Reviewer’s report

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

Version: 0 Date: 30 Jan 2020

Reviewer: Mouna Jameleddine

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General notes:

The paper is innovative, very insightful and well written.

There is an increasing will to move towards an evidence-based decision-making and a growing interest in HTA and health economics in the Middle East and Africa, coupled to a political will to implement HTA mechanisms to inform investment decisions in many of these countries. Lack of good quality data is one of the major barriers to HTA implementation as reported in the literature. Dissecting, analysing this problem and identifying potential databases are important steps that will facilitate the work of the HTA doers.

Here are some suggestions to the authors:

-The authors stated the following:

Page 3 : Conclusion: "...It will be critical that an overarching strategic and mandatory approach to the collection and use of health information is developed for Ghana in parallel to - and informed by - the development of HTA approaches to support resource allocation decisions… ».

I would suggest the idea that efforts of HTA doers (and requestors) is bound to enhance availability and quality of data, especially if there is a proper infrastructure and a political will to move towards evidence based decision making. Private sector participation in producing HTA submission could be also a good incentive to better structure the data so that they can respond to a need that did not exist before. The lack of well-structured and usable data can be justified by the absence in the past of a real need to use them in decision-making in healthcare (and other sectors). Evolving towards a new process for decision-making will justify the need to improve
their quality and structure them, particularly according to the needs of HTA doers. In all cases, there is a transitional period where technical capacities should be improved in parallel with the improvement of availability and quality of data.

Page 4: "...While specific methods and process vary according to context, HTA informs health spending decisions in almost all high income countries,[3] and increasingly in upper middle income countries, such as Thailand [4, 5] and South Africa.[6, 7]..." Tunisia and other Middle East and North African countries 2,3 can be also added if authors find this relevant.

Page 12: « ...we need to ask Ghanaian policy makers and researchers whether they want QALYs or not... » As you know, in general, there is a lack of awareness of QALYs and cost utility analysis in Middle East and African countries. Decision makers are rarely aware of the added value of QALYS. Therefore, accepting or/not QALYs will rely on a major awareness-raising effort before making a decision.

Other general suggestions:

Fully aware of the authors' concern that reports should be based on the best available local data, I think it is still important to stress that the lack of good data should not be a barrier to the production of HTA. Providing alternative solutions is important ex:

* Utilities: In the absence of local health utility estimates, other measures of utility may be used, identified through a search of the scientific literature and other HTA agencies in similar contexts with justification and details of the source of the data should be provided

* Costs: Costs must preferably come from Ghanaian sources and data on resource use must represent the care pathway in Ghana. Failing this, the use of scientific literature and the opinion of clinical experts can be considered adequate methods. Cost data can also be derived from similar jurisdictions with adjustments.

References


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