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Comments on “Valuing nonfatal health risk reductions in global benefit-cost analysis: Guidelines for Benefit-cost analysis working paper No.2”



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Is the paper clearly written and easily understandable by a general audience?

- This is a well written and reader-friendly guideline.



- This guideline addresses the important issue of valuing nonfatal health risk reduction for benefit-cost analysis, which is useful to decision makers and stakeholders.
- It is very interesting yet quite challenging as the guideline is intended to be applied globally.
- In general, the paper is conceptually sound, however, there are a few comments as follows;
 - The number of high quality WTP studies for nonfatal risk reduction that are applicable to the risk and population of concerns are limited especially in low and middle income countries (LMICs).
 - Transfer estimates from high income country to LMICs using income adjustment alone may not be adequate as there are several factors affecting WTP besides income differences (i.e. such as risk perception). As the result, transfer the estimates should be made with caution. If possible, transferability should be made from and to settings that have similar characteristics



- When monetized QALY or DALY was used, the guideline recommended that the monetary value per QALY should be derived from the VSL estimates used to value mortality risk reduction, using the approach recommended for calculating VSLY. In which the following 2 assumptions were made 1) VSLY is constant, and 2) a value of a QALY or DALY is equivalent to this constant VSLY. This recommendation is consistent with that of valuing mortality risk reduction, in which VSL was also recommended. However,
 - VSL may be overestimated as it usually concern small risk prevention.
 - VSL estimates from mortality risk may be different from non-fatal health risk.
 - According to the current evidences, VSLY as well as a value of a QALY are not constant.
 - The assumption that $1 \text{ VSLY} = 1 \text{ QALY}$ or 1 DALY might be true only when the healthy population were asked. As the samples in the study are not all healthy therefore VSLY is likely to underestimate the value of the QALY or DALY.
- With respect to feasibility of this recommendation, information on VSL and VSLY is very limited in LMICs. In most LMICs, averted costs and human capital approach were more applicable and were often used to estimate the value of non-fatal risk reduction and mortality risk reduction, respectively.



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Is the paper conceptually sound and technically accurate, appropriate & practical in LMICs, and useful?

- When cost incurred by third party was added double counting should be avoided especially when WTP approach is adopted. In some situations, it may be the case that the opportunity costs of family member caregivers time was already taken into account in the WTP value.



- It'd be more useful if the characteristics of high quality WTP studies was mentioned in brief in the guideline.
- As more studies on WTP per QALY and VSL in LMICS were needed. The guidance on conducted such studies should be clearly stated to permit the high quality study as well as enhancing comparability.



- Ethical issues should be considered in valuing non-fatal health risk reduction (as well as mortality risk reduction). It is important to mention that method of valuing non-fatal health risk reduction as recommended in this guideline may not be intended to be used as a sole criterion for resource allocation decision across different countries.

	Cost (\$)	Number of QALYs gained	Value of 1 QALY	Total benefit (\$)
Country A (program A)	5 Million	10,000	3,000	30,000,000
Country A (program B)	5 Million	15,000	3,000	45,000,000
Country B (program A)	5 Million	8,000	6,000	48,000,000



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Thank you!

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