

Table A.1: Articles and documents included in the revision

Article	Country	Estimates a CET from a supply-side approach?	Value of the CET
Edney, Haji Ali Afzali, Cheng, and Karnon (2018)	Australia	Yes	AUD 28,033 per QALY gained.
George, Harris, and Mitchell (2001)	Australia	No	
Health (2018)	Australia	No	
Henry, Hill, and Harris (2005)	Australia	No	
A. S. Santos, Guerra-Junior, Godman, Morton, and Ruas (2018)	Brazil	No	
V. C. C. Santos (2010)	Brazil	No	
Silva (2016)	Brazil	No	
Canadian Agency for Drugs and Technologies in Health (2017)	Canada	No	
G. P. Marchildon, World Health Organization, et al. (2013)	Canada	No	
G. Marchildon and Mou (2014)	Canada	No	
Paris and Belloni (2014)	Canada	No	
Rocchi, Menon, Verma, and Miller (2008)	Canada	No	
Board (2019)	Canada	No	
Griffiths and Vadlamudi (2016)	Canada	No	
Becerril-Montekio, Reyes, and Manuel (2011)	Chile	No	
Subsecretaría de Salud Pública (2013)	Chile	No	
Espinoza (2017)	Chile	No	
Kuhn-Barrientos (2014)	Chile	No	
Mascayano and Gajardo (2018)	Chile	No	
Ministerio de Salud - Gobierno de Chile (2024)	Chile	No	
Ministerio de Salud - Gobierno de Chile (2013)	Chile	No	
Observatorio Chileno de Salud Pública (2019)	Chile	No	

Butt, Liu, Kim, and Neumann (2019)	China	No	Review of CETs computed using demand-based methods.
Chen, Zhang, Hu, and Hu (2023)	China	No	
Cai et al. (2021)	China	Yes	CET based on statistical value of life.
Espinosa et al. (2022)	Colombia	Yes	The threshold is USD 4,487.5 per years of life lost avoided [14.7 million Colombian pesos (COP) at 2019 prices] and USD 5,180.8 per quality-adjusted life-years gained (17 million COP at 2019 prices).
Congreso de la República de Colombia (1994)	Colombia	No	
Defensoría del Pueblo (2014)	Colombia	No	
Guerrero, Gallego, Becerril-Montekio, and Vásquez (2011)	Colombia	No	
Ochalek, Lomas, and Claxton (2018)	Cross-country	Yes	The results from this approach to estimation using cross-country data can inform country-specific cost per DALY averted values by applying estimated elasticities to country-specific mortality rates, conditional life expectancies (CLEs) and population distribution (all by age and gender) as well as estimates of disability burden of disease and total healthcare expenditure.
Woods, Reville, Sculpher, and Claxton (2016)	Cross-country	Yes	CETs for Malawi (the country with the lowest income in the world), Cambodia (with borderline low/low-middle income), El Salvador (with borderline low-middle/upper-middle income), and Kazakhstan (with borderline high-middle/high income) were estimated to be USD 3 to USD 116 (1%–51% GDP per capita), USD 44 to USD 518 (4%–51%), USD 422 to USD 1,967 (11%–51%), and USD 4,485 to USD 8,018 (32%–59%), respectively (2013 PPP-adjusted values).
Cameron, Ubels, and Norström (2018)	Cross-country	No	
Eichler, Kong, Gerth, Mavros, and Jönsson (2004)	Cross-country	No	
Leech, Kim, Cohen, and Neumann (2018)	Cross-country	No	
Neumann and Cohen (2017)	Cross-country	No	
A. S. Santos et al. (2018)	Cross-country	No	

Paris, Devaux, and Wei (2010)	Cross-country: 29 OECD countries		
Schwarzer et al. (2015)	Cross-country: AHRQ/USA, BIQG-GOEG/Austria, CADTH/Canada, DAHTA@DIMDI/Germany, DECITC-GATS/Brazil, HAS/France, HITAP/Thailand, IQWiG/Germany, LBI-HTA/Austria, MSAC/Australia, NICE/England/Wales and SBU/Sweden	No	Overview.
World Health Organization et al. (2015)	Cross-country: Asia	No	
Shiroiwa et al. (2010)	Cross-country: Japan, ROK, Taiwan, UK, Australia, US	No	
Giedion et al. (2014)	Cross-country: LATAM	No	
Elsisi et al. (2013)	Egypt	No	
Gericke, Britain, Elmahdawy, and Elsisi (2018)	Egypt	No	
Griffin et al. (2016)	Egypt	No	
Fouad, Elsisi, and Elmahdawy (2015)	Egypt	No	
Fasseeh et al. (2022)	Egypt	No	
Claxton et al. (2015)	England	Yes	£ 12,936 per QALY gained (2008 expenditure, 2008-2010 mortality).
Anderson et al. (2022)	England	No	
Appleby, Devlin, Parkin, Buxton, and Chalkidou (2009)	England	No	
Charlton (2020)	England	No	
Charlton (2022)	England	No	
Cylus et al. (2015)	England	No	
Devlin and Parkin (2004)	England	Yes	It analyzes the threshold between £ 20,000 and £ 30,000 per QALY gained.
McCabe, Claxton, and Culyer (2008)	England	No	It analyzes the threshold between £ 20,000 and £ 30,000 per QALY gained.
National Institute for Health and Care Excellence (2021)	England	No	

National Institute for Health and Care Excellence (2022)	England	No	
Kanavos, Manning, Taylor, Schurer, and Checchi (2010)	England	No	
Raftery (2014)	England	No	
Sculpher, Claxton, and Pearson (2017)	England	No	
O'Mahony and Coughlan (2016)	Ireland	No	
Lim, Shafie, Chua, and Hassali (2017)	Malaysia	Yes	The CE thresholds established using the nonparametric Turnbull method ranged from MYR 12,810 to MYR 22,840 (USD 4,000–USD 7,000), whereas those estimated with the parametric interval regression model were between MYR 19,929 and MYR 28,470 (~ USD 6,200–USD 8,900).
Roza et al. (2019)	Malaysia	No	
van Baal et al. (2019)	Netherlands	Yes	€ 41,000 per QALY gained.
Stadhouders, Koolman, van Dijk, Jeurissen, and Adang (2019)	Netherlands	Yes	€ 73,600 per QALY gained.
Franken, Koopmanschap, and Steenhoek (2014)	Netherlands	No	
Kroneman et al. (2016)	Netherlands	No	
Al-Jedai et al. (2023)	Saudi Arabia	No	
Edoka and Stacey (2020)	South Africa	Yes	ZAR 38,500 (USD 3,015) per DALY averted.
Barr (2022)	South Africa	No	
Edoka and Stacey (2022)	South Africa	No	
Bernal-Delgado et al. (2018)	Spain	No	
De Cock, Miravittles, González-Juanatey, and Azanza-Perea (2007)	Spain	Yes	A reasonable value would be in the range of € 30,000 to € 45,000 per QALY gained.
Vallejo-Torres, García-Lorenzo, and Serrano-Aguilar (2018)	Spain	Yes	A cost per QALY gained of between € 21,000 and € 24,000.
Ministerio de Sanidad (2008)	Spain	No	
Teerawattananon, Tritasavit, Suchonwanich, and Kingkaew (2014)	Thailand	No	

Thavorncharoensap et al. (2013)	Thailand	Yes	The mean WTP for a QALY value (WTP/QALY treatment) estimated by the TTO method ranged from BAHT 59,000 to BAHT 285,000 (16.49 BAHT = USD 1 purchasing power parity [PPP]). In contrast, the mean WTP for a QALY value in terms of prevention (WTP/QALYprevention) was significantly lower, ranging from BAHT 26,000 to BAHT 137,000.
Mohara et al. (2012)	Thailand	No	
Youngkong (2014)	Thailand	No	
Isaranuwachai et al. (2022)	Thailand	No	
Claxton et al. (2015)	United Kingdom	Yes	£12,936 per QALY gained.
Weinstein (2008)	United States	No	
Braithwaite, Meltzer, King Jr, Leslie, and Roberts (2008)	United States	Yes	Lower and upper bounds are USD 183,000 and USD 264,000 per QALY gained.
Bridges, Onukwugha, and Mullins (2010)	United States	No	It analyzes the USD 50,000 threshold per QALY gained.
Chambers, Neumann, and Buxton (2010)	United States	Yes	20 were associated with an economic evaluation that estimated the intervention to be dominant (costs less and was more effective than the alternative), 12 with an incremental cost-effectiveness ratio (ICER) of less than USD 50,000, 8 with an ICER greater than USD 50,000 but less than USD 100,000, and 9 with an ICER greater than USD 100,000.
Grosse (2008)	United States		It analyzes the USD 50,000 threshold per QALY gained.
Neumann, Cohen, Weinstein, et al. (2014)	United States	No	It analyzes the USD 50,000 threshold per QALY gained.
Rice, Rosenau, Unruh, and Barnes (2020)	United States	No	
Sullivan, Watkins, Sweet, and Ramsey (2009)	United States	No	
Vanness, Lomas, and Ahn (2021)	United States	Yes	USD 104,000 per QALY gained (95% UI: USD 51,000 - USD 209,000)

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