



## Costing estimates for elimination

**APMEN VII**

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# Costing estimates for elimination

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Resistance in the GMS

# Feasibility study of Pf Elimination in GMS

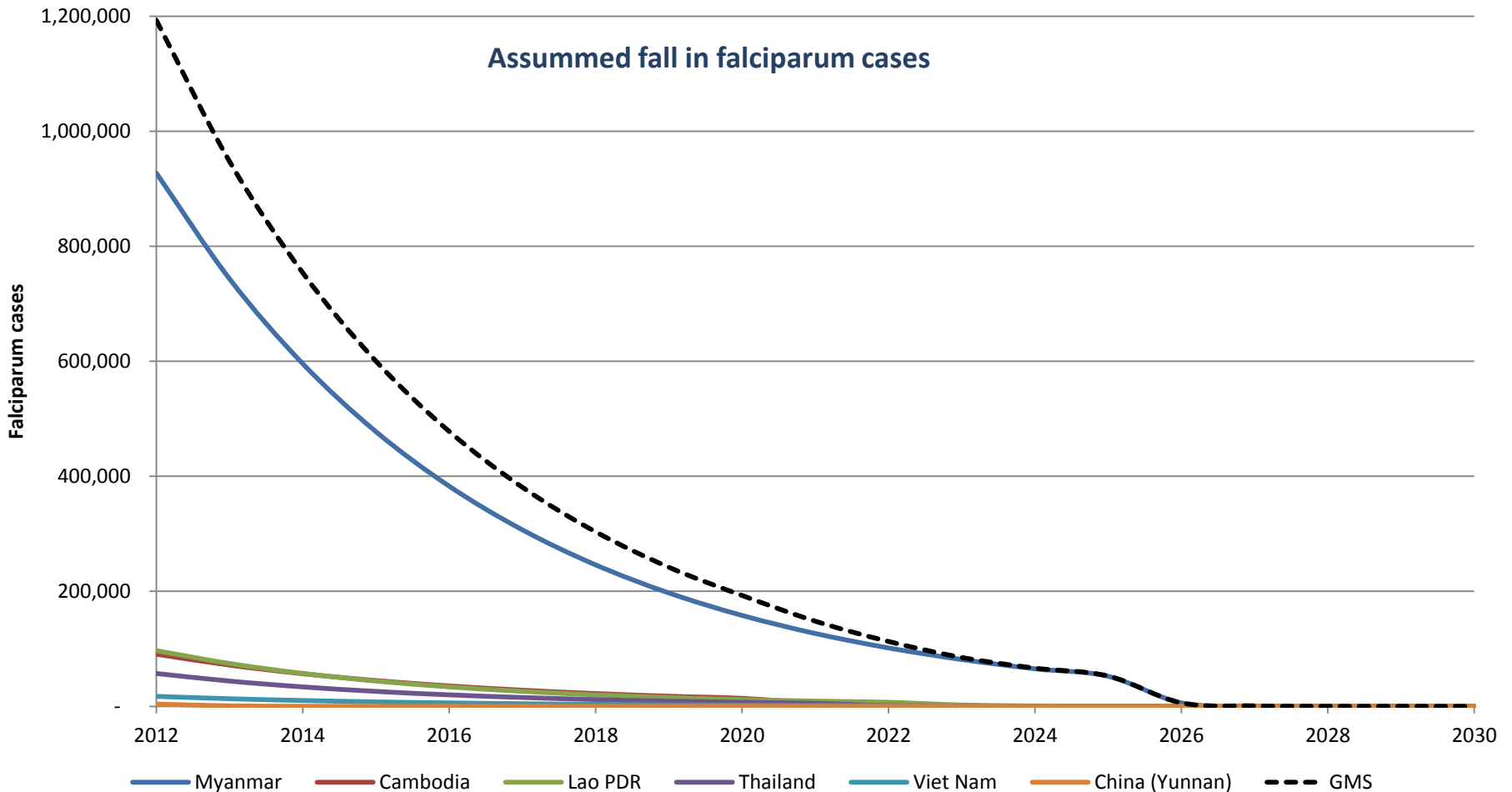
- Is it technically feasible?
  - substantial gains have been made in GMS. Disease burden has reduced significantly over the past decade
- Why the GMS, Why now?
  - It's the time
  - There is considerable experience to build on
  - we have no choice but to try
  - We have an imperfect but very good set of tools

# Costing estimations

- An overall estimation of the cost of falciparum elimination was made as part of a falciparum elimination feasibility study;
- The costing was made with regional level assumptions;
- Range from an US\$ 3.2 to 3.9 billion over 15 years. That is an average of US\$ 1.8 to 2.2 per capita for the population at risk of malaria in the GMS per year.
- This has to be further refined through country costing as part of the process of planning for elimination. This process can help by not only giving an estimated cost but by facilitating discussions about priorities and resource-effectiveness;
- This needs to be supplemented by country analyses and discussions about absorption capacities, and how to raise the absorption capacities where needed.

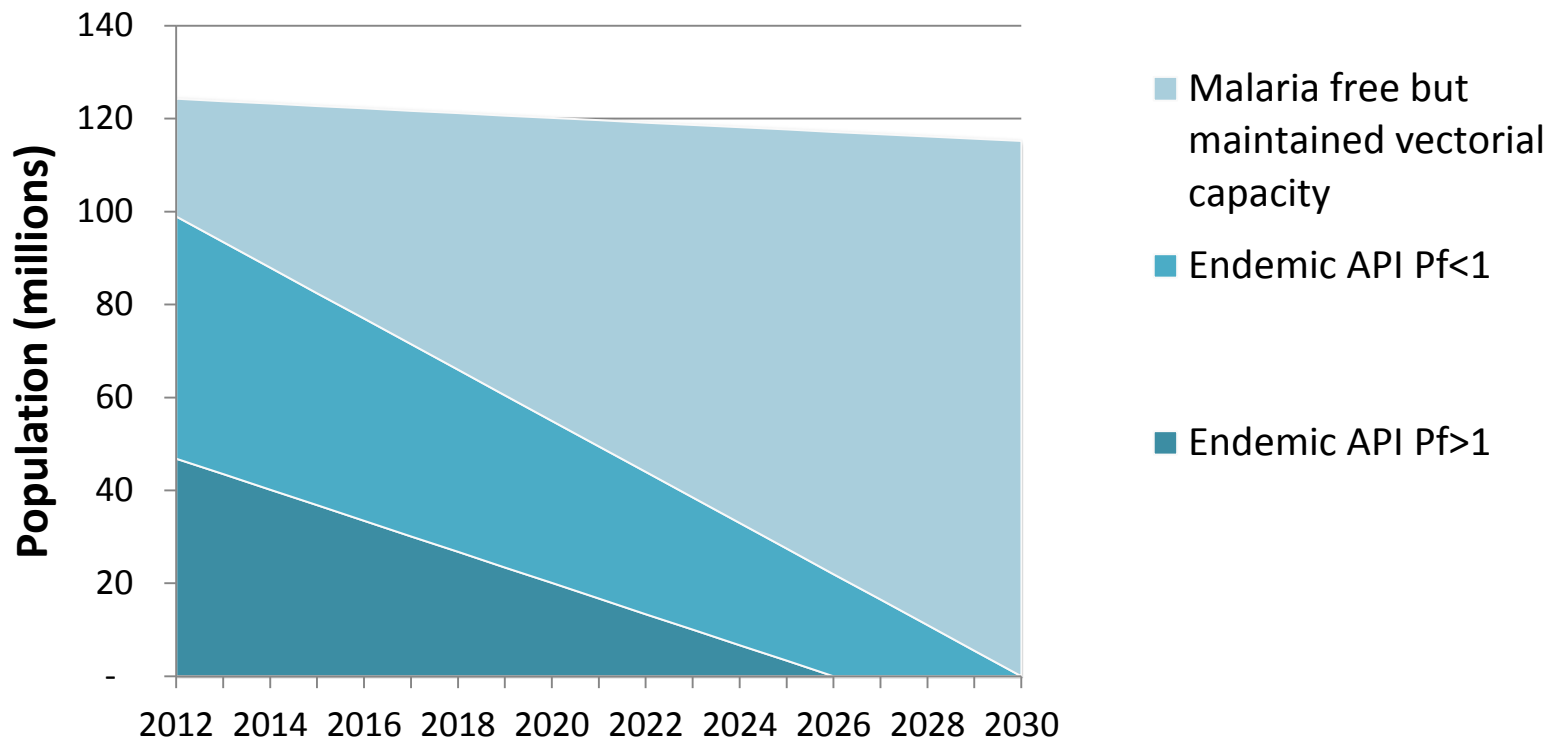
# Costing assumption - fall in falciparum cases

- Based on 2012 point estimates in the World Malaria Report 2013;
- Country specific assumptions have been made for exponential (or close to exponential) fall in cases.



# Costing assumptions - risk population

- The population at risk in 2012 estimated on the basis of estimated cases and subnational data reported for WMR 2013 (2012 data);
- A linear decline is assumed for the populations living in endemic areas
- Intervention coverage assumptions made by endemicity



# Intervention assumption

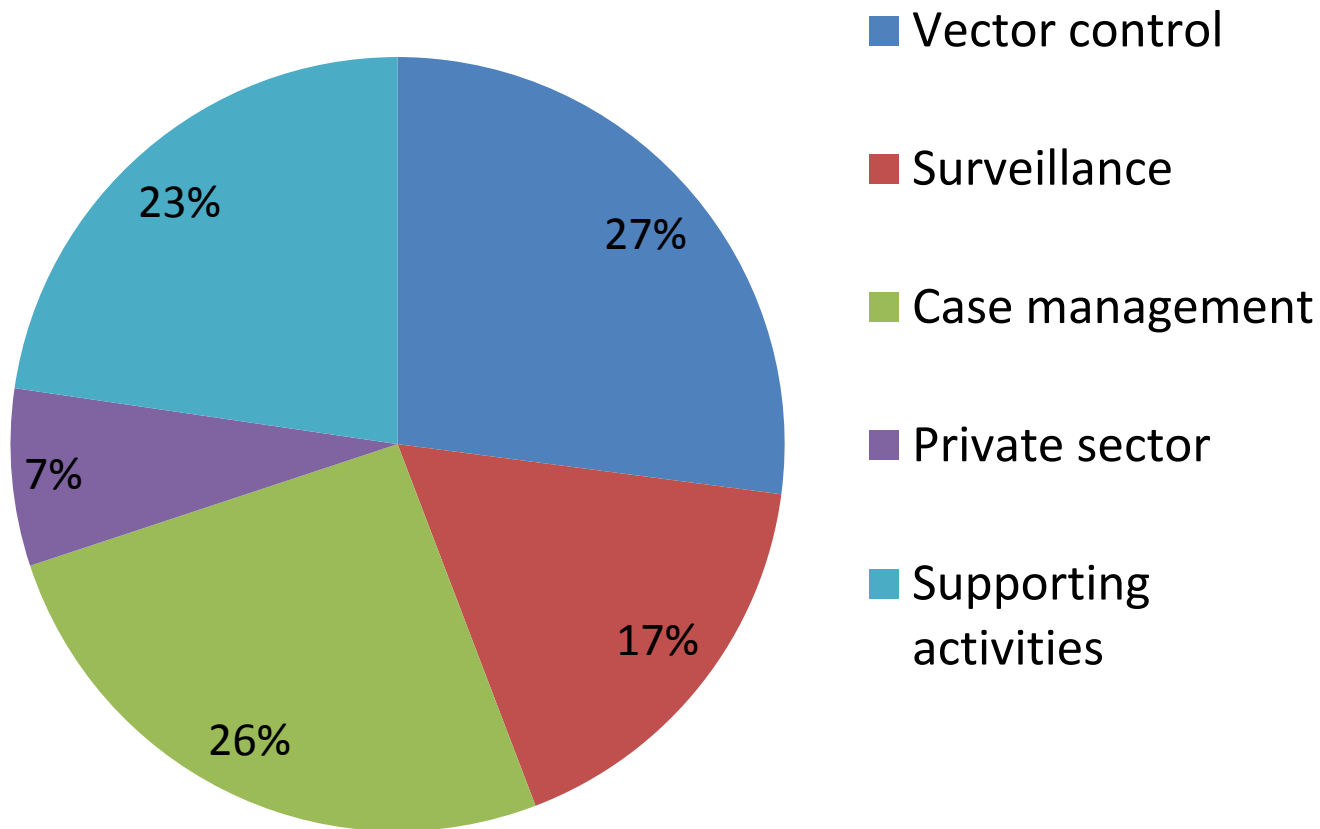
- Intervention coverage assumptions made by endemicity. Even where the assumptions are constant over the 15 years the fall for population living in endemic areas means that the overall population coverage declines.
- Costing has been made for two different scenarios
  - Vector control
    - LLIN
    - IRS
  - Case management (Public/NGO)
    - Diagnostics based on target ABER (microscopy and RDTs)
    - Severe case management
    - Training
    - Community malaria workers
    - mobile malaria workers
    - DOT and case follow-up
    - Health Sector costs
  - Private sector
    - Private sector project (7 years)
    - Training, advocacy and monitoring
  - Surveillance
    - ACD
    - Case/foci investigations
    - Other costs including: TES, Surveys, Surveillance systems support
  - Supporting activities
    - Human resources
    - Advocacy and BCC
    - National and regional coordination
    - Supply management
    - Operational research

# Costing scenarios



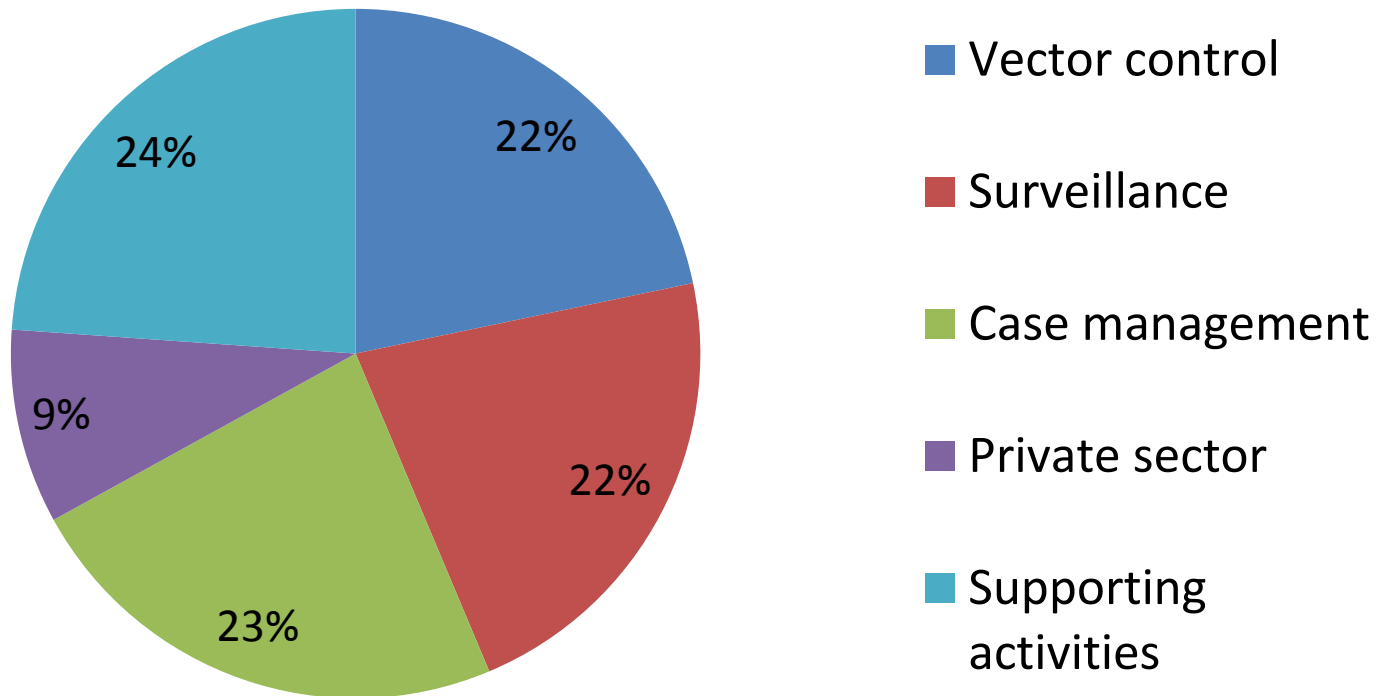
# Scenario 1 = \$3.9B

- High coverage of LLINs in high and low transmission areas.
- The slower projected fall in cases has been used in this scenario.



# Scenario 2 = \$3.2B

- High coverage of LLINs in high transmission areas and reduced coverage in low transmission areas with a gradual cost-sharing of CHW along the years as they become multipurpose agents.
- The faster projected fall in cases has been used in this scenario.



# Costing – new tools

- In the scenarios costs have in general not been included for the new tools
- However, cost for Targeted Mass Treatment (TMT) has been estimated separately. It is estimated that the cost for TMT in Cambodia, Lao PDR and Myanmar would be between US\$ 82 and 186 million assuming that:
  - The cost of screening estimated to be US\$ 500 per village (10 5 of villagers);
  - 24,800 villages could potentially be targeted for screening;
  - Two scenarios: villages eligible for TMT are 20% or 50% of those screened;
  - A cost of US\$ 20 per person treated for three rounds of treatment and their management.

谢谢

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ขอบคุณ

ຂອບໃຈຫລາຍໆ

cảm ơn

cè-zù tin-ba-deh

thank you