



Evidence Mapping of Methods for Incorporating Economic Considerations in Clinical Guideline Development for Malawi, Nigeria, and South Africa

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recognizes the catastrophic and persisting consequences of colonialism and apartheid, including land dispossession and the intentional imposition of educational and health inequities.

Acknowledging the SAMRC's historical role and silence during apartheid, we commit our capacities and resources to the continued promotion of justice and dignity in health research in South Africa.



Funding

This project is part of the EDCTP2 programme supported by the European Union



This project is part of the EDCTP2 programme supported by the European Union (grant number RIA2020S-3303-GELA)

Presenter Disclosures

I have nothing to disclose

- Incorporating economic evidence in clinical practice guideline (CPG) development:
 - Enables optimal allocation of scarce resources (especially in low-and-middle income countries)
 - Bridges the gap between economic reasoning and clinical practice
 - Can help in addressing variations in treatment and promote equity in healthcare delivery
 - Can increase quality of care and maximise population health
- Challenges in incorporating economic evidence in guidelines include:
 - No widely accepted and structured approach to incorporating economic considerations
 - Limited guidance on how economic considerations can be translated into different contexts (with varying healthcare needs and budgets)

Aim:

- To identify, describe and map approaches for incorporating economic evidence on resource use and cost-effectiveness in developing guideline recommendations.

Objectives:

- To identify publicly available guidance for methods for conducting and incorporating economic evidence into CPGs
- To map and describe the recommendations to address the methodological processes, key practical steps, and lessons learnt from incorporating economic evidence into guidelines
- To give an overview of the methodological challenges for incorporating economic evidence into guideline recommendations

Methods (1/2)

- Guided by the methodological framework for scoping reviews outlined in the JBI Manual for Evidence Synthesis
- Searched databases [PubMed, Guidelines International Network (GIN) database], guidelines repositories and HTA websites [The Guide to Health Economic Analysis and Research (GEAR) GRADE, WHO, NICE, SIGN, The National Health and Medical Research Council (NHMRC)]
- Limited to documents published in the last ten years and in the English language

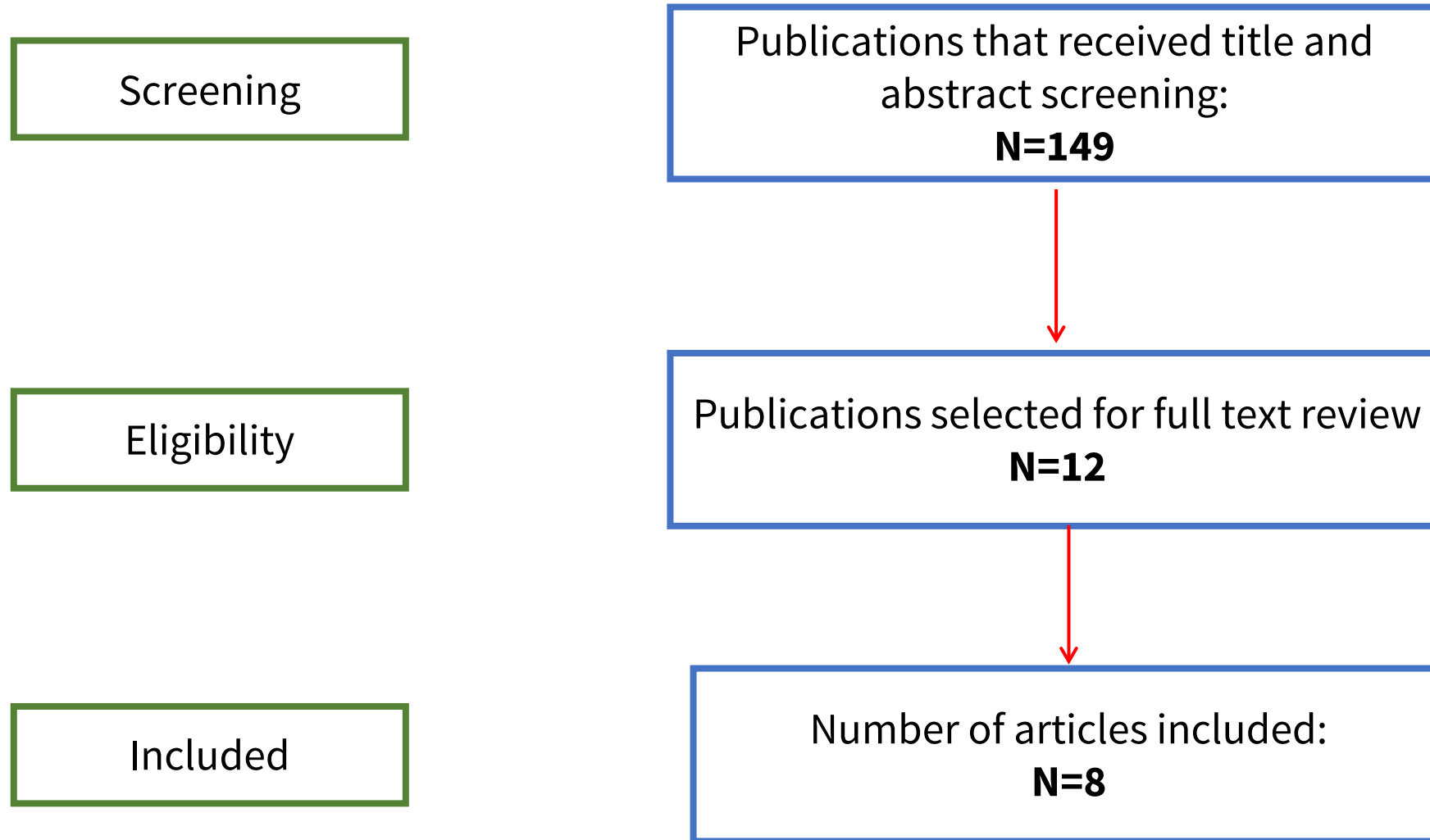
Population	Not limited to any specific population
Concept	Documents providing methodological guidance on incorporating economic evidence into developing CPGs
Context	Any setting
Types of evidence sources	Methodological guidelines, editorials, commentaries or reports that include using economic evidence in developing CPGs

- Followed the double screening method
- Data extraction using a pre-piloted Microsoft Excel data extraction form
- Key data points extracted for methodological consideration covered 17 points

[Methods for assessing the need for economic evidence, methods for assessing available evidence, the perspective of the analysis, sources of data, recommendations related to intervention and comparator, analytical technique(s), time horizon of the analysis, health outcome measures, costing method(s), analysis, discounting, equity considerations, dealing with uncertainty, contextualising guideline recommendations based on economic evidence, steps for including evidence into the final recommendations, other recommendations for including economic evidence into recommendations, methodological challenges]

- PRISMA followed for reporting

Search results



Descriptive results

- Information was extracted based on a range of topics (17) that describe steps and lessons learnt
- The identified studies all contained information on at least **7** of the **17** key areas of interest
- One study (NICE, 2013) contained information on 16 of the 17 topics.

Number of topics covered in each article (n=17)

NICE (2023)	NICE (2022)	NACI (2022)	SIGN (2019)	Brunetti (2013)	Lord (2013)	NICE (2013)	Schunemann et al., (2013)
9	13	13	9	7	9	16	7

Overview of preparations for including economic evidence



- **Assess the need** for economic evidence
 - Evaluate the magnitude of the problem and potential benefit of intervention (include a health economist)
- **Define priorities**
 - Priority should be given to policy questions where cost-effectiveness will be a significant decision determinant in the recommendation
 - Questions on economic issues should mirror the effectiveness questions but with a focus on cost-effectiveness
- **Determine the scope of the analysis**
 - Identify if there are current systematic reviews of economic evaluations, if older reviews must be adapted, or if de novo for economic evaluations must be done
- **Assess available evidence**
 - Identify an approach to knowledge-gathering
 - Determine the quality of evidence and judgements about incremental resource use and cost-effectiveness

Summary of guidance on methodologies and techniques

Guidance followed traditional principles of economic evaluation.

Methods	Guidance
Key analytical technique	Cost-effectiveness analysis
Time frame	Sufficient to capture all outcomes and costs
Costing methods	All resources expended or saved should be accounted for
Health outcome measures	QALY
Discounting	Rate of 3.5% (UK Treasury rate) BUT do sensitivity analysis
Equity considerations	Should consider impact on specific groups

Overview of guidance on including economic evidence in final recommendations



Topic	Guidance
Methods	<ul style="list-style-type: none">▪ Beware of double-counting▪ Changes in productivity should not be included in evidence profiles as a measure of resource use
Presentation of Results	<ul style="list-style-type: none">▪ Present all evidence using tables and include details of data sources▪ Include disaggregated costs by health state and resource category▪ Evidence profiles and summary of findings tables should inform judgments about whether the net benefits are worth the incremental costs and should always present resource use, not just monetary values▪ Use natural units to estimate resource use (given the wide variability in costs per unit, reporting only total costs across broad categories of resource expenditure leaves users without the information required to judge whether estimates of unit costs apply to their setting)
Judging cost-effectiveness	<ul style="list-style-type: none">▪ If there is strong evidence that an intervention dominates the alternatives, then clearly, it should be recommended. However, if an intervention is more effective and costly than another, ICER should be considered▪ Discuss cost-effectiveness in parallel with general effectiveness when formulating recommendations

➤ **Building economic models**

- Complexities attributed to building and testing disease models
- Caution is necessary when using previous economic evaluation studies - they may not be appropriate in the current setting

➤ **Dealing with uncertainty**

- Sensitivity analyses based on a range of assumptions may be necessary

Conclusion

- By mapping the various approaches to economic evaluations, we gained insight into how economic evidence is considered in guideline decision-making.
- A systematic, transparent, and structured process for integrating economic evidence into guideline recommendations is essential to ensure local relevance to the implementation context
- The learnings from this study will provide a framework for incorporating economic considerations into evidence-informed guidelines for Malawi, Nigeria, and South Africa as part of the GELA project

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Acknowledgements

This project is part of the EDCTP2 programme supported by the European Union



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