**Title** What do we need to know? Data sources to support evidence-based decisions using health technology assessment in Ghana

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**Background**

Health technology assessment (HTA) provides a framework to integrate multiple source of information including clinical and economic evidence, and social value judgements, to support healthcare priority setting. Ghana is moving towards universal health coverage (UHC) and a National Health Insurance Scheme (NHIS) was created in 2004. The major challenge facing the scheme is the financial sustainability if its operations. HTA is seen as an important mechanism to support UHC objectives and the NHIS, and the Government of Ghana is committed to institutionalising HTA. An important aspect of the effectiveness of HTA is the identification and use of locally relevant and high quality data to support context-specific decision making.

**Aim**

To identify and describe the sources and quality of accessible data to support HTA in Ghana.

**Methods**

We used an existing framework to describe data sources in Ghana encompassing six domains: clinical efficacy; costs; epidemiology; quality of life; service use and consumption; and equity. We identified and described data sources using existing knowledge, views of stakeholders, and searches of the literature and internet.

**Key findings**

The data sources for each of the six domains varies in extent and quality. Ghana has several large data sources to support HTA (e.g. Demographic Health Surveys, Burden of Disease study etc.) which have rigorous quality assurance processes. There were few accessible data sources for costs, and resource utilisation. The NHIS is a potentially rich source of data on resource use and costs but has access limitations. There are almost no data for the domains of health-related quality of life and equity. We noted data gaps and suggest ways HTA proponents may overcome data limitations in availability and quality.

**Conclusions**

We have identified a number of key HTA-related data gaps to support decision making in the Ghanaian context. Although more data are being made available for monitoring (e.g. data for Sustainable Development Goals), these may not be adequate to inform HTA nor available in disaggregated form to enable specific analyses. We support recent initiatives for the routine collection of comprehensive and reliable data that is easily accessible (e.g. in electronic format) for HTA users. A commitment to HTA will require concerted efforts to leverage existing data sources, for example from the NHIS, and develop and maintain new data (e.g. local health utility estimates).

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