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**Use of cost-effectiveness analysis for practice and policy decision-making**

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**Objectives/aims**

The objective of the paper is to present case studies on use of cost-effectiveness analysis studies (Kangaroo Mother Care (KMC), glaucoma screening, and MDR-TB) for practice and policy decision making in India

**Methods**

The paper presents studies from 3 CEA studies; one is a systematic review of costs, and cost-effectiveness of KMC, and other 2 studies are cost-effectiveness analysis of glaucoma screening and MDR-TB. The CEA studies used decision-analytical modeling to present expected costs, and effects of the intervention and relevant comparators.

**Main findings**

The SR identified 8 studies (1 resource utilisation, 2 cost analysis and 5 economic evaluation studies). KMC was found to be cheaper by 50-70% and cost-effective when compared with CMC across the studies. Community screening for glaucoma was found to be cost-effective in urban and rural areas of India, when compared to opportunistic case finding. The CEA analysis of decentralised care model for MDR-TB was found to be cost saving, with additional patients cured, QALYs gained, and deaths averted, in compared to centralized care, in India. The use of systematic reviews of economic evidence and cost-effectiveness analysis could guide health policy decision-making in LMICs such as India.