cluded from the review. The studies included were categorised based on criteria such as type of study, statistical methods for the learning effect, mathematical framework for the economic analysis, year of publication, country and intervention. **RESULTS:** The database search produced 930 articles. Only 2% of the studies obtained were included given the above criteria. Of the excluded studies, 70% were excluded as they were not economic evaluations and 23% were excluded as they did not present the learning effect. The remaining studies were excluded based on other reasons: duplicates, non-English, non-human. The majority of the studies are published after 2000. Of the included studies, the majority presented a learning effect related to health care costs. Two percent of the included studies referred to utilities. Only one study synthesised cost and utilities.

**CONCLUSIONS:** Although the learning effect can have a notable impact on the effectiveness of health care interventions, the economic evaluation literature on the subject is very limited.

**PRM12**

**AN APPLICATION OF A PROPOSED FRAMEWORK FOR FORMULARY LISTING IN LOW-INCOME COUNTRIES: CASE OF CÔTE D’IVOIRE**

Daisy V1, Lachaine P2

1University of Montreal, Ille de Montréal, QC, Canada, 2University of Montreal, Montreal, QC, Canada.

**OBJECTIVES:** The Mutuelle Générale des Fonctionnaires et Agents de l’Etat de Côte d’Ivoire (MUGEFCI) is a health mutual providing coverage services for its enrollees (medical consultations, lab tests, medication expenses). This organization aims at improving current drug reimbursement process because of budgetary constraints. This study, therefore, aims at evaluating the feasibility of developing a new formulary for the MUGEFCI in Côte d’Ivoire, by implementing a formulary listing framework specifically designed for under researched settings.

**METHODS:** The application of this framework, based on Multi-criteria Decision Analysis (MCDA), consisted in four steps. First of all, we identified and weighted relevant formulary listing criteria with their levels of variation. Then, we determined a set of priority diagnostic/treatments to be assessed. Furthermore, scores were assigned to these treatments according to their performance on the formulary listing criteria levels. A composite league table was ranked the set of treatments by priority order of reimbursement. A budget impact analysis was also conducted to appraise the economic implications of the new composite drugs league table.

**RESULTS:** Policymakers in Côte d’Ivoire consider targeting cost-effectiveness and severity of diseases as the most significant criteria for priority reimbursement of drugs. This translates into a general preference for antimalarial, treatments for asthma and antibiotics for urinary infection. Moreover, the results of the BIA suggest that the new priority list of reimbursable drugs will be affordable when the real cost of the drugs is divided by the ranking.

**CONCLUSIONS:** It is feasible to use MCDA to establish a formulary for low-income countries. The application of this method is a step forward to transparency in policymaking.

**PRM13**

**ASSESSING THE METHODS FOR SYSTEMATIC REVIEWS OF ECONOMIC EVALUATIONS**

Paone S1, Di Tanna GL2, Criscio M1, Jefferson T1, Cerbo M1, Migliore A1

1Agenas, Agenzia nazionale per i servizi sanitari regionali, Rome, Italy, 2Dipartimento di Scienze della salute, Università Cattolica del Sacro Cuore, Roma, Italy.

**OBJECTIVES:** Robust and explicit methods to conduct systematic reviews of economic evaluations are required to guarantee quality of reviews and their findings. This is especially needed when assessing high-resource-consuming topics such as those related to the introduction of new imaging technologies. Our aim is to analyse the methods for systematic reviews of economic evaluations of health technologies.

**METHODS:** We carried out a systematic review of methods for systematic reviews of economic evaluations by reading relevant parts of HTA methodological manuals (“manuals”) and HTA reports from UK (“reports”) in English and Italian at September 2010.

**RESULTS:** We identified 27 manuals and 53 potential reports. Among them, 6 and 40 contained relevant information respectively. None of the 6 manuals described the criteria used for the identification or formulation of the methods, or gave guidance on which method to follow. Among the 40 reports included, 38/40 (95%) reports described search strategy and data bases used to identify studies and inclusion criteria were presented in 21/40 (53%) reports. The reports used equality assessment instrument were 9/40 (22.5%) while 20 different instruments were identified in the remaining reports. No report carried out a quantitative synthesis of the data from the systematic review and 9/40 reports (22.5%) clearly stated this. The reports that appear to include the data separately in their economic evaluation were 13/40 (32.5%).

**CONCLUSIONS:** The absence of clear methodological guidance in manuals is reflected in the reports. These show unclear rationale, methods and use of data from systematic reviews of economic evaluations.

**Research On Methods – Databases & Management Methods**

**PRM14**

**MONDRIAN: A DUTCH ‘POPULATION’ LABORATORY**

Klungel O1

1Utrecht University, Utrecht, The Netherlands

**OBJECTIVES:** Many excellent health care databases are available in The Netherlands for pharmacoeconomic research. However, in isolation these data remain scattered and have limitations with regard to sample sizes and/or detail of the registered information. The objective of Mondriaan is to optimize access to en linkage of routine health care databases in The Netherlands for (pharmaco-)epidemiologic research. **METHODS:** We have built an ICT infrastructure for collection and linkage of healthcare/research data in The Netherlands. To protect privacy, pseudonymisation and linkage is performed by a trusted third party (TPP). A data catalogue on subject level has been developed to allow queries within the integrated databases to support designing (pharmaco-)epidemiologic studies (including sample size calculations, assessment of completeness of data).

**RESULTS:** We are able to routinely link all pharmacy records from the National Foundation of Pharmaceutical Statistics (SFG) (n=14,000,000) on a patient base to several routine health care databases such as the Almere Health Care databases (n=200,000), the Julius GP Network (n=200,000), and the AGIS claims database (n=1,200,000). Currently we are integrating several other databases in The Netherlands.

**CONCLUSIONS:** The project will deliver a large-scale, high-quality data platform for innovative (pharmaco-)epidemiologic research.