Please read the following guidelines carefully and thoroughly to ensure that the abstract submission meets all the requirements and scoring potential.
Researchers, agencies, policy makers, industry, academia, health service providers and patients/consumers meet to build international cooperation and to face new challenges together.

Health Technology Assessment international (HTAi) is the global scientific and professional society for everyone who produces, uses or encounters Health Technology Assessment (HTA) to support optimal policy and decision making. Its mission is to support the growth of the HTA community by providing a neutral, global forum for the exchange of information, methods, and expertise. With members from over 60 countries and across six continents, HTAi is a thriving global network.

Our members regularly participate in Annual Meetings, Policy Fora and Interest Groups. HTAi also provides access to a variety of resources including the International Journal of Technology Assessment in Health Care (IJTAHC).

HTAi supports national and regional initiatives for countries embarking on implementing HTA programs and works to connect members with common interests.

The Board of Directors governs HTAi and is supported by an Executive Committee, several Advisory Committees, and a Secretariat.

Held each year in June, the HTAi Annual Meeting is a key international gathering for sharing latest research, advancing discussions in policy and methods, and building global networks.

2020 Annual Meeting: Overall Scientific Theme and Program


The HTAi 2020 Annual Meeting to be held in Beijing, China will focus on the roles that Health Technology Assessment (HTA) can play in improving outcomes while sustaining health systems.

Attaining universal health coverage (UHC) is a pressing issue for many countries, particularly those with lower and middle incomes. HTA is a recognized tool for priority setting, making evidence-based resource allocation decisions and developing benefits packages to help achieve UHC. We also know that in these health systems and in countries that have achieved UHC, HTA plays an ongoing role in progressing UHC and the sustainability of the health systems.

However, current developments are challenging and changing treatment and epidemiological paradigms. Prominent examples include ‘disruptive’ technologies, such as cell and gene therapy, and the incoming data tide, including increased utilization of existing real-time data sources (like wearables), and modern technologies such as artificial intelligence, blockchain, and big data architecture. The consequences for HTA and the need to adapt is apparent, and must be faced globally to ensure the continued sustainability of health systems in 2020 and beyond.

The Plenary themes for the HTAi 2020 Annual Meeting are therefore as follows:
1. The Role of HTA in Achieving and Progressing Universal Health Coverage
   There is consensus that Universal Health Coverage (UHC) will improve health service coverage, with the overall health of a population bringing economic benefits as a result. HTA has a recognized role in achieving UHC. For example, in the context of priority setting: determining benefits packages, horizon scanning, and reassessment/disinvestment of existing technologies. There are many hurdles to overcome and HTA is not the only solution to a complex issue with local contextual considerations. There is no “one size fits all” when it comes to using HTA in the context of achieving UHC, and the factors that work well should be explored.
   For more details on Plenary 1, please follow this link.

2. How to Adapt HTA to address technologies that are ‘disrupting’ health systems
   There are an increasing number of potentially ground-breaking technologies that are fundamentally shifting how health care is provided across the world. These innovative technologies are typically expensive and are challenging the traditional HTA frameworks. Critical assessment of the current HTA frameworks is required to ascertain if they are sufficient to appraise these technologies, taking into account the potential limitations in evidence, levels of uncertainty, and policy implications (such as regulatory issues, patenting, pricing, service level readiness plus ethical, legal, social, and patient/citizen concerns). The role of HTA in horizon scanning for these technologies is almost important. Ultimately, ensuring the sustainability of health systems while providing access to potentially ground-breaking technologies is key.
   For more details on Plenary 2, please follow this link.

   Due to the recent surge in technological capabilities globally, the prevalence and uses of Real World evidence (RWE), ‘big data’ and Artificial Intelligence (AI) have been rapidly increasing. These evolving modalities of data collection and analysis are already having a profound effect on health systems around the world and, so too, on HTA. The implications for HTA involve not only how to assess clinical decision making that has been derived from these data but also how to incorporate these data and modalities into HTA processes and
methodologies. The HTA community will need to effectively collaborate with technology developers, prepare the HTA workforce and maintain the sustainability of health systems while facing the ‘incoming data tide’.

For more details on Plenary 3, please follow this link.

**Abstract Submissions**

When submitting abstracts, applicants will be asked to select topic areas from the list below to identify the one that most closely matches the theme of their abstract. Reviewers will identify their area of expertise based on this same list of topics — this ensures that knowledgeable reviewers assess all abstracts.

As the conference focuses on *Attaining, Maintaining, and Sustaining Healthcare Systems in a Changing World: The Role of HTA*, it is recommended to submit abstracts leaning on one of the plenary themes. For example, universal health coverage, disruptive health technologies, incoming data tides, etc.

HTAi will also look to ensure that at the conference there is a strong presence of patients, students, and presenters from Low and Middle-Income Countries (LMIC).

**List of topic areas for abstracts in HTA**

1. **Research on HTA Methods, Including Novel Methods for Conducting HTA** (e.g., Rapid Reviews, Adapting Existing HTAs, Integrated HTA)
2. **Horizon Scanning**
3. **HTA Prioritization**
4. **Information Retrieval**
5. **Evidence Quality Including Rating/Grading, Bias, Transferability and Generalisability**
6. **Clinical Effectiveness**
7. **Patient Preferences**
8. **Real World Data/Evidence and Big Data Analysis in HTA**
9. **Economic Evaluation (Cost-Effectiveness, Cost-Benefit, Budget Impact, etc.)**
10. **Ethical, Social, Cultural, Legal, Organizational and Environmental Aspects of HTA**
11. **Deliberative Processes (e.g., Citizen’s Juries, Citizen’s Councils, Delphi Panels, Consensus Meetings, Advisory Committees, etc.)**
12. **Measuring the Impact of HTA**
13. **Reassessment and Disinvestment**

2) **Policy Issues In HTA**

a. **Globalisation**

b. **Regulatory-HTA Alignment**

c. **Value-Based Health Policy and Value Frameworks**

d. **Translating HTA Findings into Policy and Practice (Including Evidence-to-Decision Frameworks)**

e. **Capacity Building in HTA, Enhancing Skills and Capabilities at Country Level**

f. **Country-Specific HTA and Regional HTA Networks**
g. Comparative HTA Systems and Emerging Markets

3) Hospital-Based HTA
   a. HTA and Procurement
   b. HTA and Health Technology Management

4) HTA and Clinical Practice Guidelines

5) Stakeholder Involvement in HTA
   a. Patient Involvement
   b. Public Involvement
   c. HTA and Shared Decision-Making
   d. Engagement of Health Care Professionals
   e. HTA in the Media and Including Specialist and General Media and Social Media

6) HTA Findings
   a. Pharmaceuticals and Biologics (Including Genetic Therapies, Immunotherapies, etc.)
   b. Medical Devices
   c. Public Health Interventions (e.g. Screening Programs, Immunization Programs)
   d. Procedures and Other Interventions (e.g. Surgery, Non-Pharmacological/Non-Device Interventions)
   e. Tests: Screening, Predictive, Diagnostic, Companion Diagnostics, Biomarkers, etc.)
   f. Social Services
   g. Electronic-Health and Mobile-Health (e.g. wearable tracking devices)

7) Other Topics

1) Workshop and Panel Submissions
   • **Workshops** are designed to share innovative experiences and practices, and to provide learning opportunities for participants. They are half or full-day events that should include interactive activities and focus on developing participants’ skills. Workshops should also contribute to HTA capacity building. When submitting a workshop abstract, submitters will be asked to indicate for whom their session will be most relevant (e.g. early career, mid-career, policy makers, industry), as well as learning outcomes and interactive activities. If the proposal does not have an interactive component, submitters are strongly encouraged to submit it as a panel session instead.

   • **Panels** are designed to stimulate discussion and share learning on topics relevant to the 2020 Annual Meeting Theme and Scientific Program. The panels are 75 minutes in duration with a moderator and three to five panelists from different organizations presenting on the topic. HTAi strongly encourages the involvement of panel members from different perspectives and settings, particularly those focusing on or dealing with one of the three plenary topics.

2) Oral, Vignette, and Poster Submissions
• **Orals:** Oral presentations will be grouped by topic area with sessions led by Chairs well-versed in the field. Each individual oral presentation will be 12 minutes in length including questions from the audience and held within a conference room. Chairs will be selected by the HTAi Secretariat and the ISPC. Chairs will ensure presenters stay to time and will moderate the question/answer sessions following each oral presentation.

• **Vignettes:** Vignettes are considered a high level of scientific communication. A vignette is a brief oral presentation highlighting a specific research finding with an emphasis on the practical implications. **Authors present for five (5) minutes using a single (i.e., one) slide and then answer follow-up questions.** Vignettes need to be precise, concise, and comprehensible. Each vignette is followed by time for discussion. Vignette authors are encouraged to show how their research deals with the future of HTA. Presentations will be held in a conference room and grouped by topic area. Chairs will be selected by the HTAi Secretariat and the ISPC. Chairs will ensure presenters stay to time and will also moderate the question/answer sessions following each vignette. HTAi strongly encourages submissions for vignette presentations.

• **Posters:** Authors submitting abstracts that are accepted for posters will be given the opportunity to present their work during formal conference breaks. **Authors presenting their work as a poster are expected to be present at their poster at the assigned time to interact with fellow conference delegates.**

**General Information**

1) **Submission deadlines** are different based on submission type. Please note below the important dates regarding abstract submissions, listed below. **No extensions to these deadlines will be made under any circumstances.**

   • **Open Call for Abstracts:** August 19, 2019
   • **Deadline for Workshop and Panel submissions:** October 10, 2019
     Acceptance notification: November 11, 2019
   • **Deadline for Oral, Vignette, and Poster Presentation submissions:** November 21, 2019
     Acceptance notification: February 1, 2020

Confirmation of abstract submission will be received via email upon final submission.

2) **Submission details**

   a) **General submission details:**
   
   • All proposals must be submitted via the online abstract submission system. HTAi will accept proposals by email from people who have conditions that prevent them using the online submission system.
Abstract submissions must include a brief description (less than 60 words) that would allow delegates to assess relevance and interest to them. Descriptions will be displayed on the Annual Meeting website and mobile app, in the program and in the abstract book.

Submitters may return to the online abstract submission system to edit their draft abstracts; add or delete authors, moderators or presenters; revise information; or withdraw abstracts at any time before the submission deadline.

Accepted abstracts will be published in the Annual Meeting materials (e.g. website, mobile app, program and abstract book) as submitted. Changes to abstracts will not be accepted after the submission deadline.

If authors wish their abstracts to be included in the Supplement of International Journal of Technology Assessment in Health Care (IJTAHC), a fully completed copyright form must accompany the submission. Link to the Copyright Assignment Form. The abstracts that will be published in the Supplementary Issue of International Journal of Technology Assessment in Health Care might be subject to further review and authors might be contacted for revisions.

Abstract submissions and presentations must be in English.

Abstract submissions must not include references; however, the ISPC strongly encourages presenters to include all appropriate citations in their presentation at the Annual Meeting.

Abstract submissions must not include tables, figures or charts.

Please spell out all acronyms on first use.

Abstract submissions and presentations must not promote any product or service.

Abstract submission and presentation expenses are the responsibility of the abstract submitter (primary contact) or presenter. For presenters requiring financial support to attend the Annual Meeting, HTAi offers a limited number of Travel Grants each year (subject to conditions and availability).

The abstract or work summarized in the abstract must be the sole work of the submitter or associated persons/authors; the abstract must not contain information with respect to which such person or persons is/are subject to an obligation of confidentiality; and the abstract must not infringe the copyright or moral right of any other person.

The presenters of research are required to declare sources of funding for their presented work.

Local Organizing Committee members, HTAi partner organizations, and Interest Group Chairs are provided with an opportunity to endorse abstracts and should consider advising the ISPC Co-Chairs with their relevant abstract submission numbers to inform them about their official submissions.

b) Workshop and Panel submission details:

- For workshops and panels, the abstract text must not exceed 210 words. Word count will include the introduction, structure of the session, objectives and outcomes. For workshops, you will need to specify target audience and method of interactive activities.
- The title must not exceed 18 words and must accurately reflect content.
- Please ensure your abstract title fits within the allotted space and is written in title case (i.e.: An Introduction To Health Technology Assessment).
- Title, chairs and presenters as well as affiliated institutes are not included in the word count.
• For a panel of 75 minutes, please limit your presenters to a maximum of five (5).

c) Oral, Vignette, and Poster submission details:
• For oral, vignette, and poster presentations, the abstract text must not exceed 210 words. Word count will include the introduction, methods, results and conclusions.
• Title, authors and affiliated institutes are not included in the word count.
• Title must not exceed 18 words and must accurately reflect content.
• Please ensure your abstract title fits within the allotted space and is written in title case (i.e.: An Introduction To Health Technology Assessment).
3) **Review, acceptance, notification and final inclusion in the official Program**

a) **Review:** All abstracts will be peer reviewed by three experts identified by the HTAi International Scientific Program Committee (ISPC). Workshop and panel submissions will be reviewed by members of the ISPC. Oral, vignette, and poster submissions will be reviewed by a broad group of reviewers, coordinated by the HTAi Secretariat, which will include ISPC members and a selected group of experts in the HTA field. Final decisions about inclusion and organization of the program will be made by the ISPC, led by the ISPC Co-Chairs.

b) **Abstract acceptance and notifications:**
   - Workshops and Panels: After review, the primary contact for the abstract will receive an email notification indicating the abstract's acceptance or rejection by November 11, 2019. Registration for the Annual Meeting must be submitted by March 20, 2020 (early bird registration deadline), to ensure inclusion in the Annual Meeting program.
   - Oral, Vignette, and Poster Presentations: After review, the primary contact for the abstract will receive an email notification indicating the abstract’s acceptance or rejection by February 1, 2020. Registration for the Annual Meeting must be submitted by March 20, 2020 (Early Bird Registration Deadline), to ensure inclusion in the Annual Meeting program.

c) **Final inclusion in the official Annual Meeting Program:**
   - Workshops and Panels: At least one of the named chairs/moderators must be registered for the Annual Meeting by March 20, 2020 (the Early Bird Deadline) to be included in the official Annual Meeting Program. Workshops and panels which do not fulfill this requirement will be withdrawn from the program.
   - Oral, Vignette, and Poster Presentations: At least one of the named chairs/moderators must be registered for the Annual Meeting by March 20, 2020 (the Early Bird Deadline) to be included in the official Annual Meeting Program. Oral, vignette, and poster presentations which do not fulfill this requirement will be withdrawn from the program.

d) **Publication of abstract content**
   a. **Annual Meeting Materials:**
      - Submission of abstracts constitutes all authors’ consent to have their abstracts published on the HTAi 2020 website, mobile app, within the program and abstract book.
      - Please review your abstract prior to submission; check grammar and spelling and ensure all special characters and formatting display correctly. Accepted abstracts will be published in the Annual Meeting Materials (e.g. website, mobile app, program, and abstract book) as submitted. **Changes to abstracts will not be accepted after the Submission Deadline.**
b. Supplementary Issue of the International Journal of Technology Assessment in Health Care:

Accepted abstracts of oral, vignette, and poster presentations have the possibility to be published in a Supplementary Issue of the International Journal of Technology Assessment in Health Care. Abstract submitters will be able to provide their consent for publication in the abstract submission form. Once abstracts have been accepted for the official program, there will be an editing process and if any major changes are recommended these will be communicated to the abstract submitter (primary contact). If authors would like to have their abstracts included in the Supplement of IJTAHC then a fully completed copyright form must accompany the submission. [Link](#) to the Copyright Assignment Form. The Supplementary Issue will be published ahead of the meeting.

**Scoring Criteria**

The scoring system applied to all abstracts will take into consideration gender balance, the involvement of students and contributions from people from Low and Middle-Income Countries (LMIC) as well as patients, users, and clients.

1) *Appropriateness to HTAi*

The concept of the abstract should be appropriate to HTAi and in alignment with the main themes of the Annual Meeting. Panels and workshops should have presenters who are knowledgeable about the subject matter and, collectively, represent a variety of different perspectives and/or settings.

2) *Original and Innovative Contribution*

Abstracts with original and innovative ideas will receive a higher score. In particular:

- challenging existing paradigms or HTA practice,
- addressing an innovative hypothesis or critical barriers/issues to progress, and
- developing or enhancing novel concepts, approaches or methodologies, tools, or technologies for this area.

3) *Abstract Structure and Quality*

- **Workshop and panel abstracts** must have the following structure:
  
  **Title:** must not exceed 18 words, with no abbreviations, and the beginning of each word capitalized.

  **Introduction:** Include the scientific background and rationale for the workshop or panel, and a clear statement of the issue. Must be clearly stated to achieve the highest score.

  **Structure of the session:** Give the structure of your workshop/panel (e.g. presenters, timing, format of interaction, etc.) and your plans to generate a vibrant discussion or learning environment.
Workshop/Panel outcome and objectives: Explain what you would like to accomplish during your workshop/panel session, the session’s contribution to HTA capacity building as well as the benefits and takeaways for the audience or participants.

Moderators/Presenters: Include name, organization, position of all presenters, as well as the title (or brief description) of their specific contribution. Only confirmed moderators/presenters can be submitted with your application.

Declaration of funding: Please declare sources of funding of the research.

Basic quality: Workshops and panel abstracts should be appropriately summarised, and grammar and spelling should be checked.

- Oral, vignette, and poster abstracts must have the following structure:
  - Title: must not exceed 18 words, with no abbreviations, and the beginning of each word capitalized.
  - Introduction: Include the scientific background and rationale, and give a clear statement of the problem, issue, study goal, objectives, and/or research hypothesis. Must be clearly stated to achieve the highest score.
  - Methods: For quantitative and related studies, include a clear statement of the perspective, data collected, sources of data, analyses including statistical testing, etc. Clearly describe the populations studied, method of accrual and sample frame and analytical techniques. For conceptual, institutional, organizational or policy papers, provide a concise description of the content of the paper or report to be presented and other relevant factors such as policy analysis of alternatives, details of qualitative methods, etc.
  - Results: Present the most important study findings including generalizability to other populations, health systems or countries if relevant. Abstracts must reflect work that has already been done (i.e. results available) or at least provide preliminary results suggesting that the work is in progress and that results will be available to present at the Annual Meeting.
  - Conclusions: Provide a concise statement on the most important findings or policy implications. You should also address the question, “What do these results mean for your main area of research?” If relevant, include next steps, proposals for further research and study limitations.
  - Declaration of funding: Please declare sources of funding of the research.
  - Basic quality: Oral, vignette, and poster abstracts should be appropriately summarized, and grammar and spelling should be checked.
**Style Guidelines**

Please consider the following style guidelines as a general direction in the submission process to have the abstracts submitted as consistent and standardized for Annual Meeting publications (website, mobile app, program, and abstract book). These guidelines are in line with those required for abstracts to be included in the Supplementary Issue of the International Journal of Technology Assessment in Health Care (IJTAHC).

- American spelling (unless title is non-US English)
- Title – start of all words capitalized, no abbreviations
- Define all abbreviations on first use
- Use the word ‘percent’ rather than % (except for when using with numbers for Confidence intervals – stated as 95% CI)
- Confidence Interval - define first i.e. Confidence Interval (95% CI: 0.33 - 2.4)
- All numbers less than 1 have a 0 in front e.g. p< 0.001
- For numeric lists use Arabic letters in parentheses (i), (ii), (iii)
- i.e., e.g., etc. must be spelled out – that is, for example and etcetera if as part of main text. In brackets abbreviations are allowed.
- Numbers up to 100 spelled out and for 100 and over given as a numeral, but numerals for units of time and measurement.
- Dates must be in form of 8 June 1960 and not 8/6/60 or 6/8/60
- Currency should be given using currency abbreviations (see [www.xe.com/iso4217.php](http://www.xe.com/iso4217.php)) and must always include a conversion to USD or EUR as well as the local currency value i.e. in parentheses after the initial currency [i.e. (USD ___) or (EUR ___)]
- No tables, figures, or charts allowed
- No references allowed
- Results must be provided for publishing in supplement

### 3 things to keep in mind:

1. Abstracts with **original and innovative ideas** will receive higher scores.

2. It is recommended that all abstracts relating to the 2020 Annual Meeting Theme(s) should consider the main topics **universal health coverage, disruptive technologies and incoming data tides**.

3. **Please read the submission guidelines carefully and thoroughly.**