RESULTS:

Fourteen responses from 10 countries (including Belgium, England, France, Japan and Mexico, among others) demonstrated that "unmet clinical need" was paramount for EAS designation across all countries and types of schemes. The next most important factors were "phase-III trials underway" and "serious condition" for Compassionate Use Programme (CUP) and Named Patient Programme (NPP) inclusion (21 percent and 20 percent of respondents, respectively). "Measures in place to monitor risk" was key for CUP and NPP designation (43 percent and 27 percent of respondents, respectively), followed by "innovative product designation" for CUP and "scientific opinion" for NPP eligibility (14 percent and 23 percent of respondents, respectively). "No specific monitoring requirements" exist in Germany and Austria, whereas "reporting of adverse events" is crucial in France, England, Japan and Spain. NPP eligible products are mainly funded at a negotiated price and CUP designated products are largely provided by manufacturers free-of-charge (i.e. England, Scotland, Germany).

CONCLUSIONS:

Eligibility criteria/requirements and funding arrangements for early access vary considerably across settings and their respective EAS. Information from a larger sample of countries is required for an all-encompassing mapping of the early access products' characteristics.

OP174 Development Of A Formal Priority-Setting For The Philippine Government

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INTRODUCTION:

The lack of institutional mechanisms in the Philippine Health Insurance Corporation (PhilHealth) for rationalizing spending has led to a less than optimal allocation of financial resources. The study's objective is an explicit and systematic priority setting process of selecting new interventions for PhilHealth through identification of relevant literature evidence on the themes under study, then subjecting these to stakeholder and expert consultations.

METHODS:

The qualitative study followed a problem solving approach to policy analysis. Bardach's Eightfold Path, supplemented by a World Health Organization (WHO) guideline on policy analysis, provided the framework. Eightfold path recommends that the analysis proceed by (i) defining the problem, (ii) assembling the evidence, (iii) constructing the alternatives, (iv) selecting the criteria for identifying the best alternative, (v) projecting the outcomes, (vi) confronting the tradeoffs, (vii) making the decision, and (viii) disseminating the results.

RESULTS:

A six-step priority setting process to facilitate the assessment of new interventions for PhilHealth coverage was developed. The process is governed by seven accountability-based principles and four explicit criteria to evaluate interventions. Additionally, the study provided proof-of-concept for conducting local cost-effectiveness and budget impact analyses as key inputs to a national systematic priority-setting process.

CONCLUSIONS:

This study recommended four criteria and a seven-step process for priority setting to be adopted and an overarching set of principles that will guide the conduct of such activities. The proposed priority-setting process was approved by the PhilHealth. The same process was adopted by the Department of Health in the draft administrative order for health technology assessment. This study stimulated research projects for economic evaluations of health interventions.

OP175 A National Perspective On Criteria And Methods For Resource Allocation

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