

Framework for Implementing Cost-Effectiveness Thresholds in Egypt

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Abstract

OBJECTIVES : Since no country could afford to reimburse all existing health technologies, efficient and equitable allocation of scarce resources is crucial. Comparing the cost-effectiveness of health technologies to a threshold is used to assess whether the intervention provides good value for money. This study aims to recommend a framework for establishing cost-effectiveness thresholds (CETs) in Egypt.

METHODS : First, CETs of different countries were reviewed from secondary sources, including websites of HTA agencies, Ministry of Health, ISPOR database, or peer-reviewed publications. A national expert panel followed this to initiate a discussion about a proposed design. Finally, a multistakeholder workshop with representation from different governmental bodies was organized to finalize the recommended framework and facilitate consensus on the exact thresholds.

RESULTS : The majority of the reviewed 59 countries linked their CETs to the GDP per capita (GDPPC) in the range of 1-3 times the GDPPC. Although higher-income countries tended to have a higher CET, countries with lower income had a higher CET/GDPPC ratio.

The national expert panel concluded that multiple thresholds should be established in Egypt with reference to the GDPPC and disease severity. The consensus workshop recommended a 1-3 times GDPPC CET range based on the relative QALY gain. For orphan medicines, a CET multiplier between 1.5-3.0 based on disease rarity was recommended on top of the previous formula. A double threshold was recommended for private health care financing compared to public reimbursement. Participants recommended an implicit one-year pilot period for the implementation.

CONCLUSIONS : Defining CETs can be considered one of the milestones of HTA implementation in Egypt. The recommendations from this study should not be viewed as the final step in defining the Egyptian CETs, rather a step forward, with room for future modifications.