

BACKGROUND

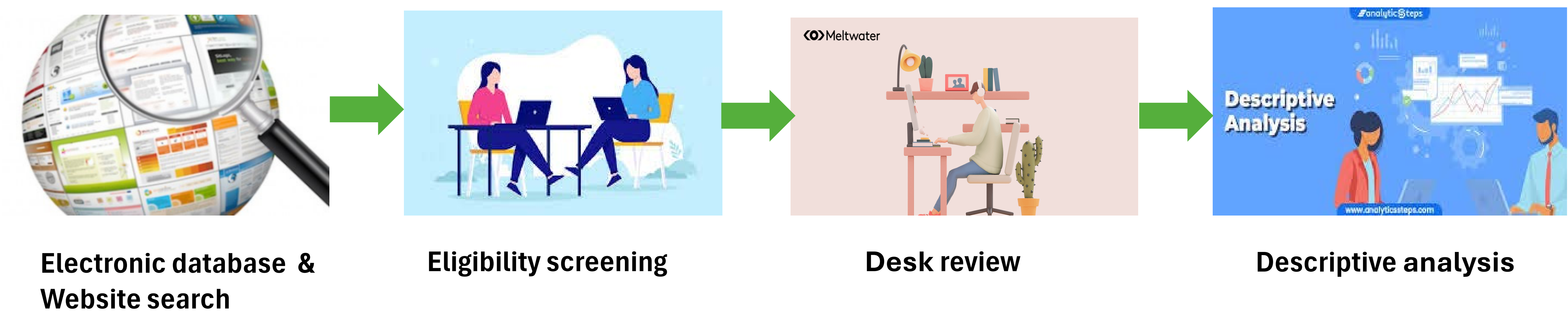
- Provision of quality healthcare for Nigeria’s children is challenged by high rates of under-five morbidity, mortality and economic waste.
- Achieving UHC under the SDGs requires balancing healthcare quality and optimizing cost.
- Incorporating Economic Evidence (EE) in developing Clinical Practice Guideline (CPG) recommendations may be useful,
- It is unclear if CPGs on child health in Nigeria consider economic costs.

Aim: To assess the use of economic evidence in developing recommendations of CPGs on child health in Nigeria.

Scope: National and subnational CPGs on newborn, child health, and leading infectious causes of under-five mortality in Nigeria were searched in June 2024.

METHODS

- Two reviewers independently extracted data from eligible guidelines, including the scope, guideline development process, and use of EE.
- Descriptive analysis of the data and a desk review of the context in which EE was used in relevant guidelines.



KEY RESULTS



- Guidelines were on communicable diseases (n=7) & 11 intended for use at all levels of care.
- Despite the existence of tools like the Evidence-to-Decision framework to aid the guideline development process, economic evidence was explicitly considered in only three CPGs.
- Cost was often mentioned as a plausible barrier to adherence but not in the context of exploring cost-effective alternatives.
- Socio-economic factors were causally linked to the disease conditions.
- The guideline development process was not described in one guideline

CONCLUSION

- Incorporating economic evidence in developing CPGs on child health while lacking, may optimize quality healthcare delivery and child health outcomes especially in resource-constrained settings like Nigeria.

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