national immunization programme. Some lower and middle income countries with frail health care systems as well as countries for recently established NITAGs have basic immunisation programmes. This study also found that NITAGs are usually developed following a stepwise maturing process. CONCLUSIONS: Our detailed analysis of data from 35 countries suggests that, with the right support, all countries – regardless of their GDP/ capita, disease burden and geographical location – have potential to benefit from highly performing NITAGs that are well-aligned with international recommendations. Well-aligned NITAGs are generally instrumental for having strong immunisation programmes. Through awareness of its position in this maturation process, a NITAG can focus on the appropriate next step for development and strengthening.

PHP274
DISCONTINUITIES BETWEEN HEALTH TECHNOLOGY ASSESSMENT (HTA) AND HEALTH CARE SERVICE OBJECTIVES OF THE NHS

Brazier P1, Durand A2, Tierney B3, Kelly S5
1Mater Dei, Columbia University, New York, USA
2Sanofi Pasteur MSD, Lyon, France
3Sanofi Pasteur MSD, Maidenhead, UK
4Roswell Park, Buffalo, USA
5Pfizer Limited, Surrey, UK

OBJECTIVE: Advances in early cancer diagnosis and treatment are enabling patients to live longer with more fulfilling lives. The value assessment in such cases is compelling. Many novel treatments for late-stage cancer also extend life, though people suffering from advanced disease may not wish to pursue life-extending treatments. A1 This anomaly arises primarily because the value assessment for life-extending treatments includes NHS costs of patient management during their extended life in addition to the new treatment costs. For long-term chronic conditions these additional costs may be easily offset; however, for severe, debilitating, or terminal diseases the impact can be significant. Furthermore, for new treatments added in combination to standard care, the greater the treatment’s cost relative to the new value that may be placed on the new life-extending treatment, to the point that these new therapies may be deemed uneconomical even if available at no cost to the NHS. These findings challenge the equitable use of ICERs for HTA including the accounting for health services changes during the extended lifetimes of a patient act decision. A2

METHODS AND RESULTS: Economic comparison of two treatments with an equivalent QALY gain, one that extends life while the other enhances the quality of life, indicates that to achieve a common cost per QALY outcome the life-extending treatment must be valued lower than the life-enhancing therapy. This anomaly arises primarily because the value assessment for life-extending treatments includes NHS costs of patient management during their extended life in addition to the new treatment costs. For long-term chronic conditions these additional costs may be easily offset; however, for severe, debilitating, or terminal diseases the impact can be significant. Furthermore, for new treatments added in combination to standard care, the greater the treatment’s cost relative to the new value that may be placed on the new life-extending treatment, to the point that these new therapies may be deemed uneconomical even if available at no cost to the NHS. These findings challenge the equitable use of ICERs for HTA including the accounting for health services changes during the extended lifetimes of a patient act decision.

CONCLUSION: Value-based metrics used to appraise new treatments can inadvertently discriminate against life-extending therapies. Use of the ICER in HTA can result in inconsistency with health service objectives e.g. the UK Government’s goal to improve 1-year and 5-year survival rates for cancer patients.

PHP275
THE ECONOMIC VALUE OF VACCINATION: WHY PREVENTION IS WEALTH

Bemly V1, Lageron N2, Quilici S3, Carroll S2
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3University of Marseille, Marseille, France

OBJECTIVE: The objective of this report is threefold: 1) to demonstrate the full economic value of vaccination from different perspectives: macro-economic, national immunization programme. Some lower and middle income countries with frail health care systems as well as countries for recently established NITAGs have basic immunisation programmes. This study also found that NITAGs are usually developed following a stepwise maturing process. CONCLUSIONS: Our detailed analysis of data from 35 countries suggests that, with the right support, all countries – regardless of their GDP/ capita, disease burden and geographical location – have potential to benefit from highly performing NITAGs that are well-aligned with international recommendations. Well-aligned NITAGs are generally instrumental for having strong immunisation programmes. Through awareness of its position in this maturation process, a NITAG can focus on the appropriate next step for development and strengthening.

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PHP277
THE COST-EFFECTIVENESS THRESHOLD FOR ORPHAN DESIGNATIONS IN POLAND BASED ON REIMBURSEMENT DECISIONS

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The aim of this study was to identify the cost-effectiveness threshold for an orphan designation in Poland. According to criteria set by the European Medicine Agency (EMA) a medicine must meet a strict criteria to qualify for orphan designation, such as: treatment, prevention or diagnosis of a disease that is life-threatening or chronically debilitating, disease prevalence level in the European Union (EU) of no more than 5 cases in 10,000 patients or is rare, no satisfactory method of disease diagnosis, prevention, treatment or if such method exists, the drug must deliver significant benefits to patients. In Poland, orphan drugs undergo full pharmacoeconomic evaluations and coverage decision processes similar to any other innovative medicines. One of the important element of reimbursement recommen-