The increase in the number of units distributed was 263%. As a consequence, this action allowed a saving of U$ 403.8 million in four years. A strategy to increase medicines access and optimization of resource allocation, medicines. The purchasing power of the MoH is a strategy that allowed expansion of medicines for diseases that require complex health services or high-cost treatments in the period 2010 to 2013. Data were obtained from documents of the Ministry of Health in 2013 (current values; exchange rate: US$ 1 = R$ 2.23).

OBJECTIVES: Many initiatives (e.g., PROTECT, EFSR) are exploring quantitative methods and decision support tools to assess risks of medicines. Objectives of this study were to combine quantitative methodologies that can capture expert knowledge and decisionmakers insights to genuinely support real-world decisions. All initiatives are assigned relatively existing alternatives or places. Each subscription contributes to the output of the model, the Benefit/Risk Estimate, which is the sum of normalized weights for each subscription multiplied by the respective performance score. Pharmacoeconomics data is provided in a standardized format for each subscription and includes meta-analytic comparative statistics based on clinical trials, observational data and Bayesian models. Uncertainty is explored in sensitivity analyses. CONCLUSIONS: Integration of pragmatic MDA modeling with CTMM aims to accelerate molecular diagnostics and imaging technologies to enable determination of predisposition, early diagnosis, and personalized treatment of patients. It is unique that it studies early Health Technology Assessment (HTA) in each of its 21 projects. This study assessed the impact of CTMM on scientific, translational, clinical and economic aspects. METHODS: The impact assessment was guided by the “Research Impact Framework” (Kuruvilla 2006). Objective data were gathered from extensive CTMM adminiations, including publications, patents, project proceedings, early HTA results, etc. Perceived impact was investigated using a CTMM-wide survey (n=167) and two focus groups. RESULTS: CTMM focuses its impact on disease areas with high Disability Adjusted Life Years and high societal costs, i.e., oncology, cardiovascular, neurologic, infection and immune diseases. Its scientific impact is as the overall impact of Dutch biomedical research, i.e. 15%-80% above international volume standards and 40%-80% above impact standards. CTMM is perceived to stimulate an accelerated translation of technology to the clinic, with a median score of 4 out of 5 (Q3 3.5). Its main strength lies in pre-clinical and phase 1 development (median score of 1.5) with an early 1000 FTEs capacity between 2008-15. Experience with and impact of early HTA varies widely between projects (median score 3 of 5; Q2 4). CONCLUSION: By facilitating and managing effective and safe public health, CTMM has demonstrated a solid scientific impact. Its impact on translational, (future) clinical and economic aspects is generally perceived as large. Metrics to objectively measure this need improvement as well as longer follow-up. The early HTA analyses have provided critical insights and exemplar approaches for future early HTA work in public-private partnerships.

PHP129 HOW TO CONSIDER EQUITY IN DECISIONS TO INTEGRATE NEW TECHNOLOGIES IN BRAZILIAN UNIFIED HEALTH SYSTEM (SUS)?

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OBJECTIVE: In 2011 was published 12401 Law establishing the National Committee for Technologies Incorporation in SUS (CONITEC) and defining the criteria and deadlines for the analysis and adoption of technologies. According to the law, CONITEC’s assessment must consider necessarily scientific evidences about efficacy, accuracy, effectiveness and safety of technologies and economic evaluation studies of benefits and costs in relation to the technologies already incorporated in SUS. Studies of economic evaluation traditionally ignore equity in health, and because this gap, many initiatives are exploring how to integrate equity in economic evaluation in health. Thus, this paper aims to analyze the viability of using an economic evaluation framework in the decision making process about incorporating new technologies in CTMM. METHODS: In the context of SUS, a system that offers universal coverage to approximately 201 million citizens. RESULTS: Until end of 2013, CONITEC recommended the incorporation of 64 technologies for diagnosis, prevention and treatment of various diseases, and no social and economic evaluation studies were considered by the research found a systematic review conducted by Jofri & Norheim (2012) having found three different approaches: integration of distributional concerns through equity weights and social welfare functions, exploration of the opportunity costs of alternative policy options, through mathematical programming and multi-...