**Is Ghana ready to use evidence from economic evaluation for priority setting in health care? A systematic evaluation of economic evaluation studies in Ghana.**

**Background**

The imbalance between the demand and supply of health care necessitates the prioritisation of health interventions and subsequent rationing of health resources by policy/decision makers. Economic evaluation is one evidence based tool that ensures this is done in a legitimate way that is seen as fair and appropriate. As Ghana continues to seek a more efficient way of making decisions in health there is the need to assess the quantity and quality of evidence for economic evaluation for use in the country.

**Method**

A comprehensive search was done in Embase, Ovid Medline, Old Ovid Medline, Ovid in process and other non-indexed citation and Pubmed to identify all published economic evaluations pertaining to Ghana from 1946 to October 2015. Article publication alert was also activated to capture any economic evaluation studies published from date of search to date of analysis and write-up. Studies reviewed were full articles conducted in Ghana only and Ghana and other countries that met the inclusion criteria of the study. The quality of the studies reviewed were assessed using Consolidated Health Economic Evaluation Reporting Standards (CHEERS) and Quality of Health Economics Study (QHES) checklists.

**Results**

A total of 16 articles were reviewed out 1646 that were screened. 94% of these were published from year 2000 to 2015 with 65% of these published after 2010. Only 4 of the studies had local persons as corresponding authors. None of the studies was published in a local journal. Nine studies addressed communicable diseases and the remaining non-communicable diseases. Technologies evaluated were drugs (6), treatment interventions (5), diagnostics (4) and others (1). All the studies undertook a cost effectiveness analysis.

The mean quality score of all studies was 84% (QHES score) and 80% (CHEERS). The nationality of the corresponding author highly correlated to the quality of the study and was statistically significant. In spite of their quality some limitations seen were failure to characterise heterogeneity (100%) and perform sub-group analysis (100%). Also 81% of the studies failed to describe how their preference outcomes were measured and valued whilst only 25% presented the structure of the model used for the evaluation.

**Conclusion**

The number of economic evaluation studies conducted in the country is very small but of good quality. There is the need to develop local capacity to undertake such studies if Ghana is to consider and successfully use such evidence for priority setting and decision making in health.