

Comments on “Assessing the Distribution of Impacts in Global Benefit-Cost Analysis”

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Major points of agreement

- Need to evaluate distribution of benefits/costs of interventions.
- Important to assess heterogeneity of intervention impact across subgroups of interest.
- Consultations with stakeholders about subgroups is important and context-specific.
- Reports using inequality measures should make assumptions clear.
- Reporting uncertainty (honestly) is essential.

Considerations-research design

- Sub-group specific effects required to estimate differential impact.
- Most study designs woefully underpowered to estimate heterogeneous treatment effects.
- Need to consider heterogeneity in pre-intervention planning (larger samples, more \$\$\$).

Considerations-scale (invariance)

- Atkinson, Gini, Concentration Index are scale-invariant (i.e., relative inequality measures).
- Problems with binary (health) outcomes.
- Potentially inconsistent with focus on absolute metrics for overall evaluation of benefits.
- Consider absolute (translation-invariant) inequality measures (a-Gini, a-Concentration, Kolm-Pollack).
- How to think about average benefits with increasing relative inequality.

Considerations-targeting

- If benefits are highly skewed or risks strongly non-linear, would targeted approach merit consideration?
- Assumes intervention/policy could be implemented preferentially among subgroups (who pays?).
- Could still be efficient and equity-enhancing.

Considerations-communication

- Push for open/reproducible methods and outputs.
- Potential trade-off between full-spectrum measures of inequality (and their assumptions) vs. easier communication of subgroup-specific effects.
- Are summary measures of inequality necessary for the job?