, it is expected that the momentum built at Priorities 2024 will ensure ongoing progress and impactful outcomes in the health prioritization landscape and that key takeaways from this conference will inform the future of health prioritization, driving us towards a more equitable, efficient, and sustainable global health system.



Background

The biennial International Society for Priorities in Health (ISPH) conference has been a cornerstone event for global health professionals, academics, researchers, and policymakers. Since its inaugural meeting in 1996 in Stockholm, Sweden, the conference has evolved into a forum for knowledge exchange, collaboration, and professional development. Over the years, it has been hosted in diverse locations worldwide, fostering a rich history of international engagement and interdisciplinary dialogue. The previous conference, in 2022, was held in Bergen, Norway, continuing the tradition of addressing critical issues in health prioritization.

The origins of the ISPH conference lay in the recognition of the essential role of priority setting in healthcare. Effective priority setting ensures the efficient allocation of resources, balancing health, economic, social, and ethical considerations. This field saw rapid growth, and the ISPH was instrumental in advancing both the theory and practice of priority setting through its conferences and activities. During the Covid-19 pandemic, the society expanded its outreach by hosting webinars on relevant topics, maintaining the momentum of knowledge sharing and professional development.

The 14th ISPH conference, or “Priorities 2024 Conference,” was held from 8th to 10th May 2024, at the Millennium Hilton in Bangkok, Thailand. The main theme of the conference was “Shaping the Future of Health Prioritization: Strategies for Sustainable Solutions” which was built on the proposal by the organizing team in consultation with the ISPH management committee. This conference marked a significant milestone as the first ISPH conference hosted [outside Europe, North America and Oceania](#), bringing together ISPH’s global membership and regional experts to foster new collaborations and enhance collective efforts towards sustainable health solutions.



Figure 1: The opening ceremony of the 14th ISPH conference

L to R: Dr. Jadej Thammatacharee, Secretary-General of the National Health Security Office;
Professor Vicharn Panich, Chairperson of the Health Intervention and Technology Assessment Program Foundation;
Dr. Joseph Millum, Chairperson of ISPH



About this report

This report summarizes the proceedings of the Priorities 2024 Conference. It provides an overview of the conference, the key points of discussion during the plenary sessions, results of the oral and poster presentations, feedback and lessons learned, and supporting documentation.



Overview of conference

Plenary sessions

In line with the conference sub-theme, five plenary sessions were organized on the following topics:

- 1) From Data to Action: Leveraging AI and RWE for Informed Priority Setting**
- 2) Early HTA: Are we too early to inform priorities?**
- 3) Ethics at the Heart of Health Priority Setting: Striking a Balance Between Efficiency and Equity**
- 4) Greening Our Health: Prioritizing Environmental Sustainability**
- 5) Navigating health systems during a crisis for effective preparation, response, and resilience.**

These plenaries featured regional and global experts to examine these topics and engage with participants.

Oral and poster presentations

Process for abstract selection

The call for abstracts and the proposals for organized sessions was open from 15 August 2023 to 20 November 2023. Subsequently, the organizing team shared the abstracts with the Scientific Committee, which comprised experts from ISPH membership and the Asian region (refer to Acknowledgements for list of members) for review using a template in Excel format. Two reviewers were assigned to each abstract. Out of a total of 205 submitted abstracts, 72 were selected for oral presentations and 86 for poster presentations. The results were announced on 15 January 2024 via email and the official conference website. Given that this was an in-person conference, selected abstract presenters who were unable to attend were replaced by those with the next highest scores. The process for the abstract selection process has been depicted in Figure 2.



Figure 2: Process for abstract selection

Process for oral presentation review

During the oral presentation sessions, two commentators were assigned to score each presenter. Guidelines were developed for commentators to provide input and information to the presenters. Finally, the outcomes of the oral presentations were finalized on the second day of the conference, following the consolidation and calculation of scores from the commentators.

Process for poster presentation review

The review and scoring of poster presentations were conducted prior to the conference. Poster presenters were requested to submit their electronic poster files before 18 April 2020, if they wished to be considered for an award. The organizing team distributed the posters, along with scoring guidelines, to the Scientific Committee for review using a template in Excel format. Each poster was assigned to two reviewers. A popular vote was conducted during poster walk sessions held during the conference, as an additional award category.

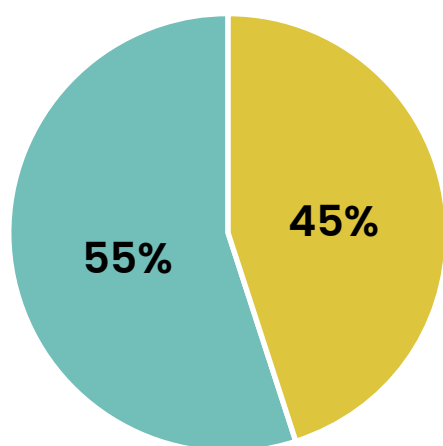
Organized sessions

A total of 25 organized sessions were hosted by various organizations. Topics such as priority setting for vaccination programs, precision medicine, cancer services, disease control, medical innovations, and health research were discussed. The roles of severity and the impacts of conflict on health priority setting were also explored in the organized sessions. Additionally, several sessions covered the design and development of health benefit packages, including topic selection for these packages. Sessions related to Health Technology Assessment (HTA) were also included, focusing on guideline development, deliberative processes, and Distributional Cost-Effectiveness Analysis (DCEA).

Plenary speakers and moderators

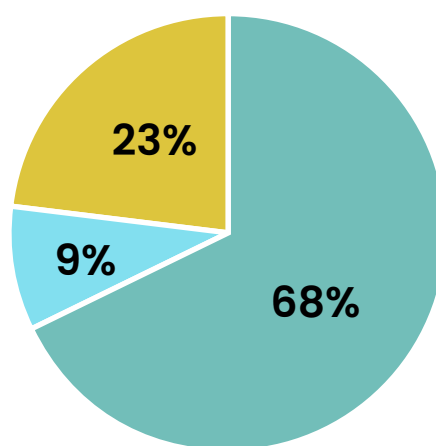
The conference featured a diverse group of 22 speakers and moderators (17 speakers and 5 moderators). Among them, 10 were from low- and middle-income countries (LMICs), while 12 came from high-income countries (HICs). Geographically, based on their professional affiliation, the majority originated from Asia (n = 16), followed by Europe (n = 5) and America (n = 2). In terms of gender, the speakers and moderators were predominantly male (n = 19) with four female speakers or moderators.

Speaker and moderator distribution
by country income status



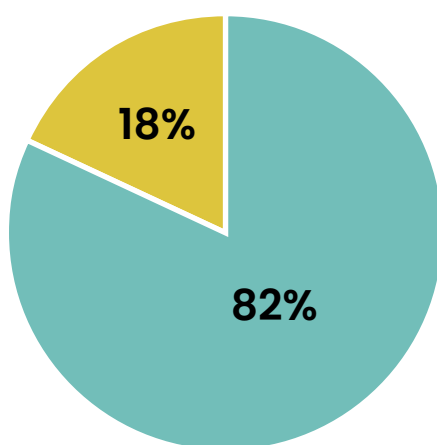
LMIC HIC

Speaker and moderator distribution
by region



Asia America Europe

Speaker and moderator distribution
by gender



Male Female

Figure 3: Demographics of plenary speakers and moderators, based on their setting income status, region, and gender

Participants

The conference brought together 332 participants from 43 settings. Participants were categorised by registration group: speakers (n = 22), general participants from LMICs (n = 206), general participants from HICs (n = 73), and students (n = 31). Notably, most of the participants came from LMICs (n = 230) and were based in Asia (n = 236), highlighting the conference's success in engaging participants from resource-constrained settings and expanding the priority setting in health network within the Asian region.

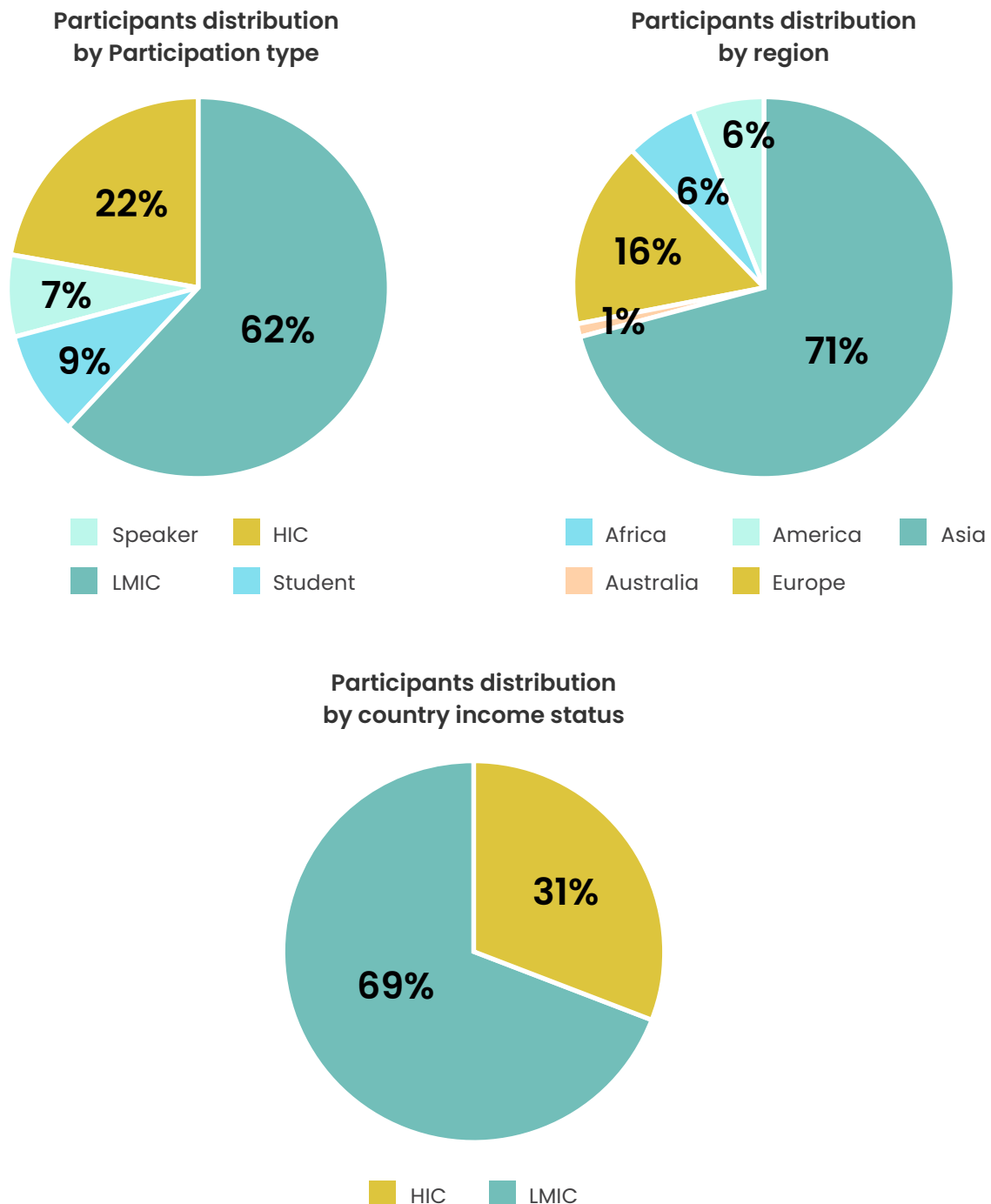


Figure 4: Demographics of participants, based on their participation type, country income status, and region

HITAP's strategy for funding

While the registration fees served as a primary source of financial support for the conference, the organizing team recognized that access to resources can be a barrier to some participants. To ensure a wider range of participation at the conference, a strategic bursary program was implemented to provide financial assistance to participants from LMICs.

This initiative was supported by the following donors:

- The International Society for Priorities in Health (ISPH)
- The Converge Digital Health programme under the World Health Organization Country Cooperation Strategy (WHO-CCS), Thailand
- The Program Management Unit for Human Resources & Institutional Development, Research and Innovation (PMU-B)

A collaborative effort between the organizing team and the ISPH committee ensured a fair and transparent selection process. The team developed a well-defined set of criteria for bursary eligibility and established an independent selection committee comprising of representatives from the organizing team, ISPH committee, and relevant donors. Details regarding the bursary program, including eligibility criteria and support mechanisms, can be found in the Appendix 8.

Based on the support provided, there were 22 participants who attended the conference with bursary support, of which 16 came from Asia and 6 from Africa.



Summary of conference proceedings

Opening ceremony

Chayapat Rachatan and Teerawat Wiwatpanit, both from HITAP, served as Masters of Ceremony and welcomed participants to the 14th Priorities 2024 Conference on May 8, 2024. Dr. Jadej Thammatacharee, Secretary-General of the National Health Security Office, delivered the opening remarks, highlighting the importance of equity and adaptability in healthcare prioritization to ensure maximal health outcomes for all. Following this, Prof. Dr. Vicharn Panich, Chairperson of the HITAP Foundation, gave a keynote speech emphasizing the main objectives of this conference on prioritization in healthcare to overcome challenges faced by healthcare systems worldwide. Lastly, Dr. Joseph Millum, Chairperson of ISPH, delivered the final keynote speech, concluding with the importance of understanding real-world evidence and the political landscape of the health system in prioritizing and allocating health resources. Following the speeches, Dr. Jadej, Prof. Dr. Vicharn, and Dr. Joseph then commenced the official opening ceremony of the 14th Priorities 2024 Conference.



Figure 5: HITAP board members, including Dr. Somsak Chunharas, Assoc. Prof. Dr. Cherdchai Nopmaneejumrulers, Dr. Silaporn Buasai, Prof. Dr. Worawan Chandoeypit, Dr. Yot Teerawattananon, and Assoc. Prof. Dr. Wanrudee Isaranuwachai, were invited for a group photo

Plenary sessions

Plenary session number: 1

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

Real-World Evidence (RWE) and Artificial Intelligence (AI) have been valuable tools for supporting prioritization for health, and have been topics of debate regarding their long-term viability and trade-offs. This plenary aimed to address these debates by providing an overview of RWE and AI, and examining their advantages and disadvantages through case studies. The session explored their role in policymaking, discussed potential pitfalls, and considered strategies for advancing their use in a responsible manner, as well as reflecting on their future trajectory. The expected outcome was to raise awareness about the use of RWE and AI in priority setting. It sought to increase understanding of the pros and cons of both RWE and AI, while providing insights into their implementation in the healthcare industry through case studies. This opening plenary, moderated by Assoc. Prof. Wanrudee Isaranuwachai, PhD, included Dr. Jasmine Pwu, Prof. Jeffery Hoch, Asst. Prof. Wenjia Chen and Dr. Karthik Adapa as speakers.

In her presentation, Dr. Jasmine Pwu drew from her experiences in a public health setting in Taiwan and shared three examples using real-world data in decision-making on the Hepatitis C elimination program, ten therapies for oncology, and the post-marketing reassessment of drug-eluting stents versus bare metal stents.

Prof. Jeffrey Hoch defined what RWE means and how to combine Real World Data (RWD) and AI for informing priority setting for health. He shared his experiences working on RWE for breast cancer patients in Canada and the example of Alzheimer's drug approval from the United States (US). He summarized that RWE could provide better information, but there are some trade-offs. He noted the need to focus on setting up the process of how results from the data will be used which will also determine how the data will be analysed.

"We can do a better job at priority setting with better information (data)."

Asst. Prof. Chen Wenjia shared real-life examples and explained how one can combine big data, AI, and public health in real-world healthcare. The real-life examples were HeartFlow FFRct (Fractional Flow Reserve – Computed Tomography) in coronary artery disease diagnosis, an application to identify and design the cancer medication plan that is feasible for their patient; an AI system that enables disease management for Type 1 diabetes; an AI-assisted system in Singapore to assess patients; and enable population control monitoring of hyperlipidaemia, hyperglycaemia, and hypertension; and surgical robot-assisted surgeons to perform minimally invasive procedures with enhanced precision and control.

Dr. Karthik Adapa shared his experience of using a computer-aided detection program which used AI. This was used to develop and implement a diagnostic test for early breast cancer screening in India.

“There are a lot of AI products researched but not implemented and many implemented but not researched.”

During the discussion, it was noted that several challenges hinder the widespread adoption of AI and RWE in healthcare. First, there was a general lack of clinical AI-specific regulation and reimbursement frameworks worldwide. Second, there was a dearth of real-world effectiveness evidence and economic data to support integration of AI into healthcare systems. Third, decision-makers felt less comfortable using RWE as a basis for decision-making, as opposed to randomized controlled trials (RCT) or other forms of evidence. Moreover, RWE itself may not always lead to clear conclusions, particularly when the design was weak, or the data were not built for study purposes.

“One-word description of the potential of data and AI to help priority setting included: “risky”, “cost-saving”, and “yes”.

RWE can provide a comprehensive understanding of the policy landscape and address the upcoming challenges. To fully leverage RWE, there is a need for increased dialogue among stakeholders and building capacity. Improved priority setting can be achieved with better information, however there are some trade-offs. Effective processes are required to both generate and utilize this evidence. Potential solutions included enhanced regulations, RWE generation, standardized assessment for AI-empowered technologies, and collaborative partnerships. Additionally, improving access to AI products required to consider affordability, acceptability, and availability. Prioritizing the community could help prevent inequity and support the vulnerable to gain benefits. This issue could be achieved by utilizing (HTA) to help all countries embrace AI in public health and identify the real value and cost-effectiveness of using AI. Patient safety should also be prioritized, followed by consideration of the effectiveness of AI algorithms.

Main messages

- AI and RWE are revolutionizing healthcare decision-making globally. Examples from Taiwan, the US, and Canada showcase RWE's impact on public health strategies and drug approval processes.
- Challenges in the era of big data included the lack of regulatory framework and evaluation framework for AI in healthcare; and solutions proposed include stakeholder dialogues, prioritizing patient safety, and establishing standardized assessments for AI technologies.
- Effective integration of AI and RWE has potential to enhance healthcare outcomes and inform policy decisions worldwide especially when RWD are becoming more available.



Figure 6: Plenary sessions 1

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

Early HTA: Are We Too Early to Inform Priorities?

The plenary session on “Early HTA: Are we too early to inform priorities?” explored the evolving role of early HTA in evaluating emerging medical products and interventions, addressed the urgency of assessing their potential impact and value while balancing evaluation speed with evidence robustness. It discussed advancements, challenges, and issues in early HTA methods, with insights from research and innovation program managers, and explored alternative tools and real-world research funding challenges. Objectives included introducing the current landscape of early HTA, examining challenges in different settings, and discussing future trends and strategies to navigate complexities. Moderated by Prof. Mark Jit, this session included Prof. Maarten Ijzerman, Assist. Prof. Wang Yi, Dr. Maneerat Ekkapongpisit and Dr. Raymond Hutubessy as speakers.

“A linear process is presumed in the development of health technologies; however, the process is complex and unpredictable. Stakeholders involved in early HTA should be conscious of this unpredictability.”

Prof. Maarten Ijzerman shared the concept of early HTA to inform on value of new medical products in development, decisions of funding during development phase, and in the market. He highlighted inconsistencies in the use of the term “early HTA” and elaborated on the differences between classical HTA and early HTA. Prof. Maarten Ijzerman noted the variation in methods for calculating the cost-effectiveness gap or headroom for new technologies due to the absence of explicit guidelines. He emphasized the need for additional value metrics alongside traditional metrics in early HTA.

“Focus should be on both health and innovation.”

Assist. Prof. Wang Yi highlighted the scope and use of early HTA to inform the value of medical innovations. He emphasized the need to focus on advancing the innovation process and improving efficiency, rather than solely concentrating on health. Early HTA could facilitate bringing diverse stakeholders together to discuss problems, promote collaboration and work ethics, and develop synergies from different areas of expertise to bridge gaps. He shared success stories from the Medical Innovation Development and Assessment Support (MIDAS), which conducts early HTA on diagnostic tests, medical devices, and plant extracts. He underscored the importance of dynamic thinking about how technology will unfold in the future, and development of case studies and a robust framework for conducting early HTA.

“It is never too early to start. Assessments should accommodate the user preferences and needs. There is a need to focus on public goods and undertaking a public health perspective.”

Dr. Maneerat Ekkapongpisit shared her experiences as an innovation funding program manager at the Mahidol-Oxford Translational Innovation Partnership (MOTIP). She described MOTIP as a central hub that expedites translating research into real-world applications through a translational research platform, as well as incubator, and impact measurement systems. The impact measurement platform of MOTIP evaluates health benefits, cost reduction, and broader social or economic impacts. Dr. Maneerat Ekkapongpisit also discussed the challenges in conducting early HTA, including constraints related to time, cost, data availability, stakeholder engagement, and the interests of innovator teams.

Dr. Raymond Hutubessy discussed the Immunization Agenda 2030 and the impact of vaccines from a public health perspective. He explained the rationale for using the “Full Value of Vaccine Assessment” (FVVA) concept to guide three major decisions: investment in developing a vaccine, recommending, or funding the vaccine, and introducing the vaccine. Dr. Raymond Hutubessy illustrated how FVVA and the evidence it generates have been applied to various vaccines. He shared experiences from innovation framework workshops, highlighting the importance of considering multi-stakeholder perspectives and country-specific needs. He emphasized the successful utilization of FVVA in supporting vaccine prioritization, identifying research gaps, assessing the potential impact of vaccines, and the need to extend early HTA methodologies to other health technologies.

“It is always about the priority of the public.”

The session highlighted several major problems and issues in early HTA, including considerable variation in methods for calculating the cost-effectiveness gap or headroom attributable to a new technology, and the sole reliance on the Incremental Cost-Effectiveness Ratio (ICER) metric, which may not capture the true impact of interventions in the development phase. Furthermore, ways to identify country-specific problems in vaccine development and incorporation of dynamic processes in vaccine development should be discussed. When appraising technologies in developing healthcare, adopting a broader innovation perspective that includes the impact on the carbon footprint and the required healthcare personnel to deliver care. The FVVA can be a valuable tool to encourage vaccine development that aligns with the preferences of recipient countries. Additionally, conducting innovation framework workshops can help identify programmatic barriers, define product attributes, establish use cases, and determine evidence needs. Finally, it is crucial to continuously update these documents, especially as new evidence emerges and there are changes in stakeholder mandates.

Main messages

- The purpose of early HTA is to inform the value of medical innovations. It entails understanding the problem for which the medical innovation is under development, factors to improve the health innovations, the implementation requirements, and identifying areas of additional research.
- Early HTA should be used with dynamic thinking on how the technology will unfold in the future, and this would require development of case studies and a robust framework for conducting early HTA.
- The assessment of the impact of health technologies should not be limited to traditional value metrics, such as ICER, but should incorporate a broader societal perspective.



Figure 7: Plenary sessions 2
Early HTA: Are We Too Early to Inform Priorities?

Plenary session number. 3

Ethics at the Heart of Health Priority Setting: Striking a Balance Between Efficiency and Equity

The plenary session focused on addressing health equity in creating resilient and sustainable healthcare systems. It examined the moral and practical imperatives of equitable healthcare access, the balance between efficiency and equity, and tools like HTA and DCEA. Challenges in translating health equity research into policy were discussed, alongside the extent to which decision-makers prioritize equity. Through presentations and panel discussions, experts, practitioners, and policymakers aimed to share insights, bridge gaps between research and policy, and foster a dialogue to shape an equitable healthcare future. The session sought to enhance knowledge sharing and identify strategies to reduce health inequalities. This session was moderated by Assoc. Prof. Beverly Essue with Prof. Sitanshu Sekhar Kar, Assoc. Prof. Mayfong Mayxay, Dr. Phusit Prakongsai and Prof. Ole Frithjof Norheim as speakers.

“Maximising health and reducing inequity often go hand-in-hand.”

The moderator, Assoc. Prof. Beverly Essue emphasized the importance of examining the distribution of costs and effects of interventions and health system decisions, highlighting that understanding these distributions is crucial for advancing health equity.

Prof. Sitanshu Sekhar Kar from India highlighted that the mandate of HTA is to maximize health, reduce out-of-pocket (OOP) spending, and minimize inequality. In Puducherry, a Health Inequality Aversion survey, conducted through interviews and questionnaires, revealed that most of the population favored an egalitarian distribution of healthcare resources.

“We may not have specific [equity] criteria in our minds, but when we make decisions, we have vulnerable populations in our mind – policymakers in India”.

Assoc. Prof. Mayfong Mayxay from Laos raised the issue of whether to autonomize or privatize public hospitals. In Laos, public hospitals are currently funded by the government, but there are insufficient funds to sustain this model. Plans to autonomize hospitals are controversial, as evidence suggests it may increase OOP costs and decrease equity, despite potentially improving efficiency and patient choice. A pilot of making three Laotian hospitals autonomous resulted in some efficiency gains but also led to higher costs and equity issues.

“The term “equity” in healthcare may be different across settings, for example, between HICs and LMICs. Even in the same country, it may vary between rural areas and urban areas.”

Dr. Phusit Prakongsai from Thailand discussed the country's progress since 2002, from having fragmented health insurance schemes to an integrated, compulsory, and mostly tax-funded system with high coverage. The development of the benefits package for Universal Health Coverage (UHC) involved various methods, such as cost-effectiveness analysis, budget impact analysis, and health equity assessments. Initially, expensive treatments were excluded but were later included as the UHC evolved and cost-effectiveness analyses justified their inclusion.

“The system will mature enough to understand that equity and efficiency do not compete with each other.”

Prof. Ole Frithjof Norheim highlighted that social welfare depends on both average health gains and equity impacts. Improving access to cost-effective services can also enhance equity, demonstrating the importance of looking beyond just cost-effectiveness to address inequities.

Major problems discussed included the conflict between equity and efficiency, the context-specific challenges of defining and measuring health equity, the infancy and complexity of health inequality aversion surveys, and the financial and equity issues related to the privatization of public hospitals. To address these, solutions suggested involved using WHO's guidance on defining health equity tailored to country contexts, integrating new ideas and methods in health system planning to reconcile equity and efficiency, implementing effective governance for autonomized hospitals, and learning from Thailand's UHC experience. Emphasizing flexible cost-effectiveness thresholds that consider equity impacts, supporting HTA capacity-building, improving data collection, and enhancing communication about equity concepts were also recommended to advance health equity.

Main messages

- There is increasing intolerance for health inequities, and health systems have adapted to address COVID-19 and other current crises; however, health equity and intersectionality have not been fully mainstreamed in health priority-setting.
- It is important to explicitly plan for equity in reforms and interventions – not expect it to come about implicitly, and it is possible to have a win-win situation between efficiency and equity impacts.
- Defining equity is important in deciding the parameters/populations of focus, in agreeing on minimum standards for equity, and in ensuring that policymakers, providers and populations understand the concept.
- Efficiency and equity should go hand-in-hand. If there is no balance between them, difficult decisions on trade-offs will need to be made (which can be analyzed through methods such as DCEA).



Figure 8: Plenary sessions 3

Ethics at the Heart of Health Priority Setting: Striking a Balance Between Efficiency and Equity

Greening Our Health: Prioritizing Environmental Sustainability

Climate change, driven largely by human activity, poses significant challenges to global health by exacerbating existing disparities and threatening healthcare infrastructures. As temperatures rise and extreme weather events become more frequent, the impact on public health is increasingly evident. In response, there is a call for healthcare systems to prioritize sustainability and resilience to mitigate these risks and ensure long-term viability. This requires a paradigm shift in healthcare delivery, emphasizing reduced carbon emissions, minimized waste, and environmental stewardship. This session aimed to explore the integration of environmental sustainability and climate change considerations into healthcare systems, focusing on practical solutions, policy advocacy, and their impact on public health, particularly in LMICs settings. This session was moderated by Dr. Renzo Guinto, with Dr. Sarawut Thepanondh, Mr. Ramon San Pascual, Assoc. Prof. Dr. Suthirat Kittipongvises and Mr. Sarin KC as speakers.

“The health sector is not just a receiver of climate change; we are a contributor. We also need to do our part to reduce ecological footprint to achieve global climate goals and ambitions.”

Dr. Renzo Guinto opened the session by emphasizing that climate and health are top priorities both nationally and internationally. He highlighted the health sector’s dual role as both a victim and contributor to climate change, stressing its responsibility to reduce its ecological footprint.

Dr. Sarawut Thepanondh discussed an integrated approach to environment, health, and climate change in Thailand, advocating for multi-sectoral strategies such as green infrastructure and the need for governmental support.

“We have to use both mitigation and adaptation in fighting climate change.”

Assoc. Prof. Dr. Suthirat Kittipongvises presented findings on greenhouse gas emissions from Thai healthcare facilities, emphasizing the role of the health sector in tackling climate change through green initiatives and the Health National Adaptation Plan.

Dr. Ramon San Pascual detailed the Healthcare Without Harm (HCWH) global network’s efforts to minimize healthcare’s environmental impact, stressing the shift towards renewable energy and clean air movements.

“We have to build our capacity from scratch. We have to change the way we do things now.”

HITAP has recently established an Environmental Economic Unit to focus on sustainable healthcare practices. Mr. Sarin KC, the head of this unit, proposed integrating environmental assessments into HTAs to promote eco-friendly healthcare solutions, such as telemedicine, to reduce emissions from patient travel. Additionally, the unit also addressed other scopes of work, including climate and carbon-resilient health system and green HTA.

The panel, moderated by Dr. Guinto, highlighted the importance of multi-sector collaboration and the urgent need for the health community to mobilize for climate action. Key points included the significant carbon footprint of the healthcare sector, the need for comprehensive climate action across all levels of the health system, and the urgency of addressing climate change to mitigate its impact on health. Suggested solutions included innovative interventions like green roofs, telemedicine, local data to drive policy changes, public reporting of carbon footprints, and cross-sectoral collaboration.

Main messages

- Climate and health are deeply interlinked and are now at the top of the health agenda, both nationally and internationally as every disease condition and group will be affected by climate change, highlighting the universal imperative to address this issue.
- Climate change exacerbates persistent health inequalities and the health sector's significant carbon footprint necessitates a firm response.
- Many innovative approaches are being implemented globally to combat climate change, emphasizing the importance of cross-sectoral collaboration and stakeholder engagement; the time to act is now.



Figure 9: Plenary sessions 4

Greening Our Health: Prioritizing Environmental Sustainability

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

The COVID-19 pandemic underscored the critical need for resilient health systems to be better prepared for epidemics, as disruptions in health systems led to more deaths than from the virus itself. Lessons from past outbreaks like Ebola emphasized the necessity for global solidarity and preparedness, yet the world was unprepared for COVID-19, exposing systemic weaknesses and inequalities. The surge in extreme weather events and conflicts, compounded by climate change and antimicrobial resistance, further highlights the urgency for strengthening health system resilience. This plenary aimed to provide empirical evidence and strategies for preparing, responding, and ensuring health system resilience during humanitarian crises. It explored the role of research in enhancing resilience, including data collection, AI applications, and strategies to support health workers and mitigate the impact of crises. The discussion addressed ethical considerations in decision-making and priority setting during emergencies, highlighting the imperative for global solidarity and stakeholder collaboration to strengthen health systems. This session was moderated by Dr. Wee Hwee Lin, with Mr. John Lee, Dr. Valerie Luyckx, Mr. Chris Potranandana as speakers.

“As the pandemic and large-scale outbreaks continues this can take lives, disrupt societies and devastate economies.”

Mr. John Lee emphasized the devastating impact of COVID-19 and large-scale outbreaks on societies and economies, highlighting the emergence of diverse partners and initiatives shaping a complex landscape. He advocated for global coordination to prepare for future pandemics, promoting the interim coordination mechanism for medical countermeasures network (i-MCM-Net) approach for equitable access to medical countermeasures, and stressed working with various sectors to address key gaps.

“Collective global coordination efforts in the ecosystem are essential for the world to be better prepared for a new pandemic threat.”

Dr. Valerie Luyckx discussed the application of ethics in public health emergencies, focusing on protecting vulnerable groups like dialysis patients. She highlighted the ethical dilemmas in prioritizing resources and the high mortality rates among patients lacking access to hemodialysis during crises.

“Highly vulnerable groups are often overlooked even at baseline – as per experiences with haemodialysis in Ukraine, Sudan, Turkey, Syria, Gaza – highlight how differently the world approached these issues during the crisis.”

Mr. Chris Potranandana shared Thailand’s COVID-19 statistics, highlighting the disparities between public and private healthcare services. He described initiatives like call centers, patient shuttles, donation centers, and volunteer recruitment to improve pandemic response.

Major issues discussed included the lack of preparedness for future pandemics, ethical dilemmas in resource prioritization, and the oversight of vulnerable populations. Suggested solutions involved enhancing global preparedness through collective coordination, strengthening partnerships, and implementing emergency measures such as collaborative surveillance and community protection. Emphasizing ethical principles in public health decisions, particularly for vulnerable groups, was also advocated. Additionally, fostering global solidarity and utilizing innovative, community-driven approaches were suggested to improve the pandemic response.

Main messages

- It is important to have systems in place to deal with a crisis before the crisis occurs because we can see that the better systems that are in place, the better the outcome when the crisis occurs.
- Strengthening health system resilience requires global solidarity and collaborative efforts among diverse partners and sectors, which can ensure equitable access to medical countermeasures and addresses systemic weaknesses exposed by crises like COVID-19.
- Ethical principles must guide decision-making and priority setting during public health emergencies. Protecting vulnerable populations and ensuring fair resource allocation are crucial for mitigating the impact of crises and promoting equitable healthcare access.



Figure 10: Plenary sessions 5

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

Awardees of oral and poster presentations

There was a total of 98 presentations comprising 62 oral and 36 poster presentations. Three awards were granted for oral presentations (1st prize, 2nd prize, and 3rd prize), along with two honorable mentions recognizing exceptional performance. Similarly, three awards were given for poster presentations (1st prize, 2nd prize, and 3rd prize), while two recipients were selected through popular vote. Details regarding the abstract submission process and presentation selection criteria can be found in the section “Overview of the Conference”. The recipients for each presentation are listed below:

Three awardees for oral presentations (Figure 11)

1. Yashika Chugh, Postgraduate Institute of Medical Education and Research (PGIMER), India
2. Rozar Prawiranegara, Management Sciences for Health, Indonesia
3. Jyoti Dixit, Postgraduate Institute of Medical Education and Research (PGIMER), India

Two honorary mentions for oral presentations (Figure 12)

1. Harald Schmidt, University of Pennsylvania, United States of America
2. Parthibane Sivanantham, Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), India

Three awardees for poster presentations (Figure 13)

1. Avram Denburg, The Hospital for Sick Children, Canada
2. Prossy Namyalo, University of Toronto, Canada
3. Marius Torjusen, Akershus University Hospital, Norway

Two popular votes for poster presentations (Figure 14)

1. Wessel Akkerman, Robin de Leeuw, Vera Luning & Jorrit Roffel, University Medical Center Groningen, Netherlands
2. Capucine Barcellona, National University of Singapore, Singapore



Figure 11: Three awardees for oral presentations



Figure 12: Two honorary mentions for oral presentations



Figure 13: Three awardees for poster presentations



Figure 14: Two popular votes for poster presentations

Organized sessions

These are summarized in the Appendix 5.

Networking activity

The Conference offered participants a unique opportunity to expand their networks through a dedicated networking event held on May 9th, 2024, at the Flow Terrace in the Millennium Hilton Bangkok Hotel. This event served as a platform to cultivate valuable connections, spark collaborative partnerships, and stimulate exploration of new career opportunities.



Figure 15: Networking activity

Closing ceremony

The closing ceremony for the Priorities 2024 conference took place on May 10, 2024, with Dimple Butani and Supangwanee Tantanakul serving as Masters of Ceremony. The event recognized presenters for their significant contributions to shaping the future of health prioritization through strategic, sustainable solutions. This year, a total of 205 abstracts were submitted for both oral and poster categories. Five awards were presented in each category, including three main awards and two recognition awards, handed out by HITAP board members Dr. Somsak Chunharus and Dr. Suwit Wibulpolprasert.

Following the awards presentation, Assistant Professor Dr. Paripok Phitsuwan, Deputy Director of the Program Management Unit for Human Resources & Institute Development, Research and Innovation (PMU-B), delivered closing remarks, highlighting key takeaways and future directions. He concluded that this conference has created a strong bond of connection and collaboration among people around the world. We have shared ideas, technology, and problems in health care priorities. We have not only worked together to develop our world to be better but for all to have a better living.

A recap video showcasing highlights from the three-day Priorities 2024 conference was played, allowing the audience to reminisce about the event. Subsequently, Joseph Millum, Chair of the International Society for Priorities in Health, took the stage to announce the host for the 2026 conference that will be held in Germany and 2028 conference at Tanzania. Final acknowledgments were given to ISPH management, conference and scientific committee members, all the speakers and moderators for plenary sessions and organized sessions, presenters of abstract and poster presentations, all the rapporteurs for their invaluable support in documenting the event, the hotel staff for ensuring everything went smoothly, the HITAP staff for their tireless efforts, and lastly, the core working team comprising Thamonwan Dulsamphan, Lapad Pongcharoenyong, and Ryan Jonathan Sitanggang for their invaluable support.



Figure 16: Dr. Joseph Millum offering the closing remarks

ISPH Annual General Meeting

The ISPH General Assembly Meeting was held on Friday, 10 May 2024, at the Millennium Hilton Bangkok Hotel in Bangkok, Thailand. The meeting was chaired by the society's President, Dr. Joseph Millum. During the meeting, HITAP representatives, Ryan Sitanggang from the Core Team and Chittawan Poonsiri from the Academic Team, presented a report on the conference, reflecting on insights from the Organizing Committee. The report highlighted key aspects of the conference, including a detailed summary, shared experiences, and valuable lessons learned. The discussions underscored the conference's success in fostering knowledge exchange and collaboration among global health prioritization experts. An announcement was made during the meeting regarding the future of the Priorities conference. The hosts for the next two Priorities conferences were announced: in 2026, the conference will be held at the University of Bayreuth in Germany, followed by the 2028 conference at Muhimbili University of Health and Allied Sciences in Tanzania. These upcoming conferences promise to continue the tradition of advancing health prioritization research and practice on an international scale.



Figure 17: Dr. Joseph Millum offers the opening remarks at the ISPH Annual General Meeting





Outcomes

Feedback form

A feedback evaluation form was circulated to all participants through the Cvent application, which was used for communication during the conference. The form contains four sections: the plenary sessions, the organized sessions, the oral and poster presentation sessions, and general comments. The plenary session and the organized session sections had a similar format, covering topic relevance, high-quality presentations and discussions, an appropriate level of audience engagement, and overall experience. The oral and poster presentation session section contained three separate questions for presenters and commentators. The questionnaire can be found in the Appendix 6.

Results

Of the 332 participants, 46 (14.1%) responded to the survey. Most respondents (86.9%) were very satisfied with the quality of the conference as shown in Figure 12. They also had a positive response toward logistical arrangements and networking opportunities. However, increasing knowledge on research in the field received the fewest positive responses, with 32 respondents (69.6%) strongly agreed. The respondents perceived that the conference was well-organized, and the coordination was excellent. The topics were diverse and relevant to them. The networking session provided an opportunity to expand their network. Nevertheless, the information on how the poster presentations were evaluated was not very clear to them. Additionally, the conference agenda on the website was not updated compared to the application.

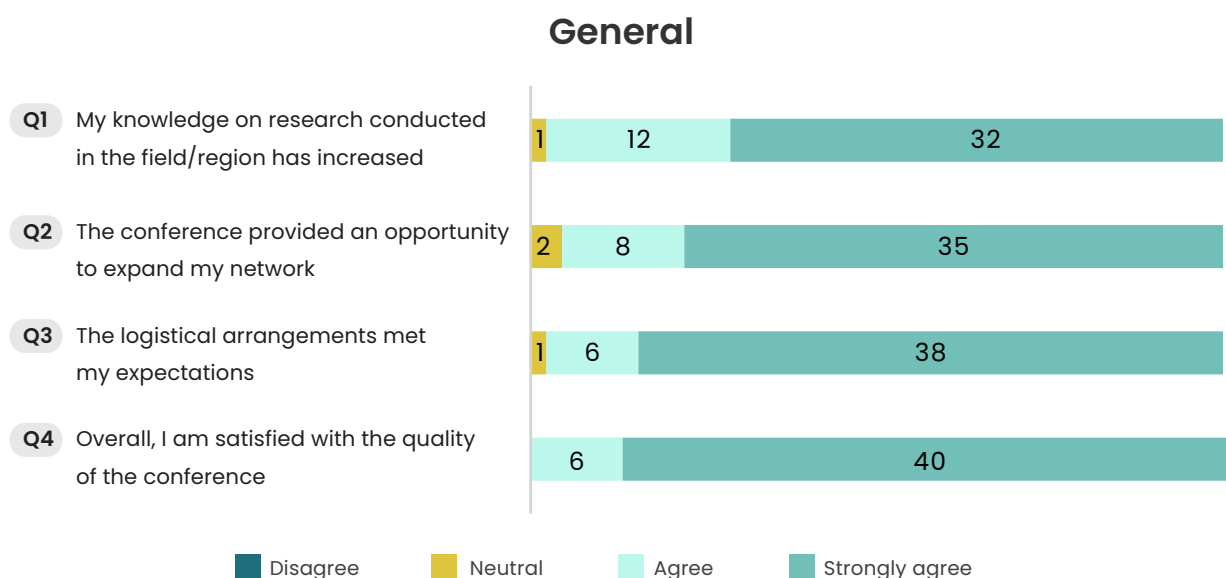
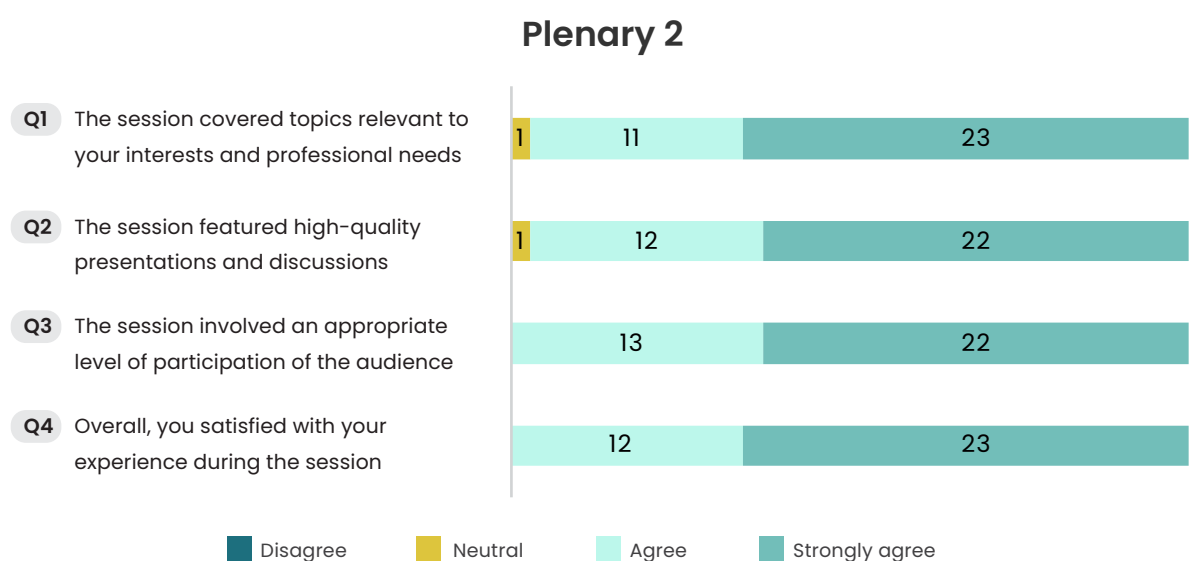
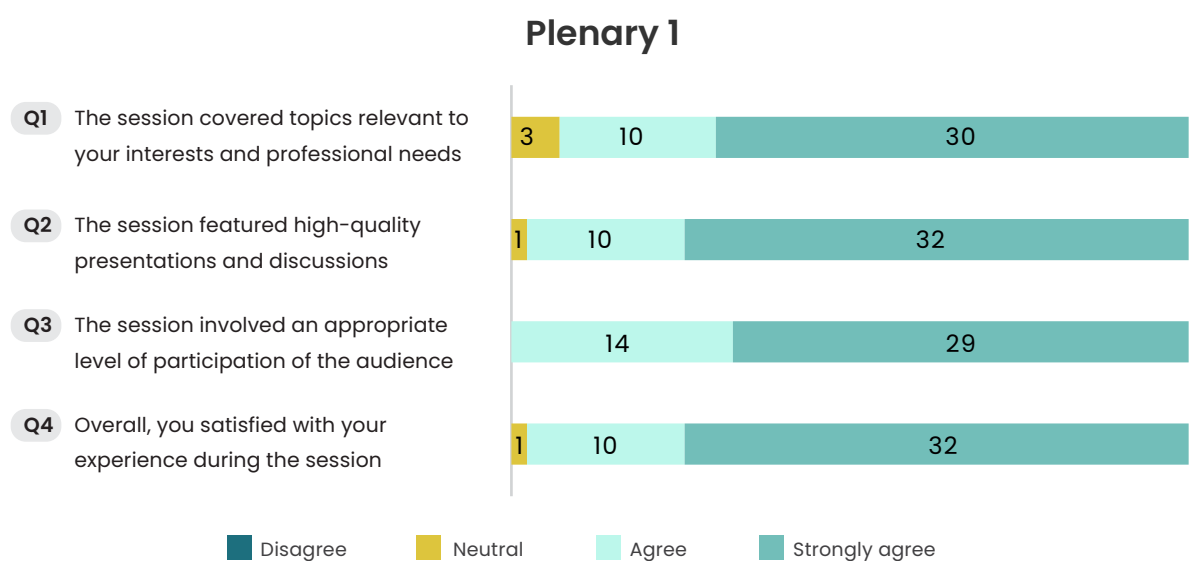
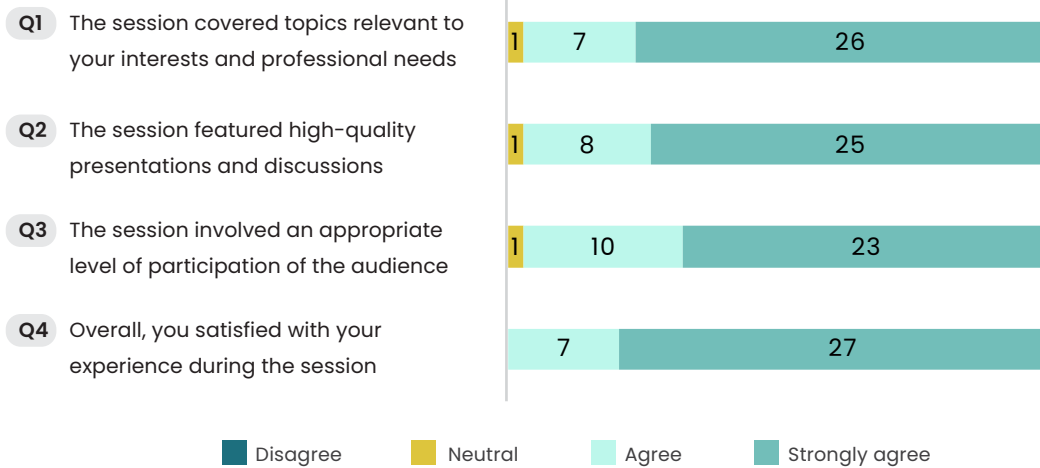


Figure 18: General comments on the conference

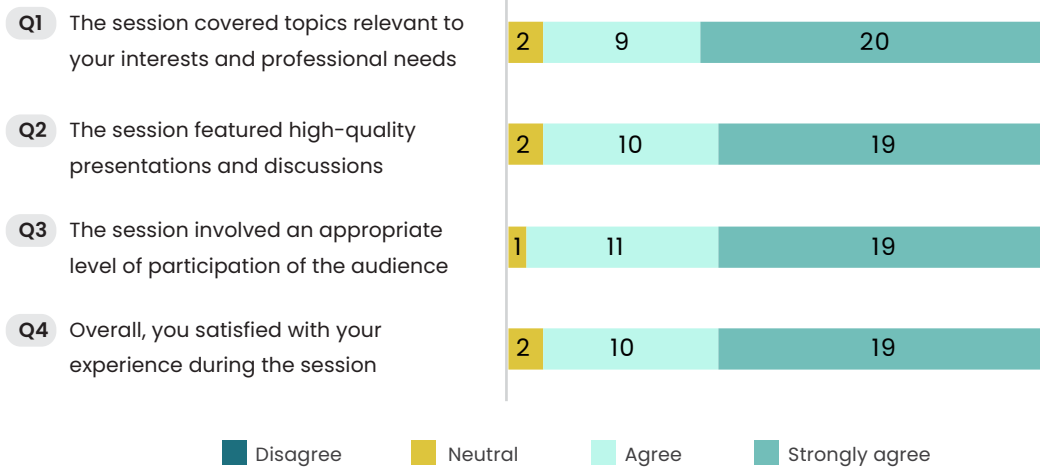
There is a variation in the number of responses for each plenary session. The responses for each plenary session are shown in Figure 13. Plenary session 1 received the most responses (43 respondents), followed by plenary session 5 (37 respondents). Approximately 75% of plenary session 1 respondents strongly agreed that the session featured high-quality presentations and discussions and were very satisfied with the overall experience during the session. For plenary session 2, around 65% of respondents strongly agreed with all four domains. A total of 27 respondents (79.4%) for plenary session 3 were very satisfied with the overall experience, while an appropriate level of audience engagement received the fewest positive responses (23 respondents or 67.4% strongly agreed). There were 19 (61.3%) and 26 (70.3%) respondents were very satisfied with the overall experience in plenary sessions 4 and 5, respectively. Other comments were related to sharing the pre-reading document and slides. In addition, suggestions were made to extend the duration of the session and to achieve more gender balance on the panel. Individual figures can be found in the Appendix 7.



Plenary 3



Plenary 4



Plenary 5

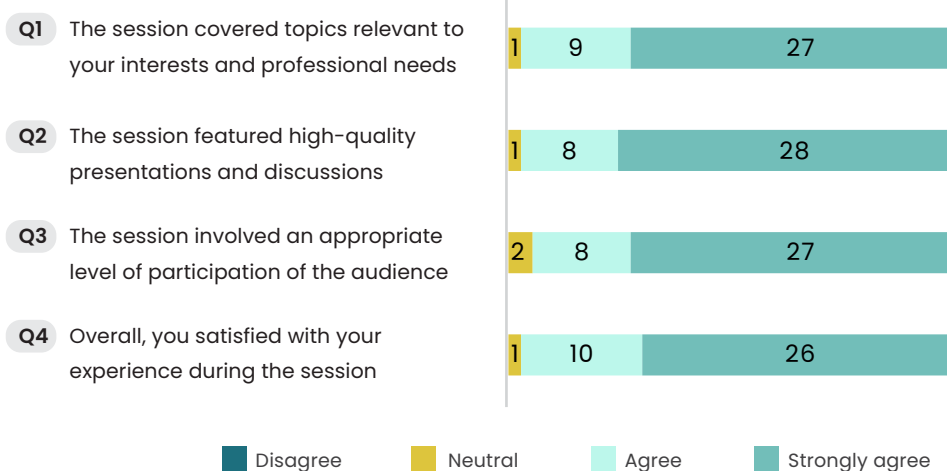


Figure 19: Respondents' feedback for plenary sessions 1-5

The responses for each domain of organized sessions are shown in Figure 14. The majority of respondents strongly agreed that the sessions covered relevant topics (76.1%), featured high-quality presentations and discussions (82.6%), and were very satisfied with the overall experience (87.0%) during the session.

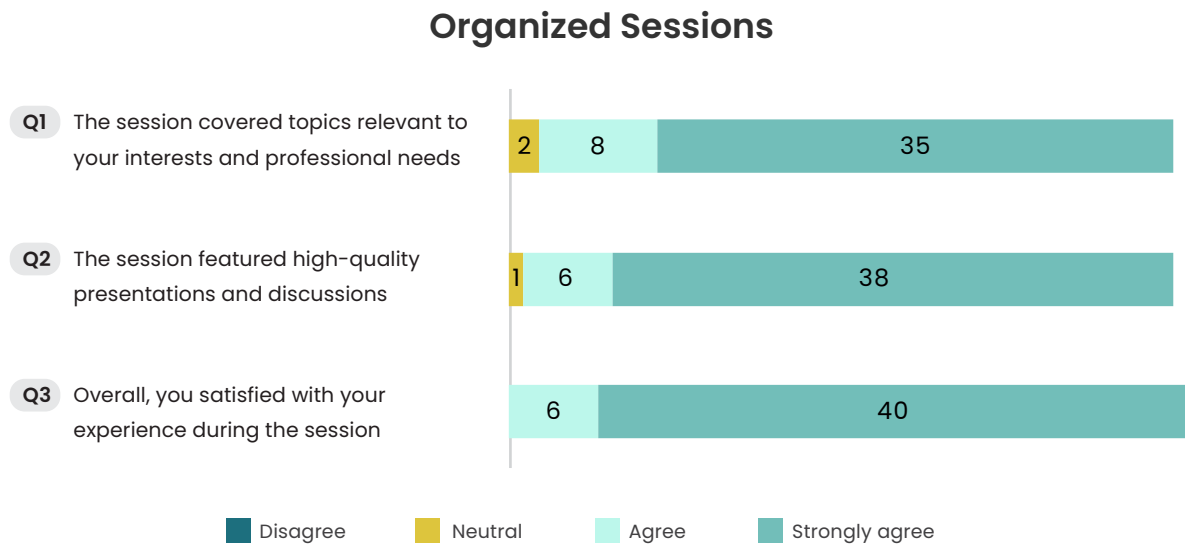
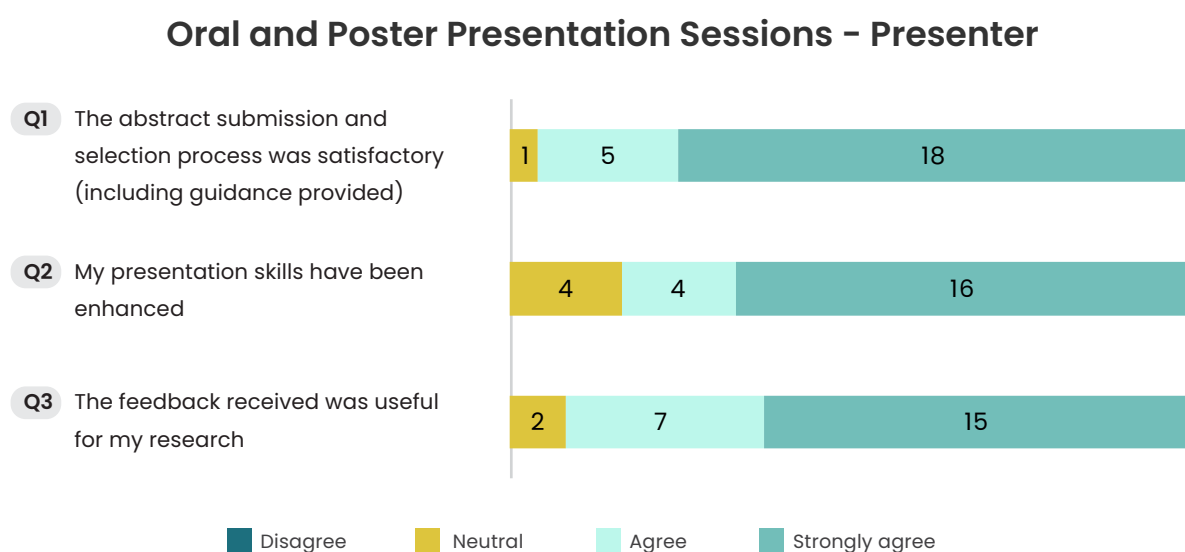


Figure 20: Respondents' feedback for organized sessions

Regarding the oral and poster presentation sessions, a total of 24 presenters and 14 commentators responded to the survey (Figure 15). Most presenters (75%) were satisfied with the abstract submission and selection process. Four presenters (16.7%) were neutral regarding the enhancement in presentation skills. All 14 commentators were satisfied with the abstract submission and selection process, the reviewing process, and the format for providing feedback.



Oral and Poster Presentation Sessions –Commentator

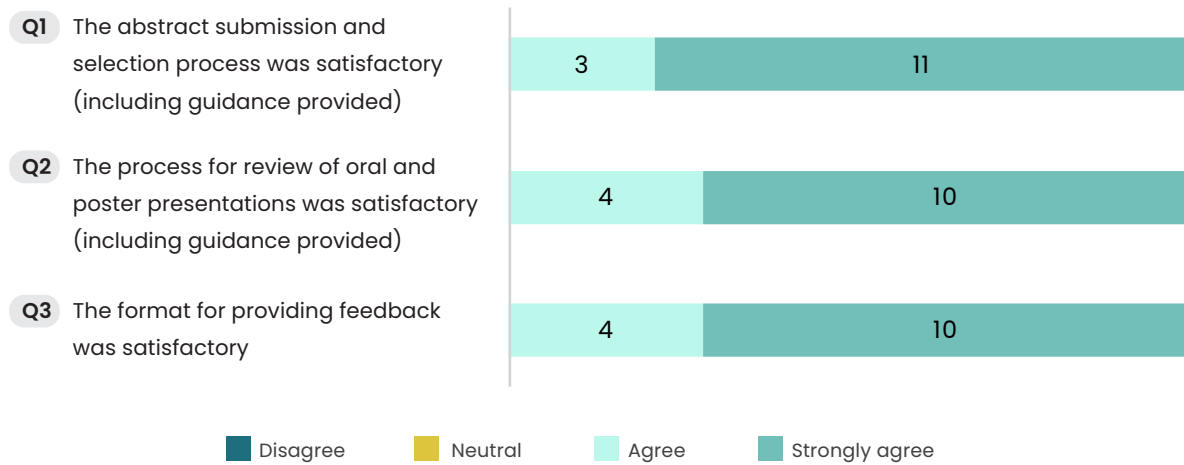


Figure 21: Respondents' feedback for oral and poster presentation sessions (a) presenter (b) commentator

Impact of Priorities 2024 Conference

The conference was successful in expanding networks and strengthening existing ones. In addition to forging links with members of ISPH, during the Priorities Conference, the HTAsiaLink Annual Member, Council, and Board Meeting took place at the same venue. HTAsiaLink, a network of over 50 organizational members from more than 20 settings in the Asia-Pacific region, focuses on HTA research and evidence-informed policy decision-making. HITAP serves as the HTAsiaLink Secretariat. The hybrid meeting occurred on the afternoon of the final conference day, 10 May 2024, with over twenty participants attending in person. The Priorities Conference facilitated this meeting, enabling network members to engage and utilize the conference as a platform for collaboration. This event marked the first time the Priorities Conference was held in Asia with more than half of the participants from the Asian region and LMIC countries, demonstrating its ability to convene various networks and activities in one location. The integration of the HTAsiaLink meeting within the Priorities Conference highlighted the conference's role as a regional gateway for collaboration, enhancing the impact of both events. This synergy provided a unique opportunity for members to interact, share experiences, and discuss future collaborations, reinforcing the importance of the Priorities Conference as a hub for multidisciplinary and international cooperation in health prioritization and policy-making.



Figure 22: The HTAsiaLink members join for a group photo



After Action Review

Following the conference, the After Action Review was conducted by the organizing team to facilitate reflection and analysis of past performance. Through open discussion and experience sharing, this collaborative session aimed to identify key achievements for continued implementation and potential areas for improvement, leading to enhanced performance in future events. The insights gathered from this AAR were documented through meeting notes, summarizing the discussions and outcomes of the session.

Table 1: Summary of recommendations and lessons learned collected from different internal teams

Component	Lessons
Overall management	<ul style="list-style-type: none"> • Regular internal meetings are recommended as a communication platform to identify gaps in conference preparation, solve problems, and share common challenges among internal team. • Establish platforms for material sharing and internal communication.
Academic sessions	<ul style="list-style-type: none"> • Schedule at least 2-3 preparatory meetings before the plenary sessions for the speakers to discuss presentation flow and review materials. • Maintain a backup list of plenary speakers in case of last-minute cancellations. The list should ensure diversity in terms of gender, region, and organizational affiliation. • Introduce speakers and presenters to the interactive features available in the event app to foster active audience participation during their sessions. • Invite scientific committee members, plenary session speakers, and moderators well in advance of the conference to secure their participation and allow for a thoughtful response. • Clearly communicate the deadline for submission of presentation materials to all speakers and presenters to avoid last-minute submissions. The file drop folder should be shared among session coordinators, IT, and organizers for coordination. • Consider arranging spare poster stands to accommodate any last-minute additions to the poster presentations.

Component	Lessons
Session Coordinators	<ul style="list-style-type: none"> • Assign session coordinators for all academic sessions such as plenary sessions, oral presentations, poster presentations, and organized sessions in advance • Provide session coordinators with a to-do list to facilitate pre-session tasks such as confirming speaker readiness, checking presentation materials and room equipment, and welcoming attendees with a brief agenda overview. • Develop a comprehensive training program to equip session coordinators with the knowledge and resources they need to fulfill their roles effectively. The program should include clear explanations of responsibilities, expectations, and a breakdown of key tasks, along with access to relevant materials • Develop a training program on the event management tools, specifically the event application. This program will familiarize session coordinators with the platform's functionalities, enabling them to assist speakers and presenters in effectively utilizing the tool during the event. The training should incorporate hands-on practice through trial exercises. • Coordinate with session coordinators from different sessions to achieve a balanced distribution of participants across all rooms. • Conduct a dry run at the conference venue can help ensure efficiency and a smooth-running event.
Funding and financial management	<ul style="list-style-type: none"> • Providing bursary support can be helpful for attracting attracting a more diverse participant pool • Distribute the awards to participants in cash upon their arrival at the conference on the first day to streamline the award process. • Plan a bursary support program at least 12 months in advance to allow sufficient time to secure funding sources.

Component	Lessons
Administrative support and logistics	<ul style="list-style-type: none"> • Use an event application to facilitate the registration process. • Plan for a registration desk strategy with a responsible team as it can be hectic during registration. • Designate focal points for specific logistics and admin-related inquiries, such as visa processing and invitation letters. • Track and follow up with registrants to ensure they complete the registration process. • Provide team members with regular updates on bursary award recipients' registration status.
Communication	<ul style="list-style-type: none"> • Develop a FAQ section on the website to prevent repetitive inquiries. • Create a separate webpage for bursary support to increase visibility and centralize all information related to bursary support. • Implement a system for regular monitoring and updating of website content to ensure the accuracy and most up-to-date information is provided to participants. • Leverage an event application to: <ul style="list-style-type: none"> - Foster active interaction between participants and speakers/ presenters through a live Q&A function. - Collect information and generate data for event analysis. - Provide participants with instant updates on new information. • Create Guidelines for event app users for providing clear and concise instructions on all key functionalities, including registration, utilizing the Q&A feature, and navigating the event schedule. The guides should be offered in multiple formats, such as downloadable PDFs, dedicated webpages, or even brief tutorial videos, to cater to various learning styles and enhance accessibility for all participants. • Conduct a pilot test before launching the event application to measure system performance and identify potential issues. • Provide on-site support for event application at a help desk.



Appendix 1

Conference agenda

Agenda for Priorities 2024 Conference

Time	Day 1 (8 May 2024) Activities					
8:00 – 9:00	Registration					
9:00 – 9:30	Welcome Speeches					
9:30 – 10:45	Plenary 1: From Data to Action: Leveraging AI And RWE For Informed Priority Setting					
10:45 – 11:00	Coffee Break					
11:00 – 12:15	Parallel Session 1					
	Room 1 (Ballroom A)	Room 2 (Ballroom B)	Room 3 (Ballroom C)	Room 4 (Thonburi)	Room 5 (Lotus)	Room 6 (Orchid)
	Organized Session 1 P003 – Advancing Social Participation and Deliberation in HTA Appraisal Processes Speakers: Alexandre Lemgruber Andrew Mirelman Kira Koch Rob Baltussen Luciene Bonan Shankar Prinja	Organized Session 2 P037 – Severity – Evidence and Application Speakers: Mathias Barra Lars Sandman Borgar Jølstad David Whitehurst Adam Ehlert	Organized Session 3 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	Organized Session 4 P024 – Navigating the Health Technology Assessment Guideline Development Speakers: Manit Sittimart Siobhan Botwright Nouran Eldesouky Ahmed Saied Hammad Gavin Surgey Jasmine Pwu Sitanshu Sekhar Kar	Oral Session 1 • A134 Navigating Public Policy Responses to a Pandemic: The Balancing Act Between Physical Health, Mental Health, and Household Income Presenter: Huynh Vinh Anh	Organized session 5 P031 – Priority Setting for Vaccination Programs Using Health Technology Assessment and Public Health Modelling Speaker: Mark Jit Marc Brisson Maarten Jansen Kiesha Prem Raymond Hutubessy Alex Cook

			Speakers: Kjell Arne Johansson Krishna Aryal Kofi Aduo-Adjei Omar Mwalim Ritha Willilo Chantelle Boudreaux		<ul style="list-style-type: none"> • A116 Indoor Air Pollution of Volatile Organic Compounds (VOCs) in Hospitals, Thailand: Review of Current Practices, Challenges, and Recommendations Presenter: Wissawa Malakan	
					<ul style="list-style-type: none"> • A172 Thailand's Telemedicine in Action: Learning from Health Provider Experience Presenter: Vilawan Luankongsomchit	
					<ul style="list-style-type: none"> • A048 Determining the Willingness-To-Pay Based Threshold to Aid Health Technology Assessment in India Presenter: Yashika Chugh	
12:15 – 13:00	Lunch					
13:00 – 14:15	Plenary 2: Early HTA: Are we too early to inform priorities?					
14:15 – 14:30	Refreshment Break					

	Parallel Session 2					
14:30 – 15:45	Room 1 (Ballroom A)	Room 2 (Ballroom B)	Room 3 (Ballroom C)	Room 4 (Thonburi)	Room 5 (Lotus)	Room 6 (Orchid)
	Organized Session 6 P013 – Equity in HTA (Part 1): Country Case Studies on Advancing the Building Blocks to Conduct a Distributional Cost-Effectiveness Analysis Speakers: Marie-Anne Boujaoude Sitanshu Sekhar Kar Kyoko Shimamoto Matthew Robson Xiaoning He Anita Lal Gunjeet Kaur Sarin KC	Organized Session 7 P009 – Countries' Experiences on the Impact of Conflicts on Health Priority Setting Speakers: Mohamed Jama Haniye Sadat Sajadi Pitiphon Promduangsi Mohammad Musa Elham Ehsani Reza Majdzadeh	Organized Session 8 P029 – Prioritising Precision Medicine in Asia Speakers: Wee Hwee Lin Yot Teerawattananon Asrul Akmal Shafie Jeonghoon Ahn Yue Xiao	Organized Session 9 P027 – Organising the Appraisal Phase in Health Benefit Package Design What is the Role Of MCDA? Speakers: Rob Baltussen James Humuza Mojtaba Nouhi Andrew Mirelman	Organized Session 10 P045 – Sustainably Encouraging Pharmaceutical Innovation in Thailand Speakers: Jessica Ochalek Francis Panlilio Kittima Sriwatanakul	Organized Session 11 P006 – Building Institutions for Priority Setting in Health Speakers: Victoria Fan Yashika Chugh Janine Jugathpal Ursula Giedion Jasmine Pwu Juhwan Oh Rahab Mbau Saudamini Dabak Justice Nonvignon Javier Guzman Pete Baker
15:45 – 16:30	Coffee Break and Poster Walk Session					
16:30 – 17:45	Parallel Session 3					
	Room 1 (Ballroom A)	Room 2 (Ballroom B)	Room 3 (Ballroom C)	Room 4 (Thonburi)	Room 5 (Lotus)	Room 6 (Orchid)
	Oral Session 2 <ul style="list-style-type: none"> A194 Using Time Driven Activity Based Costing for Defining and Integrating Essential Non-Communicable Disease Interventions Presenter: Prajita Mali	Oral Session 3 <ul style="list-style-type: none"> A050 Developing Health Technology Assessment (HTA) Organizational Development Canvas as Guide for Institutionalization Presenter: Ryan Rachmad Nugraha	Oral Session 4 <ul style="list-style-type: none"> A165 Sensitivity Analysis of the Revised Prioritization Criteria for Health Technology Assessments in the Philippines Presenter: Sarah May Obmaña	Organized Session 12 P042 – To CET or Not to CET: That is the Question Speakers: Alec Morton Yot Teerawattananon Wee Hwee Lin Zhao Lin Justice Nonvignon Gavin Surgey Jeffrey Hoch	Oral Session 5 <ul style="list-style-type: none"> A163 Saving Lives and Preventing Poverty with Kangaroo Mother Care for Low Birthweight Newborns in India: An Extended Cost Effectiveness Analysis Presenter: Tarun Shankar Choudhary	Oral Session 6 <ul style="list-style-type: none"> A019 Are Decision Rules for Priority-Setting Actually Used? A Qualitative Analysis of the Cost-Effectiveness Threshold in Thailand Presenter: Siobhan Botwright

	<ul style="list-style-type: none"> • A047 Cost Analysis of Delivering Cancer Interventions in Nepal Presenter: Pratik Khanal • A053 Development of a Web-Based Research Impact Evaluation Platform for Translational Research Presenter: Maneerat Ekkapongpisit • A093 Factors Influencing Institutionalization of Health Technology Assessment in Kenya Presenter: Rahab Mbau 	<ul style="list-style-type: none"> • A180 The Scope of Artificial Intelligence (AI) in Health Planning and Preparedness in Disaster-Prone Countries Like Nepal Presenter: Sagun Paudel • A157 Quality of Life Among Patients with Rheumatoid Arthritis in Zanzibar Presenter: Sanaa Said • A016 Applying Multi-Criteria Decision Analysis in Prioritization of TB Diagnostics: Lessons from Capacity Building Exercise Presenter: Rozar Prawiranegara 	<ul style="list-style-type: none"> • A155 Promoting Equitable Vaccine Access: Prioritizing Meaningful Engagement with CSOs and Communities in Indonesia Presenter: Sayyid Muhammad Jundullah • A166 Sentinel Lymph Node Biopsy Guided Neck Dissection Versus Elective Neck Dissection in the Management of Early-Stage Oral Cavity Cancer: A Cost-Utility Analysis Presenter: Shweta Sharda • A066 Eliciting Aversion to Inequality in Health in a Representative Sample of the Norwegian Population Presenter: Sindre August Horn 	Wanrudee Isaranuwatchai	<ul style="list-style-type: none"> • A201 From Principle to Practice: Using Precautionary Principle to Tackle Plastic Pollution and Its Health Implications Presenter: Nujpanit Narkpitaks • A169 Sub-Saharan Africa's Priority Setting Landscape for Health Technologies Selected as Primary-Level Essential Medicines and Diagnostic Tests Presenter: Trudy Leong • A185: Transforming Air Quality Management Through Participatory Approaches Presenter: Avantika Priyadarshini 	<ul style="list-style-type: none"> • A018 Are Ashas Cost-Effective in Increasing the Uptake of Institutional Deliveries for Expectant Mothers in India? Presenter: Sujata Mishra • A114 Implications for Policy and Practice of Healthcare Seeking Journeys in Rural India Presenter: Sumit Kane • A025 Assessing the Viability of Evidence Generation and Uptake in Health Decision-Making in Lao PDR Presenter: Sysavanh Phommachanh
	End Of Day 1					

Time	Day 2 (9 May 2024) Activities					
8:00 – 9:00	Registration					
9:00 – 10:15	Plenary 3: Ethics at the Heart of Health Priority Setting: Striking the Balance between Efficiency and Equity					
10:15 – 10:45	Coffee Break					
10:45 – 11:45	Parallel Session 4					
	Room 1 (Ballroom A)	Room 2 (Ballroom B)	Room 3 (Ballroom C)	Room 4 (Thonburi)	Room 5 (Lotus)	Room 6 (Orchid)
	Oral Session 7 <ul style="list-style-type: none"> A137 Optimizing Screening of Diabetic Retinopathy at Ayushman Bharat-Health and Wellness Centres in India: A Cost-Effectiveness Analysis Presenter: Neha Purohit	Oral Session 8 <ul style="list-style-type: none"> A087 Exploring Health Inequality Aversion Among Thai Policymakers and General Publics Through Health Inequality Aversion Survey Presenter: Picharee Karunayawong	Oral Session 9 <ul style="list-style-type: none"> A192 Using Real-World Data and Evidence for Health Technology Assessment in Asia: Framework and Findings from Scoping Review Presenter: Ryan Rachmad Nugraha	Oral Session 10 <ul style="list-style-type: none"> A075 Equity-Centered Analysis of Australians Pharmaceutical Benefit Advisory Committee (PBAC) Vaccine Funding Recommendations: A Critical Review of Public Summary Documents Presenter: Marie-Anne Boujaoude	Oral Session 11 <ul style="list-style-type: none"> A020 Artificial Intelligence in the Early Detection of Children with Autism Spectrum Disorder Presenter: Aziza Imamatinova	Oral Session 12 <ul style="list-style-type: none"> A055 Development of Decision Framework for the Assessment of Covid-19 Health Technologies Presenter: Lyka Rica Salazar
	<ul style="list-style-type: none"> A081 Evaluating Tools for Identifying Pregnant Women at Risk of Delivering Growth Restricted Babies Analysis from a Prospective Cohort Study in India Presenter: Nikhil Sharma	<ul style="list-style-type: none"> A057 Development of the Monitoring and Evaluation Framework for the Health Technology Assessment Topic Selection Presenter: Rozar Prawiranegara	<ul style="list-style-type: none"> A077 Establishing National Hospital Costing Systems: Learnings from the Indian Experience Presenter: Yashika Chugh	<ul style="list-style-type: none"> A136 Optimal Human Papillomavirus Vaccination Strategies in the Context of Vaccine Supply Constraints in 100 Countries Presenter: Kiesha Prem		

	<ul style="list-style-type: none"> • A073 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 <p>Presenter: Omar Mwalim</p> <ul style="list-style-type: none"> • A024 Assessing the Reproducibility of Artificial Intelligence (AI) Supported Tools Used in the Screening Phase of Systematic Reviews: A Combined Systematic Review and Qualitative Assessment <p>Presenter: Parthibane Sivanantham</p>	<ul style="list-style-type: none"> • A135 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 <p>Presenter: My Eklund Saksberg</p> <ul style="list-style-type: none"> • A148 - Prioritization of Addressing Socio-economic Health Inequities in India: Issues and Challenges in Achieving Sustainable Development Goals <p>Presenter: Suresh Jungari</p>	<ul style="list-style-type: none"> • A069 Ending Preventable Maternal Deaths: Three Priorities for Maternal Health in Malawi <p>Presenter: Mtisunge Joshua Gondwe</p> <ul style="list-style-type: none"> • A011 Advancing Health Technology Assessment (HTA) Collaboration in Asia <p>Presenter: Christian Suharlim</p>	<ul style="list-style-type: none"> • A121 Is Nepal on Track in Its Path Towards UHC 2030? Evaluating the Current Essential Health Care Package with Vision 2030 <p>Presenter: Krishna Kumar Aryal</p> <ul style="list-style-type: none"> • A061 Do Moral Views Change During a National Crisis? A Pre-Registered Experiment <p>Presenter: Liam Strand</p>	<ul style="list-style-type: none"> • A132 National Immunization Programme Decision-Making Using the Capacity Decision-Support Tool: User Feedback from Indonesia and Ethiopia <p>Presenter: Maarten Jansen</p> <ul style="list-style-type: none"> • A108 Impact of Covid-19 on National Tuberculosis Control Services in Bangladesh: Findings from Patients and Service Providers Perspectives <p>Presenter: Mahy Md. Murtayes Jubayer</p>	
11:45 - 13:00	Lunch					
13:00 - 14:15	Plenary 4: Greening Our Health: Prioritising Environmental Sustainability					
14:15 - 14:30	Refreshment Break					

14:30 – 15:45	Parallel Session 5					
	Room 1 (Ballroom A)	Room 2 (Ballroom B)	Room 3 (Ballroom C)	Room 4 (Thonburi)	Room 5 (Lotus)	Room 6 (Orchid)
	Organized Session 13 P033 – Pushing the Edges of the Envelope: Future-Proofing Health Technology Assessment in the Era of Innovation Speakers: Karthik Adapa Chen Wenjia Wang Yi Sung Hoon Park Hugh McGuire Saudamini Dabak	Organized Session 14 P046 – Topic Selection for HTA: An Overlooked Step in Priority Setting in LMIC? Speakers: Andrew Mirelman Nouran Ibrahim El Desouky Katrine Fronsdal Pritaporn Kingkaew Roza Binti Saimin	Organized Session 15 P010 – Disease Control Priorities, 4th Edition: Fair Distribution and Financial Risk Protection Speakers: Mizan Kiros Marta Minwyet Stéphane Verguet Josephine Gakii Gatua Ole Frithjof Norheim	Organized Session 16 P023 – Institutionalizing Health Benefit Package Design: Bringing Together Concepts and Tools Speakers: Karin Stenberg Altea Sitruk Andrew Mirelman Ermias Dessie Lusiana Siti Masytoh	Organized Session 17 P025 – Operationalizing the Evidence-Informed Deliberative Processes for Priority Setting in Low and Low-Middle-Income Countries Speakers: Reza Majdzadeh Rob Baltussen Solomon Memirie Majtaba Nouhi Maryam Huda	Organized Session 18 P015 – Harnessing the Potential of Implementation Science to Advance Universal Health Coverage (UHC): A Workshop on UHC Research Priorities Speakers: Erica Di Ruggiero Beverley Essue Sumit Kane Breanna Wodnik Prossy Namyalo Lydia Kapiriri Rahab Mbau Avram Denburg
15:45 – 16:15	Coffee Break					
16:15 – 17:30	Parallel Session 6					
	Room 1 (Ballroom A)	Room 2 (Ballroom B)	Room 3 (Ballroom C)	Room 4 (Thonburi)	Room 5 (Lotus)	Room 6 (Orchid)
	Oral Session 13 <ul style="list-style-type: none"> 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 	Oral Session 14 <ul style="list-style-type: none"> A082 Evidence Based TB Planning in Resource Limited Countries: Experience on Intervention Prioritization Processes in Ethiopia and Namibia Presenter: Demelash Abebe	Oral Session 15 <ul style="list-style-type: none"> A111 Impact of Pandemic on Budgetary Allocation for Health Projects: A Study of Local Bodies of Kerala, India Presenter: Chinthu Sujatha	Organized session 19 P030 – Prioritizing Cancer Services in Low- And Middle-Income Settings: Challenges and Lessons Learned from Benefits Package Design in Rwanda	Oral Session 16 <ul style="list-style-type: none"> A130 Model Calibration to Harness Real-World Evidence in a Cost-Effectiveness Analysis of Adjuvant Trastuzumab in Indonesia Presenter: Arie Rahadi	Oral Session 17 <ul style="list-style-type: none"> A037 Clinical Rationing of Orphan Drugs: Implementation of CFTR-Modulators Against Cystic Fibrosis in Norway Presenter: Audun Brendbekken

	<p>Presenter: Godwin Gulbi</p> <ul style="list-style-type: none"> • A078 Establishing Priority Setting for the Assessment of Long-Term Care Insurance Service Items in China <p>Presenter: Guanqiao Li</p> <ul style="list-style-type: none"> • A106 Identification and Implications of Drug Policies for Financial Sustainable Health Care: An Australian Case Study <p>Presenter: Joshua Byrnes</p> <ul style="list-style-type: none"> • A200 Equitable chances as a new paradigm in rationing scarce resources under Crisis Standards of Care <p>Presenter: Harald Schmidt</p>	<ul style="list-style-type: none"> • A080 Evaluating Efficiency and Equity of Prevention and Control Strategies of Rheumatic Fever and Rheumatic Heart Disease in India: An Extended Cost-Effectiveness Analysis <p>Presenter: Jyoti Dixit</p> <ul style="list-style-type: none"> • A071: Engaging Health Professionals and Local Governments for Effective Air Quality Management <p>Presenter: Avantika Priyadarshini</p> <ul style="list-style-type: none"> • A191: Using Multi-Criteria Decision Analysis (MCDA) to Enhance Deliberative Processes of Indonesia's HTA Appraisal <p>Presenter: Rozar Prawiranegara</p>	<ul style="list-style-type: none"> • A098 Health Technology Assessment for Medical Devices: A Cross-Country Study of Methodological Approaches <p>Presenter: Christian Suharlim</p> <ul style="list-style-type: none"> • A017 Applying the Equity Lens to a Prospective Hospital Based Cohort of Pregnant Women in a Low-Middle Income Setting <p>Presenter: Deepika Rathna Murugesan</p> <ul style="list-style-type: none"> • A153 Priority Setting and Technological Advances in Medicine: Fair Improvements for All? <p>Presenter: Bjoern Schmitz-Luhn</p>	<p>Speakers: Rob Baltussen Stella Umuhiza Andres-Madriz Montero Inga Mumukunde Cassandra Nemzoff James Humuza</p>	<ul style="list-style-type: none"> • A032 Burden of Disease and the Need for Health Financing Reforms in Nepal <p>Presenter: Achyut Raj Pandey</p> <ul style="list-style-type: none"> • A187 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) <p>Presenter: Deepshikha Sharma</p>	<ul style="list-style-type: none"> • A144 Planning with A Gender Lens: A Gender Analysis of Pandemic Preparedness Plans from Eight Countries in Africa <p>Presenter: Beverley Essue</p> <ul style="list-style-type: none"> • A046 Critical Review on Health Insurance Program in Nepal <p>Presenter: Sabina Marasini</p>
18.00 – 19.30	Networking Event					

Time	Day 3 (10 May 2024) Activities					
8:00 – 9:00	Registration					
09:00 – 10:15	Parallel Session 7					
	Room 1 (Ballroom A)	Room 2 (Ballroom B)	Room 3 (Ballroom C)	Room 4 (Thonburi)	Room 5 (Lotus)	Room 6 (Orchid)
	Organized session 20 P044 – What’s the Risk of Making the Wrong Decision? Exploring Existing Methods to Inform Health Benefits Packages Speakers: Alec Morton Cassandra Nemzoff Gavin Surgey Jessica Ochalek Siobhan Botwright Mark Jit	Organized session 21 P034 – Set Priority and Design Target Product Profiles for Medical Innovation Development Speakers: Yi Wang Teerawat Wiwatpanit	Organized session 22 P022 – Instituting or Refining Deliberation in HTA: Can We Live Up to Expectations? Speakers: Rob Baltussen Saudamini Dabak Michael DiStefano Marita Tolentino-Reyes	Organized Session 23 P041 – The Ethics of Health Research Priority Setting: New Guidance from the World Health Organization Speakers: Joseph Millum Katherine Littler Phaik Yeong Cheah Lydia Kapiriri	Organized session 24 P018 – Health Technology Assessment in Times of Crisis: What Do We Know Today and What Do We Need to Know for the Future? Speakers: Tessa Edejer Adrian Gheorghe Altea Sitruk Andrew Mirelman Raymond Hutubessy Oresta Piniazhko	Organized session 25 P039 – Strengthening Strategic Health Purchasing in Southeast Asia: An Overview of Regional Practices, Challenges and Capacity-Building Needs Speakers: Yot Teerawattanon Vanphanom Sychareun Nguyen Khanh Phuong Shita Dewi Kiesha Prem Capucine Barcellona
10:15 – 10:30	Coffee Break					
10:30 – 11:45	Plenary 5: Navigating health systems during a crisis for effective preparation, response, and resilience					
11:45 – 12:30	Closing, awards for best oral and poster presentations					
12:30 – 13:30	Lunch					
	End of Day 3 and ISPH conference					
13:30 – 15:00	A meeting for ISPH members					



Appendix 2

Concept notes (plenary sessions)



Plenary Session 1:

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



Plenary Session 2:

Early HTA: Are We Too Early to Inform Priorities?



Plenary Session 3:

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



Plenary Session 4:

Greening Our Health: Prioritizing Environmental Sustainability



Plenary Session 5:

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



Appendix 3

List of oral abstracts presented at the conference

Name	Abstract Title
Huynh Vinh Anh	A134 Navigating Public Policy Responses to a Pandemic: The Balancing Act Between Physical Health, Mental Health, and Household Income
Wissawa Malakan	A116 Indoor Air Pollution of Volatile Organic Compounds (VOCs) in Hospitals, Thailand: Review of Current Practices, Challenges, and Recommendations
Vilawan Luankongsomchit	A172 Thailand's Telemedicine in Action: Learning from Health Provider Experience
Yashika Chugh	A048 Determining the Willingness-To-Pay Based Threshold to Aid Health Technology Assessment in India
Prajita Mali	A194 Using Time Driven Activity Based Costing for Defining and Integrating Essential Non-Communicable Disease Interventions
Pratik Khanal	A047 Delivering Cancer Interventions in Nepal: Cost-Effectiveness and Equity Impact Analyses
Maneerat Ekkapongpisit	A053 Development of a Web-Based Research Impact Evaluation Platform for Translational Research
Rahab Mbau	A093 Factors Influencing Institutionalization of Health Technology Assessment in Kenya
Ryan Rachmad Nugraha	A050 Developing Health Technology Assessment (HTA) Organizational Development Canvas as Guide for Institutionalization
Sagun Paudel	A180 The Scope of Artificial Intelligence (AI) in Health Planning and Preparedness in Disaster-Prone Countries Like Nepal
Sanaa Said	A157 Quality of Life Among Patients with Rheumatoid Arthritis in Zanzibar

Name	Abstract Title
Rozar Prawiranegara	A016 Applying Multi-Criteria Decision Analysis in Prioritization of TB Diagnostics: Lessons from Capacity Building Exercise
Sarah May Obmaña	A165 Sensitivity Analysis of the Revised Prioritization Criteria for Health Technology Assessments in the Philippines
Sayyid Muhammad Jundullah	A155 Promoting Equitable Vaccine Access: Prioritizing Meaningful Engagement with CSOs and Communities in Indonesia
Shweta Sharda	A166 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	A066 Eliciting Aversion to Inequality in Health in a Representative Sample of the Norwegian Population
Tarun Shankar Choudhary	A163 Saving Lives and Preventing Poverty with Kangaroo Mother Care for Low Birthweight Newborns in India: An Extended Cost Effectiveness Analysis
Nujpanit Narkpitaks	A201 From Principle to Practice: Using Precautionary Principle to Tackle Plastic Pollution and Its Health Implications
Trudy Leong	A169 Sub-Saharan Africa's Priority Setting Landscape for Health Technologies Selected as Primary-Level Essential Medicines and Diagnostic Tests
Avantika Priyadarshini	A185 Transforming Air Quality Management Through Participatory Approaches
Siobhan Botwright	A019 Are Decision Rules for Priority-Setting Actually Used? A Qualitative Analysis of the Cost-Effectiveness Threshold in Thailand
Sujata Mishra	A018 Are Ashas Cost-Effective in Increasing the Uptake of Institutional Deliveries for Expectant Mothers in India?
Sumit Kane	A114 Implications for Policy and Practice of Healthcare Seeking Journeys in Rural India
Sysavanh Phommachanh	A025 Assessing the Viability of Evidence Generation and Uptake in Health Decision-Making in Lao PDR
Neha Purohit	A137 Optimizing Screening of Diabetic Retinopathy at Ayushman Bharat-Health and Wellness Centres in India: A Cost-Effectiveness Analysis

Name	Abstract Title
Nikhil Sharma	A081 Evaluating Tools for Identifying Pregnant Women at Risk of Delivering Growth Restricted Babies Analysis from a Prospective Cohort Study in India
Omar Mwalim	A073 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
Parthibane Sivanantham	A024 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	A087 Exploring Health Inequality Aversion Among Thai Policymakers and General Publics Through Health Inequality Aversion Survey
Mutia A. Sayekti	A057 Development of the Monitoring and Evaluation Framework for the Health Technology Assessment Topic Selection
My Eklund Saksberg	A135 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	A148 Prioritization of Addressing Socio-economic Health Inequities in India: Issues and Challenges in Achieving Sustainable Development Goals
Ryan Rachmad Nugraha	A192 Using Real-World Data and Evidence for Health Technology Assessment in Asia: Framework and Findings from Scoping Review
Yashika Chugh	A077 Establishing National Hospital Costing Systems: Learnings from the Indian Experience
Mtisunge Joshua Gondwe	A069 Ending Preventable Maternal Deaths: Three Priorities for Maternal Health in Malawi
Christian Suharlim	A011 Advancing Health Technology Assessment (HTA) Collaboration in Asia
Marie-Anne Boujaoude	A075 Equity-Centered Analysis of Australians Pharmaceutical Benefit Advisory Committee (PBAC) Vaccine Funding Recommendations: A Critical Review of Public Summary Documents
Lyazzat Kosherbayeva	A020 Artificial Intelligence in the Early Detection of Children with Autism Spectrum Disorder

Name	Abstract Title
Marie-Anne Boujaoude	A075 Equity-Centered Analysis of Australians Pharmaceutical Benefit Advisory Committee (PBAC) Vaccine Funding Recommendations: A Critical Review of Public Summary Documents
Kiesha Prem	A136 Optimal Human Papillomavirus Vaccination Strategies in the Context of Vaccine Supply Constraints in 100 Countries
Krishna Kumar Aryal	A121 Is Nepal on Track in Its Path Towards UHC 2030? Evaluating the Current Essential Health Care Package with Vision 2030
Liam Strand	A061 Do Moral Views Change During a National Crisis? A Pre-Registered Experiment
Aziza Imamatinova	A020 Artificial Intelligence in the Early Detection of Children with Autism Spectrum Disorder
Lyka Rica Salazar	A055 Development of Decision Framework for the Assessment of Covid-19 Health Technologies
Maarten Jansen	A132 National Immunization Programme Decision-Making Using the Capacity Decision-Support Tool: User Feedback from Indonesia and Ethiopia
Mahy Md. Murtayes Jubayer	A108 Impact of Covid-19 on National Tuberculosis Control Services in Bangladesh: Findings from Patients and Service Providers Perspectives
Godwin Gulbi	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
Guanqiao Li	A078 Establishing Priority Setting for the Assessment of Long-Term Care Insurance Service Items in China
Hansoo Kim	A106 Identification and Implications of Drug Policies for Financial Sustainable Health Care: An Australian Case Study
Harald Schmidt	A200 Equitable chances as a new paradigm in rationing scarce resources under Crisis Standards of Care
Demelash Abebe	A082 Evidence Based TB Planning in Resource Limited Countries: Experience on Intervention Prioritization Processes in Ethiopia and Namibia
Jyoti Dixit	A080 Evaluating Efficiency and Equity of Prevention and Control Strategies of Rheumatic Fever and Rheumatic Heart Disease in India: An Extended Cost-Effectiveness Analysis

Name	Abstract Title
Avantika Priyadarshini	A071 Engaging Health Professionals and Local Governments for Effective Air Quality Management
Mutia Sayekit	A191 Using Multi-Criteria Decision Analysis (MCDA) to Enhance Deliberative Processes of Indonesia's HTA Appraisal
Chintha Sujatha	A111 Impact of Pandemic on Budgetary Allocation for Health Projects: A Study of Local Bodies of Kerala, India
Christian Suharlim	A098 Health Technology Assessment for Medical Devices: A Cross-Country Study of Methodological Approaches
Deepika Rathna Murugesan	A017 Applying the Equity Lens to a Prospective Hospital Based Cohort of Pregnant Women in a Low-Middle Income Setting
Bjoern Schmitz-Luhn	A153 Priority Setting and Technological Advances in Medicine: Fair Improvements for All?
Arie Rahadi	A130 Model Calibration to Harness Real-World Evidence in a Cost-Effectiveness Analysis of Adjuvant Trastuzumab in Indonesia
Achyut Raj Pandey	A032 Burden of Disease and the Need for Health Financing Reforms in Nepal
Deepshikha Sharma	A187 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	A037 Clinical Rationing of Orphan Drugs: Implementation of CFTR-Modulators Against Cystic Fibrosis in Norway
Beverley Essue	A144 Planning with A Gender Lens: A Gender Analysis of Pandemic Preparedness Plans from Eight Countries in Africa
Sabina Marasini	A046 Critical Review on Health Insurance Program in Nepal



Appendix 4

List of poster abstracts presented at the conference

Name	Abstract Title
Marius Torjusen	A003 A Preference for the Better Off? A Discrete Choice Experiment Using Individually Calibrated EQ-5D-5L Health State Values
Rahab Mbau	A004 A qualitative evaluation of the priority-setting process conducted by the Health Benefits Package Advisory Panel in Kenya
Thanayut Saeraneesophon	A005 A Retrospective Secondary Data Analysis of Telemedicine Service Utilisation (2020–2023) Among Patients Covered by the Universal Coverage Scheme in Thailand
Sudi Indra Jaya	A008 Access to Medicine in Indonesia Based on Marketing Authorization Data
Borgar JÃ¸lstad	A012 Against Limited Aggregation in Healthcare Priority Setting
Capucine Barcellona	A021 Assessing progress toward strategic purchasing for health systems and primary healthcare in Southeast Asia: A multi-country study
Hugh McGuire	A022 Assessing the Impact of Nice Advice: The Lifecycle Approach to HTA in Action
Rajarajan K	A027 Assessment of Nurses' Health-Related Quality of Life using EQ-5D-5L in a Tertiary Care Hospital of South India
Colene Bentley	A030 Biosimilar adoption in oncology: public and patient willingness to trade preferences for cost savings in British Columbia, Canada
Hannah Amoquandoh Asante	A034 Clinical and Cost-Effectiveness of Selected Diabetes Medicines in Ghana – An Adaptive Health Technology Assessment (AHTA)
Robin De Leeuw	A035 Clinical benefits, risks, and cost-effectiveness of urine albumin screening in healthy populations: A systematic review to inform coverage decision in Thailand

Name	Abstract Title
Watanyoo Prayoonhong	A036 Clinical outcomes and economic evaluation of patient-centered care system versus routine service system for patients with type 2 diabetes in Thailand
Ai Ch'i Liew	A038 Construct Validity and Cognitive Debriefing of The Malay EQ-5D-3L in Transfusion-dependent Thalassemia Patients in Sabah, Malaysia
Chawitar Noparatvarakorn	A041 Cost-Effectiveness Analysis of Novel Rapid Test and Polymerase Chain Reaction for Melioidosis
Sakditat Ittiphisit	A049 Developing A Horizon Scanning Manual for Proactive Monitoring of Emerging Medicines and Health Innovations to Enhance Preparedness in the Healthcare System
Jaruwan Malaikham	A054 Development of Analytics Tools for Prioritizing Characteristics of Notifiable Diseases in Thailand: From Real-World Data to Real-World Evidence for Decision Making
Abdur Razzaque Sarker	A063 Economic burden of dengue in urban Bangladesh: A societal perspective
Mathias Barra	A068 End Aversion and Scaling Properties – An Experimental Trade-Off Design
Philippines Health Technology Assessment	A085 Withdrawing vs. Withholding Treatments in Medical Reimbursement Decision – A Study on Public Attitudes
Chintha Sujatha	A091 Factors associated with priority setting: Budget allocation for non-communicable diseases in local bodies of Kerala, India.
Antara Sinha	A097 Health equity impact for the treatment of clinical severe infection in infants younger than 2 months
Jyoti Dixit	A109 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	A113 Implementing a Decommissioning Programme: Experiences of Healthcare Managers in Sweden
Sysavanh Phommachanh	A117 Initiative Establishment of the Unit of Health Evidence and Policy (UHEP) in Lao PDR
Sami El Sabri	A122 Isolated and Abused: How to improve access to mental health services for refugee women experiencing intimate partner violence

Name	Abstract Title
My Eklund Saksberg	A126 Leadership Practices for Prioritization Among Key Stakeholders in Municipal Healthcare
Mojtaba Nouhi	A131 Monitoring and Evaluation of the Implementation of the Health Insurance Benefit Package Revision: the case study of Iran
Subramaniam Thanimalai	A140 Patient Access Schemes: Is it an Option for Rare Disease Treatment in Malayisa?
Omary Chillo	A151 Prioritizing Primary Healthcare to Strengthen Health Systems for Universal Health Coverage (UHC) in Tanzania. Progress, Challenges and Strategies.
Prossy Namyalo	A152 Priority Setting and Budget Allocation During COVID-19 in Uganda: A Retrospective Mixed Method Study
Bjoern Schmitz-Luhn	A162 Priority Setting is Inhumane Rethinking Priorities: Saving Lives in the Covid Pandemic
Avram Denburg	A173 Improving access to high-potential pediatric precision therapies: A child-tailored assessment framework to determine value for funding decisions
Thomas Davidson	A174 The cost of a live birth with uterus transplantation and its consequences for priority setting
Zhao LIU	A177 The Impact of Innovative General Technologies on the Pricing Mechanism of Medical Services in China
Nicha Moonkham	A199 Prioritizing Rare Diseases In Thailand's Health Insurance: Criteria Development
Anika Ruisch under Christian Suharlim	A051 Developing Methodology Guidelines for Health Technology Assessment in the Context of Medical Devices in the Philippines
Teerawat Tussanapirom under Piyada Gaewkhiew	A197 What is the Most Effective Payment Method for Oral Health Promotion and Prevention?: Scoping Review



Appendix 5

List of organized sessions

Title	Speakers
P003 – Advancing Social Participation and Deliberation in HTA Appraisal Processes Elit mattis platea rhoncus	Alexandre Lemgruber, Andrew Mirelman, Kira Koch, Rob Baltussen, Luciene Bonan, Shankar Prinja
P037 – Severity – Evidence and Application	Mathias Barra, Lars Sandman, Borgar Jølstad, David Whitehurst, Adam Ehler
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	Kjell Arne Johansson, Krishna Aryal, Kofi Aduo-Adjei, Omar Mwalim, Ritha Willilo, Chantelle Boudreaux
P024 – Navigating the Health Technology Assessment Guideline Development	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	Mark Jit, Marc Brisson, Maarten Jansen, Kiesha 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	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	Mohamed Jama, Haniye Sadat Sajadi, Pitiphon Promduangsi, Mohammad Musa, Elham Ehsani, Reza Majdzadeh
P029 – Prioritising Precision Medicine in Asia	Wee Hwee Lin, Yot Teerawattananon, Asrul Akmal Shafie, Jeonghoon Ahn, Yue Xiao
P027 – Organising the Appraisal Phase in Health Benefit Package Design What is the Role Of MCDA?	Rob Baltussen, James Humuza, Mojtaba Nouhi, Andrew Mirelman

Title	Speakers
P045 – Sustainably Encouraging Pharmaceutical Innovation in Thailand	Jessica Ochalek, Francis Panlilio, Kittima Sriwatanakul
P006 – Building Institutions for Priority Setting in Health	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	Alec Morton, Yot Teerawattananon, Wee Hwee Lin, Zhao Lin, Justice Nonvignon, Gavin Surgey, Jeffrey Hoch, Wanrudee Isaranuwatchai
P033 – Pushing the Edges of the Envelope: Future-Proofing Health Technology Assessment in the Era of Innovation	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?	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	Mizan Kiros, Marta Minwyelet, Stéphane Verguet, Josephine Gakii Gatua, Ole Frithjof Norheim
P023 – Package to Implementation: Institutionalizing a Unified Health Benefit Design Framework	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	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	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	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	Alec Morton, Cassandra Nemzoff, Gavin Surgey, Jessica Ochalek, Siobhan Botwright, Mark Jit

Title	Speakers
P034 – Set Priority and Design Target Product Profiles for Medical Innovation Development	Yi Wang, Teerawat Wiwatpanit
P022 – Instituting or Refining Deliberation in HTA: Can We Live Up to Expectations?	Rob Baltussen, Saudamini Dabak, Michael DiStefano, Marita Tolentino-Reyes
P041 – The Ethics of Health Research Priority Setting: New Guidance from the World Health Organization	Jospeh Millum, Katherine Littler, Phalik Yeong Cheah, Lydia Kaporiri
P018 – Health Technology Assessment in Times of Crisis: What Do We Know Today and What Do We Need to Know for the Future?	Tessa Edejer, Adrian Gheorghe, Altea Sitruk, Andrew Mirelman, Raymond Hutubessy, Oresta Piniazhko
P039 – Strengthening Strategic Health Purchasing in Southeast Asia: An Overview of Regional Practices, Challenges and Capacity-Building Needs	Yot Teerawattanon, Vanphanom Sychareun, Nguyen Khanh Phuong, Shita Dewi, Kiesha Prem, Capucine Barcellona



Appendix 6

Forms

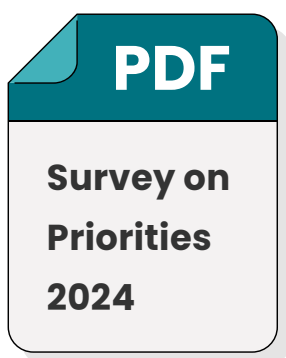
Rapporteur report template



Abstract and proposal (organized session) template



Feedback form

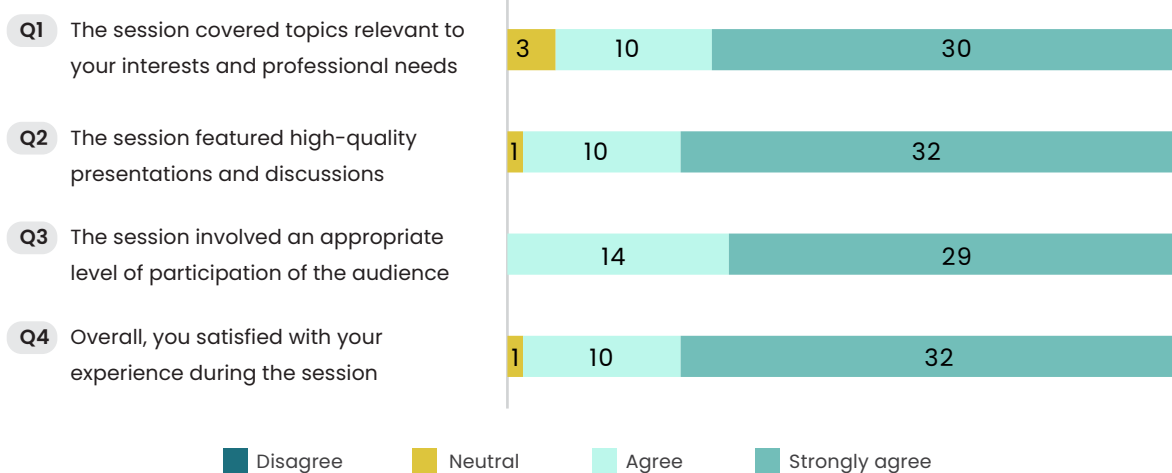




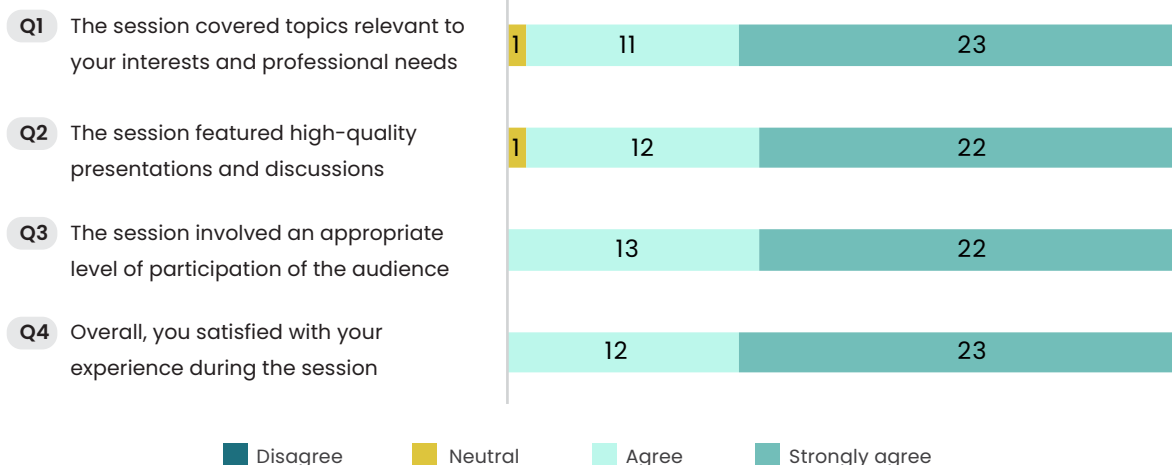
Appendix 7

Respondents' feedback for plenary sessions 1-5

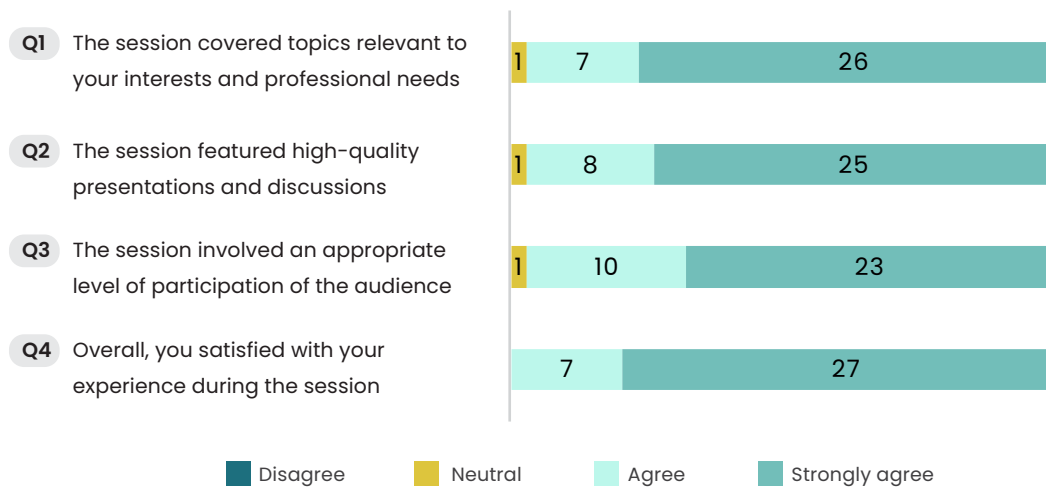
Plenary 1



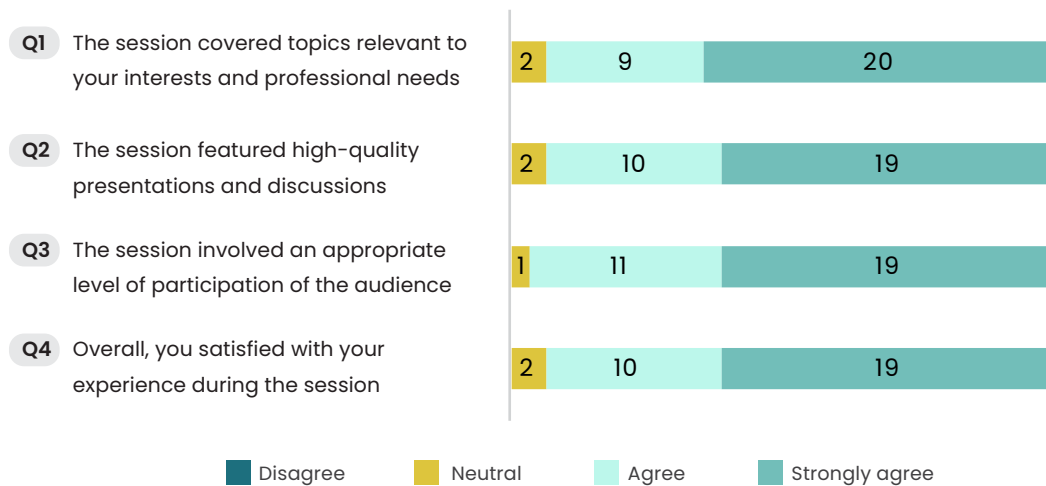
Plenary 2



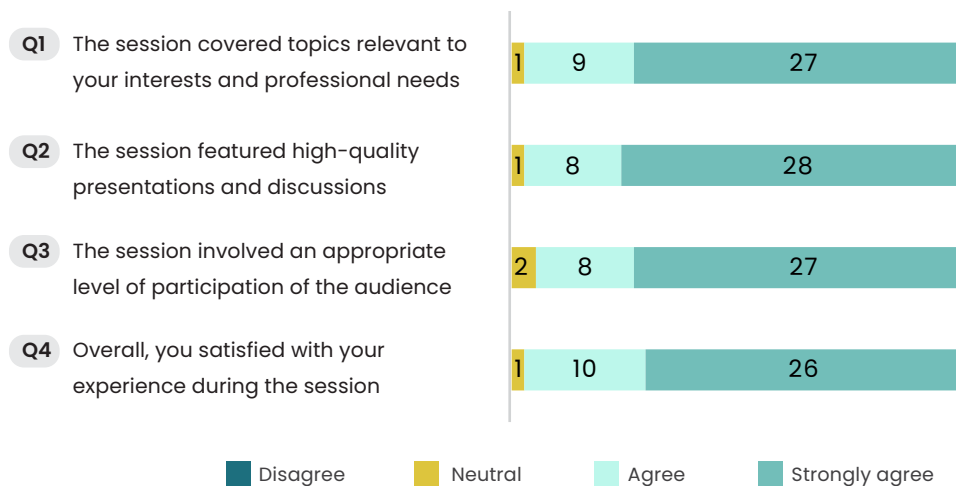
Plenary 3



Plenary 4



Plenary 5





Appendix 8

Guidelines

Guideline for commentators and moderators



Priorities 2024 Abstract and Proposal Scoring



Priorities 2024 Poster Scoring

Guideline for oral and poster presenters



Priorities 2024 Oral Presentation Session



Mail merge for oral presentation format



Mail merge for poster presentation format

Guideline for rapporteurs



Rapporteurs guideline

Guideline for bursary (support for award applicants)



Financial support application guidelines



Appendix 9

Communications materials

Item	Link to material
Website	PRIORITIES 2024
Blog cover	Priorities 2024 Blog Cover 1 Priorities 2024 Blog Cover 2
Call for rapporteurs	Priorities 2024 Call for Rapporteurs
Call for abstracts	Priorities 2024 Call for Abstracts
Banners	Priorities 2024 Slide Banner 14th PRIORITIES HITAP Priorities Networking Event Banner
Event application flyer	Priorities 2024 Cvent Events App
Conference flyers	Priorities 2024 Poster (A3)
Flyer templates	Priorities 2024 Template 1 Priorities 2024 Template 2 Priorities 2024 Template 3 Priorities 2024 Template 4 Priorities 2024 Template 5
Oral presentation template	Priorities 2024 Oral Presentation Template
Main poster	Priorities 2024 Main Poster
Plenary session posters	Priorities 2024 Plenary Session 1 Priorities 2024 Plenary Session 2 Priorities 2024 Plenary Session 3 Priorities 2024 Plenary Session 4 Priorities 2024 Plenary Session 5
Roll up posters	Priorities 2024 Rollup Priorities 2024 Rollup Cvent
Cvent tutorial guide	Priorities 2024 How to Use Cvent Events App Priorities 2024 Cvent App



Appendix 10

Timeline

January – March 2024

- Announce selected abstracts and proposals
- Review and select bursary award applicants
- Announce selected bursary award recipients
- Finalize an agenda and abstract book

April – May 2024

- Close registration
- Launch an abstract book
- Host the Priorities 2024 Conference

August – December 2023

- Call for abstracts and proposals
- Form Scientific Committee
- Review and select submitted abstracts and proposals
- Open registration
- Secure funding
- Open an application for bursary support

January – July 2023

- Form an organizing team
- Finalize and announce the dates and location
- Secure a hotel venue
- Identify conference theme and sub-themes
- Determine plenary session topics and secure speakers
- Develop promotional materials
- Develop a conference website
- Create an event app
- Contact an event organizer

November 2022

- Hosted the HTAsiaLink Conference