

human resource barrier, Ghana will have to examine the available local data and human resource to build on.

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VP67 The Value Of The European Network For Health Technology Assessment (EUnetHTA) Outputs For National Health Technology Assessment: The French Experience

AUTHORS:

Irena Guzina (i.guzina@has-sante.fr), François Meyer

INTRODUCTION:

The French National Authority for Health (HAS) has participated in the work of the European Network for Health Technology Assessment (EUnetHTA) since its creation in 2006. HAS has been an active partner in most EUnetHTA activities, and the lead partner of specific work packages.

METHODS:

This report presents a summary of the main contribution of HAS to the two latest EUnetHTA projects (Joint Action (JA) 1 and Joint Action 2 (JA2)), their impact on national production, and Health Technology Assessment (HTA) doers feedback as to the

opportunities and challenges of participating to the network and using its outputs.

RESULTS:

In JA 1 and JA 2 projects, HAS has: coordinated activities related to Early Dialogues and Additional Evidence Generation; coordinated the development of nine JA1 methodological guidelines for rapid relative effectiveness assessment (REA) of pharmaceuticals; participated in the production of two JA2 methodological guidelines; participated in the production of one JA1 and seven JA2 rapid REA reports, and two JA2 full HTAs.

The national uptake of EUnetHTA outputs included entire adoption of one REA report and adaptation of another. EUnetHTA templates and methodological guidelines have been taken into account when updating or developing national ones. Thanks to the network, HAS HTA doers could exchange on ongoing assessments with European colleagues, have enhanced their methodological know-how and enlarged their professional network.

As for the challenges encountered, it turned out that the re-use of EUnetHTA reports for a technology of interest to HAS was not always possible, mainly due to discordances in deadlines or assessment questions between EUnetHTA and national productions.

CONCLUSIONS:

HAS has actively participated in different EUnetHTA projects since the network's creation. This collaboration has enabled HAS HTA doers, among others, to optimize national assessments and enhance their methodological know-how.

VP69 Mapping Brazilian Nuclear Medicine Installed Capacity And Perspectives

AUTHORS:

Lorena Pozzo (lorena.pozzo@ipen.br), Evelinda Trindade

INTRODUCTION:

Guidelines compliance, with *a priori* non-invasive and earlier tests and interventions, depends on access. This study investigates the Brazilian Unified Health System (SUS) outpatient access to nuclear medicine procedures through SUS data comparison with those from the National Commission of Nuclear Energy (CNEN: Comissão Nacional de Energia Nuclear).

METHODS:

Data provided by the SUS outpatient database (SIA-DATASUS) regarding procedures performed from 2013 to 2016 was compared with data from institutions (Nuclear Medicine Services and Cyclotron Facilities) and radioprotection supervisors with numbers certified by CNEN.

RESULTS:

CNEN has authorized 420 nuclear medicine institutions (.20 per million inhabitants) and certified 294 radioprotection supervisors (.14 per million inhabitants), and 1.4 services per supervisor. There are 457 graduated professionals qualified for radioactive sources preparation, use and handling for diagnostic and therapeutic radiopharmaceuticals (.9 professionals / installation). During the last four years, 08 new nuclear medicine facilities were authorized by CNEN. The number of nuclear medicine procedures performed slightly increased in the South, but remained constant in other regions. Annual SUS reimbursements increased by 21.2 percent on average for the 03 PET/CT (Positron emission tomography–computed tomography) adopted procedures: regional analysis showed the Central-West as the highest growth area (70.8 percent), compared to the South (53.4 percent), North-East region (30.8 percent), and the South-East (5 percent). Currently, thirteen Cyclotron Facilities operate in Brazil: South-East (six), South (three), North-East (three) and Central-West (one). Some nuclear medicine procedures largely outnumber the average increase: for example, reticuloendothelial system scintigraphy (513.9 percent), gastric transit scintigraphy (112.8 percent), and thyroid screening with suppression/stimulation test (100.6 percent). However, myocardial scintigraphy (stress and rest) and bone scintigraphy with or without blood flow

still correspond to 82 percent of total nuclear medicine *in vivo* procedures.

CONCLUSIONS:

Regional disparity is quantitatively depicted in Brazil and reflects access to SUS nuclear medicine procedures. This denotes a potential for improvements related to nuclear medicine areas, for example developments concerning new PET/CT coverage, new radiopharmaceuticals research, and national and international training.

VP70 Structuring The Process Of Innovation Uptake In Tunisia

AUTHORS:

Mouna Jameleddine, Asma Ben Brahem, Hela Grati, Hella Ouertatani, Wafa Allouche, Khaled Zghal, José Asua, Iñaki Gutiérrez-Ibarluzea (osteba7-san@euskadi.eus)

INTRODUCTION:

Tunisia recently implemented a Health Technology Assessment (HTA) agency (INASanté) to inform decisions around health technologies and to improve clinical practice by means of the elaboration of Clinical Practice Guidelines (CPG). However many decisions on new and emerging technologies, their implementation and coverage in the health care system are still taken at the hospital level without any structured process that informs the decisions. The aim of this project was to improve the methods and flow-chart of decision-making processes on innovation uptake in the Tunisia Healthcare System.

METHODS:

By means of the toolkit of EuroScan for the implementation of an early awareness and alert system (EAAS), and its checklist, it was discussed specifically within INASanté the characteristics of the Tunisia Healthcare System and its specificities regarding decisions on drugs and medical devices. The analysis