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The variation in reported costs of treating malaria: implications for CEA outcomes

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Aim and Objectives: Crucial to many cost effectiveness analyses (CEAs) of malaria treatment are the costs per case of malaria averted, especially if morbidity data is unavailable and it is not possible or appropriate to use DALYs as an outcome measure. Malaria disease is normally categorised as either ‘severe’ or ‘uncomplicated’, or alternatively, as ‘inpatient’ or ‘outpatient’ with unique treatment algorithms and unit costs associated with each. The cost can be based on that incurred by the provider alone, or in some studies the burden to the household is also included. The aim of this paper is to find out how comparable the methodology and the final costs per case of malaria treatment are across studies and countries, and ultimately across CEAs. This is important as CEAs continued to grow in importance and influence public health decision making.

Methods: The analysis uses both primary data from costings the authors have been directly involved in calculating and data from an extensive literature search of secondary sources; these include costing papers and reports from both the published literature and the grey literature.

Key Findings: It is often difficult to get disaggregated information about what lies behind the average ‘inpatient’ cost or ‘outpatient’ cost. The cost of treating malaria included in CEAs do not always use comparable approaches. The time perspective differs across studies; some follow patients for a ‘visit’ to a health facility, others over the ‘episode’ to assess costs to the health system and household of multiple treatments. When comparing alternative interventions or delivery strategies, many studies take an incremental approach to costing which does not describe the full value of resources used to produce a given health outcome. Different cost categories are included/ excluded in different studies. This difference in methodology is not always due to the approach used but to the lack of available records and data at the health facility level on costs and resource use. Less variation exists when identifying household costs of treating malaria, but this approach also has its challenges. Unit costs estimates also vary due to disparate quantities and prices of inputs required across epidemiologic, economic and operational settings.