

PRESENTATION OUTLINE

- Background
- Methods
- Findings
 - o The case of Malaria
- Conclusions



BACKGROUND

- Increasing costs of healthcare mean that health resources need to be prioritised
- A number of priority setting tools are in available
 - o HTA is recommended globally by the WHO
- Ghana's current state of NHIS and the health system as a whole gives the impetus for using such tools
- Plans already under way to use HTA
 - o Collaboration with NICE UK
 - o Draft health bill



OBJECTIVES

Main

 To assess Ghana's readiness to use economic evaluation studies for priority setting

To do this, the review specifically:

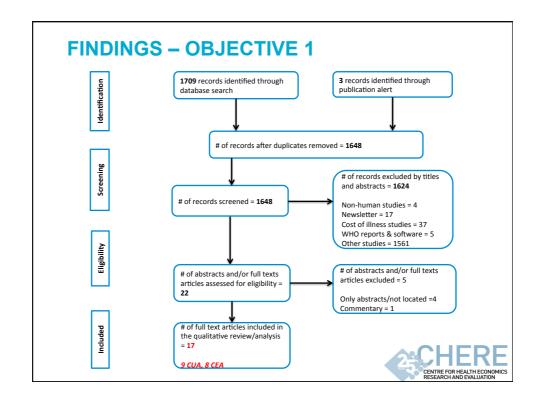
- Assessed the availability (scope and quantity) of studies
- 2. Assessed the quality of studies
- 3. Determined if such evidence can be used for decision making
- 4. Determined the labour capacity available



METHODS

- A comprehensive literature search on databases such as Embase, Pubmed, Ovid medline from 1990-2015; publication alert till final analysis in Sept 2016
 - Key words include "cost effectiveness analysis", "cost benefit analysis", "cost utility analysis", "costs", "economic evaluation"
- Quality of studies assessed with reference to the Consolidated Health Economic Evaluation Reporting Standards (CHEERS) checklist
- Used studies conducted on Malaria as a case study to access their usefulness for decision making





FINDINGS - OBJECTIVES 1 & 4

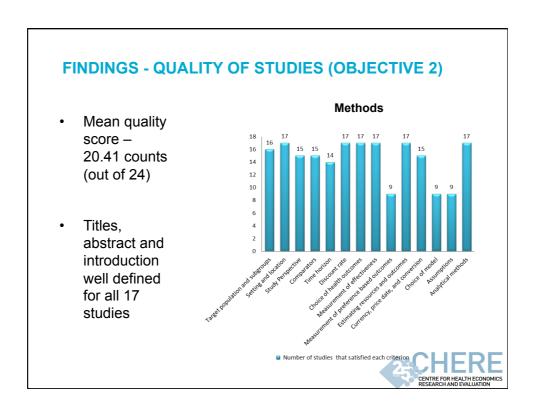
Scope (objective 1)	
Technologies evaluated	
Pharmaceuticals	7
Diagnostics	4
Treatment interventions*	6
Conditions/diseases evaluated	
Abortion	1
Breast cancer	1
Glaucoma	1
Hepatitis B & C	1
Hernia	1
HIV	2
Malaria	7
Neonatal health	1
Vaccine	1

Labour capacity (objective 4)

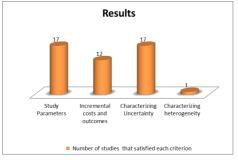
- 48 local persons participated in different roles
- 5 lead/corresponding authors



*Treatment interventions are those that do not include pharmaceutical or diagnostics

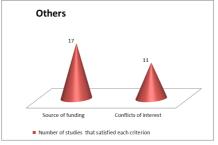


FINDINGS - QUALITY OF STUDIES (OBJECTIVE 2)



Discussion

- Generalizability (17)
- Current knowledge (17)
 - Limitations (17)

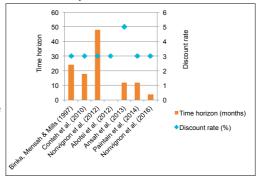




OBJECTIVE 3 - THE CASE OF MALARIA

- 6 out of 7 studies targeted children under 5 years
- All studies were funded by donor agencies
- Similar preventive interventions e.g. prophylaxis treatment
- · Varied effectiveness outcome
- Variations in other methodological approaches e.g. discount rates, time horizon, cost components

Comparison of time horizon and discount rates used by studies





OBJECTIVE 3- IMPLICATIONS FOR PRIORITY SETTING



- Using the WHO recommended decision rule; interventions with ICER/CER less than 3x GDP of the country is cost effective
 - All Malaria interventions reviewed were cost effective
- However, economic evaluation evidence currently available hinders comparison between similar and/or alternative interventions
 - Methodological variations (such as discount rate, outcome measure, cost components)



IS GHANA READY



- Availability
 - Quality
 - o Scope
 - Quantity
- The supply of economic evaluation studies
 - Limited labour
 - Data for studies
- Non-existence of a methodological guideline
- Decision rule ??



LIMITATIONS AND FUTURE WORK

Limitations

- o Possible underestimation of quantity
- Using number of local persons involved in studies as proxy for labour capacity
- o Possible bias in quality assessment

Future work

- Knowledge and perception of decision makers on the use of HTA (data collected)
- o HTA case study to determine feasibility of use in Ghana



CONCLUSION

- Develop or adopt a methodological standard for conducting economic evaluation
- The need to build local capacity
- Invest in national data repository and economic evaluation studies
- Consider investing into research to develop a decision rule and utility weights specific to Ghana



