

S1 Text: Selection process and summary of articles analyzed

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Selection process

We first used a full-text search on the Global Health Cost-Effectiveness Analysis (GHCEA) Registry (n=484) to identify articles from low-and-middle income countries (LMIC) (n=384). We then found articles either contained the phrase “budget impact” in a full-text search (n=19) and/or were marked in the GHCEA Registry as presenting aggregate cost for a full target population (n=34). From this subset, we identified studies that conducted a formal BIA (n=12), which mentioned BIA in their methods and results sections or informal BIA (n=37), mentioning budget impact in the discussion section or indirectly in other results.

Summary of articles with formal or informal BIA

Category	Item	Formal BIA articles (N = 12)	All LMIC articles (N = 384)
Intervention ¹	Immunization (%)	25 (51)	118 (31)
	Pharmaceutical or device (%)	14 (29)	126 (33)
	Other (%)	10 (20)	140 (36)
Region ²	Asia (%)	17 (35)	110 (29)
	Sub-Saharan Africa (%)	15 (31)	144 (38)
	Latin America (%)	7 (14)	40 (10)
	Other (%)	9 (18)	89 (23)
Sponsorship ³	Government or academic (%)	26 (53)	187 (49)
	Foundation (%)	21 (43)	135 (35)
	Pharmaceutical or device company (%)	3 (6)	17 (4)
Analysis	National or regional scope (%)	33 (67)	262 (68)
	GDP cutoffs used (%) ⁴	40 (82)	259 (67)
	Health care payer perspective (%) ⁵	25 (51)	235 (61)
	Published after 2010 (%)	27 (55)	230 (60)
	GHCEA Registry Rating - mean (sd)	5.2 (1.1)	4.9 (1.1)

¹Interventions are presented as mutually exclusive. ²Categories are not mutually exclusive, as articles can present more than one ICER. ³Articles could have multiple sponsors or no sponsors.

⁴An intervention was deemed cost-effective if its ICER fell below a multiple of per capita GDP.

⁵CEA was conducted from a healthcare payer perspective, according to the GHCEA Registry reader.