## Cost Benefit Analysis Template – Wellbeing domains

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| **Wellbeing domains – People’s experience of wellbeing over time** | |
| **Identify and quantify how the initiative impacts on wellbeing domains** | Please fill in the table below. Impacts need to be grouped under the relevant domains, as provided in the key below. Use the relevant domains, ordering them from top to bottom according to which domain your initiative achieves the greatest impact in. This analysis must also capture any **negative impacts.**  This analysis draws on the intervention logic. It sets out the key assumptions and evidence base for the quantification of impacts. It covers a broad range of impacts, including unmonetised impacts and where appropriate monetised impacts. Focus monetisation on key impacts with a good evidence base. Where the evidence base is weak, reverse analysis may be appropriate.  The wellbeing domains are outlined here for you to use in your table:   |  |  | | --- | --- | | Civic engagement and governanceC:\Users\BusfieldW\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\WOER5J1Z\civic engagement-governance300ppi.png | Jobs and earningsC:\Users\BusfieldW\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\WOER5J1Z\jobs300ppi.png | | Cultural identity C:\Users\BusfieldW\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\WOER5J1Z\cultural identity-ukaipotanga300ppi.png | Knowledge and skills C:\Users\BusfieldW\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\WOER5J1Z\knowledge and skills300ppi.png | | Environment C:\Users\BusfieldW\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\WOER5J1Z\environment300ppi.png | Safety C:\Users\BusfieldW\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\WOER5J1Z\safety300ppi.png | | Health C:\Users\BusfieldW\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\WOER5J1Z\health300ppi.png | Social connections C:\Users\BusfieldW\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\WOER5J1Z\social-connections300ppi.png | | Housing C:\Users\BusfieldW\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\WOER5J1Z\housing300ppi.png | Subjective wellbeing C:\Users\BusfieldW\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\WOER5J1Z\subjective-wellbeing300ppi.png | | Income and consumption C:\Users\BusfieldW\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\WOER5J1Z\income300ppi.png | Time-use C:\Users\BusfieldW\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\WOER5J1Z\leisure300ppi.png | |  | Other | |

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| **CBA impacts across wellbeing domains – People’s experience of wellbeing over time** |

*The table below uses an illustrative example of vaccination for children. Please delete the example complete the table for your initiative.*

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| **Domains**  List domains, using the key above, where there is an impact. Order domains by magnitude of impact, ie, largest impact domain first. | **Impact(s) description**  Identify the impacts, with a separate line for each impact relating to a specific domain  *Note you can identify multiple impacts for a particular domain. Delete/add rows as needed.* | **Who are affected?**  Individuals/families/government/etc? Be as specific as possible. Are there distributional differences? | **Magnitude of impact**  Relative to the counterfactual key assumptions, quantified to extent possible, and where possible monetised | **How big?**  High/ Moderate/ Low, or where possible present value | **Realised** in  <5 / 5-10 / 10+ years | **Evidence base**  Nature of evidence and key references | **Evidence  quality**  High/ Medium/ Low |
| Health health300ppiPrimary | QALY gains | 7-9 year olds  Low income Māori and Pacifika children are at higher risk of not being immunised | Assume 0.03 QALY gains for two weeks, based on prevention of similar sickness for children. Vaccine is highly effective (99%) – high evidence base of effectiveness from overseas application. | $29m pv | <5 years  ongoing | International clinical trials. Ref xxx | Medium |
| Fewer hospital visits | Government – District Health Boards | Reduce visits by 10% from 0.3 to 0.27 visits per year.  Assume 99% successful based on similar vaccines. | $121m pv | <5 years  ongoing |  | Low |
| Fewer GP visits | Government – GPs / primary care | Reduce visits by 5% from 6 to 5.7 visits per child per year. | $54m pv | <5 years  ongoing | International clinical trials. Ref xxx | Medium |
| Jobs and earnings jobs300ppiSecondary | Avoided lost work and productivity | Parents of 7-9 year olds | Care arrangements will vary, but often one parent will need to be at home with the child for 1-2 weeks. | Med | <5 years  ongoing |  | Low |
| Knowledge and skills knowledge and skills300ppiSecondary | School attendance and learning | Government ­– schools | Less disruption of schooling.  Low vaccination rates make schools and pupils vulnerable for disruptions. | Low | <5 years  ongoing |  | Low |
| Civic engagement and civic engagement-governance300ppigovernance | Costs of initiative for vaccinations | Government – primary health sector | Vaccinate 80% of 60,000 six year olds, $100 per vaccination.  Assume 20% not vaccinated. Assume constant 60,000 children each year across 50 years. | $(78)m pv | <5 years  ongoing | Costed by xxx.  Increases if uptake above 80% | High |