**RECOMMENDATIONS ON HRQL/UTILITY DATA IN 14 EUROPEAN PHARMACOECONOMIC GUIDELINES**

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**OBJECTIVES:** Health care decision-making processes, including public reimbursement of pharmaceuticals, fall under the responsibility of individual European states, with each country developing its own pharmacoeconomic evaluation recommendations. Each guideline addresses HRQL and utility assessment issues but vary in content and approach. The objective of this study was to provide an understanding of these differences.

**METHODS:** MEDLINE and government agency searches were performed to identify pharmacoeconomic guidelines published in Europe. Recommendations on HRQL and utility evaluation were extracted and compared across guidelines.

**RESULTS:** Guidelines on conducting health economic evaluation studies were found in 14 European countries. Ten were directly or closely related to the reimbursement authorities, while 4 had academic origin. Four different recommendations were proposed for evaluating HRQL outcomes: 1) Disease-specific and generic instruments should be used together (France, The Netherlands, Poland, Portugal); 2) Either specific and/or generic instruments should be used depending on the objectives of the health economic study (Belgium, Hungary); 3) Only generic HRQL measures should be used only (Denmark, Spain); and 4) Three types of HRQL instruments should be used simultaneously in health economic evaluations: generic, disease-specific and utility-based HRQL instruments (Italy). Four countries did not recommend preferred methods for HRQL evaluation in their guidelines (Germany, Finland, Norway, UK). With respect to utility assessment, there appeared to be some consensus across guidelines: the EQ-5D and the HUI are acceptable instruments for estimating utilities indirectly, while the time-trade-off and the standard gamble methods are the most accepted methods for the direct measurement of utilities.

**CONCLUSIONS:** Although there appears to be agreement on the preferred choice of utility-based instruments, recommendations for psychometrically-based HRQL evaluation vary substantially across guidelines published in various European countries.

**MEASURING POPULATION HEALTH FOR 191 COUNTRIES: WHO METHODS AND RESULTS**

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**OBJECTIVES:** To measure average levels of population health for 191 WHO Member States in the year 2000 and for each subsequent year. WHO has recognized the fundamental need for cross-population comparable data on health and various other categories of evidence for health policy. This paper outlines the conceptual basis for the description and measurement of health embodied in recent WHO work.

**METHODS:** WHO has developed new methods to improve the comparability of self-report data across countries, and used these in the WHO Multi-country Household Survey Study to obtain comparable measures of health state prevalences for 58 countries. For measurement purposes, health is operationalized in terms of levels on a core set of health domains, each characterized by a single cardinal scale of capacity. Healthy life expectancy (HALE) estimates are based on analysis of mortality for 191 countries, disability for 130 causes for 17 regions of the world, and an analysis of 63 health surveys in 55 countries.

**RESULTS:** HALE at birth ranges from a low of 39 years for African women to a high of 72 years in developed countries. The equivalent “lost” healthy years range from 20% of total life expectancy at birth in Africa to 11–12% in the European and Western Pacific regions. The sex gap is highest for Eastern Europe and lowest in North Africa and the Middle East.

**CONCLUSIONS:** The new methods used in the WHO Multi-country Household Survey Study have increased the comparability of self-report data across countries, a major step forward in the use of self-reported data on health. Health is conceptualized as a set of health domain capacities, rather than of quality of life, well-being or utility. Building on this experience, WHO is developing improved health status measurement techniques for a World Health Survey to be carried out in 2002.

**HEALTH UTILITY STUDIES II**

**PATIENT-DERIVED UTILITY ESTIMATES OF CHRONIC HEPATITIS C BASED ON EQ-5D AND RS SCORES**

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**OBJECTIVE:** The objective of this study was to assess patient-derived utility estimates for chronic hepatitis C (CHC) associated disease severity.

**METHODS:** A total of 428 patients with CHC participated in a cross-sectional interview-based study using the utility measurement methods rating scale (RS) and EuroQol (EQ-5D). Current clinical and histological health status was