

Executive Summary

There is increasing impetus to justify decisions about the inclusion of health technology and services in the public health plans using economic evaluation. This health economic technique assesses the incremental cost-effectiveness ratio (ICER) which is the comparison of costs and health gains (usually in terms of Quality-Adjusted Life Year or QALY) of one healthcare intervention with another. Although there is still controversy about the decision rule regarding the ICER threshold that will justify the public support for certain health intervention, many public health authorities in Asia have adopted (Korea and Thailand) or express their serious interest (Japan and Malaysia) in the use of economic evaluation for health resource allocation. In this study, we investigated international research on value for a QALY, especially the recent attempt made in Asia: Japan, Korea, Malaysia and Thailand, i.e. the social value of the QALY across Asian settings. This study also suggests a practical approach in determining the social value of the QALY using household survey across Asia.

A household survey questionnaire was developed in collaboration with Asian researchers abroad (Yot Teerawattananon and Montarat Thavorncharoensap from Thailand; Takeshi Fukuda, Takeru Shirowa, and Ataru Igalashi from Japan; Asrul Akmal Shafie from Malaysia). Based on EQ-5D quality of life years (QALY) scenarios, willingness to pay (WTP) for 28 patterns (7 baseline health states including terminal illness times two QALY incremental gains times two intervention types – treatment or prevention) will be solicited by visual analog scale (VAS) and time trade off (TTO) methods. Starting from Japanese pilot test in November 2011, each country will perform pilot test based on this questionnaire by mid 2012 and the fine tuned final questionnaire

will be developed and will be used in the main survey by the end of 2012.