HTAi 2026 Annual Meeting Istanbul Abstract Submission Guidelines

HTA As A System Shaper

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.

2026 Annual Meeting: Overall Scientific Theme and Program

Main Theme - HTA As A System Shaper

Health systems across the globe are standing at a crossroads. The past few years have tested their resilience in ways few could have imagined. A pandemic laid bare deep inequities. Technological innovations raced ahead of policy and practice. Global challenges like climate change and misinformation have left many questioning how systems built for the past can meet the demands of today, let alone tomorrow.

Amid these pressures, Health Technology Assessment (HTA) finds itself at a pivotal juncture. Once seen primarily as technical discipline focused on evaluating individual technologies. HTA is now being called to step into a broader, more strategic role. It is no longer enough to ask what works; we need to consider what matters most and what should guide the systems we are shaping.

The HTAi 2026 Annual Meeting encourages us to recognize HTA's role as a system shaper, a transformative force in designing, governing and redefining what future health systems can achieve. It challenges us to move beyond traditional disciplinary and sectoral boundaries and recognize HTA as a driver of innovation, equity and sustainability. It envisions HTA as a truly global blueprint for shaping resilient, inclusive, and future-ready health systems.

The challenges are undeniable. Health systems are under strain from rising costs, accelerating digital transformation, and declining public trust. The escalating impact of climate change adds a new layer of urgency, demanding that sustainability be considered not just in economic, but also environmental terms.

Tackling such complex and interrelated challenges, particularly with environmental and social dimensions, requires a collaborative approach. These pressures are shared globally, though they may manifest differently across contexts. For some, the pressures may call for evolving mature HTA systems toward broader stewardship. For others, particularly in low- and middle-income countries where HTA is still emerging, the pressures underscore the need to build capacity to ensure assessments contribute to stronger, fairer systems, as well as improve understanding and appreciation of HTA among HTA stakeholders.

Yet within these challenges lies opportunity. When understood as a broader evidence-to-policy process, HTA has the power to meaningfully shape health systems. It can bridge sectors, inform priority-setting, and embed values like trust, equity, and inclusion into decision-making. Beyond influencing which technologies enter the system, HTA influences which technologies enter the system, as well as how care models evolve, how limited resources are allocated, how innovation aligns with system.

To fully realize this potential, systems must be prepared, not only in terms of technical capacity, but also in strong governance, effective communication, and a forward-looking perspective grounded in both pragmatism and virtue. HTA must act with agility, scientific rigor, creativity, and courage. It must evolve methodologically, embracing a transdisciplinary approach. It must become a connector, linking evidence to policy, aligning diverse stakeholders across sectors and geographies, and helping systems adapt to complexity. This means acknowledging that effective HTA is often mediated by institutional structures, such as HTA agencies, and reimagining their role within a more expansive, globally connected framework. It must also recognize patients and communities not as passive recipients, but as co-creators of solutions.

HTA's path forward lies in both strengthening its technical foundation as well as broadening its influence - shifting from analysis to action, from assessing interventions to guiding systemic change. It is about building health systems that are resilient enough to withstand future shocks, equitable enough to serve all fairly, and sustainable enough to protect the health of generations to come.

The conference is a critical platform to advance the conversation. The HTAi 2026 Annual Meeting provides the space, community, and resources to elevate bold ideas, foster honest dialogue, and support concrete action. It is a forum where the global HTA community can collectively imagine its role as a system shaper. creating systems that not only work, but endure over time; that not only innovate, but open doors; and that deliver on the promise of better health for all.

The future of HTA and of our health systems will be shaped by the choices we make today. Let us make them count.

Plenary 1: HTA as a Shaper of Tomorrow's Health Systems

The world has changed, and with it, the challenges and responsibilities of our health systems. Climate change reshapes our environments; technologies evolve faster than policies; populations are ageing and shifting; pandemics test resilience; economies tighten; and public trust wavers. In the midst of all this, the question is not whether Health Technology Assessment (HTA) should change, but why it must.

For decades, HTA has guided decisions, investments, and care by weighing the value of health technologies. But today's challenges are not linear, and supply-driven technological pathways often deepen systemic fragility, making traditional thinking unsustainable. The moment calls for HTA to step into a new role: not just as a technical assessor of individual interventions, but as a shaper of the systems in which those interventions exist.

System shaping means HTA influencing not only single-technology appraisals but also prioritization, governance, and resource allocation across programs and lifecycles. It requires a proactive stance with horizon scanning, foresight, and attention to upstream determinants, so choices anticipate pressures before they become crises. The journey is from reactive to proactive, from "sick care" to genuine health care. It is about addressing upstream determinants of health, supporting innovations that ease pressure on systems over time, and building resilience that endures. While this vision is ambitious, early signals such as joint assessments across countries and horizon-scanning to prepare for global health threats demonstrate its plausibility.

To read more about plenary 1, visit the HTAi 2026 website [here](#).

Plenary 2: From Evidence to Impact: HTA Driving Change in Systems

Across the globe, health systems are searching for ways to transform evidence into measurable, real-world results. In this effort, HTA is emerging not only as a tool for technology evaluation but as a driver of system-wide transformation. The focus is no longer just on generating assessments, but on showing what changes because those assessments exist: shifts in guidelines, re-prioritization toward prevention, reduced time-to-decision, expanded access for underserved groups, reallocation of budgets, or strengthened sustainability.

While HTA's potential is undisputed, it is worth reflecting on the impact it is having in the real world and the lessons that can be drawn. This session will examine concrete cases that demonstrate how HTA is enabling systems to act differently, yielding results that matter for equity, trust, and long-term resilience. Some examples will come from countries with well-established HTA systems, while others will highlight early but impactful steps in settings where capacity is still developing. In each case, the focus will remain on outcomes: what shifted, who benefited, and how the system has changed as a result.

Evidence of impact will be drawn from a range of practices, from horizon scanning and technology lifecycle approaches, to benefit package definition and service redesign. Joint efforts are increasingly central, with regional collaborations and partnerships with global organizations playing an important role in enabling impact. Collaborative efforts, from regional partnerships to shared assessment models, demonstrate that impact is not only the result of sweeping reforms. It can also emerge through practical, replicable steps that agencies adopt in their own settings, showing that collective action can translate evidence into change on the ground.

To read more about plenary 2, visit the HTAi 2026 website [here](#).

Plenary 3: The How of HTA: Methods, Tools, and Capacity for System Shaping

Producing rigorous HTA is only the beginning of the journey — its greatest impact comes when the evidence is translated into practice. Across health systems worldwide, there is growing opportunity to ensure that HTA informs decisions consistently and effectively, unlocking its full potential to strengthen care and improve outcomes. This plenary will highlight the operational 'how': the methods, tools, institutional frameworks, and capacity-building strategies that help transform HTA from reports and recommendations to meaningful, sustainable practice changes in the real world.

Building on Plenary 1's high-level vision (the "why") and Plenary 2's real-world examples (the "what"), Plenary 3 delivers the "how-to" — a practical, forward-looking discussion on turning HTA outputs into enduring practice. The session will emphasize methodological innovation, technical feasibility, and the conditions required to support integrating HTA within the decision-making processes across diverse contexts.

Sustainability will be addressed in a broad and interconnected way, covering both environmental considerations and the resilience of HTA systems. On the environmental side, the session will look at "green HTA" approaches that incorporate ecological impact into assessment frameworks, ensuring that decisions are framed not only around the traditional assessment domains but also incorporate new dimensions such as the long-term environmental impact of health technologies. At the same time, sustainability will refer to the ability of HTA systems to remain relevant and effective over time, supported by strong governance, stable financing, collaborative networks, and increased stakeholder awareness. This dual perspective recognizes that HTA must guide responsible choices today while maintaining the capacity, credibility, and adaptability needed to serve health systems into the future.

To read more about plenary 3, visit the HTAi 2026 website here.

Abstract Submissions

HTAi invites abstract submissions for Workshops, Panels, Oral and Poster presentations for the Annual Meeting in Istanbul, Türkiye (6 – 10 June 2026).

1) **Panel and Workshop Submissions**

- **Panels** are designed to stimulate discussion and share learning on topics relevant to the 2026 Annual Meeting Theme and Scientific Program. The Panels are 60 minutes in duration with **a maximum of four** panellists (including the moderator) 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 plenary or supplementary topics. Audience engagement and methods for interactivity should be included in the abstract.

- **Workshops** are designed to share innovative experiences and practices, and to provide learning opportunities for participants. They are half or full-day events that must **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), the level of as well as learning outcomes and interactive activities.

2) **Oral and Poster Submissions**

Oral and Poster Presentation Sessions are 30 – 60 minutes scheduled onto the Annual Meeting program. The Oral and Poster presentations will be grouped by themed tracks with sessions led by Chairs well-versed in the field. Chairs will be selected by the HTAi Secretariat, the International Scientific Program Committee (ISPC) and the Regional Engagement Committee. Chairs will ensure presenters stay to time and will moderate the question/answer sessions following each Oral and Poster presentation.

- **Orals:** Each individual Oral presentation will be 10 minutes in length. The author or presenter should also expect 2 minutes to take questions from the audience. Oral presenters can use multiple slides during their presentation.

- **Posters:** Authors whose abstracts are accepted as Posters will showcase their work in the Poster Exhibition area (format—physical or digital—will be confirmed later). Each Poster will be scheduled a time slot in the program for presenters to meet with attendees and discuss their work. Poster sessions will be self-guided and unfacilitated. Presenters are encouraged to prepare a brief (approx. 2-minute) overview and be ready to answer questions from attendees.

As the conference focuses on HTA As A System Shaper, it is recommended to submit abstracts leaning on one of the plenary themes:

Plenary 1: HTA As A Shaper Of Tomorrow's Health Systems
Plenary 2: From Evidence To Impact: HTA Driving Change In Systems
Plenary 3: The How Of HTA: Methods, Tools, And Capacity For System Shaping

Additionally, the scientific program may be enhanced by contributions on the following topics:

- Applying HTA in Multi-Stakeholder and Cross-Sector Contexts
- Building HTA Capacity Amid Political and Economic Volatility
- Embedding Climate and Environmental Impact in HTA Decisions
- Foresight and Horizon Scanning for Anticipatory HTA
- HTA for Health Workforce Planning and Retention
- HTA for Prevention: From Evidence to Early Action
- HTA for Genomics, AI, and Emerging Technologies
- Reforming Institutional Structures to Enable HTA Uptake
- Responsible Innovation: Aligning Technology with System Values
- Strengthening HTA Literacy Among Non-Technical Decision-Makers
- Using HTA to tackle Misinformation And Public Distrust

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 Country (LMIC).

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.

List of topic areas for abstracts:

1. **HTA Processes**
   a) Core concepts, Introduction to HTA
   b) Novel approaches to conducting HTA (e.g., Fast Track Appraisals, AI in review production Adapting Existing HTAs, Integrated HTA)
   c) Horizon Scanning, Early Awareness
   d) HTA Prioritization Deliberative Processes (e.g., Citizen's Juries, Citizen's Councils, Delphi Panels, Consensus Meetings, Expert Elicitation Methods, Advisory Committees, etc.)
   e) Measuring the Impact of HTA
   f) Reassessment and Disinvestment

2. **HTA Core Methods**
   a) Topic Refinement, Scoping
   b) Information Retrieval, Database Search Methods
   c) Study design (Randomized clinical trials, knowledge synthesis, adaptive designs)
   d) Outcome measurement: Patient-Reported Outcomes, patient preferences, clinical effectiveness
   e) Evidence Review and Synthesis (e.g., Rapid Reviews, Meta-analysis, Network Meta-Analysis, Living Systematic Reviews)
   f) Evidence Quality (e.g., Rating/Grading, Bias, Transferability and Generalisability, evidence reporting)
   g) Economic Evaluation (e.g., Cost Effectiveness Analysis, Cost Benefit Analysis, etc.)
   h) Budget Impact Analysis
   i) Pricing Models and Approaches (e.g., Reference Prices, Cost Plus, Value-Based Pricing, etc.)
   j) Ethical evaluation in of HTA
   k) Social evaluation Aspects of HTA
   l) Cultural Aspects of HTA
   m) Legal Aspects of HTA
   n) Organizational Aspects of HTA
   o) Environmental Aspects of HTA
   p) Measuring and Valuing Health
   q) Multi-Criteria Decision Analysis

3. **Stakeholder Involvement in HTA**
   a) HTA and Shared Decision-Making
   b) Patient Involvement
   c) Public Involvement
   d) Engagement with Industry
   e) Engagement with Payers
   f) Engagement with Regulators
   g) Engagement with Health Care Professionals
   h) Facilitating Multi-stakeholder engagement, co-creation
   i) Teaching and learning through social networks/media
   j) HTA in the Media (e.g., Specialist, General, social media, includes Misinformation and Fake News)

4. **HTA Findings, Advanced Methods and Other Topics**
   a) HTA and Procurement (National, or setting based)
   b) HTA and Health Technology Management
   c) Technology Innovation, research, and development, early HTA

d) Novel approaches to conducting HTA (e.g., Fast Track Appraisals, AI in review production Adapting Existing HTAs, Integrated HTA)

e) Real World Data/Evidence

f) Machine Learning and Artificial Intelligence Methods

g) Procedures and Other Interventions (e.g., Surgery, Non-Pharmacological/Non-Device Interventions)

h) Tests (Including Screening, Predictive, Diagnostic, Companion Diagnostics, Biomarkers, etc.)

i) Innovative Pharmaceuticals and Biologics (Including Genetic Therapies, Immunotherapies, etc.)

j) Assessment of Medical Devices

k) Public Health Interventions (e.g., Screening Programs, Immunization Programs)

l) Health Systems Research

m) Health and Social Services

n) Models and Methods of Hospital-Based HTA

o) Digital Health (e.g., wearable tracking devices)

p) Telehealth (e.g., telemonitoring, remote consultations, etc.)

q) Mobile-Health (e.g., Health Apps)

r) Personalised Medicine Interventions (e.g., Prediction Models, etc.)

s) Research on Research

t) Aligning HTA and Clinical Practice Guidelines (e.g., case studies, methods and processes, etc.)

u) Other HTA findings

5. **Policy Issues In HTA**

a) Globalisation

b) Universal Health Coverage and HTA

c) Health System Quality Assessment

d) Regulatory-HTA Alignment

e) Value-Based Health Policy and Value Frameworks

f) Translating HTA Findings into Policy and Practice (Including Evidence-to-Decision Frameworks)

g) Dissemination via Journal Publication

h) Transferability of HTA Findings Across Jurisdictions

i) Capacity Building in HTA, Enhancing Skills and Capabilities at Country and Regional Level

j) Country-Specific HTA and Regional HTA Networks

k) Comparative HTA Systems and Emerging Markets

l) Measuring the Impact of HTA

6. **Other Topics**

a) Emergency Response (e.g., COVID-19)

b) Other

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For programming purposes applicants will be asked to select a track from the list below to identify the one that most closely matches the theme of their presentation.

List of tracks for presentations:

Tracks	Description
Assessment Of Healthcare Technologies	Includes reporting of comprehensive HTA reports covering several/multiple domains of evaluation. It includes assessments of a wide range of healthcare technologies such as surgical procedures, diagnostic tests, pharmaceuticals, biologics, advanced medical therapies and products (AMTP), medical devices, public health interventions, and digital healthcare solutions..
Breakthrough And New Approaches In HTA	Focusses on presentation and use of new analytical methods and tools such as AI for evidence review, clinical trial design, indirect comparisons
Capacity Building In HTA	Highlights experiences in the use and adaptation of methods and tool across regions and strategies adopted to create capacity and develop necessary skills.
Collaboration Around HTA	Features experiences of collaboration, from local to international level, cases of policy implemented to foster collaboration, strategies, challenges and solutions in local implementation of international HTA findings.
Environmental Sustainability In HTA	Presents contributions on the inclusion of environmental sustainability issues within the HTA framework
Equity In HTA	Explores frameworks for improving fair decision-making, methods and examples of incorporation of equity into HTA, policies promoting health equity through HTA, ethic analysis, etc.
Evidence Retrieval & Synthesis	Concentrates on information retrieval, evidence review and synthesis, quality of evidence, transferability, generalizability, etc..
Health Economics & Outcome Research	Looks at economic evaluation, pricing models and approaches, procurement models, quality of life assessment, etc.
Horizon Scanning, Early Awareness & Early Dialogue	Demonstrates methods and experiences on the technology management at the earliest stages of development.
Implementing HTA Programs at Multiple Levels	Illustrates experiences of the implementation and institutionalization of HTA at country-level, regional-level and hospital-level
Policy & Impact Of HTA	Demonstrates contents of Universal Health Coverage and HTA, regulatory-HTA alignment, value-based health policy, translating of HTA findings into policy and practice, measurement of HTA impact.
Stakeholder Engagement In HTA	Emphasizes methods and experiences of engagement of diverse stakeholders in HTA processes, such as patients, citizens, industry, hospital managers, healthcare professionals.

General Information

1) **Submission deadlines** are different based on submission type. Please note below the important dates regarding abstract submissions and be advised that no extensions to these deadlines will be made.

- **Open Call for Abstracts:** September 24, 2025
- **Deadline for Workshop and Panel submissions:** October 27, 2025
  Acceptance notification: November 25, 2025
- **Deadline for Oral and Poster Presentation submissions:** December 4, 2025
  Acceptance notification: January 29, 2026

Receipt of abstract submission will be acknowledged via e-mail prior to submission close for each category.

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 from 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 may be displayed on the Annual Meeting website and mobile app, in the program and/or 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 delete abstracts at any time before the submission deadline.
- Abstracts saved as DRAFT cannot be seen by the system administrator and therefore will not proceed to abstract review. Please make sure to submit your abstract once complete. Receipt of abstract submission will be acknowledged via email.
- Accepted abstracts may be published in the Annual Meeting materials (e.g., website, mobile app, program, and/or abstract book) as submitted. Changes to abstracts will not be accepted after the submission deadline.
- If authors wish their abstracts to go into the Supplement of International Journal of Technology Assessment in Health Care (IJTAHC), they must provide consent when submitting abstracts on the online portal of the HTAi 2026 Annual Meeting website. The abstracts that will be published in the Supplementary Issue of IJTAHC 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) and presenter. For presenters requiring financial support to attend the Annual Meeting, HTAi offers a limited number of Participation 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.
- Regional Engagement Committee members, HTAi partner organizations and Interest Group Chairs should contact 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 230 words. Word count will include the introduction (70 words max.), structure of the session (80 words max.), objectives and outcomes (80 words max.). 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, with no abbreviations and the beginning of each word capitalized. (i.e.: An Introduction To Health Technology Assessment)
- Title, moderators, and presenters as well as affiliated institutes and the abstract description are not included in the word count.
- For a Panel of 60 minutes, please limit your presenters to a **maximum of four** (4).

c) **Oral and Poster submission details:**
- For Oral and Poster presentations, the abstract text must not exceed 320 words. Word count will include the introduction (60 words max.), methods (100 words max.), results (100 words max.), and conclusions (60 words max.).
- Title must not exceed 18 words and must accurately reflect content, with no abbreviations and the beginning of each word capitalized. (i.e.: An Introduction To Health Technology Assessment)
- Title, authors, and affiliated institutes are not included in the word count.

3) Review, acceptance, notification, and final inclusion in the official Program

a) Review: All abstracts will be screened by the HTAi Secretariat to check for compliance with the submission and style guidelines before being peer reviewed by three experts identified by the HTAi International Scientific Program Committee (ISPC). Panel and Workshop submissions will be reviewed by members of the ISPC. Oral 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 abstract's primary contact will receive an email notification indicating the abstracts acceptance or rejection by November 25, 2025. Please check your spam folder if you have not received an abstract update. **Registration for the Annual Meeting is mandatory and must be submitted by March 26, 2026 (early bird registration deadline), to ensure inclusion in the Annual Meeting program. Presenters not registered by March 26, 2026 will not be reflected in any version of the program**

  • Oral and Poster Presentations: After review, the abstract's primary contact will receive an email notification indicating the abstract's acceptance or rejection by January 29, 2026. Please check your spam folder if you have not received an abstract update. **Registration for the Annual Meeting must be submitted by March 26, 2026 (Early Bird Registration Deadline), to ensure inclusion in the Annual Meeting program. Presenters not registered by March 26, 2026 will not be reflected in any version of the program**

c) Final inclusion in the official Annual Meeting Program:
  • Workshops and Panels: **Until the Early Bird Deadline (March 26, 2026), at least one of the named chairs/moderators must be registered for the Annual Meeting to confirm the final inclusion in the official Annual Meeting Program**. Panels and Workshops which do not fulfill this requirement will be withdrawn from the program.

  • Oral and Poster Presentations: **Until the Early Bird Deadline (March 26, 2026), the abstract's primary presenter must be registered for the Annual Meeting to confirm the final inclusion in the official Annual Meeting Program.** Oral and Poster Presentations which do not fulfill this requirement will be withdrawn from the program.

4) Publication of abstract content

a. Annual Meeting Materials:
- Submission of abstracts constitutes all authors' consent to have their abstracts published on the HTAi 2026 website, mobile app, within the program and/or 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/or abstract book) as submitted. Changes to abstracts will not be accepted after the respective Submission Deadlines.

b. Supplementary Issue of the International Journal of Technology Assessment in Health Care: Accepted abstracts of Oral 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).

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 Country (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 is capitalized.
  Introduction: Include the scientific background and rationale for the Panel or Workshop, 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.
  Panel/Workshop 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 and Poster abstracts** must have the following structure:

Title: must not exceed 18 words, with no abbreviations and the beginning of each word is 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)

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 and Poster abstracts should be appropriately summarised, 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 standardised 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.

- American spelling (except for formal titles and names)
- 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 or for numbers in parentheses)

- Confidence Interval - define first i.e., Confidence Interval (95% CI: 0.33, 2.41)
- 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 10 spelled out and for 10 and over given as a numeral. 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) 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 and Charts allowed
- No references allowed
- Results must be provided for acceptance on the program and publishing in Supplement

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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 2026 Annual Meeting Theme(s) should consider the main topics:

Plenary 1: HTA As A Shaper Of Tomorrow's Health Systems
Plenary 2: From Evidence To Impact: HTA Driving Change In Systems
Plenary 3: The How Of HTA: Methods, Tools, And Capacity For System Shaping

3. Please read the submission guidelines carefully and thoroughly.