

to understand the historic overview of HTA in the context of health policy documents of Ethiopia.

Methods. A review of online policy documents was conducted in advanced Google Scholars and websites of the Ministry of Health (MoH) of Ethiopia. Some of the policy documents were also obtained through contacting experts at MoH. The review findings were organized into six categories.

Results. Regulatory documents have emphasized the approval of new health technologies before selecting health technologies. Health Policy of Ethiopia and the Directive on Medical Equipment also clearly stated the importance of institutionalizing HTA and establishing HTA organizations. Additionally, the National Medical Device Policy clearly indicated the importance of establishing an HTA advisory team at MoH. Similarly, the Health Sector Transformation Plan II (HSTP II) stressed the need to build a national capacity to conduct HTA. Even though policy statements on HTA appear scattered across different policy documents, they were not put into a national HTA system.

Conclusions. It is important to refer to policy statements outlined in different policy documents when establishing a national HTA system in Ethiopia. Also, attention should be given to the development of policy documents related to HTA guidelines, strategic documents in HTA, and policy documents that can link HTA results to policy-making.

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

Ashish Verma (Ashish.Verma@Eversana.com)

Introduction. The healthcare sector in the Asia Pacific (APAC) region is in a period of rapid growth and exciting innovation. This has led to an increase in the number of APAC countries adopting and implementing health technology assessment (HTA) to assess the clinical, ethical, economic, and societal aspect of healthcare technology. The aim of this study is to provide an updated snapshot of the status of HTA and key differences in selected countries of APAC region.

Methods. HTA robustness and gap requirements, including its structure, process, use in decision-making and resource allocation processes were assessed through a review of published and gray literature for each of the selected country. A qualitative analysis was carried out by using a set of 15 principles of an International Working Group for HTA Advancement to identify the robustness and key differences in HTA based decision-making process in scoping countries.

Results. The finding of this study reveals that maturity of HTA determined by country-specific factors, such as presence of independent HTA agency, healthcare funding and expenditure, etcetera, and varies across the high-, middle-, and low-income countries of

APAC region. Based on the study's results, HTA ecosystem of selected countries categorized into rising HTA followed by advancing and mature HTA categories. In addition to the differences in HTA structure, the influence of stakeholder engagement differs among HTA bodies. The variation in the time frame of HTA decisions was significant among countries, with a general lack of awareness and transparency among health policy decision-makers and resulted in longer time for assessment for rising HTA category compared to the advance and mature HTA categories.

Conclusions. The vision of a comprehensive and robust HTA system can be achieved by implementing a transparent, independent, decision-making, and strongly integrated HTA process in the region. We recommend that efforts should be directed to promote a transparent and sustainable HTA, throughout the low- and middle-income countries of APAC region which eventually, lead to more effective HTA ecosystem.

OP28 Health Technology Assessment: A Situation Analysis Of Zimbabwe

Blessing Dzingirai (bdzingirai83@gmail.com),

Celia Matyanga, Pinky Manyau, Maarten Jacobus Postma, Marinus van Hulst and Nyashadzaishe Mafirakureva

Introduction. With ever increasing burden of disease and limited resources, health technology assessment (HTA) is required for efficient resources allocation and priority setting in healthcare. The objective of this study was to establish the baseline HTA evidence generation and use in Zimbabwe.

Methods. In 2019, we convened a stakeholder workshop on HTA at the University of Zimbabwe. Presentations on HTA processes, current healthcare reimbursement model, priority setting in the Ministry of Health and selection of medicines into the treatment guidelines, were done by the experts. We adapted the Health Intervention and Technology Assessment Program questionnaire for situational analysis of HTA introduction at national level and administered it among the workshop participants. We report the baseline information on HTA situation, the need, demand and supply of HTA in Zimbabwe obtained from the presentations and responses from workshop participants.

Results. A total of 33 participants attended the workshop. Participants indicated that there is no formal HTA agency or process in Zimbabwe. The selection of medicines into treatment guideline is determined by disease burden, safety, efficacy and cost data, and it is done by a group of experts. The Association of Healthcare Funders of Zimbabwe (AFHOZ) reported that private healthcare funders use resource-based relative value scale system to determine tariffs and reimbursement levels. The regulator requires safety, efficacy and product quality data for the registration of medicines. Transparency in decision-making, registration of health technology and formulation of essential medicines and treatment guidelines were reported as the major needs of HTA. The major users of HTA outputs were reported as medicines regulator, AFHOZ and Ministry of Health. Key suppliers of HTA evidence are academic and clinical research institutions