HTAi 2027 Annual Meeting Brussels Abstract Submission Guidelines

HTA In A Time Of Transformation

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.

2027 Annual Meeting: Overall Scientific Theme and Program

Main Theme - HTA In A Time Of Transformation

The pace, scale, and interconnected nature of today's global changes are placing increasing pressure on health systems as they work to provide effective, equitable, and sustainable care. Geopolitical instability, demographic change, increasingly complex and rapidly evolving innovations are reshaping the conditions under which health systems function and make decisions. At the same time, rising costs of new therapeutic options and increasing strain on public systems are intensifying difficult questions around affordability, and prioritization. These shifts do not occur in isolation: health systems, economies, and societies are increasingly interconnected, meaning a decision in one context can quickly create ripple effects across others. At the same time, digital health, artificial intelligence, and expanding access to health data are transforming not only how evidence is generated, but how it is interpreted, evaluated, and applied across the lifecycle of technologies and interventions. These developments create extraordinary opportunities, but they also introduce new challenges around bias, misinformation, transparency, trust, and implementation. Across both established and emerging health systems, the ability to connect patient and societal needs with health technology assessment, decision-making, and real-world impact remains an urgent priority. These are not incremental pressures. They demand an HTA response equal to their scale.

These pressures also clarify what HTA is uniquely positioned to contribute. Across decades and contexts, HTA has demonstrated its ability to evolve while maintaining rigorous standards and a focus on outcomes:

adapting its methods, incorporating new sources of evidence, engaging broader definitions of value, and supporting the responsible introduction— and, where appropriate, disinvestment— of health technologies within health systems. HTA has helped build the evidence architecture on which modern health systems rely, while continuously responding to changing technologies, policy expectations, and societal needs. Today, as health data ecosystems expand, and as systems everywhere face mounting pressure to deliver more effective, equitable, and sustainable care, HTA stands at a moment that calls for confidence, leadership, and vision.

The HTAi 2027 Annual Meeting asks what it means for HTA to remain a trusted and strategic contributor in this environment. Trust is not a soft concept. It is the foundation on which HTA's influence depends: allowing evidence to inform decisions, decisions to support implementation, and implementation to improve outcomes and meet the needs of patients, communities, and health systems. In a time shaped by uncertainty, competing priorities, misinformation, and growing scrutiny of institutions, HTA's commitment to rigorous methods, transparency, independence, and meaningful engagement becomes increasingly important. Importantly, trust is earned not only through the quality of assessments themselves, but through their lived impact within health systems and patient pathways.

HTA is increasingly being asked to support broader forms of decision-making: informing prevention strategies, diagnostics, vaccines, early intervention pathways, digital health technologies, and population health approaches alongside traditional assessments of medicines and devices. This shift is not about abandoning HTA's foundations, but about strengthening its ability to address the priorities health systems now face. It also requires moving beyond isolated product-level decisions toward more system-level thinking: understanding opportunity costs, making trade-offs more transparent, supporting the adoption of high-value innovation, and identifying where disinvestment from low-value care can create space for better outcomes. Healthcare is an investment in societal resilience, economic productivity, public trust, and collective wellbeing.

The Annual Meeting will also engage openly with a global HTA field that is evolving in different ways across different regions. For systems with mature HTA institutions, the challenge is to continue advancing methods to strengthen implementation, embrace digital transformation, and ensure innovation supports equity as well as efficiency to meet patient and societal health-related needs. For systems where HTA institutions and processes are still developing, there is an opportunity to help shape future-oriented approaches that connect evidence generation, regulation, purchasing, implementation, learning health systems, and priority setting from the outset. Across all contexts, HTA must remain grounded in the decisions that matter most to patients, communities, and health systems.

Brussels is a fitting setting for this conversation. It sits at the intersection of European health policy, regulatory development, and global health collaboration. With Joint Clinical Assessments and Joint Scientific Consultations already operational under the European HTA Regulation, the meeting convenes

at a moment when the HTA community is learning from early implementation experiences while also beginning to reflect on the future evolution of the framework ahead of its first planned revision. HTA's potential to strengthen coordination, reduce unnecessary duplication, support trusted innovation, and improve decision-making across systems has rarely been more visible. The challenges of translating assessment into impact remain significant, making this an important moment for reflection, collaboration, and action.

The HTAi 2027 Annual Meeting is a call to act on that moment. To strengthen the trust that allows evidence, recommendations, and research outputs to be embedded in policy and practice. To ensure that HTA continues to evolve as a trusted framework for helping health systems make difficult, evidence-informed decisions in a rapidly changing world. As a long-standing forum for civil discourse among parties with differing perspectives, the HTAi Annual Meeting remains a place where complex challenges can be explored openly, disagreement can be constructive, and shared solutions can begin to emerge.

Plenary 1: Trust in HTA in a Time of Transformation

Across the world, confidence in public institutions, scientific expertise, and evidence-informed decision-making is being tested. Rapid technological development, changing information environments, geopolitical instability, and increasingly polarized public discourse are transforming how health systems operate and how people judge the decisions made within them. In this environment, HTA, as an institution that strives to support transparent, accountable, and evidence-informed decision-making, has the potential to build trust and legitimacy across health systems. As HTA systems evolve and collaborate across jurisdictions, including through new frameworks such as the European Union's Health Technology Assessment Regulation, questions of trust, trustworthiness, legitimacy, and how decisions are made become increasingly important.

Trust is fundamental to the relationships that enable health systems to function and change. For HTA, this means considering not only whether assessments and recommendations are methodologically sound, but whether the processes behind them are transparent, fair, independent, responsive, and meaningful to those affected by the decisions. HTA brings together stakeholders with different perspectives and incentives, creating an opportunity for patients, citizens, clinicians, payers, policymakers, and others to build shared understanding and contribute to collective decision-making.

Trust, trustworthiness, and legitimacy are closely connected, but they are not necessarily the same. An institution may be trusted without being trustworthy, while a legitimate and trustworthy institution may not always command public confidence. Trust in an institution or recommendation may also differ from acceptance of its authority, processes, and right to make consequential decisions. The conditions that support trust and legitimacy may vary across health systems, cultures, and levels of institutional maturity. What builds confidence in one setting may not have the same effect in another, making it important to consider both shared principles and contextual differences.

The plenary will center on three core questions:

- What makes HTA processes and institutions trustworthy and legitimate?

- How can HTA build, maintain, and rebuild trust across different health-system and societal contexts?
- How can trust and legitimacy create the foundation for stronger relationships, successful implementation, and broader health-system change?

The discussion will consider where trust is being built, maintained, lost, or endangered and what this means for HTA in a changing environment. Real-world examples may include contested scientific evidence, misinformation, vaccine hesitancy, and situations in which stakeholders resist or seek to circumvent evidence-informed processes. Health-data sharing, digital transformation, and rapidly changing technologies may also provide contexts in which questions of trust and legitimacy arise. An ethics perspective can help examine conceptual and normative questions related to fairness, transparency, accountability, independence, and whose interests are reflected in HTA decision-making.

Differences between emerging and established HTA systems will provide an important perspective within this broader discussion. Challenges to trust may vary considerably across settings, whether shaped by institutional capacity, training, governance, corruption, political polarization, public expectations, or previous experiences with health and government institutions. Emerging HTA systems may offer valuable lessons about how trust and legitimacy can be established from the outset, while more established systems may have lessons to share about maintaining confidence as technologies, evidence, and societal expectations evolve.

As the opening plenary, the session will establish questions and tensions that run through the remainder of the Annual Meeting. Trust and effective relationships can create conditions for recommendations to be implemented and for stakeholders to work together on system change. Conversely, visible implementation and meaningful impact can strengthen confidence in HTA and reinforce its legitimacy.

Ultimately, the plenary will examine why trust and legitimacy matter to HTA, what makes them possible, and how they can support HTA's evolving role in health systems. By connecting conceptual questions with real-world experiences from different contexts, the session will give delegates a foundation for considering how HTA can remain trusted, trustworthy, credible, and relevant as health systems and societies transform.

To read more about Plenary 1, visit the HTAi 2027 website here.

Plenary 2 – Implementation Science and HTA: Connecting Evidence to Impact

Health technology assessment invests considerable effort in evaluating evidence and informing recommendations for policy and practice. Yet even a rigorous assessment does not guarantee that a technology will be adopted, used appropriately, reach patients, or displace lower-value care. Across health systems, a persistent gap remains between what evidence supports, what decision-makers recommend, and what can actually be implemented in practice.

This gap is shaped by the conditions under which recommendations must be put into action. These include factors such as workforce capacity and training, infrastructure and diagnostic capacity, organizational readiness, funding and procurement arrangements, and the practical realities of health care delivery. Patient and caregiver needs and preferences, information dissemination, and clinical guidelines can also influence the uptake of new technologies and whether recommendations translate into meaningful change. These factors vary across health systems and technologies, and the relationship between HTA

recommendations and these implementation factors is often fragmented. Together, these factors mean that implementation must be understood within the wider health system, rather than as a final step that begins only after an assessment has been completed.

Implementation science offers a useful lens for examining this challenge more systematically. By focusing on barriers, facilitators, context, adaptation, uptake, and whether changes can be sustained over time, it can help identify implementation considerations from the earliest stages of HTA, including early dialogue and evidence development, rather than only after a recommendation has been made.

This lens also offers practical approaches for anticipating and addressing barriers, strengthening the connection between assessment, recommendations, and implementation, and creating feedback loops through which experience can inform future assessments and recommendations.

Digital tools and data may also play an important role as implementation enablers. Health informatics, accessible and translatable HTA information, local and national health data, and emerging technologies such as AI could support the communication of recommendations, monitor their uptake, identify implementation gaps, and provide feedback to decision-makers and HTA organizations.

This plenary will explore three connected questions:

- How can implementation considerations be anticipated and addressed from the earliest stages of HTA?
- What gets in the way of putting HTA recommendations into practice?
- How can HTA strengthen the transition from assessment to implementation, and learn from what happens in practice?

Ultimately, the discussion will ask what HTA can learn from implementation science, and how implementation thinking can strengthen the impact and legitimacy of HTA. Successful implementation is essential if HTA-informed recommendations are to contribute to better outcomes for patients and communities.

To read more about plenary 2, visit the HTAi 2027 website here.

Plenary 3 – Beyond Technologies: HTA for Healthier Systems and Societies

Health systems and societies are being reshaped by aging populations, chronic diseases, workforce shortages, digital innovation, economic pressures, environmental threats, and geopolitical change. In response, governments and health-system leaders are being called to prioritize prevention, health promotion, and population health, recognizing that sustainable health outcomes require coordinated action both within and beyond healthcare. This calls for technologies, care pathways, workforce models, financing arrangements, and approaches to system design to work together. While some HTA organizations already incorporate elements of a broader remit, HTA mandates remain largely focused on individual technologies, creating a risk of overlooking wider system design and the longer-term implications for population health. The central question is not whether every HTA system should adopt the same broader remit, but where a wider contribution could add value, what it would require, and where its limits may lie.

Building on the Annual Meeting's exploration of trust, legitimacy, and the movement from evidence to implementation, this plenary will consider whether and how HTA's role could evolve to support healthier systems and societies. Prevention and population health provide important expressions of

this broader role, but they do not define its limits. The discussion extends from individual technologies to care pathways, workforce models, integrated care, financing, and the organization of health systems; and from siloed budgetary outcomes to broader societal value experienced by patients, caregivers, citizens, governments, and society. A broader role may be valuable in some contexts and neither feasible nor appropriate in others.

Such an evolution would require more than simply expanding what HTA assesses. It raises questions about the governance, evidence standards, institutional structures, financing arrangements, workforce capacity, data sources, and cross-sector relationships needed to make a broader role credible in different settings. HTA may need to consider longer-term and wider outcomes, including independence, access, caregiver burden, system resilience, social outcomes, and environmental impacts. Greater use of real-world data and digital technologies may create opportunities to understand health differently, while introducing concerns about representativeness, bias, transparency, data ownership, responsibility, and trust. Expanding the remit may open new possibilities, but it may also stretch methods, resources, authority, and institutional legitimacy.

The discussion will be guided by three connected questions:

- What can HTA organizations learn from approaches already being used today, and what could be applied now to support healthier, more equitable, and more resilient systems?
- What could HTA assess and contribute to when the goal extends beyond individual technologies toward healthier systems and societies?
- What capabilities, partnerships, evidence, financing, and institutional arrangements would be required, and in which settings would a broader role be credible and appropriate?

The plenary will explicitly test the arguments for and against a broader role. How should decision-makers balance short-term health-system costs against longer-term benefits that may extend across government departments and beyond healthcare? When do the priorities of individual patients align with, or differ from, those of citizens and society? How can HTA account for the difference between health and healthcare when many determinants of health lie outside the health system? And how can the field broaden its contribution without diluting the methodological credibility and decision-making value on which its established role is built? These trade-offs may lead different agencies and health systems to different conclusions; the session will make those choices and boundaries visible rather than imply a single model.

Drawing on tangible examples from HTA organizations and health systems already working across technologies, care pathways, and broader system-level decisions, the plenary will examine what a broader contribution can look like in practice. Examples may include value-based healthcare, innovative financing and outcomes-based contracting, social impact bonds, digital health, alternative workforce models, health-service redesign, and approaches that incorporate social and environmental outcomes. Experiences from countries with different levels of resources and institutional maturity will help distinguish principles that may transfer across settings from approaches that depend on particular local structures.

Ultimately, the plenary will not prescribe one destination for every HTA system. As the closing plenary, it will connect future ambition with tangible practices and leave delegates with a clearer understanding of the options, tensions, enabling conditions, and practical actions relevant to their own

settings. Its call to action is therefore not simply to expand, but to make deliberate, credible, and context-sensitive choices about how HTA can contribute to healthier, more equitable, resilient, and sustainable systems and societies.

To read more about plenary 3, visit the HTAi 2027 website here.

Abstract Submissions

HTAi invites abstract submissions for Workshops, Panels, Oral and Poster presentations for the Annual Meeting in Brussels, Belgium (12 – 16 June 2027).

1) Panel and Workshop Submissions

- **Panels** are designed to stimulate discussion and share learning on topics relevant to the 2027 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. 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 In A Time Of Transformation, it is recommended to submit abstracts leaning on one of the plenary themes:

Plenary 1: Trust in HTA in a Time of Transformation
Plenary 2: Implementation Science and HTA: Connecting Evidence to Impact
Plenary 3: Beyond Technologies: HTA for Healthier Systems and Societies

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

- Applying HTA to Health Workforce Planning and Service Redesign
- Assessing AI and Emerging Digital Technologies
- Building HTA Capacity in Emerging and Resource-Constrained Systems
- Early HTA and Scientific Advice for Technology Development and Evidence Generation
- HTA for Affordability, Priority Setting and Opportunity Cost
- HTA for Diagnostics, Screening and Care Pathways
- HTA for Health Benefit Package Design and Coverage Decisions
- HTA for Precision Medicine, Rare Diseases and Advanced Therapies
- HTA for Reassessment, Disinvestment and Low-Value Care
- HTA Method Trends in a Time of Transformation
- HTA Supporting Innovation, Investment and Competitiveness
- Incorporating Environmental Sustainability into HTA
- Interfaces Across Regulatory, HTA, and Pricing and Reimbursement Pathways
- Measuring Broader Societal Value in HTA
- Patient and Public Involvement as an HTA Practice
- The Role of HTA in Geopolitical and Economic Uncertainty

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

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 17, 2026
   - **Deadline for Workshop and Panel submissions:** October 22, 2026
     Acceptance notification: November 19, 2026
   - **Deadline for Oral and Poster Presentation submissions:** November 26, 2026
     Acceptance notification: January 20, 2027

   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 Oral or Poster abstracts to be considered for 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 2027 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 19, 2026. 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 25, 2027 (early bird registration deadline), to ensure inclusion in the Annual Meeting program. Presenters not registered by March 25, 2027 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 20, 2027. Please check your spam folder if you have not received an abstract update. **Registration for the Annual Meeting must be submitted by March 25, 2027 (Early Bird Registration Deadline), to ensure inclusion in the Annual Meeting program. Presenters not registered by March 25, 2027 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 25, 2027), 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 25, 2027), 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 2027 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

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 2027 Annual Meeting Theme(s) should consider the main topics:

Plenary 1: Trust in HTA in a Time of Transformation
Plenary 2: Implementation Science and HTA: Connecting Evidence to Impact
Plenary 3: Beyond Technologies: HTA for Healthier Systems and Societies

3. Please read the submission guidelines carefully and thoroughly.