

when used outside their main indication (n = 17) and procedures for which the evidence around effectiveness was still insufficient (n = 11). With the advice of clinical experts and coders, the original list was reduced to seventeen procedures and after some adjustments to thirteen.

CONCLUSIONS:

Identifying procedures of low-added value is a complex task and is context dependent. Literature could be useful to identify a preliminary list but the analysis of the clinical practice, its variability and reasons that justify it are required to determine which procedures are good candidates for disinvestment.

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OP89 Using Economic Evidence To Set Priorities In Ghana: The Case Of Malaria

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INTRODUCTION:

Malaria remains the number one cause of morbidity and mortality in Ghana. Since 1961, several malaria control strategies have been adopted, some of which were discontinued due to funding. In spite of the numerous malaria control strategies in place, its prevalence continues to rise. Priority setting using economic evidence has been proven to ensure efficient use of resources in a cost-effective manner (1). This study, therefore, sought to examine economic evaluation studies conducted on malaria in Ghana and their influence on malaria control policies.

METHODS:

A systematic search was conducted in databases including Medline and Embase to identify relevant Malaria economic evaluation studies conducted in Ghana up to December 2016. Malaria control policies formulated in Ghana over the years were also reviewed. The economic studies were examined alongside the policies to establish their influence on them.

RESULTS:

A total of eight studies were identified, all of which were conducted in response to a global directive on malaria control and funded by international agencies. All studies were cost-effective; five evaluating preventive measures and the remaining evaluating treatment. The studies used different methodological approaches, rendering the comparison between alternatives impossible.

Most malaria control initiatives are funded by international agencies, hence its abandonment when funding ceases. Although the majority of economic studies addressed some of these policies, none of them directly influenced their adoption. These policies were rather influenced by global malaria control initiatives. Also, malaria chemoprophylaxis; demonstrated as cost-effective by three studies, is not on the Ghana malaria control policy (2,3).

CONCLUSIONS:

To ensure sustainability of malaria control strategies and subsequently reduce its prevalence, Ghana must invest financially into economic analysis for formulating and implementation of these policies. Also, the use of economic evidence by policy makers can be promoted, should researchers adopt a methodological guideline for its conduct that ensures comparability of results.

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OP91 Health Technology Assessment On The Da Vinci Surgical System Using Real World Data In China

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INTRODUCTION:

The Da Vinci surgical system is classified as a type "A" medical device in China; the procurement plan of which is regulated by the National Health and Family Planning Commission (NHFP). Between 2010 to 2015, there were thirty-four Da Vinci surgical robots purchased, and installed in thirty tertiary public hospitals across the country. In order to generate context-specific evidence and support further capital funding decisions, the NHFP commissioned a Health Technology Assessment (HTA) of Da Vinci surgical robots, with a focus on real use of the technology in those tertiary public hospitals.

METHODS:

Nine hospitals were selected to collect real world data between 2013 to 2015. Using a cross-sectional survey, data of all robotic surgical cases were collected and described. The unit costs of the robotic surgery were estimated from activity based costing. We also collected cases of prostatectomy (427 versus 421) and hysterectomy (247 versus 105) using the robotic system and laparoscope respectively, and then compared hospital fees and effectiveness during hospitalization.

Simulation of the budget impact on health insurance in Shanghai City over the next 5 years was also performed.

RESULTS:

A full HTA was conducted based on real data from nine public hospitals in the central and eastern region. Based on a systematic review methodology, we appraised evidence on safety, effectiveness and cost-effectiveness of the Da Vinci surgical robot. Data on technology use, clinical management, and pricing and payment were collected through a cross-sectional survey and interviews of hospital managers, surgeons and nurses. We designed a cohort study on cost-effectiveness of Da Vinci-assisted prostatectomy and hysterectomy, comparing Da Vinci-assisted and laparoscopic prostatectomy (427 vs 421) and Da Vinci-assisted and laparoscopic hysterectomy (247 versus 105). Ethics and inequity issues were discussed based on patient interviews. A budget impact analysis was performed based on scenario mapping of promoting Da Vinci-assisted prostatectomy in Shanghai City over a 5-year timeline.

CONCLUSIONS:

Due to a lack of evidence on long-term clinical effectiveness and high impact on public finances, the Da Vinci robotic robot should not be procured in large numbers in China. For equipment purchasing the government should strengthen regulations and require the public hospitals to collect more evidence.

OP92 Addressing Challenges Of Implementing A Health Technology Assessment Framework In South Africa

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INTRODUCTION:

South Africa is in the process of providing comprehensive health insurance to all its citizens, thus