

distributional cost effectiveness analysis

Distributional Cost-Effectiveness Analysis: A Comprehensive Guide

Introduction:

Are you struggling to make informed healthcare decisions in the face of limited resources? Do you need a robust framework to evaluate the impact of interventions not just on average outcomes, but on the distribution of those outcomes across different population groups? Then understanding Distributional Cost-Effectiveness Analysis (DCEA) is crucial. This comprehensive guide dives deep into DCEA, explaining its principles, methodologies, and applications, empowering you to make more equitable and efficient healthcare policy choices. We'll explore its practical applications, address common challenges, and provide you with the tools to successfully conduct your own DCEA. Get ready to move beyond simple cost-effectiveness analysis and embrace a more nuanced and equitable approach.

What is Distributional Cost-Effectiveness Analysis (DCEA)?

Distributional Cost-Effectiveness Analysis (DCEA) extends traditional cost-effectiveness analysis (CEA) by explicitly considering the distribution of costs and health outcomes across different subgroups within a population. While CEA focuses on average cost per unit of health gain, DCEA examines how these costs and gains are distributed among various socioeconomic groups, age groups, or other relevant strata. This nuanced perspective is critical because interventions that appear cost-effective on average might disproportionately benefit one group while leaving others disadvantaged. By revealing these distributional effects, DCEA helps decision-makers make more equitable and socially just resource allocation decisions.

Key Components of DCEA:

Identifying Relevant Subgroups: The first crucial step is defining the subgroups for analysis. This could involve stratifying the population based on factors like age, income, race, ethnicity, geographic location, or pre-existing health conditions. The choice of subgroups should be driven by the specific intervention and the policy objectives.

Measuring Costs and Health Outcomes: This stage involves quantifying the costs associated with the intervention and the health outcomes it produces for each subgroup. Costs can include direct medical costs, indirect costs (e.g., lost productivity), and intangible costs (e.g., pain and suffering). Health outcomes are typically measured using metrics like quality-adjusted life years (QALYs) or life years gained (LYG). The selection of appropriate metrics is crucial for accurate analysis.

Analyzing the Distributional Impact: Once cost and outcome data have been gathered for each subgroup, DCEA employs various statistical techniques to analyze the distributional impact of the intervention. This may involve comparing average costs and outcomes across

subgroups, examining the concentration of benefits or costs within specific groups, or using techniques like concentration indices to quantify the inequality in the distribution of health gains.

Presenting the Results: The results of a DCEA are often presented using a combination of tables, graphs, and summary statistics. These visualizations should clearly communicate the average cost-effectiveness ratio, along with the distributional impact across subgroups. This transparency is critical for informing policy debates and facilitating decision-making.

Incorporating Equity Considerations: DCEA explicitly acknowledges the importance of equity considerations. Decision-makers may utilize various equity weighting schemes to adjust cost-effectiveness ratios based on the social value placed on improvements in health for different population subgroups. This ethical dimension is a significant departure from standard CEA.

Methodological Approaches in DCEA:

Various statistical methods can be employed within DCEA. These include:

Regression Analysis: Used to model the relationship between costs and health outcomes and the relevant subgroup characteristics.

Concentration Indices: Quantify the inequality in the distribution of health gains or costs. A positive concentration index indicates that benefits (or costs) are concentrated among those with higher socioeconomic status, while a negative index indicates the opposite.

Quantile Regression: Provides estimates of the effects of an intervention at different points in the outcome distribution, offering insights into the impact on various percentiles of the population.

Decomposition Analysis: Helps to understand the sources of inequality in health outcomes by breaking down the overall inequality into contributions from various factors.

Challenges in Conducting DCEA:

Despite its value, conducting DCEA presents certain challenges:

Data Availability: Collecting comprehensive data on costs and health outcomes for various subgroups can be challenging, requiring access to detailed administrative data or conducting extensive surveys.

Defining Subgroups: Choosing appropriate subgroups requires careful consideration of the research question and policy objectives. An inappropriate choice of subgroups can lead to misleading results.

Measuring Equity: There is no single universally accepted measure of equity. Choosing an appropriate measure depends on the specific context and policy goals.

Interpretation of Results: Interpreting the results of a DCEA can be complex, requiring expertise in both health economics and equity considerations.

Case Study: DCEA in Cancer Screening Programs

Imagine evaluating a new cancer screening program. A standard CEA might show it's cost-effective overall. However, a DCEA could reveal that while the program is beneficial, the gains are disproportionately concentrated among wealthier individuals with better access to healthcare, leaving lower-income groups largely underserved. This finding would prompt policymakers to consider strategies to improve access and equity within the program.

A Sample DCEA Report Outline:

Title: Distributional Cost-Effectiveness Analysis of a Novel Hypertension Treatment in Rural Communities

I. Introduction:

Background on hypertension and its burden in rural areas.

Rationale for conducting a DCEA.

Objectives of the study.

Description of the intervention (novel hypertension treatment).

II. Methods:

Study design (e.g., cost-effectiveness modeling).

Data sources and collection methods.

Subgroup definitions (e.g., based on income, age, access to healthcare).

Measurement of costs and outcomes (e.g., QALYs, direct medical costs).

Statistical methods used for analysis (e.g., regression analysis, concentration indices).

III. Results:

Presentation of cost-effectiveness results for the overall population.

Distributional analysis of costs and health outcomes across subgroups.

Equity implications of the intervention.

IV. Discussion:

Interpretation of the findings.

Limitations of the study.

Policy implications and recommendations.

Comparison with existing literature.

V. Conclusion:

Summary of the key findings.

Emphasis on the importance of incorporating distributional considerations in healthcare decision-making.

Explanation of Outline Points:

Each section of the outline is crucial for a robust DCEA. The introduction sets the stage, providing context and justifying the need for the analysis. The methods section meticulously details the research approach, ensuring reproducibility and transparency. The results section presents the findings clearly and concisely, often using visuals to illustrate the distributional impact. The discussion section critically interprets the results, acknowledges limitations, and offers policy recommendations. Finally, the conclusion summarizes the key findings and highlights the broader implications of the DCEA.

Frequently Asked Questions (FAQs):

1. What is the difference between CEA and DCEA? CEA focuses on average cost-effectiveness, while DCEA considers the distribution of costs and outcomes across subgroups.
1. What are the ethical considerations in DCEA? DCEA explicitly addresses equity concerns, recognizing that cost-effective interventions might not be equitable.
1. How do I choose appropriate subgroups for DCEA? The choice of subgroups should be guided by the research question, the intervention being evaluated, and the availability of data.
1. What statistical methods are commonly used in DCEA? Regression analysis, concentration indices, quantile regression, and decomposition analysis are frequently used.
1. How are the results of a DCEA presented? Results are usually presented using tables, graphs, and summary statistics that clearly show both average cost-effectiveness and the distributional impact.
1. What are the limitations of DCEA? Data availability, defining subgroups, measuring equity, and interpreting results can be challenging.
1. Can DCEA be used for interventions beyond healthcare? Yes, DCEA principles can be

applied to evaluate the distributional impact of interventions in other sectors, like education or social welfare.

1. What software can be used to conduct DCEA? Statistical software packages like R, Stata, and SAS can be used for DCEA.

1. How can DCEA inform policy decisions? By revealing the distributional impact of interventions, DCEA can help policymakers make more equitable and efficient resource allocation decisions.

Related Articles:

1. Cost-Effectiveness Analysis (CEA): A Beginner's Guide: A foundational introduction to CEA, providing the context for understanding DCEA.

1. Equity in Health: Measuring and Addressing Disparities: Explores the concept of health equity and different methods for measuring it.

1. Concentration Indices: A Practical Guide: A detailed explanation of concentration indices and their application in health economics.

1. Quantile Regression: Applications in Health Economics: Focuses on the application of quantile regression in health economics research.

1. Health Economic Modeling: Techniques and Applications: A broader overview of health economic modeling techniques, including CEA and DCEA.

1. The Role of Data in Health Policy Decisions: Discusses the importance of data in informing health policy decisions, including DCEA.

1. Ethical Considerations in Healthcare Resource Allocation: Examines the ethical dimensions of resource allocation, relevant to DCEA.
1. Case Studies in Distributional Cost-Effectiveness Analysis: Provides real-world examples of DCEA applications in different healthcare settings.
1. Software Tools for Health Economic Modeling: Reviews various software packages that can be used for CEA and DCEA.

distributional cost effectiveness analysis: Distributional Cost-Effectiveness Analysis

Richard Cookson, Susan Griffin, Ole F. Norheim, Anthony J. Culyer, 2020 Distributional cost-effectiveness analysis aims to help healthcare and public health organizations make fairer decisions with better outcomes. It can provide information about equity in the distribution of costs and effects - who gains, who loses, and by how much - and the trade-offs that sometimes occur between equity and efficiency. This is a practical guide to methods for quantifying the equity impacts of health programmes in high, middle, and low-income countries. The methods can be tailored to analyse different equity concerns in different decision making contexts. The handbook provides both hands-on training for postgraduate students and analysts and an accessible guide for academics, practitioners, managers, policymakers, and stakeholders. Part I is an introduction and overview for research commissioners, users, and producers. Parts II and III provide step-by-step guidance on how to simulate and evaluate distributions, with accompanying spreadsheet training exercises. Part IV concludes with discussions about how to handle uncertainty about facts and disagreement about values, and the future challenges facing this growing field. Book jacket.

distributional cost effectiveness analysis: Distributional Cost-Effectiveness Analysis Richard Cookson, Susan Griffin, Ole F. Norheim, Anthony J. Culyer, 2020-09-30 Distributional cost-effectiveness analysis aims to help health care and public health organisations make fairer decisions with better outcomes. Whereas standard cost-effectiveness analysis provides information about total costs and effects, distributional cost-effectiveness analysis provides additional information about fairness in the distribution of costs and effects - who gains, who loses, and by how much. It can also provide information about the trade-offs that sometimes occur between efficiency objectives, such as improving total health, and equity objectives, such as reducing unfair inequality in health. This is a practical guide to a flexible suite of economic methods for quantifying the equity consequences of health programmes in high-, middle- and low-income countries. The methods can be tailored and combined in various ways to provide useful information to different decision-makers in different countries with different distributional equity concerns. The handbook is primarily aimed at postgraduate students and analysts specialising in cost-effectiveness analysis but is also accessible to a broader audience of health sector academics, practitioners, managers, policymakers and stakeholders. As well as offering an overview for research commissioners, users, and producers, the book includes systematic technical guidance on how to simulate and evaluate distributions, with accompanying hands-on spreadsheet training exercises, and discussions about how to handle

uncertainty about facts and disagreement about values, and the future challenges facing this young and rapidly evolving field of study.

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distributional cost effectiveness analysis: **Applied Health Economics for Public Health Practice and Research** Rhiannon Tudor Edwards, Emma McIntosh, 2019-03-14 In today's world of scarce resources, determining the optimal allocation of funds to preventive health care interventions (PHIs) is a challenge. The upfront investments needed must be viewed as long term projects, the benefits of which we will experience in the future. The long term positive change to PHIs from economic investment can be seen across multiple sectors such as health care, education, employment and beyond. *Applied Health Economics for Public Health Practice and Research* is the fifth in the series of *Handbooks in Health Economic Evaluation*. It presents new research on health economics methodology and application to the evaluation of public health interventions. Looking at traditional as well as novel methods of economic evaluation, the book covers the history of economics of public health and the economic rationale for government investment in prevention. In addition, it looks at principles of health economics, evidence synthesis, key methods of economic evaluation with accompanying case studies, and much more. Looking to the future, *Applied Health Economics for Public Health Practice and Research* presents priorities for research in the field of public health economics. It acknowledges the role played by natural environment in promoting better health, and the place of genetics, environment and socioeconomic status in determining population health. Ideal for health economists, public health researchers, local government workers, health care professionals, and those responsible for health policy development. *Applied Health Economics for Public Health Practice and Research* is an important contribution to the economic discussion of public health and resource allocation.

distributional cost effectiveness analysis: *Health System Efficiency* Jonathan Cylus, Irene Papanicolas, Peter C. Smith, 2016-12-15 In this book the authors explore the state of the art on efficiency measurement in health systems and international experts offer insights into the pitfalls and potential associated with various measurement techniques. The authors show that: - The core idea of efficiency is easy to understand in principle - maximizing valued outputs relative to inputs, but is often difficult to make operational in real-life situations - There have been numerous advances in data collection and availability, as well as innovative methodological approaches that give valuable insights into how efficiently health care is delivered - Our simple analytical framework can

facilitate the development and interpretation of efficiency indicators.

distributional cost effectiveness analysis: Economic Evaluation in Education Henry M. Levin, Patrick J. McEwan, Clive Belfield, A. Brooks Bowden, Robert Shand, 2017-06-15 The past decade has seen increased attention to cost-effectiveness and benefit-cost analysis in education as administrators are being asked to accomplish more with the same or even fewer resources, philanthropists are keen to calculate their return on investment in social programs, and the general public is increasingly scrutinizing how resources are allocated to schools and colleges. *Economic Evaluation in Education: Cost-Effectiveness and Benefit-Cost Analysis* (titled *Cost-Effectiveness Analysis: Methods and Applications* in its previous editions) is the only full-length book to provide readers with the step-by-step methods they need to plan and implement a benefit-cost analysis in education. Authors Henry M. Levin, Patrick J. McEwan, Clive Belfield, Alyshia Brooks Bowden, and Robert Shand examine a range of issues, including how to identify, measure, and distribute costs; how to measure effectiveness, utility, and benefits; and how to incorporate cost evaluations into the decision-making process. The updates to the Third Edition reflect the considerable methodological development in the evaluation literature, and the greater empiricism practiced by education researchers, to help readers learn to apply more advanced methods to their own analyses.

distributional cost effectiveness analysis: Global Health Economics: Shaping Health Policy In Low- And Middle-income Countries Paul Revill, Marc Suhrcke, Rodrigo Moreno-serra, Mark Sculpher, 2020-05-21 This book contains a collection of works showcasing the latest research into global health economics conducted by leading experts in the field from the Centre for Health Economics (CHE) at the University of York and other partner research institutions. Each chapter focuses upon an important topic in global health economics and a number of separate research projects. The discussion delves into health care policy evaluation; economic evaluation; econometric and other analytic methods; health equity and universal health coverage; consideration of cost-effectiveness thresholds and opportunity costs in the health sector; health system challenges and possible solutions; and others. Case study examples from a variety of low- and middle-income countries (LMIC) settings are also showcased in the final part of this volume. The research presented seeks to contribute toward increasing understanding on how health policy can be enhanced to improve the welfare of LMIC populations. It is strongly recommended for public health policymakers and analysts in low- and middle-income country settings and those affiliated to international health organizations and donor organizations.

distributional cost effectiveness analysis: Disease Control Priorities, Third Edition (Volume 4) Vikram Patel, Dan Chisholm, Tarun Dua, Ramanan Laxminarayan, Mari'a Lena Medina-Mora, Theo Vos, 2016-03-10 Mental, neurological, and substance use disorders are common, highly disabling, and associated with significant premature mortality. The impact of these disorders on the social and economic well-being of individuals, families, and societies is large, growing, and underestimated. Despite this burden, these disorders have been systematically neglected, particularly in low- and middle-income countries, with pitifully small contributions to scaling up cost-effective prevention and treatment strategies. Systematically compiling the substantial existing knowledge to address this inequity is the central goal of this volume. This evidence-base can help policy makers in resource-constrained settings as they prioritize programs and interventions to address these disorders.

distributional cost effectiveness analysis: Disease Control Priorities, Third Edition (Volume 5) Dorairaj Prabhakaran, Shuchi Anand, Thomas A. Gaziano, Jean-Claude Mbanya, Rachel Nugent, 2017-11-17 Cardiovascular, respiratory, and related conditions cause more than 40 percent of all deaths globally, and their substantial burden is rising, particularly in low- and middle-income countries (LMICs). Their burden extends well beyond health effects to include significant economic and societal consequences. Most of these conditions are related, share risk factors, and have common control measures at the clinical, population, and policy levels. Lives can be extended and improved when these diseases are prevented, detected, and managed. This volume summarizes current knowledge and presents evidence-based interventions that are effective, cost-effective, and

scalable in LMICs.

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distributional cost effectiveness analysis: Cost-Benefit Analysis for Development Asian Development Bank, 2013-01-01 The Asian Development Bank (ADB) has been continuously undertaking measures to enhance the effectiveness of its operations. To improve projects both at the preparation and implementation stages, ADB issued the Guidelines for Economic Analysis of Projects in 1997 as a means to enhancing project quality at entry. The conduct of proper economic analysis helps ensure the efficient use of development funds and public resources and thereby increase aid effectiveness. This practical guide is a supplement to the Guidelines for the Economic Analysis of Projects. It provides an overview of recent methodological developments in cost-benefit analysis as well as suggested improvements in the economic analysis of projects in selected sectors through case studies. These case studies illustrate the application of suggested methodologies, taking into account sector-specific needs, as well as difficulties faced by practitioners in terms of data and time constraints during project processing. It also aims to contribute to ADB's capacity building initiatives as this will be the main reference material for conduct of economic analysis.

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distributional cost effectiveness analysis: Mental Health Economics Denise Razzouk, 2017-08-26 The main objective of this work is to provide a book with high quality content that becomes a reference and support for graduate course (Mental Health, Public Health and Epidemiology) and for research in the domain of health economics applied to mental health. Also this book might be useful for policymakers on formulating mental health policies. Key messages of this book are based on: a) mental illness represent a huge cost for society and for health care; b) health economics applied to mental health could help in the optimization of resource allocation for mental health care and for better decision making in terms of balancing costs and benefits; c) interventions and treatment should be also chosen in general medical practice and in public decision-policy according to cost-effectiveness, burden of disease and equity principles; d) quality of care is related with better outcomes, higher quality of life for clients, and with lower costs for society and health system (best value for money); e) it is possible to decrease the burden of mental disorders with cost-effective treatments. The book is divided in four main topics: 1. Introduction to Health

Economics applied to Mental Health – this section is an overview of basic principles, concepts and methods used in Economics and Health Economics to enable students to make critical appraisal of Health Economics texts and also to design research studies in this topic. 2. Health Economics applied to the evaluation of quality and costs of Mental Health Services – this section presents results of Brazilian studies on the costs of mental health care (hospital, outpatient care, residential care, informal care), methods on the measurement of costs and it discusses issues related with public policies decisions and quality of mental health care in the low and middle income countries context. There is also an overview of quality indicators of mental health care and instruments to evaluate mental health services and costs. 3. Health Economics applied to evaluate treatment of mental disorders - This section presents a review of cost-effectiveness of pharmacological treatments and other interventions applied for treating the most burdensome mental disorders such as depressive and anxiety disorders, bipolar disorders, psychosis, alcohol and drug disorders, dementia, and hyper attention deficit disorders. 4. Health Economics, burden and indirect costs of mental disorders - This section highlights the social and economic burden caused by mental illness under societal perspective focusing on stigma, unemployment, indirect costs in the workplace (absenteeism and presenteeism), the relationship between poverty and mental disorders, global health and social determinants of mental health and on the costs of mental disorders (depression, anxiety, psychosis, alcohol and drug disorders). We present some instruments to measure indirect costs of mental disorders.

distributional cost effectiveness analysis: Oxford Textbook of Global Public Health

Roger Detels, Martin Gulliford, Quarraisha Abdool Karim, Chorh Chuan Tan, 2017 Sixth edition of the hugely successful, internationally recognised textbook on global public health and epidemiology, with 3 volumes comprehensively covering the scope, methods, and practice of the discipline

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2014-02-21 The Encyclopedia of Health Economics offers students, researchers and policymakers objective and detailed empirical analysis and clear reviews of current theories and policies. It helps practitioners such as health care managers and planners by providing accessible overviews into the broad field of health economics, including the economics of designing health service finance and delivery and the economics of public and population health. This encyclopedia provides an organized overview of this diverse field, providing one trusted source for up-to-date research and analysis of this highly charged and fast-moving subject area. Features research-driven articles that are objective, better-crafted, and more detailed than is currently available in journals and handbooks Combines insights and scholarship across the breadth of health economics, where theory and empirical work increasingly come from non-economists Provides overviews of key policies, theories and programs in easy-to-understand language

distributional cost effectiveness analysis: *Methods for Analysing and Reporting EQ-5D Data*

Nancy Devlin, David Parkin, Bas Janssen, 2020-08-21 This open access book is the first published guide about how to analyse data produced by the EQ-5D, one of the most widely used Patient Reported Outcomes questionnaires world wide. The authors provide practical, clear and comprehensive guidance in five concise chapters. Following an overview of the EQ-5D and its analysis, we describe how the questionnaire data – the EQ-5D profile and EQ VAS – can be analysed in different ways to generate important insights into peoples' health. We then show how the value sets which accompany the EQ-5D can be applied to summarise patients' data. The final chapter deals with advanced topics, including the use of Minimally Important Differences, case-mix adjustment, mapping, and more. This book is essential for those new to analyzing EQ-5D data and will be also be valuable for those with more experience. The methods can be applied to any EQ-5D instrument (for example, the three- and five-level and Youth versions) and many of the methods described will be equally relevant to other Patient Reported Outcomes instruments.

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reform.

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distributional cost effectiveness analysis: *The Green Book* Great Britain. Treasury, 2003 This new edition incorporates revised guidance from H.M Treasury which is designed to promote efficient policy development and resource allocation across government through the use of a thorough, long-term and analytically robust approach to the appraisal and evaluation of public service projects before significant funds are committed. It is the first edition to have been aided by a consultation process in order to ensure the guidance is clearer and more closely tailored to suit the needs of users.

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framings. Using examples, many of which involve issues in science and technology, the book exposes readers to some of the critical issues of taste, professional responsibility, ethics, and values that are associated with policy analysis and research. Topics covered include policy problems formulated in terms of utility maximization such as benefit-cost, decision, and multi-attribute analysis, issues in the valuation of intangibles, uncertainty in policy analysis, selected topics in risk analysis and communication, limitations and alternatives to the paradigm of utility maximization, issues in behavioral decision theory, issues related to organizations and multiple agents, and selected topics in policy advice and policy analysis for government.

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distributional cost effectiveness analysis: Economic Evaluation of Sustainable Development Vinod Thomas, Namrata Chindarkar, 2019-04-16 This book is open access under a CC BY 4.0 license. This book presents methods to evaluate sustainable development using economic tools. The focus on sustainable development takes the reader beyond economic growth to encompass inclusion, environmental stewardship and good governance. Sustainable Development Goals (SDGs) provide a framework for outcomes. In illustrating the SDGs, the book employs three evaluation approaches: impact evaluation, cost-benefit analysis and objectives-based evaluation. The innovation lies in connecting evaluation tools with economics. Inclusion, environmental care and good governance, thought of as "wicked problems", are given centre stage. The book uses case studies to show the application of evaluation tools. It offers guidance to evaluation practitioners, students of development and policymakers. The basic message is that evaluation comes to life when its links with socio-economic, environmental, and governance policies are capitalized on.

distributional cost effectiveness analysis: Measuring and Valuing Health Benefits for Economic Evaluation John Brazier, Julie Ratcliffe, Joshua Saloman, Aki Tsuchiya, 2017 There are not enough resources in health care systems around the world to fund all technically feasible and potentially beneficial health care interventions. Difficult choices have to be made, and economic evaluation offers a systematic and transparent process for informing such choices. A key component of economic evaluation is how to value the benefits of health care in a way that permits comparison between health care interventions, such as through costs per quality-adjusted life years (QALY). *Measuring and Valuing Health Benefits for Economic Evaluation* examines the measurement and valuation of health benefits, reviews the explosion of theoretical and empirical work in the field, and explores an area of research that continues to be a major source of debate. It addresses the key questions in the field including: the definition of health, the techniques of valuation, who should provide the values, techniques for modelling health state values, the appropriateness of tools in children and vulnerable groups, cross cultural issues, and the problem of choosing the right instrument. This new edition contains updated empirical examples and practical applications, which help to clarify the readers understanding of real world contexts. It features a glossary containing the common terms used by practitioners, and has been updated to cover new measures of health and wellbeing, such as ICECAP, ASCOT and AQOL. It takes into account new research into the social weighting of a QALY, the rising use of ordinal valuation techniques, use of the internet to collect data, and the use of health state utility values in cost effectiveness models. This is an ideal resource for anyone wishing to gain a specialised understanding of health benefit measurement in economic evaluation, especially those working in the fields of health economics, public sector economics, pharmacoeconomics, health services research, public health, and quality of life research.

distributional cost effectiveness analysis: The Implications of Cost-effectiveness Analysis of Medical Technology, 1980

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Pritchard, Nancy Devlin, 2002 Organisations such as the National Institute of Clinical Excellence seek to assess the value for money of new health care technologies. Assessment commonly requires the use of thresholds or benchmark levels of cost effectiveness. Key issues that consequently need to be resolved include: the basis on which thresholds should be determined, how explicitly these should be stated and whether UK health care thresholds should be comparable to those elsewhere in the public sector, or in other countries.

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