

Hard facts. Clear stories.

Copenhagen
Economics

CE

QALY USE IN SELECTED OECD COUNTRIES

COPENHAGEN ECONOMICS
FEBRUARY 2026



Funding

The study is commissioned by the Pharmaceutical Research and Manufacturers of America (PhRMA).

About Copenhagen Economics

Copenhagen Economics is an expert-driven consulting company built on a deep knowledge of applied economics, and one of the leading economics firms in Europe.

We believe sound economic analysis can equip decision-makers with the hard facts and clear stories to make better choices for the benefit of society. We are committed to delivering compelling and pragmatic economics solutions with a candid approach.

A brief note on consultancy research

In line with established practices in our sector, research is designed so that:

- the client chooses the research question;
- we analyse and address the question to the best of our knowledge;
- findings and conclusions are our own.

For further information, see www.copenhageneconomics.com. We remain available for, and appreciate, any questions or comments.

Authors

Julia Wahl, Partner

Nikolaj Siersbæk, Managing Economist, Ph.D.

Mads Thorkild Nissen, Lead Analyst

Jakob Nejsum, Analyst

BACKGROUND

In May 2025, the President of the United States issued an Executive Order to announce that the U.S. government would address the fact that Americans spend more for medicines than patients and taxpayers in other high-income countries, including through the implementation of the Most Favoured Nation (MFN) pricing policy.¹

The Executive Order refers to policies in foreign countries that suppress prices of medicines, which has brought attention to the various health technology assessment (HTA) and cost-containment policies used by governments in Europe and elsewhere to determine prices they are willing to pay for innovative medicines. In many ex-US countries, the quality-adjusted life year (QALY) is a key metric used by HTA bodies when assessing the value of new medicines and is often an important input to the pricing and reimbursement process. QALYs quantify health improvements by measuring the impact of treatments on both a patient's length of life and on so-called health-related quality of life. Some countries use, either explicitly or implicitly, thresholds to guide their willingness to pay for a QALY.

Although commonly used, QALYs do not fully capture the total patient value of a medicine.² In the U.S., the Social Security Act therefore bans the use of QALYs in the U.S. Medicare program. Yet, if the proposed MFN pricing policy in the U.S. is implemented, the Medicare program would rely on prices in other countries that are determined based on QALYs as benchmarks for prices of medicines in the U.S.³

Against this background, this study examines pricing and reimbursement policies for innovative medicines across 19 high-income countries⁴ and determines whether and how they use QALYs.

SUMMARY FINDINGS

We find that 15 of the 19 countries (79%) use QALYs as a key tool to inform reimbursement decisions, see Table 1 on the next page. Some countries describe QALY use as “preferred”, “recommended”, or “used in the reference case”. In such countries, QALYs are generally required unless there are clear reasons to use a different economic evaluation approach, for example, when a treatment has the same health effect as an alternative treatment.⁵ In the remaining four countries (21%), QALYs can be used more informally, i.e., they may be considered among other evaluation criteria, but their use is not required.

¹ The White House (2025a, webpage).

² Lakdawalla et al. (2018).

³ CMS (2025a, webpage).

⁴ Australia, Austria, Belgium, Canada, Czech Republic, Denmark, France, Germany, Ireland, Israel, Italy, Japan, Netherlands, Norway, South Korea, Spain, Sweden, Switzerland, and the United Kingdom (“the countries”) based on CMS (2025b, webpage).

⁵ See, e.g., TVL (2003).

Table 1
QALY use in selected OECD countries

Country	Formal QALY use	Notes	Source
Australia	Yes	CUA preferred method	PBAC (2016)
Austria	No	Health economic evaluation plays a minor role	AIHTA (2012, 2020)
Belgium	Yes	CUA used in reference case	KCE (2025)
Canada	Yes	CUA used in reference case	CADTH (2017)
Czech Republic	Yes	CUA preferred method, combined with budget-impact	SÚKL (2022)
Denmark	Yes	CUA required as standard	DMC (2021)
France	Yes	CUA used in reference case	HAS (2020)
Germany	No	No preferred method	IQWiG (2023)
Ireland	Yes	CUA preferred method, combined with budget-impact	HIQA (2025)
Israel	No	Assessment is not based on cost effectiveness	Clarfield et al. (2017), Ministry of Health Israel (2022), Luxemburg et al. (2023)
Italy	Yes (as of April 2026)	No preferred method in current guidelines. CUA will be required in updated guidelines effective as of April 2026	AIFA (2020, 2025)
Japan	Yes	QALY used as outcome variable to adjust price premiums after listing	C2H (2024)
Netherlands	Yes	CUA required as standard	ZIN (2024)
Norway	Yes	CUA recommended method	NoMA (2024)
South Korea	Yes	CUA preferred method	HIRA (2021)
Spain	Yes	CUA preferred method	Ministerio de Sanidad (2024)
Sweden	Yes	QALYs preferred for outcomes	TLV (2003, 2017)
Switzerland	No	No preferred method	FOPH (2022)
United Kingdom	Yes	QALYs required for outcomes	NICE (2025), SMC (2024)

Note: QALY = quality-adjusted life year. CUA = cost-utility analysis.

Source: Copenhagen Economics based on the sources in the table.

The cost per QALY is evaluated against either explicit thresholds or closely adhered to implicit thresholds. **Three countries have explicit thresholds** clearly defined in HTA guidelines, namely Ireland, the Netherlands, and England in the UK.⁶ Notably, none of the thresholds in these countries are routinely adjusted for inflation or economic growth. **For another 12 countries, thresholds are implicit** and either implied in other official documents, estimated based on cost per QALY thresholds inferred from past HTA decisions or interviews with experts, or commonly used thresholds in peer-reviewed publications. QALY gains are either evaluated against healthcare system costs or societal costs that include, for example, labour market implications, which is important when comparing different thresholds. In the remaining four countries, no thresholds are available. Implicit thresholds are not necessarily used directly in the reimbursement process. However, both explicit and implicit thresholds provide an anchor for reimbursement decisions.

Many countries apply modifiers such as disease severity, disease rarity, for oncology treatments, for highly specialised treatments, and more to increase cost per QALY thresholds for certain patients or treatments. There is thus some flexibility in most countries in assessments based on QALYs. However, these are often informal and qualitative and thus lack clear rationale or transparency as to how they impact cost per QALY thresholds.

⁶ HIQA (2025), ZIN (2015, 2024), and NICE (2025; 2025, webpage).

BIBLIOGRAPHY

AIFA (2020). Guidelines for the compilation of the dossier in support of the application refundability and price of a medicine. Available at https://www.aifa.gov.it/documents/20142/1307543/2021.01.22_estratto_linee_guida_sezione_E.pdf.

AIFA (2025). Linee guida, compilazione del dossier a supporto dell'Health Technology Assessment di un medicinale ai fini della rimborsabilità e del prezzo a carico del SSN (Versione 2.0, dicembre 2025). Available at https://www.aifa.gov.it/documents/20142/3214492/Linee_guida_dossier_domanda_rimborsabilita_vers-2-2025.pdf.

AIHTA (2012). Methodenhandbuch für Health-Technology-Assessment, Version 1.2012. Available at <https://aihta.at/uploads/tableTool/UllCmsPage/gallery/methodenhandbuch-aihta1.pdf>.

AIHTA (2020). Grundlagen und Prinzipien von Health Technology Assessment. Available at https://aihta.at/uploads/ckeditor/fields_body_translation_en/grundlagen-und-prinzipien-von-hta-skriptum-24-11-2020-aihta-vers-fin-270521.pdf.

AIHTA (2024). Threshold Values in Health Economic Evaluations and Decision-Making. Available at https://eprints.aihta.at/1549/1/HTA-Projektbericht_Nr.163.pdf.

Bae, E. Y., Kim, H. J., Lee, H. J., Jang, J., Lee, S. M., Jung, Y., ... & Yang, B. M. (2018). Role of economic evidence in coverage decision-making in South Korea. *PLoS One*, 13(10), e0206121. Available at <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0206121>.

Balijepalli, C., Gullapalli, L., Joshy, J., & Rawson, N. S. (2024). The impact of willingness-to-pay threshold on price reduction recommendations for oncology drugs: a review of assessments conducted by the Canadian Agency for Drugs and Technologies in Health. *Journal of comparative effectiveness research*, 13(5), e230178. Available at <https://pmc.ncbi.nlm.nih.gov/articles/PMC11037021/pdf/ceer-13-230178.pdf>.

Bertram, M. Y., Lauer, J. A., Stenberg, K., & Edejer, T. T. T. (2021). Methods for the economic evaluation of health care interventions for priority setting in the health system: an update from WHO CHOICE. *International Journal of Health Policy and Management*, 10(11), 673.

Binder, L., Ghadban, M., Sit, C., & Barnard, K. (2022). Health technology assessment process for oncology drugs: impact of CADTH changes on public payer reimbursement recommendations. *Current Oncology*, 29(3), 1514-1526. Available at <https://pmc.ncbi.nlm.nih.gov/articles/PMC8947453/pdf/curroncol-29-00127.pdf>.

CADTH. (2017). Guidelines for the Economic Evaluation of Health Technologies: Canada, 4th Edition. Available at https://www.cda-amc.ca/sites/default/files/pdf/guidelines_for_the_economic_evaluation_of_health_technologies_canada_4th_ed.pdf

C2H (2019). Full Scale Introduction of Cost-Effectiveness Evaluations in Japan. Available at https://c2h.niph.go.jp/tools/system/overview_en.pdf.

C2H (2024). Guideline for Preparing Cost-Effectiveness Evaluation to the Central Social Insurance Medical Council. Available at https://c2h.niph.go.jp/tools/guideline/guideline_en_2024.pdf.

Clarfield, A. M., Manor, O., Nun, G. B., Shvarts, S., Azzam, Z. S., Afek, A., ... & Israeli, A. (2017). Health and health care in Israel: an introduction. *The Lancet*, 389(10088), 2503-2513. Available at [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30636-0/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30636-0/abstract).

CMS (2025a, webpage), CMS Proposes New Mandatory GLOBE Model. Available at <https://www.cms.gov/newsroom/press-releases/cms-proposes-new-mandatory-globe-model>.

CMS (2025b, webpage), GLOBE (Global Benchmark for Efficient Drug Pricing) Model. Available at <https://www.cms.gov/priorities/innovation/innovation-models/globe>.

CMS (2025c, webpage), GUARD (Guarding U.S. Medicare Against Rising Drug Costs) Model. Available at <https://www.cms.gov/priorities/innovation/innovation-models/guard>.

CRA (2026), Benchmarking the UK's cost-effectiveness threshold: findings from international comparison. Available at <https://www.abpi.org.uk/publications/benchmarking-the-uk-s-cost-effectiveness-threshold-findings-from-international-comparison/>.

DMC (2021). The Danish Medicines Council Methods Guide For Assessing New Pharmaceuticals. Available at <https://medicinraadet.dk/media/wq0dxny2/the-danish-medicines-council-methods-guide-for-assessing-new-pharmaceuticals-version-1-2-adlegacy.pdf>.

DMC (2025). Medicinrådets procesvejledning for vurdering af nye lægemidler. Available at <https://filer.medicinraadet.dk/media/wz5f5tqa/medicinradets-procesvejledning-for-vurdering-af-nye-laegemidler-vers-2-4.pdf>.

Drummond, M. F., Sculpher, M. J., Claxton, K., Stoddart, G. L., & Torrance, G. W. (2015). *Methods for the economic evaluation of health care programmes*. Oxford university press.

Eslava, A. O., Gil, R. M., Fuentes, M. D. F., López-Briz, E., & Latorre, F. P. (2017). Guía de evaluación económica e impacto pre-supuestario en los informes de evaluación de medicamentos [Guideline for economic evaluation and budget impact in drug assessment reports]. SEFH, Sociedad Española de Farmacia Hospitalaria Available at https://gruposedetrabajo.sefh.es/genesis/genesis/Documents/GUIA_EE_IP_GENESIS-SEFH_19_01_2017.pdf.

FOPH (2022). Operationalisation of the criteria “effectiveness, appropriateness and economic efficiency. Available at <https://www.bag.admin.ch/dam/en/sd-web/dmmbS5sv9sve/Operationalisation%20of%20the%20EAE%20criteria%20of%2031.03.2022%2C%20valid%20from%2001.09.2022.pdf>.

HAS (2020). Choices in Methods for Economic Evaluation (English version). Available at https://www.has-sante.fr/upload/docs/application/pdf/2020-11/methodological_guidance_2020_-_choices_in_methods_for_economic_evaluation.pdf.

Hasegawa, M., Komoto, S., Shiroiwa, T., & Fukuda, T. (2020). Formal implementation of cost-effectiveness evaluations in Japan: a unique health technology assessment system. *Value in Health*, 23(1), 43-51. Available at <https://www.sciencedirect.com/science/article/pii/S1098301519351708>.

Herdman, M., Gudex, C., Lloyd, A., Janssen, M. F., Kind, P., Parkin, D., ... & Badia, X. (2011). Development and preliminary testing of the new five-level version of EQ-5D (EQ-5D-5L). *Quality of life research*, 20(10), 1727-1736. Available at <https://pubmed.ncbi.nlm.nih.gov/21479777/>.

HIQA (2025). National Guidelines for the Economic Evaluation of Health Technologies in Ireland. Available at <https://www.hiqa.ie/sites/default/files/2025-03/Economic-Evaluation-Guidelines.pdf>.

HIRA (2021). [Economic Evaluation Guidelines]. Available at https://www.hira.or.kr/ebooksc/ebook_630/ebook_630_202103150917443810.pdf.

HOD (2016). Meld. St. 34. Verdier i pasientens helsetjeneste. Melding om prioritering. Available at <https://www.regjeringen.no/contentassets/439a420e01914a18b21f351143ccc6af/no/pdfs/stm20152016003400odddpdfs.pdf>.

IQWiG (2023). General Methods - Version 7.0. Available at https://www.iqwig.de/methoden/general-methods_version-7-0.pdf.

KCE (2025). Belgian guidelines for economic evaluations and budget impact analyses. Available at https://kce.fgov.be/sites/default/files/2025-05/KCE400_Method_guidelines_economic_evaluations.pdf.

Klimeš, J., Mlcoch, T., Pasztor, B., Tuzil, J., Bulejova, L., Decker, B., ... & Zivansky, M. (2023). HPR171 WTP threshold: A review of international approaches and inspiration for cultivation of current situation in the Czech Republic. Available at https://www.ispor.org/docs/default-source/euro2023/isporeurope23klimeshpr171poster132319-pdf.pdf?sfvrsn=99924223_0.

Lakdawalla, D. N., Doshi, J. A., Garrison Jr, L. P., Phelps, C. E., Basu, A., & Danzon, P. M. (2018). Defining elements of value in health care—a health economics approach: an ISPOR Special Task Force report [3]. *Value in health*, 21(2), 131-139.

Li, X., Willem, L., Roberfroid, D., Bilcke, J., Castanares Zapatero, D., De Meester, C., ... & Beutels, P. (2026). Cost-effectiveness of maternal vaccine and/or monoclonal antibody strategies against respiratory syncytial virus in Belgian infants. *npj Vaccines*. Available at <https://www.nature.com/articles/s41541-026-01372-5>.

Lowe, A., & Dyson, S. (2013). Lowe, Anthony, and Sophie Dyson. "New therapies for advanced cancers: can our society afford them? Is it ethical to deny patients access to them. Sydney: Actuaries Institute Actuaries Summit. Available at https://www.researchgate.net/publication/373514309_New_Therapies_for_Advanced_Cancers_Can_Our_Society_Afford_Them_Is_it_Ethical_to_Deny_Patients_Access_to_Them.

Luxenburg, O., Morginstin, T., Myers, V., Saban, M., Shemer, J., & Wilf-Miron, R. (2023). Priority setting for health technology adoption at the national level: Lessons learned over 25 years' experience. *International Journal of Technology Assessment in Health Care*, 39(1), e71. Available at <https://pubmed.ncbi.nlm.nih.gov/37929308/>.

Magnussen (2015). Severity of illness and priority setting in Norway. Available at https://www.regjeringen.no/contentassets/d5da48ca5d1a4b128c72fc5daa3b4fd8/summary_the_magnussen_report_on_severity.pdf.

Manansala, R., Bilcke, J., Willem, L., Hens, N., & Beutels, P. (2025). Optimizing influenza vaccine allocation by age using cost-effectiveness analysis: A comparison of 6720 vaccination program scenarios in children and adults in Belgium. *Epidemics*, 51, 100826. Available at <https://www.sciencedirect.com/science/article/pii/S1755436525000143>.

Ministerio de Sanidad. (2024). Guía de Evaluación Económica de Medicamentos [Economic Evaluation Guide for Medicines]. Available at https://www.sanidad.gob.es/areas/farmacia/comitesAdscritos/prestacionFarmaceutica/docs/20240227_CAPF_Guia_EE_definitiva.pdf

Ministry of Health Israel. (2022). Expansion of the Health Services Basket – The Addition of Medications and Technologies. Available at https://library.mevaker.gov.il/sites/DigitalLibrary/Documents/2022/2022.5/EN/2022.5-203-Sal_Habriut-Taktzir-EN.pdf.

NICE (2009). Appraising life-extending, end of life treatments. Available at <https://www.nice.org.uk/guidance/gid-tag387/documents/appraising-life-extending-end-of-life-treatments-paper2>.

NICE (2025). NICE health technology evaluations: the manual. Available at <https://www.nice.org.uk/process/pmg36/resources/nice-health-technology-evaluations-the-manual-pdf-72286779244741>.

NICE (2025, webpage). Changes to NICE's cost-effectiveness thresholds confirmed. Available at <https://www.nice.org.uk/news/articles/changes-to-nice-s-cost-effectiveness-thresholds-confirmed>.

NOMA (2024). Submission guidelines. Available at <https://www.dmp.no/globalassets/documents/offentlig-finansiering-og-pris/dokumentasjon-til-metodevurdering/submission-guidelines-april2024.pdf>.

O'Mahony, J. F. (2021). Revision of Ireland's cost-effectiveness threshold: new state-industry drug pricing deal should adequately reflect opportunity costs. *PharmacoEconomics-Open*, 5(3), 339-348. Available at <https://pmc.ncbi.nlm.nih.gov/articles/PMC8315504/>.

OECD (2025, webpage). NAAG Chapter 9: Reference Series, Exchange rates, annual average. Available at [https://data-explorer.oecd.org/?lc=en&fs\[o\]=Topic%2C1%7CEconomy%23ECO%23%7CNational%20accounts%23ECO_NAD%23&pg=0&fc=Topic&bp=true&snb=158](https://data-explorer.oecd.org/?lc=en&fs[o]=Topic%2C1%7CEconomy%23ECO%23%7CNational%20accounts%23ECO_NAD%23&pg=0&fc=Topic&bp=true&snb=158).

OHE (2025). OECD country classification on the use of cost per QALY in decision-making. Available at <https://www.ohe.org/wp-content/uploads/2025/06/OECD-countries-classification-and-related-sources-1.pdf>.

PBAC (2016). Guidelines for preparing a submission to the Pharmaceutical Benefits Advisory Committee, Version 5.0. Available at <https://pbac.pbs.gov.au/content/information/files/pbac-guidelines-version-5.pdf>.

Pil, L., Hoorens, I., Vossaert, K., Kruse, V., Tromme, I., Speybroeck, N., ... & Brochez, L. (2017). Cost-effectiveness and budget effect analysis of a population-based skin cancer screening. *JAMA dermatology*, 153(2), 147-153. Available at <https://jamanetwork.com/journals/jamadermatology/article-abstract/2592316>.

PMPRB (2025). Guidelines. Available at <https://www.canada.ca/content/dam/pmprb-cepmb/documents/legislation/guidelines/PMPRB-Guidelines-en.pdf>.

Rawson, N. S. (2025). Consequences of Canada's Drug Agency Reimbursement Recommendations for New Medicines and Pan-Canadian Pharmaceutical Alliance Price Negotiations on Patient

Access. ClinicoEconomics and Outcomes Research, 975-989. Available at <https://www.dovepress.com/article/download/110277>.

Russo, P., Zanuzzi, M., Carletto, A., Sammarco, A., Romano, F., & Manca, A. (2023). Role of economic evaluations on pricing of medicines reimbursed by the Italian National Health Service. *Pharmacoeconomics*, 41(1), 107-117. Available at <https://pubmed.ncbi.nlm.nih.gov/36434415/>.

Schurer, M., Matthijsse, S. M., Vossen, C. Y., van Keep, M., Horscroft, J., Chapman, A. M., & Akehurst, R. L. (2022). Varying will-iness to pay based on severity of illness: impact on health technology assessment outcomes of inpatient and outpatient drug therapies in the Netherlands. *Value in Health*, 25(1), 91-103. Available at <https://pubmed.ncbi.nlm.nih.gov/35031104/>.

Shire, I., Svensson, R., Vitor, C. B., & Carlqvist, P. (2023). HTA131 Cost-effectiveness threshold in Denmark's new health technology assessment process: what do we know so far?. *Value in Health*, 26(12), S344. Available at [https://www.valueinhealthjournal.com/article/S1098-3015\(23\)04945-8/fulltext](https://www.valueinhealthjournal.com/article/S1098-3015(23)04945-8/fulltext).

SMC (2024). Guidance to Submitting Companies for Completion of New Product Assessment Form (NPAF). Available at <https://scottishmedicines.org.uk/media/8518/20240801-guidance-supplement-interim-acceptance-v10.pdf>.

SÚKL (2022). SP-CAU-028: Postup pro posuzování analýzy nákladové efektivity [Procedure for assessing cost-effectiveness analysis]. Available at <https://sukl.gov.cz/metodiky-stanoveni-cen-a-uhrad/sp-cau-028/>.

Svensson, M., Nilsson, F. O., & Arnberg, K. (2015). Reimbursement decisions for pharmaceuticals in Sweden: the impact of disease severity and cost effectiveness. *Pharmacoeconomics*, 33(11), 1229-1236. Available at <https://link.springer.com/article/10.1007/s40273-015-0307-6>.

The White House (2025a, webpage), DELIVERING MOST-FAVORED-NATION PRESCRIPTION DRUG PRICING TO AMERICAN PATIENTS. Available at <https://www.whitehouse.gov/presidential-actions/2025/05/delivering-most-favored-nation-prescription-drug-pricing-to-american-patients/>.

TLV (2003). General guidelines for economic evaluations from the Pharmaceutical Benefits Board (LFNAR 2003:2). Available at <https://www.tlv.se/download/18.2e53241415e842ce95514e9/1510316396792/Guidelines-for-economic-evaluations-LFNAR-2003-2.pdf>.

TLV (2017). Ändring i Tandvårds- och läkemedelsförmånsverkets allmänna råd (TLVAR 2003:2) om ekonomiska utvärde-ringar. Available at https://www.tlv.se/download/18.467926b615d084471ac3230c/1510316374332/TLVAR_2017_1.pdf.

Tranvåg, E. J., Haaland, Ø. A., Robberstad, B., & Norheim, O. F. (2022). Appraising drugs based on cost-effectiveness and severity of disease in Norwegian drug coverage decisions. *JAMA Network Open*, 5(6), e2219503. Available at <https://pubmed.ncbi.nlm.nih.gov/35767256/>.

Viollet, J., O'Leary, E., Gonzalez, C. C., Lauppe, R., & Oldsberg, L. (2022). HTA228 Willingness to pay for different severity levels in Sweden: an analysis of TLV decisions (2014-2022). *Value in Health*, 25(12), S341. Available at [https://www.valueinhealthjournal.com/article/S1098-3015\(22\)03891-8/fulltext](https://www.valueinhealthjournal.com/article/S1098-3015(22)03891-8/fulltext).

Wang, S., Gum, D., & Merlin, T. (2018). Comparing the ICERs in Medicine Reimbursement Submissions to NICE and PBAC—Does the Presence of an Explicit Threshold Affect the ICER Proposed? Value in Health, 938-943. Available at <https://pubmed.ncbi.nlm.nih.gov/30098671/>.

The White House (2025, webpage). Delivering most-favored-nation prescription drug pricing to American patients. Available at <https://www.whitehouse.gov/presidential-actions/2025/05/delivering-most-favored-nation-prescription-drug-pricing-to-american-patients/>.

Whitehead, S. J., & Ali, S. (2010). Health outcomes in economic evaluation: the QALY and utilities. British medical bulletin, 96(1), 5-21.

World Bank, (2024a, webpage). GDP (constant 2021 international \$). Available at <https://data.worldbank.org/indicator/NY.GDP.MKTP.PP.KD>.

World Bank, (2024b, webpage). GDP per capita, PPP (constant 2021 international \$). Available at <https://data.worldbank.org/indicator/NY.GDP.PCAP.PP.KD>.

World Bank, (2024c, webpage). GDP per capita (current LCU). Available at <https://data.worldbank.org/indicator/NY.GDP.PCAP.CN>.

Zhang, K., & Garau, M. (2020). International cost-effectiveness thresholds and modifiers for HTA decision making (No. 002271). Office of Health Economics. Available at <https://www.ohe.org/wp-content/uploads/2020/05/OHE-HTA-agencies-thresholds-review-FINAL.pdf>.

ZIN (2015). Cost-effectiveness in practice (Kosteneffectiviteit in de praktijk). Available at <https://english.zorginstituutnederland.nl/site/binaries/site-content/collections/documents/2015/06/16/cost-effectiveness-in-practice/Cost-effectiveness+in+practice.pdf> (in English) and <https://zoek.officielebekendmakingen.nl/blg-543402.pdf> (in Dutch).

ZIN (2024). Guideline for economic evaluations in healthcare – 2024 version. Available at <https://english.zorginstituutnederland.nl/documents/2024/01/16/guideline-for-economic-evaluations-in-healthcare>.