

Demand-side financing measures to increase maternal health service utilisation and improve health outcomes: a systematic review of evidence from low- and middle-income countries

Benjamin Hunter MSc¹

Susan F Murray PhD¹

Debra Bick RM PhD²

Tim Ensor PhD³

Ramila Bisht PhD⁴

¹Department of Health Policy and Management, Florence Nightingale School of Nursing and Midwifery King's College London, UK

² Department of Midwifery and Women's Health, Florence Nightingale School of Nursing and Midwifery King's College London, UK

³ Nuffield Centre for International Health and Development, Leeds Institute for Health Sciences, University of Leeds, UK

⁴ Centre of Social Medicine and Community Health, School of Social Sciences Jawaharlal Nehru University, Delhi, India

Corresponding Author Ben Hunter Email: benjamin.hunter@kcl.ac.uk

Review question/objective

The overall objective is to assess the effects of demand-side financing (DSF) interventions on maternal health service utilisation and on maternal health outcomes in low- and middle-income countries. Broader effects on perinatal and infant health, the situation of underprivileged women and the health care system will also be assessed. For example, we will examine evidence on the appropriateness and meaningfulness of DSF for meeting the needs of rural, poor or socially excluded women, and evidence on the feasibility and appropriateness of DSF in terms of quality of care, sustainability and institutional capacity to run such schemes.

Specific review questions

This review seeks to address the following questions with reference to DSF interventions that seek to improve maternal health:

1. What are the effects of different DSF interventions on:

- Maternal morbidity and mortality?
- Perinatal and infant morbidity and mortality?
- Uptake of maternal health services?
- The quality of care provided?
- The choice of provider offered to consumers and competitiveness of the market?
- The quality of life of expectant and new mothers?
- Out-of-pocket expenditure and household poverty?
- The responsiveness of providers (in terms of the scope of services, the number of providers and the way that services are provided)?

And what are the effects of these interventions disaggregated by subgroups and settings categorised according to:

- Type of DSF measure
- Rural, urban or intermediate settings
- Geographical terrain
- Parity (the number of times a woman has given birth)
- Different periods of pregnancy (antenatal, intrapartum, postpartum)
- Wealth/income/consumption at the individual, household or community level
- Particular groups of rural, poor or socially excluded women
- Organisational arrangements
- Origin and initiator of intervention
- Duration and intensity of the programme

2. Can DSF measures provide a cost-effective approach to increase utilisation of maternal health services and improve health outcomes among rural, poor or socially excluded women?

3. What barriers are there to the provision of DSF measures and what are the most appropriate ways to ensure that they are optimally delivered and administered among rural, poor or socially excluded women in different contexts?

4. What are the experiences of those who provide services through DSF schemes for maternal health?
5. Are there any ethical issues that arise from specific components of DSF measures, for example conditionalities?
6. What is the social meaning (in terms of empowerment, entitlement and combating stigma) of DSF measures for women in low- and middle-income countries?
7. What are the supply-side and other preconditions for successful DSF implementation?
8. What are the preconditions to sustain and scale up DSF mechanisms?

Background

Maternal health is defined by the World Health Organization as ‘the health of women during pregnancy, childbirth and the postpartum period’.¹ Improving maternal health is a priority issue in health and development, as indicated by its inclusion as one of the eight Millennium Development Goals.² Since 1990 there have been advances in this area and by 2008 there had been an estimated 34% decrease in the maternal mortality ratio worldwide, a measure commonly used as a proxy for maternal health status.³ However, while some countries have made strides to improve maternal health others remain considerably far from the target set by Millennium Development Goal 5 to ‘reduce by three quarters, between 1990 and 2015, the maternal mortality ratio’.

Governments, donors, civil society and other organisations have made substantial contributions towards interventions to improve maternal health in low- and middle-income countries but in most low-income settings these investments have been insufficient to support the development of comprehensive maternal health programmes.⁴ In settings where supply of clinical services is adequate, demand may be still be low as a result of the barriers to access faced by women and their families when considering or seeking care; these barriers include those of a geographical, social or financial nature.⁵ Attempts to overcome financial barriers represented by the costs of transport, costs of treatment and loss of earnings can result in the sale of household assets, depletion of savings or incurring of loans, and can cause poor families to slip further into poverty.^{4,6}

‘Demand-side’ financing (DSF) has been described as a ‘transfer of purchasing power to specified groups for defined goods or services’.⁷ In many countries financing for health services has traditionally been disbursed directly from governmental and non-governmental funding agencies to providers of services: the ‘supply-side’ of healthcare markets. In this situation DSF offers a supplementary model in which some funds are instead channelled through, or to, prospective users. In maternal healthcare programmes focussed on increasing

utilisation such DSF measures typically take the form of conditional cash transfers or of schemes giving vouchers, coupons or cards directly to users, sometimes in conjunction with a choice between providers.⁸⁻¹⁰ While many DSF-for-health schemes are conditional, some schemes leave the actual purchase of the goods or services to user discretion, and others use unconditional cash transfers to improve the purchasing power of poor households.

A review of DSF mechanisms to improve maternal health in low- and middle-income countries is needed to provide comprehensive and up-to-date evidence that can be used to inform policy. We have examined the Cochrane Library, Joanna Briggs Institute Library of Systematic Reviews, CINAHL and other relevant databases and have not identified any current or planned systematic reviews that match the broad scope of our research.

There have been two recent systematic reviews on DSF mechanisms for services that have included maternal health, yet each review considered just one form of DSF: Lagarde *et al.* assessed evidence on the effectiveness of conditional cash transfers for all health interventions;¹⁰ Bellows *et al.* focussed on the effectiveness of vouchers for reproductive health services.⁸ There is a need to systematically evaluate the evidence for different forms of DSF and to consider whether it is practical to introduce them to promote maternal health in a range of different settings. Previous published reviews, systematic and non-systematic, have focussed almost exclusively on the effectiveness of DSF mechanisms in terms of coverage and cost outcomes. Our review will further this by also identifying any broader effects of DSF initiatives on the health status and on the empowerment of women in low- and middle-income countries.¹¹

The Joanna Briggs Institute methodology of systematic reviews presents four key facets through which to examine an intervention:

- *Feasibility* – the extent to which an activity is practical and practicable (including its cost-effectiveness);
- *Appropriateness* – the extent to which an activity fits with or is apt in a situation;
- *Meaningfulness* – the extent to which an intervention or activity is positively experienced by the patient;
- *Effectiveness* – the extent to which an intervention, when used appropriately, achieves the intended effect.¹²

We will incorporate all four facets to provide a rigorous comprehensive review of broad scope and our approach will be as inclusive as possible in order to collect and present findings related to these four facets; quantitative and qualitative studies will be considered, as will text and opinion-based articles.

Inclusion criteria

Types of participants

The primary target group will be poor, rural or socially excluded women of all ages who are either pregnant or within 42 days of the conclusion of pregnancy, the limit for postpartum care as defined by the World Health Organization.¹³ Definitions for 'poor', 'rural' and 'socially

excluded' vary between and within countries as they are relative terms founded in cultural and political contexts. For the purposes of this review we will document the definitions employed by authors to describe target populations, and take note of any differences in the synthesis. Providers of services through DSF mechanisms will also be considered.

Intervention/phenomenon of interest

The intervention of interest is any programme that incorporates DSF as a method to increase the consumption of goods and services that have an impact on maternal health outcomes. This includes the direct consumption of maternal healthcare goods and services as well as related 'merit goods' such as improved nutrition. Our review will not include conventional insurance systems as a form of DSF because they have been the subject of other reviews.¹⁴

We will include systems in which potential users of maternal health services are financially empowered to make restricted decisions on buying maternal health-related goods or services (sometimes known as consumer-led demand-side financing).⁹ These typically take the form of conditional cash transfers, or of schemes in which prospective users are given vouchers, coupons or cards, sometimes in conjunction with a choice between providers. We will also include programmes that provide unconditional cash benefits to pregnant women (for example in the form of maternity allowances), or to families with children under 5 years where there is evidence concerning maternal health outcomes. We will not, however, include more general employment-related interventions such as statutory maternity or unemployment benefit, tax credits or rebates which are usually part of more general social security systems. Additional formats may be identified from the literature search.

Context

The review will only consider studies and articles concerned with populations in low- and middle-income countries as defined by the World Bank.¹⁵ Inclusion will be based on the income status of a country at the time when the study was undertaken.

Types of outcomes

Quantitative

The quantitative outcomes used in research on this topic vary with study design. A primary outcome will be indicators for the mortality and morbidity of women (antenatal, perinatal and postnatal) and their children (perinatal and infant). The maternal mortality ratio and infant mortality ratio are commonly used indicators for mortality, while measures of morbidity are more varied.

Other outcomes that relate to the utilisation of maternal health services will be included in the review as a primary outcome, using terms such as coverage, uptake and access. It is likely that many studies on utilisation of maternal health services have used the proportion of deliveries at a health facility or births with a skilled birth attendant present.

Secondary outcomes for the review will include changes in the number of health service providers, changes in out-of-pocket expenditure, for example as a proportion of household income, and changes in household poverty, such as the proportion of households in the bottom quintile. Measures of quality of life for pregnant and postnatal women will also be included.

Although the review includes schemes directed at families with children under 5 years we will only focus on maternal, and consequent perinatal and infant outcomes rather than the broader effect of these interventions on the welfare of families.

Qualitative

Outcomes of qualitative studies are variable and specific outcomes cannot necessarily be predicted, however particular outcomes of interest will include information on:

- factors that are responsible for the success or failure of DSF mechanisms.
- if there has been a perceived broader impact of DSF schemes on the status of women in their society
- costs of activities that it is felt should or should not be paid for through DSF mechanisms;
- whether or not there has been a perceived impact on the quality of healthcare provided and the choice of providers;
- any change in the way services are provided and the responsiveness of providers; and
- experiences of patients and providers of services paid for through DSF initiatives

Economic

Outcomes measures relating to the unit costs of DSF programmes or to cost-effectiveness, (such as cost per institutional delivery) and to cost-utility (such as per quality- or disability-adjusted life year gained) will be included in the review.

Text and opinion-based

Outcomes from text and opinion-based papers are highly variable and it is very difficult to identify specific outcomes of interest in advance. Papers containing an outcome relevant to any of the specific review questions will be considered for inclusion.

Our expectations on which types of outcomes will be used to address each review question are listed in the table below:

Review question	Type of study			
	Quantitative	Qualitative	Economic	Text and opinion-based
1	✓			
2			✓	
3		✓		✓
4		✓		✓
5		✓		✓
6		✓		✓
7		✓		✓
8	✓	✓	✓	✓

Types of studies/publications

Quantitative

Randomised controlled trials will be sought for inclusion in the review but, in the absence of these, other experimental and non-experimental study designs may be included. Study designs that minimise the potential for bias will be given preference in accordance with the following hierarchy:

1. Experimental studies – randomised controlled trials, non-randomised controlled trials, quasi-experimental designs, and before and after studies.
2. Observational studies – prospective and retrospective cohort studies, case control studies, and analytical cross-sectional studies.
3. Descriptive studies – case studies, individual case reports and descriptive cross-sectional studies.

Qualitative

Studies that focus on qualitative data will be considered including, but not limited to, designs such as phenomenology, grounded theory, ethnography, action research and feminist research. In the absence of research studies, other text such as opinion papers and reports will be considered.

Economic

Retrospective and prospective studies of cost-effectiveness, cost-utility and unit cost will be sought for inclusion in the review.

Text and opinion-based

This review will consider expert opinion, discussion papers and other texts.

Search strategy

The search strategy aims to find both published and unpublished studies. A three-step search strategy will be utilised in this review. An initial limited search of MEDLINE, CINAHL and SCOPUS will be undertaken followed by analysis of the text words contained in the title and abstract, and of the index terms used to describe articles. A second search using all identified keywords and index terms will then be undertaken across all included databases. Thirdly, the reference list of all identified reports and articles will be searched for additional studies.

We will consider studies published since 1990. DSF measures have been incorporated into maternal health strategies in low- and middle-income countries during the last 10-15 years.⁹ Our review seeks to include evidence arising during this period of time and discussions of the DSF approach in the years preceding this period. Aside from the 'hand-search' of Indian grey literature discussed in more detail later, only studies with abstracts in English will be considered for inclusion in this review. Collaboration with other Joanna Briggs Institute entities will be sought for translation of retrieved studies that are not available in English.

The databases and e-journal services to be searched include:

Applied Social Sciences Index and Abstracts,

ArticleFirst,

British Development Library Services,

CINAHL,

Cochrane Central Register of Controlled Trials,

EconLit,

Electronic Collections Online,

HealthSource: Nursing/Academic Edition,

International Bibliography of the Social Sciences,

Latin American and Caribbean Health Sciences,

Sage Journals Online,

ScienceDirect,

SCOPUS,

Social Policy and Practice,
Social Services Abstracts,
Sociological Abstracts,
SpringerLink,
Web of Knowledge, and
Wiley Online Library.

The search for unpublished studies and papers will include:

Archives of relevant governmental and non-governmental organisations and development banks,

Intute,

Nexis UK,

Mednar,

ProQuest Dissertations and Theses,

Qual Page,

Scirus, and

WorldWideScience.org.

Previous systematic reviews and other reviews of the literature on DSF schemes for maternal health have predominantly relied upon electronic literature databases to identify relevant studies yet researchers and health care professionals in low- and middle-income countries face a number of barriers to publishing their findings in indexed journals. In order to address this shortcoming, we will collaborate with researchers in India to obtain relevant studies in Indian journals and archives. India, a growing contributor to global health research, has been selected for this search because it contributes significantly towards global figures for maternal mortality; 63,000 women died whilst pregnant, during delivery and postpartum in India during 2008, more than in any other country.³ There are a number of DSF initiatives currently operating in India to increase utilisation of maternal health services by the poorest women and to improve their health outcomes, however literature available on these in indexed journals is limited. Indian journals that are not indexed in databases will be searched manually, as will other potential sources of Indian grey literature such as archives of relevant non-governmental organisations in India.

Initial key words to be used for our search will be:

“Abortion”

“Antenatal”
“Birth”
“Cash transfer”
“Child benefit”
“Cost”
“Cost-effective”
“Cost-utility”
“Demand side financing”
“Demand-side financing”
“Family allowance”
“Food stamps”
“Health service utilisation”
“Incentive”
“Infant”
“Maternal”
“Maternity allowance”
“Maternity benefit”
“Midwifery”
“Monetary transfer”
“Neonatal”
“Morbidity”
“Mortality”
“Obstetric”
“Output-based aid”
“Perinatal”
“Postnatal”
“Pregnancy”
“Reimbursement mechanism”
“Voucher”

Assessment of methodological quality

Papers selected for retrieval will be assessed by two independent reviewers for methodological validity prior to inclusion in the review. This will be done using standardised critical appraisal instruments from the Joanna Briggs Institute (see Appendix I). These are:

- the Joanna Briggs Institute Meta Analysis of Statistics Assessment and Review Instrument (JBI-MAStARI) for quantitative papers;
- the Joanna Briggs Institute Qualitative Assessment and Review Instrument (JBI-QARI) for qualitative papers
- the Joanna Briggs Institute Analysis of Cost, Technology and Utilisation Assessment and Review Instrument (JBI-ACTUARI) for economic data; and
- the Joanna Briggs Institute Narrative, Opinion and Text Assessment and Review Instrument (JBI-NOTARI) for text and opinion-based evidence.

Any disagreements that arise between the reviewers will be resolved through discussion, or with a third reviewer.

Data collection

Quantitative

Quantitative data will be extracted from papers included in the review using the standardised data extraction tool from JBI-MAStARI (see Appendix II). The data extracted will include specific details about the interventions, populations, study methods, programme theory and outcomes of significance to the review question and specific objectives.

Qualitative

Qualitative data will be extracted from papers included in the review using the standardised data extraction tool from JBI-QARI (see Appendix II). The data extracted will include specific details about the phenomena of interest, populations, study methods, programme theory and outcomes of significance to the review question and specific objectives.

Economic

Economic data will be extracted from papers included in the review using the standardised data extraction tool from JBI-ACTUARI (see Appendix II). The data extracted will include specific details about the interventions, populations, cost, currency, study methods, programme theory and outcomes of significance to the review question and specific objectives.

Text and opinion-based

Textual data will be extracted from papers included in the review using the standardised data extraction tool from JBI-NOTARI (see Appendix II). The data extracted will include specific details about the phenomena of interest, populations, study methods, programme theory and outcomes of significance to the review question and specific objectives.

Data synthesis

Quantitative

Quantitative papers will, where possible, be pooled in statistical meta-analysis using JBI-MAStARI. All results will be subject to double data entry. Effect sizes, expressed as relative risk or odds ratio (for categorical data) and weighted mean differences (for continuous data), and their 95% confidence intervals will be calculated for analysis. A random effects model will be used. Heterogeneity will be assessed statistically using the standard Chi-square and also explored using subgroup analyses based on the different quantitative study designs used in this review. Where statistical pooling is not possible, the findings will be presented in narrative form including tables and figures to aid in data presentation where appropriate.

Findings from descriptive studies will, where possible, be synthesised and presented in a tabular summary with the aid of narrative and figures where appropriate.

Qualitative

Qualitative research findings will, where possible, be pooled using JBI-QARI. This will involve the aggregation or synthesis of findings to generate a set of statements that represent that aggregation, through assembling the findings (Level 1 findings) rated according to their quality, and categorising these findings on the basis of similarity in meaning (Level 2 findings). These categories will then be subjected to a meta-synthesis in order to produce a single comprehensive set of synthesised findings (Level 3 findings) that can be used as a basis for evidence-based practice or policy. Where textual pooling is not possible, the findings will be presented in narrative form.

Economic

Economic findings will, where possible, be pooled using JBI-ACTUARI and presented in a tabular summary. Where this is not possible, findings will be presented in narrative form.

Text and opinion-based

Textual papers and opinion-based sections of papers reporting study findings (for example, sections where the programme logic or the underlying assumptions of the intervention are indicated) will, where possible, be pooled using JBI-NOTARI. This will involve the aggregation or synthesis of assumptions about programmatic interventions to generate a set of statements that represent that aggregation, through assembling and categorising these conclusions on the basis of similarity in meaning. These categories are then subjected to a meta-synthesis in order to produce a single comprehensive set of synthesised findings that can be used as a basis for evidence-based practice. Where textual pooling is not possible, the conclusions will be presented in narrative form.

Narrative summary

Where a meta-analysis or aggregative synthesis is not possible, the data will be extracted and summarised in narrative form. For quantitative studies, raw data from the papers will be drawn upon as well as information that puts the data in context; for qualitative studies, emphasis will be placed on textual summation of study characteristics as well as data relevant to the specified phenomena of interest; for economic evaluations, data on unit costs, cost-utility and cost-effectiveness will be drawn upon as well as information that puts the data in context; for text and opinion-based material, the information and theory presented by the author will be summarised, whilst highlighting the assumptions involved, in the context of the author's background and expertise.

Conflicts of interest

The reviewers declare no known conflicts of interest.

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Appendix I: JBI Critical appraisal forms

QARI Appraisal instrument

Criteria	Yes	No	Unclear	Not Applicable
1) There is congruity between the stated philosophical perspective and the research methodology.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) There is congruity between the research methodology and the research question or objectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) There is congruity between the research methodology and the methods used to collect data.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) There is congruity between the research methodology and the representation and analysis of data.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) There is congruity between the research methodology and the interpretation of results.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) There is a statement locating the researcher culturally or theoretically.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) The influence of the researcher on the research, and vice-versa, is addressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) Participants, and their voices, are adequately represented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) The research is ethical according to current criteria or, for recent studies, there is evidence of ethical approval by an appropriate body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) Conclusions drawn in the research report do appear to flow from the analysis, or interpretation, of the data.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MAStARI Appraisal instrument

Design: Randomised Control Trial / Pseudo-randomised Trial

Criteria	Yes	No	Unclear	Not Applicable
1) Was the assignment to treatment groups truly random?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Were participants blinded to treatment allocation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Was allocation to treatment groups concealed from the allocator?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Were the outcomes of people who withdrew described and included in the analysis ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Were those assessing outcomes blind to the treatment allocation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Were the control and treatment groups comparable at entry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Were groups treated identically other than for the named interventions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) Were outcomes measured in the same way for all groups?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) Were outcomes measured in a reliable way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) Was appropriate statistical analysis used?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ACTUARI Appraisal instrument

Criteria	Yes	No	Unclear	Not applicable
1) Is there a well defined question?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Is there comprehensive description of alternatives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Are all important and relevant costs and outcomes for each alternative identified?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Has clinical effectiveness been established?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Are costs and outcomes measured accurately?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Are costs and outcomes valued credibly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Are costs and outcomes adjusted for differential timing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) Is there an incremental analysis of costs and consequences?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) Were sensitivity analyses conducted to investigate uncertainty in estimates of cost or consequences?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) Do study results include all issues of concern to users?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11) Are the results generalisable to the setting of interest in the review?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NOTARI Appraisal instrument

Criteria	Yes	No	Unclear	Not applicable
1) Is the source of the opinion clearly identified?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Does the source of the opinion have standing in the field of expertise?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Are the interests of patients/clients the central focus of the opinion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Is the opinion's basis in logic/experience clearly argued?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Is the argument developed analytical?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Is there reference to the extant literature/evidence and any incongruency with it logically defended?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Is the opinion supported by peers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix II: JBI Data extraction forms

MAStARI data extraction instrument

Extraction Details: Extraction - Name (2011) - Randomised Control Trial / Pseudo-randomised Trial
Study Information

* denotes field which will appear in report appendix

Method *	<input type="text"/>
Setting	<input type="text"/>
Participants *	<input type="text"/>
≠ Participants	Group A: <input type="text"/> Group B: <input type="text"/>
Interventions	Interventions A: * <input type="text"/>
	Interventions B: * <input type="text"/>
Authors Conclusion	<input type="text"/>
Reviewers Comments *	<input type="text"/>
Complete	No ▾

QARI data extraction instrument

Extraction Details: Extraction - Name (2011)

* denotes field which will appear in report appendix

Methodology:	<input type="text"/>
Method: *	<input type="text"/>
Phenomena of Interest: *	<input type="text"/>
Setting:	<input type="text"/>
Geographical:	<input type="text"/>
Cultural:	<input type="text"/>
Participants: *	<input type="text"/>
Data Analysis:	<input type="text"/>
Authors Conclusion: *	<input type="text"/>
Reviewers Comments: *	<input type="text"/>
Complete	Yes ▾

ACTUARI data extraction instrument

Extraction Details: Extraction - Name (2011)

* denotes field which will appear in report appendix

Economic Evaluation Method: *	Select one ▾
Interventions: *	-- PLEASE SELECT -- ▾ <input type="text"/>
Comparator:	-- PLEASE SELECT -- ▾ <input type="text"/>
Setting:	<input type="text"/>
Geographical:	<input type="text"/>
Participants: *	<input type="text"/>
Source of effectiveness data:	-- PLEASE SELECT -- ▾
Authors Conclusion: *	<input type="text"/>
Reviewers Comments: *	<input type="text"/>
Complete	Yes ▾

NOTARI data extraction instrument

Extraction Details: Extraction - Name (2011)

* denotes field which will appear in report appendix

Type of Text:	<input type="text"/>
Those Represented: *	<input type="text"/>
Stated Allegiance/Position:	<input type="text"/>
Setting:	<input type="text"/>
Geographical:	<input type="text"/>
Cultural:	<input type="text"/>
Logic of Argument: *	<input type="text"/>
Data Analysis:	<input type="text"/>
Authors Conclusion: *	<input type="text"/>
Reviewers Comments: *	<input type="text"/>
Complete	Yes ▾