

still irregular, mainly in public sector, even five years after its incorporation by the Brazilian Health Ministry. Although universal access is one of Brazilian Public Health System main directives, there is evidence of a serious issue regarding its services equity.

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VP10 Impact Of Health Technology Assessment On Policy And Clinical Decision Making In Korea

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INTRODUCTION:

Since established in 2009, the National Evidence-based healthcare Collaborating Agency (NECA) has been the sole government-funded Health Technology Assessment (HTA) institution in Korea, yet little effort has been made to systematically evaluate the influence of its products. In this study, we aimed to measure the impact of the HTA products of NECA on clinical and policy decisions by introducing a systematic framework.

METHODS:

We included HTA reports published from 2009 to 2015. Among the 141 research reports published during this period, there were 67 HTA reports. We gathered data on the influence by literature and news article search, review of administrative documents and directly listening to the decision makers. The influence was categorized into three decision types: changes in clinical guidelines, administrative decision on investment/disinvestment and healthcare policy making. Whether a research report was used directly in decision making, or followed by subsequent researches or round-table conference, was recorded to examine the knowledge transfer process.

RESULTS:

In total, 67.2 percent of the included HTA reports were used to support clinical and policy decisions. Twenty-seven reports had influenced administrative decisions on investment/disinvestment. Ten provided evidence for new health policies or legislation. Eight were reflected in clinical guidelines. The impact of HTA

reports published by NECA was more evident when the research was directly requested by decision-making bodies such as government institutions. Although most HTA reports were conducted in collaboration with clinicians, the use of results by clinicians was limited. Definitive results were more likely to be used, but reports with competing interests had fewer impacts.

CONCLUSIONS:

HTA by NECA had impacts on the rational use of healthcare resources in Korea, and NECA has established its role as an intermediary between governmental decision-making bodies and clinicians. However, more continuous approaches rather than one-time HTA research are needed for HTA on controversial topics to have impacts on decision making.

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VP17 Hepatitis C Virus Treatment: A Meta-Analysis Of Long-Term Efficacy

AUTHORS:

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INTRODUCTION:

The efficacy of second generation direct-acting antiviral agents (DAAs-2), in terms of sustained viral response (SVR) 12 weeks after the end of treatment (EOT), has widely been proven; however, long-term efficacy is still controversial due to the low number of available studies with a small number of patients. The objective of this study is to conduct a systematic review and, if possible, a meta-analysis of existing clinical evidence of the long-term efficacy (SVR longer than 12 weeks after EOT) of DAAs-2 for hepatitis C virus (HCV) treatment.

METHODS:

A systematic review was performed with the use of CENTRAL, MEDLINE, Embase, Pubmed and SBBL-CILEA/METACRAWLER databases. Trials were initially screened by the title; secondly, full papers and abstracts were analysed. The meta-analysis included randomised controlled trials (RCTs) with adult patients affected by HCV, treated with DAAs-2 and assessed for longer than 12 weeks after EOT. Study quality assessment was undertaken using the Jadad scale. Heterogeneity