|  | **Statement of principle** | **Methodological Specifications** | **Reporting Standards** |
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| 1 | An economic evaluation should be **communicated** **clearly and transparently** to allow the decision maker to **interpret** the methods and results to make a fully-informed decision | * The decision problem must be fully and accurately described
* Limitations of the economic evaluation in informing policy should be characterised
* Declarations of interest should be made
 | * The decision problem should be stated, clearly identifying:
* Population (description and characteristics) in which the intervention would be used
* Intervention(s) that are being evaluated and its Comparator (see principle 2)
* Outcome that is being assessed (see principle 4)
* The characteristics of the economic evaluation should be stated, clearly identifying:
* The relevance for health practice and policy decisions
* The constituency that the economic evaluation would seek to inform
* The intended user of the economic evaluation
* The limitations of the economic evaluation should be transparent, including
* Limitations in the design , analysis and results
* Aspects of the economic evaluation that would limit generalisability of results to other constituencies
* Declarations of interests should be reported that include:
* All pecuniary and non-pecuniary interests of the study contributors
* All sources of funding that supported conduct of the economic evaluation
* Nonmonetary sources of support for conduct of the economic evaluation
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| 2 | The **comparators** against which costs and effects are measured should be an accurate reflection of the decision problem.  | * At a minimum, the following comparative analysis should be conducted:
* The intervention(s) that is(are) currently offered to the population as defined in the decision problem as the base case comparator
* A “do nothing” analysis representing best supportive (non-interventional care) for the population as additional analysis
 | * Clear description of comparator(s) that includes:
* Basic descriptive information including setting where comparator is administered (especially if setting is different to the intervention)
* Statement of availability of the comparator across the population being considered
* The different between mean costs and effects of the intervention and chosen comparators should be reported as incremental cost effectiveness ratios
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| 3 | An economic evaluation should consider **all available evidence that is relevant** to the decision problem | * A systematic and transparent approach should be taken to obtain evidence and make judgements about evidence exclusion
* Estimates of clinical effect of intervention and comparator(s) should be informed by a systematic review of the literature
* Budget and time allocated to perform an economic evaluation should not determine selection of evidence
 | * Describe approach used to obtain included evidence
* Systematic review protocol and evidence search strategies should be made available
* List sources of all parameters used in economic evaluation
* Describe areas where evidence is incomplete or lacking
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| 4 | The **measure of health outcome** should beappropriate to the decision problem, should capture measurement of both length of life and quality of life, and should be generalisable across disease states | * Disability-Adjusted Life Years (DALYs) averted should be used.
* Other generic measures that capture length and quality of life (e.g. the QALY) can be used in separate analysis where information is available
 | * Clear description of method of weighting used to inform the DALY
* Discussion of any important outcomes insufficiently captured by the DALY
* If DALY not used, clear justification should be provided with description of impact of using the alternative outcome measure
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| 5 | All differences in the expected **resource use and costs** of delivering interventions to the target population(s) should be incorporated into the evaluation.  | * Estimates should reflect the resource use and unit costs/prices that are expected if the intervention were to be rolled out to the population defined in the decision problem
* Costs not included in study settings used to inform the analysis but would be incurred if the intervention was rolled out should be included in the base case analysis
* All resource implications relevant to the decision problem should be costed, including donated inputs and out of pocket inputs from individuals
* Analysis should include estimation of changes in costs estimates due to scalability
 | * Quantities of resources should be reported separately from their unit costs/prices
* Capital and fixed costs should be annuitized over the period of implementation
* Description of how the costs have been validated (e.g. corroboration with other similar interventions in similar settings)
* Any major differences between predicted (modelled) and realized costs should be explained
* Implications of changes in costs due to scalability of the intervention should be reported
* Costs should be reported in local currency and in United States dollars.
* Costs should be converted to US$ using [real exchange rates] / [purchasing power parity] [for consultation]. The date and source of the exchange rate should be reported.
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| 6 | The **time horizon** used in an economic evaluation should be of sufficient length to capture all costs and effects **relevant to the decision problem**; an appropriate **discount rate** should be used to discount cost and effects to a present value | * Lifetime time horizon should be used in first instance.
* Shorter time horizon can be used where shown that all costs and effects that are relevant to the decision problem have been captured.
* A 3% annual discount rate for costs and effects should be used in base case analysis. Additional analysis exploring differing discount rates appropriate to the decision problem should be used
* Additional analysis should explore an annual discount rate that reflects the rate at which the government can borrow funds on the international market
* Where time horizon used is greater than 30 years, the impact of lower discount rates should be explored in sensitivity analysis
 | * Clearly state the time horizon over which costs and effects are being evaluated, including additional analysis if different time horizons have been explored.
* If lifetime time horizon not used, justification of why and impact of the different time horizon should be reported
* Clearly state the discount rate used for both costs and effects, and include additional analysis performed with different discount rates.
* If a 3% annual discount rate is not used, justification of why and impact of the different discount rate(s) should be reported
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| 7 | **Non-health effects** and **costs that do not fall on the health budget** should be identified where relevant to the decision problem. All **costs and effects should be disaggregated**, either by sector of the economy or by who incurs them. | * Disaggregated societal perspective should be adopted
* Non-health effects and costs that fall outside the health budget should be included in additional analysis; the mechanism of inclusion will differ depending on the decision problem and context. Base case analysis should reflect direct health costs and health outcomes
* Where external funding or patient OOP payments substitute for costs that would otherwise fall on a health budget, these costs should be included in the base case analysis, however the impact of excluding these payments must be explored in sensitivity analysis
 | * Clear description of the result of the base case analysis
* Alternative analysis exploring impact of patient out of pocket payments and external funding should be explored
* Non-health effects and costs that fall outside the health sector should be reported and the mechanisms used to reported impact of these cost and effects should be explained and justified
* If non-health effects and costs that fall outside the health sector are not included in the economic evaluation, justification of reasons for exclusions should be reported and estimations of the potential impact of these exclusions made
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| 8 | The **effect** of the intervention on **sub-populations within the decision problem** should be **explored** and the **implications** appropriately **characterised** | * Heterogeneity should be explored in subgroups of the population identified in the decision problem, where subgroup formation should be informed by:
* Relevant effect of the intervention differs in different populations
* Characteristics of different populations that may influence the absolute health effects
* Characteristics that influence direct costs of provision or other associated costs such as geographical location across the constituency
* Subgroup analysis should always be determined by:
* The evidence base regarding differences in relative effect, baseline risk or other characteristics
* Whether the differences are likely to have an important influence on costs and effects
 | * Clear reporting of:
* subgroup characteristics and justification of why particular groups are chosen for subgroup analysis
* evidence base used to determine subgroup formation
* the costs effectiveness of the intervention in the different subgroups
* subgroups that have potentially important differences in costs and effects but have not been included in analysis due to lack of evidence
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| 9 | The **uncertainty** associated with an economic evaluation should be appropriately characterised | * The economic evaluation should explore:
* Uncertainty in the structure of the analysis
* Uncertainty due to source of parameters
* Uncertainty due to precision of parameters
 | * The effects of all types of uncertainty should be clearly reported, noting impact on final results.
* Uncertainty due to precision of parameters should be characterised using [probabilistic sensitivity analysis *ed- to be determined following consultation*].
* The likelihood of making the wrong decisions given the existing evidence should be addressed
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| 10 | The impact of implementing the intervention on **health budget and on other constraints** should be clearly and separately identified.  | * Budget impact analysis should be performed that provides an estimate of the implications of implementing the intervention on various budgets
* Budget impact analysis should reflect the decision problem and the constituency in which the intervention will be implemented.
 | * A disaggregated and annualised budget impact analysis should be reported that shows budget implications of the intervention on the following parties:
* Government and social insurance budgets
* Households and out of pocket expenses
* Third-party payers
* External donors
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| 11 | An economic evaluation should explore the **equity implications** of implementing the intervention. | * There are various mechanisms available for how the equity implications of an intervention should be assessed. The method chosen should be appropriate to the decision problem and justifiable to the decision maker
* Equity implications should be considered at all stages of the economic evaluation, including design, analysis and reporting
 | * The method used to incorporate equity implications should be clearly and transparently explained.
* A minimum level of reporting should include a description of particular groups within the constituency that may be disproportionately positively or negatively affected by a decision to implement (or not implement) the intervention.
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