

MVI Case study: Cost of illness projects

Farzana Muhib

Project Manager, Product Development and Access

PDP Access Group: Economic Appraisals

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Need identified

- **Eighty-one percent of all cases of malaria occur in sub-Saharan Africa**
- **Malaria is large share of the overall health expenditures in endemic countries**
- **Many cost studies focus solely on treatment costs**
- **Little data available on indirect costs, and household expenditures**

Study description

- **Objective: Estimate the costs of uncomplicated and severe malaria borne by health systems and households**
- **Study carried out in 4 countries in SSA, from July 2010- July 2011(Burkina Faso, Nigeria, Ghana, Uganda)**
- **Site selected using the following criteria:**
 - Vaccine trial, disease burden, country's economic profile, malaria context
- **Prospective and retrospective data collection**
- **Children(<5) presenting with febrile illness meeting WHO case definition were included**
- **Patients sampled from both private and public facilities**

What was achieved

- **Current cost of illness data from four sub-Saharan malaria countries**
- **Direct costs from: public and private; rural and urban; and primary care and tertiary facilities**
- **Indirect costs including estimates for productivity loss**
- **Establishment of relationships with local institutions and researchers, capacity building, and country ownership**

Lessons learned

- **Country level capacity building and buy-in**
 - Country level PIs managed all aspects of project implementation: data collection to manuscript generation
- **Common protocol was developed, however variable definition not clear to all investigators**
 - Development of a common database with variable definitions agreed to in advance by all investigators in order to improve comparability and synthesis across all countries
- **Difficulty comparing study data to WHO CHOICE**
 - Ensure that data collected can be directly compared to WHO CHOICE data and other COI studies

Conclusion

- **Cost of illness data, especially on indirect costs is valuable in economic analyses**
- **Prospective data collection important in developing country settings to capture key changes in health systems (national insurance schemes, AMFm)**
- **As new interventions are introduced, important to understand potential impact on treatment costs**

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- **Institutions**
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