

Policy Brief I October 2026

Administering the EuroQol five-dimension five-level (EQ-5D-5L) valuation interviews in Kenya

Lessons for generating and interpreting utility values in policy

Explanation of key terms

- **EQ-5D-5L:** A tool for describing health across five areas: mobility, self-care, usual activities, pain/discomfort and anxiety/depression.
- **Health-state utility value:** A number showing how good or bad a health state is considered, where 1 usually represents full health and 0 represents death. Some health states can receive negative values, indicating that they are valued as worse than being dead.
- **QALY**: A measure that combines length of life and quality of life. One year lived in full health is equivalent to one QALY. QALYs help compare the health benefits of different interventions.
- **Value set:** A set of locally estimated values used to convert EQ-5D-5L health states into utility values.
- **Valuation interview:** An interview where members of the public are asked to compare and value different health states.
- **Health technology assessment:** A systematic assessment of the clinical, economic, ethical and social implications of health interventions to inform healthcare policy and resource allocation

Key messages

- The EQ-5D-5L captured important aspects of health that mattered to participants, especially pain/discomfort, mobility and usual activities. However, participants also raised areas not fully captured, including vision, speech, broader mental health and social relationships.
- People's health-state preferences were shaped by their lived experiences and circumstances. Illness experience, treatment costs, beliefs about death, independence, social roles and local living conditions influenced how participants evaluated hypothetical health states.
- Language and cultural understanding influenced how participants interpreted health states. Some participants struggled with formal Kiswahili terms, including those used to describe depression and levels of severity, highlighting the importance of considering language and context when interpreting valuation findings.
- Utility values should be interpreted alongside contextual evidence when informing policy decisions. Qualitative findings can help explain how people understand and value health states, while highlighting limitations that should be considered in decision-making.

Introduction

Economic evaluation and health technology assessment are increasingly important for informing healthcare priority setting and health benefits package decisions in Kenya. A key input into these assessments is health-state utility values, which are used to estimate quality-adjusted life years (QALYs) and compare the health benefits of different interventions.

Kenya has generated a national EQ-5D-5L value set to provide locally relevant health-state utility values. However, understanding how people interpret health states and complete valuation tasks is important for interpreting these values and recognising their limitations. This brief presents findings from an embedded qualitative study examining participants' and field teams' experiences of the valuation process, and discusses their implications for the use of utility values in policy and future valuation research.

Study approach

This qualitative study was conducted alongside the Kenyan EQ-5D-5L national valuation study between September and October 2025, across eight counties: Kiambu, Nyeri, Meru, Nakuru, Isiolo, Kakamega, Kisii and Elgeyo Marakwet. The counties were selected to reflect Kenya's socioeconomic and cultural diversity.

Data were collected through 23 in-depth interviews with community participants conducted after their EQ-5D-5L valuation interviews, and 16 debrief sessions with valuation interviewers (14) and field supervisors (2). Community participants were purposively selected to capture diversity in age, sex, language and geographical setting, as well as unusual experiences or responses during valuation interviews.

The interviews and debrief sessions explored how participants understood the EQ-5D-5L health domains and valuation tasks, the factors shaping their health-state preferences, challenges encountered during interviews, and how field teams responded. Interviews and debrief sessions were audio-recorded, transcribed and analysed thematically to identify recurring patterns and emerging insights.

Findings

1. The EQ-5D-5L covered important aspects of health, but participants identified additional concerns

Most participants described health in ways that matched the EQ-5D-5L domains: mobility, self-care, usual activities, pain/discomfort and anxiety/depression. However, some participants felt that other aspects of health were missing, especially vision, speech, broader mental health and social relationships.

> **"When you quarrel with someone... you feel that health is reducing, and that is missing [from the tool]."**
>
> - Post-valuation interview, Isiolo county

2. Health state preferences reflected people's lived realities

Participants did not value hypothetical health states in the abstract. They drew on illness experience, household financial pressures, beliefs about death, expectations about independence and social worth, and local conditions such as difficult terrain and insecurity. Severe problems with pain, walking and usual activities were often viewed as especially serious.

> **"Instead of me being in this severe state and probably I'll still die but I will have consumed a lot of money in treatment... better I die earlier so I don't go away with all resources."**
>
> - Debrief session, Kiambu county

3. Some words and examples in the tool were understood differently in practice

The Kiswahili version made the interview more accessible, but some formal words did not carry the intended meaning in everyday speech. For example, "kushuka moyo" was not always understood as depression, and "kidogo" and "kiasi" were sometimes understood as similar rather than different levels of severity. Some examples, including wheelchair scenarios and death-related trade-offs, also carried strong social, cultural or religious meanings.

> **"Even if we speak Kiswahili, many of us do not understand the formal Swahili. For example, when he said "kushuka moyo" I struggled."**
>
> - Post-valuation interview, Isiolo

4. Field teams used practical approaches to support participants' understanding of valuation tasks

Field teams adopted several approaches to support participants' understanding and completion of valuation tasks, including using locally familiar words, reading aloud, slowing the pace, pausing interviews, enlarging text, and stopping interviews where participants could not meaningfully complete the practice tasks. The table below summarises common challenges encountered during valuation interviews and the practical responses field teams used to support understanding.

Practical lessons from the field

Field challenge	Practical response
Formal or unfamiliar Kiswahili terms	Use locally familiar wording while keeping the intended meaning. Document wording that requires further translation review.
Limited literacy or low formal education	Read aloud, allow more time and use practice tasks carefully.
Hearing or visual difficulties	Speak clearly, adjust pace and enlarge screen text where needed.
Sensitive topics such as death	Emphasise that scenarios are hypothetical and participation is voluntary.
Distractions or caregiving responsibilities	Pause and resume when the participant is ready.
Participant cannot understand the task despite appropriate support	Discontinue the interview to protect data quality.

Policy considerations

- **Prioritise the use of Kenyan health-state utility values in economic evaluations.** Where appropriate, Kenya's EQ-5D-5L value set should be used to estimate QALYs in economic evaluations informing health technology assessments and health benefits package decisions. Analysts should clearly document the value set used and its relevance to the Kenyan context.
- **Consider the limitations of utility values when reviewing economic evidence.** EQ-5D-5L utility values capture important aspects of health but may not fully reflect everything people value about their health. National technical advisory bodies, such as the Kenya National Immunization Technical Advisory Group (KENITAG) and the Benefits Package and Tariffs Advisory Panel (BPTAP), should consider these limitations when interpreting economic evaluations that use QALYs, drawing on relevant qualitative evidence where available to inform their recommendations.
- **Promote transparent interpretation and use of utility values in policy recommendations.** Researchers and analysts preparing economic evidence for technical advisory bodies should explain how utility values were used and acknowledge relevant contextual and methodological limitations. These bodies should consider these limitations when reviewing evidence and clearly communicate how they informed their policy recommendations.
- **Support context-sensitive and high-quality valuation research.** Future national valuation studies should incorporate qualitative assessment, locally appropriate language testing, interviewer training and clear procedures for supporting participants with different communication and accessibility needs, while maintaining standardised valuation methods.

Recommended citation

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About the brief

This policy brief summarises findings from an embedded qualitative study conducted alongside the Kenyan EQ-5D-5L national valuation study. It is intended for researchers and analysts generating economic evidence, national technical advisory bodies reviewing this evidence, policymakers responsible for health priority-setting decisions, and researchers planning future valuation studies in Kenya and similar settings.





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