

health technology assessment (HTA) has been its impact on decision making. A key aspect of this has been the pursuit of increasingly sophisticated modelling and technical details at the expense of an oftentimes lack of appreciation of how decisions are made in practice. Here we suggest a mechanism by which HTA can be understood as an input into a broader framework for priority setting and resource allocation.

This paper starts with a brief introduction to what HTA is and how it can be robustly applied within the context of a Canadian provincial Ministry of Health process for assessing new technologies. Limitations of the impact of HTA specifically as a ‘one-off’ assessment process are identified and in response a framework is put forward clearly outlining how HTA can fit in a broader priority setting framework. The framework enables trade-offs to be made and thereby relies on both assessment of new services as well as reassessment of existing services.

In fact, the explicit framework, when applied at the macro level within a health system allows for the broadest trade-offs possible while ensuring the highest quality evidence available at a given time and in a given place is incorporated into the decision making process. In this process the concept of disinvestment is dealt with directly as is the notion of relative value so systems achieve the highest return on investment. In addition, public engagement can be readily disentangled both for the HTA itself as well as in the broader application of the priority setting framework.

90:oral

HTA AND PRIORITY SETTING FOR UNIVERSAL HEALTH COVERAGE IN ETHIOPIA: PROGRESS, SETBACKS, AND PROSPECTS

¹Daniel Erku*, ²Befikadu Wubishet, ³Eskindir Eshetu Ali, ⁴Gebremedhin B Gebretekle, ⁵Fitsum Sebsibe Teni. ¹Centre for Applied Health Economics; Griffith University; Australia; ²Health Economics Research Fellow – Centre for Health Services Research, University of Queensland; ³School of Pharmacy, Addis Ababa University, Ethiopia; ⁴Institute of Health Policy, Management and Evaluation, University of Toronto; Toronto Health Economics and Technology Assessment Collaborative, University Health Network; ⁵PhD Candidate – Division of Insurance Medicine at Karolinska Institutet, Stockholm, Sweden

10.1136/bmjgh-2022-ISPH.25

Although many countries across the globe have reaffirmed their commitments to achieve universal health coverage (UHC) by 2030, countries with very limited healthcare budgets struggle to provide UHC. The already stretched healthcare budget is further compromised by the current global economic crisis caused by COVID-19 and substantial reduction in external funding. Due to this, the use of a systematic approach to allocate scarce healthcare resource – such as via Health technology assessment (HTA) – has become more important than ever before.

In this work, we categorised the challenges and opportunities for HTA institutionalisation in Ethiopia using Kingdon’s multiple streams framework into Problem, Policy and Politics. The problem stream explains how conditions become problems and come to the attention of policy makers. In case of HTA, these include, among others: i) need for adequate, innovative, and sustainable healthcare financing to achieve UHC and reduce mounting OOP expenditure, ii) need for smart spending due to COVID-19 –

induced economic contraction, and uncertainty in donor programming. The policy stream represents the process by which alternative policies are generated and selected. HTA can be put forward as a solution to the ‘problem’ identified above, along with ‘Proof of concept’ HTA projects to test the proposed policy. This stream can be influenced by local capacity; availability and quality of data sources; role of academic institutions in priority setting, etc. The politics stream explains how favourable macro-level political conditions could help set the agenda. Visible, and key policy actors such as the Health Minister are more likely to affect the policy agenda in line with the political priority. These three streams need to come together when a policy window, a moment in time when policies are more likely to come on to the government’s decision agenda, opens for the issue (i.e. HTA institutionalisation).

188:poster

WELLBEING AND HEALTHCARE PRIORITY SETTINGS IN SWEDEN AT THE BEGINNING OF THE COVID-19 OMICRON WAVE

Daniela Andrén*. *Economics; Örebro University School of Business; Sweden*

10.1136/bmjgh-2022-ISPH.26

Introduction The COVID pandemic proves that a sustainable of healthcare system is dependent both on resources and a consensus about which values should guide the decision makers to appropriately set priorities for resource allocation. There is not clear how exactly the decision makers choose the priorities for spending, but there were differences between and within countries. For example, in Sweden, where healthcare system has a pronounced public character and a declared emphasis on equity and solidarity, there was a high variation between and within regions with respect to how resources were used for treatment, prevention, and vaccination. This article is an explorative analysis of the respondents’ wellbeing and their preferences regarding priority-setting in healthcare in Sweden during December 2021, when the extremely high infection risk of the Omicron sparked significant concern among global experts and politicians.

Methods Our web-survey was answered by 1000 respondents from the web panel Userneeds. The sample is representative with respect age, gender, and geographical region for the adult population of Sweden. The respondents are invited to imagine that they are decision-makers in the health care system and decide for six hypothetical choice situations, where the resources are allocated to save the life of patients at risk of dying due to suicide, pancreatic cancer, breast cancer and acute heart attack. In addition to the choices, the survey also includes questions about the individual’s demographic and socio-economic characteristics, their well-being, their risk for and experience (their own and/or someone near them) with suicide, pancreatic cancer, breast cancer and acute heart attack.

Results Our preliminary results show that regardless of their age, people with a high value of life-satisfaction and with no experience related to suicide, pancreatic cancer, breast cancer and acute heart attack tend to allocate resources for relatively young patients suffering do to suicide and breast cancer.