Costs of adding rapid syphilis test to existing antenatal services at the primary healthcare level in Burkina Faso: a micro costing approach for prenatal diagnosis

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Objective: To estimate the additional cost of an antenatal syphilis screening intervention implemented in rural and semi urban health facilities in Burkina Faso.

Design: A micro costing study in the frame of a pre post implementation intervention group with no comparison group was conducted.

Setting: Antenatal services in 4 primary health centers in health district in Burkina Faso

Population: Pregnant women attended to first antenatal care at the selected health facility before and after the intervention.

Methods: Costs data were collected before and after implementation of the antenatal syphilis screening in 4 selected health facilities in the healthcare perspective. Observations were conducted the day of antenatal care in the antenatal care room consultation with all consenting pregnant women.

Main outcome measures: Costs for antenatal care with and without rapid syphilis test were estimated. Cost for woman screened and treated for maternal syphilis was also estimated. Results: The average cost for unscreened pregnant woman was $3.11 (±0.14) and the average cost for screened pregnant woman was $5.06 (±0.16). Cost difference between unscreened and screened woman was $1.95. The main cost driver in screening was material costs. Syphilis material costs accounted on average for 16% to 39%.

The average cost for screened and treated pregnant woman was $6.28 with benzathine benzyl penicillin (BBP) only and $9.41 for alternative treatment with erythromycin. Costs varied also between health facility location and profile of health worker.

Conclusion

 Integrating point of care test for syphilis in ANC services is feasible at a modest incremental cost in comparison with HIV tests.