metropolitan area of Kumasi, Ghana, with randomly selected 500 mothers and caregivers, interviewed with questionnaire administration in their homes and in the health facilities. The study was conducted from May – September, 2010. The study had ethical clearance. Informed consenting processes were strictly followed. Data was analysed using descriptive statistics and logistic regression to examine the predictors of appropriate use of ITNs among children under five years at 95% confidence interval. Ethical approval was sought from the institutional review board of the University of Ghana. The study had ethical clearance and informed consent was sought from respondents. RESULTS: The knowledge level of food practitioners on HACCP was extremely low, only 25% knew it. HACCP has not been widely used, less than one third, 24%, of food practitioners use it. Little use of HACCP has negative impact on the general knowledge level and food handling practices of food practitioners, p<0.01. Majority have not even heard about it and therefore shows no positive signs of adherence and effort to practice. More than 85% of the respondents did not attend any educational course on hygiene and food borne disease. CONCLUSIONS: There is poor knowledge on hazard analysis and critical control point among food service staff. Studies involving the use of both qualitative and quantitative research methods and environmental exposures will be helpful to design interventions to improve food hygiene.

PHP33
METODOLOGÍAS: HISTORICAL AND FUTURE DRIVERS FOR HTA IN REIMBURSEMENT SYSTEMS IN MEXICO AND POLAND
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OBJECTIVES: To understand the Brazilian set needs about HTA and Health Economics. Understand the Brazilian set needs about HTA and Health Economics. Understand the Brazilian set needs about HTA and Health Economics.

PHP34
INVESTIGACIÓN DE RESULTADOS PARA PROFESIONALES Y ESTUDIANTES DE FARMACIA DEL ORIENTE VENEZOLANO
Adesso G, Bastardo Y
Universidad Central de Venezuela, Caracas, Venezuela
OBJECTIVES: To describe the needs about information and formación in Farmacoeconomia e Investigaciones de Resultados para profesionales y estudiantes de Farmacia asentados en el oriente de Venezuela. METODOLOGÍAS: Estudio descriptivo cualitativo realizado a la población asistente de la 14ª reunión anual de la Federación Farmacéutica de Venezuela celebrada en el estado Anzoátegui en el mes de marzo de 2011, mediante el cuestionario desarrollado por los Consorcios de Asia y América Latina de ISPOR y, disponible en la pagina web de ISPOR para realizar la encuesta. Necesidad para la investigación de Farmacoeconomia e investigación de resultados. MATERIAL: Total de 74 encuestados (N: 74), el 53% son profesionales farmacéuticos en ejercicio y el resto estudiantes de Farmacia del núcleo de oriente de la Universidad Santa Maria. La mayoría de los profesionales (66%) trabajaba en establecimientos de Farmacia para la comunidad. El 83% de los encuestados señala no haber recibido actividades educativas o de formación en Farmacoeconomia e Investigación de Resultados. El análisis de costos y los estudios de costo beneficio concentran los métodos percibidos que usualmente se utilizan (41%). Un 96% de los encuestados considera que las autoridades no toma en cuenta los resultados de los estudios llevados a cabo, y un 59% se preocupa por la falta de conocimiento de los temas farmacoeconomicos en el país. Así mismo, 91% quisiera más formación educativa y aplicaciones prácticas de la disciplina. El 77% nunca ha escuchado sobre ISPOR, y un 50% de los encuestado no saben que ISPOR es el nombre de la asociación en ser miembros del capítulo local del ISPOR. CONCLUSIONES: Los resultados de este estudio sugieren la necesidad de que ISPOR Venezuela siga profundizando los esfuerzos para promover la Farmacoeconomia y la investigación de resultados en Venezuela y, específicamente, con los Farmacéuticos y estudiantes de Farmacia de la zona oriental del país.

HPH35
PERCEPTIONS, KNOWLEDGE AND GAPS ABOUT HTA AND HEALTH ECONOMICS BY THE BRAZILIAN MARKET STAKEHOLDERS: ISPOR BRAZIL QUALITATIVE RESEARCH
Khan SN, Fonseca M, Stepani SD
Neurology Research Center of the Mário de Andrade Hospital, São Paulo, Brazil
OBJECTIVES: Understand the Brazilian set needs about HTA and Health Economics.

PHP36
HISTORICAL AND FUTURE DRIVERs FOR HTA IN REIMBURSEMENT SYSTEMS IN MEXICO AND POLAND
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OBJECTIVES: To assess knowledge, attitude, and practices (KAP) of food practitioners on hazard analysis and critical control point (HACCP) in the Kumasi Metropolis, Ghana

PHP3
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1Universidad de La Frontera, Temuco, Chile
2Ministerio de Salud de Chile, Santiago, Chile
3Ministerio de Salud de Colombia, Bogota, Colombia
OBJECTIVES: To support the prioritization of health issues to be included in long-term health programs. The new National Health Plan 2011-2020 (PNS) has included, for the first time, as a goal the development of IS in Chile. The present report presents the first results of a process developed for the first time in Chile, as part of a joint effort with the World Health Organization, to define a methodology for setting priorities (priority-setting-methodology); these topics must be articulated in the context of IS. From these guidelines, it was determined that 50% of the participants owned ITNs, and of this only 67% used it the night before the study. Meanwhile, 21% of those who owned the nets used them occasionally. Also 59% of the participants reported any ITN as a means for the control of malaria. As a result of the analysis, it was found that the effectiveness of ITNs were found to be income levels, health seeking behaviour of caregivers and the room structure of participants. CONCLUSIONS: Appropriate ITN use in the study area is determined by income of participants, room structures, and health seeking behaviour of users. A comparative study between urban and rural communities could be useful for nationwide intervention to improve current situation.

PHP31
METODOLOGÍAS: ANÁLISIS COSTO EFECTIVIDAD SECTORIAL DE 45 INTERVENCIONES SANITARIAS EN CHILE
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2Ministerio de Salud de Chile, Santiago, Chile
OBJECTIVES: To identify those projects with high potential cost-effectiveness in the health sector, as defined by the National Health Plan 2011-2020 (PNS). The present report presents the first results of a process developed for the first time in Chile, as part of a joint effort with the World Health Organization, to define a methodology for setting priorities (priority-setting-methodology); these topics must be articulated in the context of IS. From these guidelines, it was determined that 50% of the participants owned ITNs, and of this only 67% used it the night before the study. Meanwhile, 21% of those who owned the nets used them occasionally. Also 59% of the participants reported any ITN as a means for the control of malaria. As a result of the analysis, it was found that the effectiveness of ITNs were found to be income levels, health seeking behaviour of caregivers and the room structure of participants. CONCLUSIONS: Appropriate ITN use in the study area is determined by income of participants, room structures, and health seeking behaviour of users. A comparative study between urban and rural communities could be useful for nationwide intervention to improve current situation.
PH37 CROSS-CONTINENTAL COMPARISON OF HTA EVOLUTION IN EMERGING MARKETS: BRAZIL, INDIA AND POLAND

Kirpekar S, Shankland B, Dummett H

Double Helix Consulting, London, UK

OBJECTIVES: Despite universal healthcare being the common motto, healthcare systems in developing economies around the world have developed to varying extents. HTA as a concept has evolved particularly in Western European markets to ensure equity and equality of healthcare provision. Understanding the status of HTA evolution and impact on reimbursement decisions is expected to have lessons to be learnt for countries like India where non-evolution of HTA is seen.

METHODS: Secondary research involved review of academic papers, government websites and HTA agency websites. Eight in-depth interviews were conducted covering individuals from a variety of backgrounds. Information was collected under headings covering current drivers, historical influences, existing issues, reasons for evolution / non-evolution of HTA and expected changes. Data was analysed qualitatively to develop results.

RESULTS: Broadly, HTA was seen to be non-evolved in India. Majority of the market being out-of-pocket is considered the key driver where both industry and doctors are thought to generally oppose any formal technology appraisals (n=6). At the other end of the spectrum, despite having a multi-payer reimbursement system, Brazil was seen to be using HTA as a tool for reimbursement decisions widely (n=6). Poland however, despite having a well-developed HTA system was seen to use HTA more as a negotiation tool than for reimbursement decisions (n=4). CONCLUSIONS: A tri-directional comparison of HTA systems and their involvement in the reimbursement decision-making system showed that the reasons behind the varying level of HTA influence can be attributed somewhat to the history of the healthcare systems. The challenge to be learnt for Poland, which is a centralised system from other centralised systems like England and for India from Brazil. In-depth research involving lessons from Brazil for India is warranted.

PH38 HEALTH TECHNOLOGY ASSESSMENT APPLIED TO MEDICAL DEVICES IN LATIN AMERICA: WHAT MUST BE ASSESSED

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OBJECTIVES: Analyze the health technology assessment (HTA) scenario and process to Medical Devices (MD) in Latin American and discuss the appropriateness of the present process. METHODS: search in Latin American and Caribbean Health Sciences Literature (LILACS), PubMed, gray literature and internet search. RESULTS: MD and drugs differ from their concept to usage, therefore it is important to note that is not always possible to apply the same HTA processes to both categories. In the research, we found in Latin America 12 countries with significant HTA initiatives and the eight countries emerged in the present paper. In total evaluated recent published economic evaluation guidelines, 17 HTA committees and groups, 6 ISPOR chapters, the Pan American Health Organization (PAHO) HTA initiative and Mercurio HT special group. The expertise with HTA applied to drugs seems to be higher. HTA applied to MD across Latin America and this was observed in appraisals published by the main HTA agencies. Important to note the almost non-existence of specific HTA guidelines to MD among HTA agencies, groups and committees. CONCLUSIONS: The methodological validity should consider a broader approach to evaluate the efficacy of certain MD or for certain clinical indications or settings. Patient and/or investigator blinding is impractical or impossible for many MD and most surgical procedures. Observational studies should be considered as a relevant source of data for HTA, often randomized clinical trials do not provide real life data and are not always feasible technically and ethically for devices. MD has a shorter life cycle and it is not compatible with HTA cycles which can vary from 6 months to 4 years for a sound assessment. HTA agencies, committees and groups in Latin America must recognize the medical devices specificities and its market dynamics and incorporate into existing guidelines a process adequate to this category.

PHP9 GAUGING THE ROLE OF HTA IN REIMBURSEMENT DECISION-MAKING ACROSS FIVE MARKETS IN LATIN AMERICA

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OBJECTIVES: HTA is at different stages of development across Latin America, from Brazil’s highly developed system at one extreme to Venezuela at the other, despite the existence of substantial local expertise. This study attempts to explain these disparities. METHODS: A total of 20 HTA review papers and 31 HTA practitioners were interviewed across Brazil, Argentina, Mexico, Chile and Venezuela to understand the parameters of the HTA system, the importance of different stakeholders within the process and the decisions influenced by HTA. RESULTS: HTA systems in Latin America are at different stages of development, yet they are better developed than in many other developing countries. At one end sits a multi-payer, universal health system Brazil in which demonstration of cost-effectiveness is considered highly important for central funding decisions. At the other extreme sit Chile and Venezuela in which no formal role for HTA yet exists, although the speed and direction of HTA development in these two countries is likely to differ. In between sit Argentina, where HTA capability is advanced but operating within a fragmented health system. CONCLUSIONS: HTA is developing rapidly within the markets surveyed suggesting that private actors would be rational to invest in local expertise. However, despite formalisation, cost-effectiveness may remain only one of many decision factors. Understanding the nuances of where HTA sits in the reimbursement system and how it is applied in practice in each market is essential for maximising favourable outcomes for suppliers and providers alike.

Health Care Use & Policy Studies – Patient Registries & Post-Marketing Studies

PHP40 PROMOTING EFFICIENCY OF AVAILABLE CAPACITY IN A FRAGMENTED HEALTH SYSTEM: PATIENTS WITH DIFFERENT HEALTH INSURANCE SCHEMES ATTENDED BY MOH, MEXICO 2006-2010

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Mexican Ministry of Health, Mexico, D.F., Mexico

OBJECTIVES: In order to implement strategies that promote an efficient use of public health services and grant more access opportunities to the population, irrespective of their insurance status, estimate the volume and type of hospital care provided by the Ministry of Health (MoH) to patients who have social security or private health insurance. METHODS: The exercise was made through an analysis by ICD-10 of the Hospital Discharge Automated System, which concentrates hospital activity from over 600 hospitals belonging to MoH, between January 2006 and August 2010. Patients having a social security scheme (IMSS, ISSSTE, PEMEX, SEDENA y SEMAR) or private health insurance were analyzed. RESULTS: A total of 11.9 million of attentions were recorded in the analyzed period, 2.2 on average per year, of which, 40 thousand (1.7%) corresponded to patients who belong to a social security institution or private health insurance. Among the institutions of origin, IMSS led the list with 45% of the total, followed by ISSSTE with 26% and PEMEX with 10% of the total. The most common intervention was Single spontaneous delivery (808, 41% in 2010). CONCLUSIONS: Quantifying the MoH health care demand coming from social and private insured population and its evolution will permit the definition of better exchange planning strategies and guarantee its appropriate financial compensation. Besides analyze the exchange volume and their characteristics; establishing fees and agreements is needed to implement reimbursement systems between public sector institutions.

PH41 MONITORING OF HPV VACCINATION EFFECTIVENESS WITHIN EUROPEAN HEALTH SYSTEM: PATIENTS WITH DIFFERENT HEALTH INSURANCE SCHEMES ATTENDED BY MOH, MEXICO 2006-2010

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OBJECTIVES: search in Latin American and Caribbean Health Care Use & Policy Studies – Patient Registries & Post-Marketing Studies

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