

# Economic plan

This plan identifies the areas prioritised for economic modelling. The final analysis may differ from those described below. The rationale for any differences will be explained in the guideline.

## 1 Guideline

Reducing sexually transmitted infections

## 2 List of modelling questions

<b>Review questions by scope area</b>	<b>What strategies to improve uptake of STI testing are effective and cost effective?</b>
Populations	<ul style="list-style-type: none"> <li>• General population over 16 years of age</li> <li>• Men who have sex with men</li> <li>• Young people aged 16 to 24 years</li> <li>• People of Black ethnic minority</li> <li>• People engaging in chemsex</li> </ul>
Interventions and comparators	<ul style="list-style-type: none"> <li>• Home STI testing</li> <li>• Clinic STI testing</li> </ul>
Perspective	NHS, PSS and local authority (costs and outcomes)
Outcomes	Cost per QALY (QALYs derived from health consequences of chlamydia, gonorrhoea and syphilis infections)
Type of analysis	CUA (lifetime horizon)
Issues to note	None

<b>Review questions by scope area</b>	<b>What are the effectiveness, cost effectiveness and unintended consequences of PrEP for HIV?</b>
Population	Adults eligible for PrEP in the UK
Interventions and comparators	<ul style="list-style-type: none"> <li>• Pre-exposure prophylaxis (PrEP) via antiretroviral medication (ART)</li> <li>• No PrEP</li> </ul>
Perspective	NHS, PSS and local authority (costs and outcomes)
Outcomes	Cost per QALY (QALYs derived from health consequences of HIV infections, and bacterial STI infections)
Type of analysis	CUA (lifetime horizon) and additional cost-consequence component
Issues to note	The model uses pre-existing analyses to estimate the cost-effectiveness of PrEP for HIV prevention, and combines that with new data on other STIs.