

Methods: This study used a mixed-methods approach, combining a literature review on pandemic-related mental health impacts with an analysis of health databases and emergency room records from the USA. It compared pre-pandemic and pandemic data on telepsychiatry, in-person services, emergency visits, and opioid incidents, employing statistical analyses to identify key trends in healthcare utilization during the COVID-19 pandemic.

Results: During the COVID-19 pandemic, rates of telepsychiatry visit completion in the USA reached 74.2 percent, which was 6.68 times higher than in-person visits and indicated that telepsychiatry was an effective alternative. The use of in-person mental health services declined by 57 percent, while telehealth services increased by 1,925 percent, with a notable rise in telehealth for people with anxiety disorders. Concurrently, general emergency room visits dropped by 52 percent. In contrast, there was a 34 percent increase in opioid overdose deaths, reaching a record of 96,779 deaths in 12 months, which highlighted ongoing healthcare challenges in treating substance use disorders. The number of emergency room visits for opioid use disorder surpassed the 2019 value by May 2020.

Conclusions: The pandemic significantly shifted mental health services toward telepsychiatry, proving its effectiveness, especially for anxiety disorders. Despite reduced in-person service usage, telehealth played a vital role. However, the period saw heightened challenges in substance use disorders, marked by a significant increase in opioid overdoses and emergency visits for opioid use disorder, which underscored the need for adapted healthcare strategies.

PD179 Navigating Health Crises In Emerging Economies: A Comprehensive Examination Of COVID-19's Influence On Health Care Access And Resilience

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Introduction: This research focuses on the impact of the COVID-19 pandemic on health care in emerging markets. It examines the pandemic's effects on emergency surgeries, medical consultations, maternal care, primary health care services, and surgical interventions.

Methods: This study focused on assessing the effect of COVID-19 on healthcare services in emerging markets from 2019 to 2021. It involved a literature review of academic articles, health reports, and government data, targeting the pandemic's effect on healthcare access. Data were collected from official health records in Brazil, China, Ethiopia, Egypt, Poland, Qatar, Sub-Saharan Africa, Thailand, and Türkiye. The analysis focused on emergency surgeries, outpatient visits, hospital admissions, primary health care, prenatal and maternal care, clinic visits for cardiac implantable electronic devices (CIED), and general surgeries, aiming to understand changes in health care access during and after the pandemic.

Results: Emergency surgeries in Ethiopia decreased by 77 percent, while in Egypt there was a 66.4 percent reduction in chest clinic visits. Outpatient and hospital admissions fell by 7 to 17 percent in Sub-Saharan Africa. In China, hospital, primary care, and inpatient visits declined by 33, 71, and 42 percent, respectively. In Qatar, physical healthcare visits fell by 36 percent, though virtual consultations increased notably. CIED visits in Poland fell by 26 percent in 2020. Thailand struggled with increased COVID-19 cases and deaths in 2021, whereas Brazil's health care services were significantly reduced (42.6% reduction in screenings and 59.7% reduction in surgeries). In Türkiye, there was a 35 percent drop in hospital visits and a 15 percent drop in prescriptions, but with increased costs per visit (0.09%) and per prescription (42.3%).

Conclusions: This study highlights the profound impact of COVID-19 on health care in emerging markets, showing significant disruptions in services like surgeries and outpatient visits. The pandemic emphasized the necessity of robust, adaptable healthcare systems and accelerated the shift to digital health services. These findings urge the strengthening of healthcare in emerging markets to prepare them for future global health challenges.

PD180 Strategies To Minimize The Impact Of The COVID-19 Pandemic On People With Disabilities: Systematic Review And Deliberative Dialogues

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Introduction: The impact of the COVID-19 pandemic was unequal, leading to losses for specific population groups already exposed to social vulnerabilities in the pre-pandemic period—for example, the inequity in access to health care among people with disabilities. The study aimed to identify strategies for people with disabilities during a public health emergency, in particular the COVID-19 pandemic.

Methods: A systematic review was conducted following the PRISMA guidelines. The population was adults with disabilities. There were no restrictions regarding the type of disability, which could include visual, auditory, intellectual, physical, or multiple disabilities. The COVID-19 pandemic was the study exposure and the outcomes were strategies aimed at improving prevention and health care for the target population during the pandemic period. A literature search was conducted in June 2021 and updated in November 2022 in the following databases: PubMed, Web of Science, Scopus, the Virtual Health Library, CINAHL, PDQ-Evidence, Health System Evidence, PEDro, and PsycInfo. The protocol for the systematic review was registered on PROSPERO (CRD42021266341).

Results: The systematic review included 29 studies of 49 non-pharmacological strategies. The evidence was synthesized and structured into categories. The following eight categories were found: habitation and infrastructure; work; occupation and income; planning and management; social assistance; telehealth; communication; comprehensive health care; and education for people with disabilities.

The deliberative dialogue allowed stakeholders—represented by people with disabilities, policymakers, decision-makers, health professionals, members of associations, and researchers—to actively engage in constructing the synthesis.

Conclusions: The stakeholder engagement concluded that the project promoted social inclusion and equal, universal, and comprehensive access to social rights by people with disabilities. The experiences of stakeholders in society were incorporated into public policy and guided decision-making in health and social care.

PD184 Health Technology Assessment (HTA) Topics That Respond To National Needs: Considerations Around The Topic Selection Process When Institutionalizing HTA

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Introduction: Most HTA processes follow similar institutional mechanisms, starting with topic selection and prioritization, followed by analysis (appraisal, deliberation, and decision-making) and implementation. The process of conducting an HTA is financially and time intensive. Therefore, to sustain HTA decision-makers, especially in countries with limited capacity, selecting topics for HTA that most respond to national needs is crucial.

Methods: Information on topic identification, selection, and prioritization (TISP) processes was taken from a recent report published by the Norwegian Institute of Public Health (NIPH) on how to support capacity building for HTA in low- and middle-income countries. An unpublished survey of 29 national HTA organizations around the world was also performed by the NIPH asking about their TISP processes. Issues around the institutional and organizational aspects necessary for explicit and transparent TISP processes were identified and discussed through an iterative process.

Results: The comprehensiveness of TISP processes varied according to each country's needs and the types of decisions supported by HTA. Accordingly, the resources available for allocation within the health system, the number of dedicated personnel available to complete HTAs, and the number stakeholders and institutions involved in the decision-making process may all be relevant considerations for TISP. In countries where HTA was well-established, the process for TISP was usually institutionalized or at least somewhat formalized. In settings where HTA was emerging or relatively new, or where there may not be the necessary supporting institutional mechanisms, there was limited normative guidance on how to implement TISP.

Conclusions: When institutionalizing HTA, we argue for including formal and explicit processes for the topic selection step that include: (i) a clear link to health system feasibility; (ii) process transparency to

ensure legitimacy and impact; and (iii) patient and public engagement. Insights and experiences from countries with more formalized HTA systems can provide valuable lessons.

PD185 Is The Incorporation Of Medications For Ultrarare Diseases In Brazil Predominantly Driven By Costs? A Shift In Paradigm

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Introduction: Incorporating technologies for ultrarare diseases (URD) poses challenges for global health technology assessment (HTA) agencies. Difficulties include defining an analytical framework and establishing differentiated cost-effectiveness thresholds. The rise of technological innovations intensifies demands from healthcare professionals, media, and the general population, placing pressure on healthcare systems in developing countries.

Methods: To analyze ultrarare medicine costs in submissions to the Brazilian National Committee for Health Technology Incorporation (CONITEC), data from HTA reports on URD (from 2012 to 2022) were extracted. Diseases were classified as URD based on an epidemiological criterion or Orphanet consultation (prevalence ≤ 1 per 50,000 inhabitants). Extracted variables included initial and final prices, annual patient cost, incremental cost-effectiveness ratio (ICER), and initial and final CONITEC recommendations. Price differences were calculated by the Brazilian Medicines Market Regulation Chamber.

Results: Among 53 reports, 30 featured economic evaluations, with only 13.3 percent initially receiving positive recommendations. However, eight gained favor, including post-consultation, price-conditioned, and risk sharing-based approvals. Annual medication costs ranged from USD17,439.20 to USD1,108,237.00 per patient, with discounts of between 25 and 64 percent. Despite some technologies having ICERs that were significantly higher than the national threshold, no statistical relationship was found between ICERs and recommendations. Monthly and annual costs varied, with higher costs for heterogeneous diseases and lower costs for metabolic conditions. Sensitivity analyses, using both deterministic and probabilistic analyses, were conducted in 58 percent of the reports.