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Exploring Components of Intangible Costs across Income Classifications in Global Health Science Research: Findings from a Scoping Review

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Background: Intangible cost (IC) in cost-of-illness (COI) studies are not well defined. Exploring the components of IC across income classifications will help to bridge global health disparities and develop standardized methods to assess IC in global health research.

Objective: To describe the variation in individual perspectives of IC components across countries classified by income level.

Methods: A scoping review was conducted following Joanna Briggs Institute guidelines. Electronic searches were performed across eight databases using terms related to IC. English-language primary studies using the term “intangible cost” in disease/health contexts were included without restrictions on time or population. Identified IC components were classified and analyzed according to World Bank income classifications.

Results: Of the 954 articles retrieved, 76 met inclusion criteria, predominantly from high-income countries (HICs) (n=41, 53.9%), with fewer studies from lower-middle-income (LMICs) (n=24, 31.6%) and upper-middle-income countries (UMICs) (n=11, 14.5%), and none from low-income countries (LICs). IC was categorized into three main domains: physical, psychological, and social. The physical domain encompasses direct bodily impacts, complications due to disease/condition, and management challenges. Psychological domain captured emotional and behavioral responses to disease and treatment, including well-being effects and perceived social issues. The social domain highlighted social implications of the disease process. HIC included detailed and comprehensive accounts, emphasizing the physical domain and uniquely reporting disease complications. UMIC studies primarily focused on psychological symptoms tied to social factors but had limited exploration of social aspects, concentrating mainly on financial issues. LMIC research included the majority social domain, addressing social implications more broadly.

Conclusion: IC literature overrepresents HICs, focusing on the physical and psychological components, while LMICs focus more on the social domain. UMICs had limited social domain coverage. Achieving a comprehensive global understanding of IC components requires further research from LICs and balanced representation across all domains and income groups.

Keywords: Global health science research, Income classifications, Intangible costs