

POLICY BRIEF

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Supporting decision makers to save lives: new cost-effectiveness analyses informing health priority setting in Ethiopia

SUMMARY

New cost-effectiveness analyses to support decision making

Over recent decades, Ethiopia has experienced great improvements in health, with life expectancy increasing almost 18 years between 1990-2015. However, progress in reducing disease and premature death is limited by scarce health budgets. It is therefore important that decision makers have the best possible information to inform priority setting in health, especially when seeking to deliver equitable, universal health coverage.

The results from three cost-effectiveness analyses, contextualized to the Ethiopia setting are presented here. This

includes the cost-effectiveness rates of 61 interventions across obstetric and neonatal care, psychiatric and neurological treatment and prevention and treatment of cardiovascular diseases. This provides the first published, country-specific, cost-effectiveness analyses across multiple health interventions in Ethiopia.

The analyses found that a 2.8 US\$ per capita increase in the annual health budget could increase population coverage 20-75% for all of the 22 most cost-effective interventions, averting 0.5 million DALYs every year.

Neonatal resuscitation, kangaroo mother care and antibiotics for newborn sepsis stand out as best buys in the Ethiopian setting.

Bergen Center for Ethics and Priority Setting (BCEPS) is an interdisciplinary research centre based at the University of Bergen working on ethics and economics of priority setting in health. The centre works in Norway, Ethiopia, Malawi, Tanzania and Zanzibar, Uganda and India.

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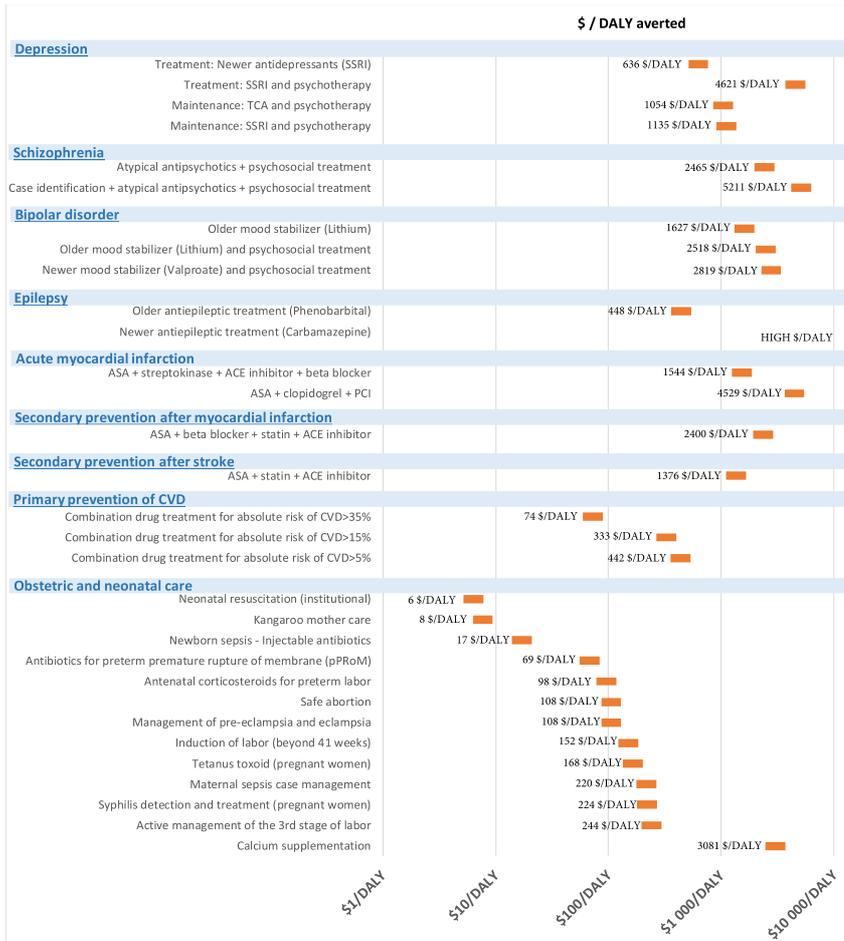
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LINKED ARTICLE

Johansson KA, et al. (2019). Country contextualization of cost-effectiveness studies: lessons from Ethiopia. *BMJ Global Health*
<https://gh.bmj.com/content/4/6/e01320>



Data visualization showing the cost effectiveness (US\$ / DALY averted) of investing in 31 selected interventions.

Note: logarithmic scale. Cost-effectiveness ratios differ widely between different interventions.



KEY FINDINGS

Maternal and Child Health

Maternal and child health services are high priority services in Ethiopia but have low coverage. Almost all of the maternal- and neonatal health interventions analysed here are highly cost-effective and can save many lives. Increasing coverage of all maternal and child health interventions by 20% is estimated to cost 21million US\$ (0.2 US\$ per capita) and avert around 200,000 DALYs.

Cardiovascular Disease (CVD)

Primary prevention of cardiovascular disease was found to be amongst the most cost-effective interventions, costing between 74 and 442 US\$/DALY averted. Scale up of the most effective CVD interventions would avert 122,000 DALYs and cost around 21.3 million US\$ (0.20 US\$ per capita)

Mental Health

Mental health interventions were the least cost-effective of those studied. However, other priorities such as disease severity or the availability of alternative treatments may be considered. If only the most cost-effective interventions were scaled up by 30-75% in Ethiopia this is expected to avert around 102,000 DALYs and cost 156 million US\$ (1.5 US\$ per capita).

IMPLICATIONS FOR POLICY MAKERS

- Across the world there is a strong pressure to implement interventions which are not cost-effective; Ethiopia is no exception.
- By displacing more cost-effective interventions, expensive treatments can have a negative impact on population health.
- This study provides policy makers in Ethiopia with user-friendly cost-effectiveness analyses from the Ethiopian context which can inform explicit priority package.