

Incorporating Economics and Modelling in Global Health Goals and Guidelines

*From each section we have indicated a key reference with an asterisk.

Overview:

1. Glassman, A., Chalkidou, K., Giedion, U., Teerawattananon, Y., Tunis, S., Bump, J. B., & Pichon-Riviere, A. [Priority-Setting Institutions in Health: Recommendations from a Center for Global Development Working Group](#). *Global Heart*. 2012;7(1):13–34.*
 - Summary of the discussions and findings of the CGD working group on priority setting for health. Recommendations are made for creating and developing fair and evidence-based national and global systems to more rationally set priorities for public spending on health.

Guidelines:

2. Norheim, O. F. [Healthcare rationing--are additional criteria needed for assessing evidence based clinical practice guidelines?](#) *BMJ*. 1999; 319(7222): 1426–1429.*
 - Clinical practice guidelines can be mechanisms for rationing and tools for improving the quality of rationing decisions and that rationing decisions based on guidelines could be acceptable if guidelines are developed through open and fair procedures.
3. Gilks, C. F., Crowley, S., Ekpini, R., Gove, S., Perriens, J., Souteyrand, Y., et al. [The WHO public-health approach to antiretroviral treatment against HIV in resource-limited settings](#). *The Lancet*. 2006;368(9534):505–510.
 - Summary of key changes to WHO guidelines for HIV in recognition of resource constraints and high patient burdens. Key principles of the approach include standardised and simplified antiretroviral therapy regimens and task shifting, decentralisation, and integration of HIV treatment and care.
4. Ford, N., Ball, A., Baggaley, R., Vitoria, M., Low-Beer, D., Penazzato, M., et al. [The WHO public health approach to HIV treatment and care: looking back and looking ahead](#). *The Lancet Infectious Diseases*. 2017:1–11.
 - Report on progress of implementing the public health approach (above) and outlines a proposed update that intends to support HIV service delivery along the care continuum.
5. Egger M., Johnson L., Althaus C., et al. [Developing WHO guidelines: Time to formally include evidence from mathematical modelling](#). *F1000Research*. 2017; 6:1584.
 - Findings from the WHO Consultation on the inclusion of modeling analyses into GRADE for the development of WHO Guidelines. The argue that modelling studies should routinely be considered in the process of developing WHO guidelines, but particularly in the evaluation of public health programmes, long-term effectiveness or comparative effectiveness.

Investment cases:

6. Mundel, T. [Honing the Priorities and Making the Investment Case for Global Health](#). *PLOS Biology*. 2016; 14(3): e1002376.*
 - Comment piece on the approach of the Bill and Melinda Gates Foundation for identifying priority interventions to support in order to maximize impact on health.
7. Schwartländer, B., MA, J. S., Hallett, T., Atun, R., Avila, C., Gouws, E., et al. [Towards an improved investment approach for an effective response to HIV/AIDS](#). *The Lancet*. 2011;377: 2031–2041.
 - Research paper that proposes an investment framework for HIV that describes how the scale-up of key HIV interventions could dramatically reduce new HIV infections and AIDS-related deaths in low and middle-income countries by 2015. The framework includes ambitious coverage goals for prevention and treatment services for 2015.

8. Stover J, Bollinger L, Izazola JA, Loures L, DeLay P, Ghys PD, et al. [What Is Required to End the AIDS Epidemic as a Public Health Threat by 2030? The Cost and Impact of the Fast-Track Approach](#). *PLoS ONE*. 2016;11(5):e0154893–14.
 - A paper that describes the analysis that produced the targets and estimates of resource needs to achieve the UNAIDS 2030 Fast-Track coverage goals. A follow-on to the Investment Framework (above).

International targets:

9. Garrett, L. [The Challenge of Global Health](#). *Foreign Affairs*. 2007;86(1):14-38.*
 - Chapter discussing many issues of global health, but notably the challenges faced by target setting for few diseases opposed to efforts to maximize public health.
10. McRobie, E., Matovu, F., Nanyiti, A., Nonvignon, J., Abankwah, D., Case, K., et al. [National responses to global health targets: Exploring policy transfer in the context of the UNAIDS “90-90-90” treatment targets in Ghana and Uganda](#). *Health Policy and Planning*. 2017; czx32.
 - Qualitative case studies of the program and budgetary changes that have occurred at a national level in response to 90-90-90.

Evidence and values:

11. Rawlins, M., Barnett, D., & Stevens, A. [Pharmacoeconomics: NICE's approach to decision-making](#). *British Journal of Clinical Pharmacology*. 2009; 70(3): 346–349.*
 - Summary of UK’s NICE’s decision-making processes for the recommendation of new health technologies, which is flexible in considering the following: (1) clinical efficacy (2) cost effectiveness (3) distributive justice and societal preferences.
12. Revill, P., Asaria, M., Phillips, A., Gibb, D., & Gilks, C. [Who decides what is fair? International HIV treatment guidelines, social value judgements and equitable provision of lifesaving antiretroviral therapy](#). 2014. Centre for Health Economics, York.
 - Working paper that addresses how WHO guidelines committees, in interpreting evidence and deriving recommendations, are implicitly making distributional social value judgments and questions whose values should actually determine what is a just distribution of health.