

From Health to Welfare

Value in Health

Although there is widespread agreement that the main objective of healthcare interventions is to improve health, which is essential for many other sectors of society, the distinction between health and the broader benefits of welfare is often blurred. In terms of measurement, it is difficult to make a clear distinction between health-related quality of life and broader aspects of health and well-being. Consequently, there have been suggestions that the value of healthcare should be more broadly defined than a combination of length and quality of life typically used in the construction of the quality-adjusted life-year. The same sentiment is reflected in the dimensions of benefit typically explored in stated preference approaches such as discrete-choice experiments and assessments of willingness-to-pay for healthcare interventions. Indeed, cost-benefit analysis has its roots in welfare economics, although there are very few examples of these in the health economics literature.

In some settings, particularly in low- and middle-income countries, one of the criteria for prioritizing health interventions may be their impact on equity or broader social implications, such as protecting household income or influencing some of the socioeconomic determinants of health. However, although there may be a case

for broadening the consideration of the benefits of healthcare interventions, a shift from health to welfare would also have implications for healthcare budgeting and decision making. For example, how would the more narrowly defined benefits of improved health be traded with broader welfare in a healthcare decision-making context? Would the comparators include both healthcare and nonhealthcare interventions? Should healthcare budgets be expanded to cover interventions that generate these broader benefits?

This proposed themed section in *Value in Health* offers the opportunity to explore these issues further. The Editors would be interested in receiving papers covering the following topics:

- Studies of the development or use of instruments or frameworks to assess health and well-being, or welfare more generally
- Assessments of health interventions that include the evaluation of broader welfare benefits in both high- and low-income countries
- Assessments of interventions that have impacts on equity or broader social implications as one of their major objectives
- Discussion of the changes necessary in healthcare budgeting and decision making in any settings where there is a shift from consideration of health to welfare

Because we expect a broad response to this call, we plan to have a 2-stage selection process. First, we will consider abstracts, so that potential authors need not invest considerable time and effort on papers that we consider unlikely to be accepted. Authors interested in submitting an article for this themed section should submit a brief description (no more than 500 words) of their proposed study to the editors via our online portal at <https://vihabstracts.secure-platform.com/a/organizations/main/home> by **March 31, 2023**. Second, authors invited to contribute a paper for this themed section should aim to submit a full manuscript by **July 31, 2023**.

Please direct any content-related questions to the Guest Editor, **Richard Norman, PhD** (richard.norman@curtin.edu.au). All invited papers will undergo the journal's peer-review process before the Editors make final decisions about papers to be included in this themed section of *Value in Health*.