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Abstracts

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Background: Qualitative multicriteria decision analysis (MCDA) methodologies are increasingly recognized as valuable aids in health coverage decision-making processes. In particular, evidence to decision frameworks (EtDFs) stand out for their application in coverage decisions, clinical practice guidelines, and evidence-informed policymaking. However, EtDFs lack the ability to prioritize among different health technologies. Moreover, prioritization in group settings poses complex issues such as strategic voting, Condorcet's paradox, and Arrow's impossibility theorem. Majority judgment algorithm (MJA) has emerged as a promising method for prioritization based on aggregation of individual grades. Despite the potential of using EtDFs jointly with MJA, previous attempts to utilize them for the prioritization of health technologies have not been identified.

Objective: To assess the combined use of EtDFs with MJA for prioritizing health technologies within a universal high-cost medicines' coverage system

Methods: The study was conducted in the context of Chile's high-cost technologies coverage program. Before prioritization, the Ministry of Health (MoH) conducted a comprehensive health technology assessment (HTA), evaluating technologies regarding evidence of clinical effectiveness, budget impact, and implementation feasibility. Subsequently, a committee comprising 15 external experts evaluated the synthesized evidence and collectively judged each dimension of a modified EtDF for coverage. Each commissioner graded disease-intervention pairs on a scale ranging from "urgent need for inclusion" to "no need for inclusion," with the MJA processing these grades to generate a prioritized list of technologies.

Results: The committee included representatives from academia, patient associations, and public institutions, presided over by the Vice Minister of Public Health. Through an interactive platform, the committee evaluated 60 treatment indications across 22 health conditions, reaching consensus judgments for each dimension of the EtDF. The application of the MJA produced a prioritized list. Financial availability provided the cutoff for coverage.

Discussion: The combined use of EtDFa and MJA provided a robust methodological framework for technology prioritization, addressing the need for collective decision-making while preserving individual input. The secrecy of individual votes in MJA minimized the influence of dominant members.

Conclusions: Integrating EtDF with MJA offers a pragmatic approach to health technology prioritization, overcoming some limitations associated with qualitative MCDA methods.

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A readability assessment of plain language summaries and abstracts in Spanish before and after Cochrane guidance

Doctor Eva Madrid^{1,2}, Dr Fernando Briceño⁴, Dr Nicolas Meza^{1,2}, Dr Javier Bracchiglione^{1,5}, Maria-Inti Metzendorf³, Roberto Garnham¹, Camila Escobar-Liquitay⁶, Dr Gonzalo Casino², Andrea Cervera², Dr Gerard Urrútia², Dr Juan V. A. Franco³

¹Interdisciplinary Centre for Health Studies (CIESAL), Cochrane Chile Associate Centre Universidad de Valparaíso Chile, Viña del Mar, Chile, ²Iberoamerican Cochrane Center - Institut de Recerca Sant Pau (IR SANT PAU), Barcelona, Spain, ³Institute of General

Practice, Medical Faculty of the Heinrich Heine University Düsseldorf, Germany, Düsseldorf, Germany, ⁴School of Medicine Universidad de Valparaiso, Viña del Mar, Chile, ⁵Iberoamerican Cochrane Center - Institut de Recerca Sant Pau (IR SANT PAU) - CIBERESP, Spain, ⁶Research Department, Associate Cochrane Centre, Instituto Universitario Escuela de Medicina del Hospital Italiano de Buenos Aires, Buenos Aires, Argentina

Background: Cochrane Systematic Reviews (CSRs) have guidance and standards for elaborating plain language summaries (PLSs) in a readable style for laypeople. Succinct and readable PLSs will serve the relevant aim of knowledge translation to deliver the message to a broad variety of audiences and cultures. The readability of CSRs in Spanish and how it may have improved after the last Cochrane Guidance (2022) remain to be determined.

Objectives: To analyze the readability of PLSs and abstracts of CSRs of interventions in Spanish before and after the implementation of the newest Cochrane guidance. We will also compare the readability of the translated abstracts with the readability of the original CSRs published in English.

Methods: Cross-sectional study of CSRs published in 2019 and 2023, translated into the Spanish language. We excluded protocols, withdrawn reviews, Cochrane Clinical Answers, and nonintervention CSRs. We assessed the readability of the Spanish language abstracts and PLSs using the readability INFLESZ scale (or Szigriszt Pazos' perspicuity formula)—validated for measuring the readability of Spanish language texts—which scores the difficulty for reading a text from 0 (very hard) to 100 points (very easy) (see Table 1).

Results: We retrieved 505 CSRs published in 2019 and 415 published in 2023. The resulting INFLESZ score for 2019 abstracts was 56.68 (\pm 6.59), while PLS scored 50.87 (\pm 6.62), which was significantly different ($P < 0.001$); ie, PLSs were less readable. We have partially analyzed the PLSs and abstracts published during 2023, with similar results.

Conclusions: The Spanish language abstracts and PLSs of CSRs published in 2019 showed a readability of normal to moderately difficult, respectively, for laypeople. Moreover, we found that PLSs are significantly less readable than abstracts in all the assessed CSRs. We have partially analyzed the PLSs and abstracts published during 2023 after the release of the guidance, with similar results. The full results will be presented at the GES 2024.

Patient involvement: The topic is of great importance to patients and consumers.

Program domains: 4.2 Effective Knowledge Dissemination

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Targeted support of National Immunization Technical Advisory Groups for sustainable evidence-based recommendation-development in the WHO European Region

Annika Falman¹, Dr Thomas Harder¹, Dr Wiebe Külper-Schiek¹, Dr Liudmila Mosina²

¹Robert Koch Institute, Berlin, Germany, ²World Health Organization (WHO), Regional Office for Europe, Copenhagen, Denmark

Background: Decisions in immunization policy impact human and financial resources of national health systems. Therefore, these should be informed by independent, comprehensive, and best available evidence. National Immunization Technical Advisory