

POLICY BRIEF

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Public financing of malaria interventions in Ethiopia: health gains and financial risk protection

SUMMARY

Extended cost-effectiveness analyses to support decision-making.

Malaria is a public health burden in Ethiopia and a major cause of financial burden on families and government finances.

Extended cost-effectiveness analyses were undertaken in order to assess the potential benefits of a 10% coverage increase in public financing of four different malaria interventions: artemisinin combination therapy, long-lasting insecticide-treated bed nets, indoor residual spraying and malaria vaccination.

Total government costs, household out-of-pocket expenditures averted, deaths averted, and catastrophic health expenditures averted were measured across different socio-economic groups.

All four interventions save more lives among the poor.

Artemisinin based combination therapy and long-lasting insecticide-treated bed nets have the biggest impact on averted malaria deaths and financial risk protection, mainly concentrated amongst the poorest two income quintiles.

Nearly 50% of averted deaths would occur among children below five years of age.

Bergen Center for Ethics and Priority Setting (BCEPS), formerly *Global Health Priorities*, 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.

Disease Control Priorities-Ethiopia (DCP-E) is a partnership between Ethiopia's Federal Ministry of Health, the Harvard T.H. Chan School of Public Health and the University of Bergen.

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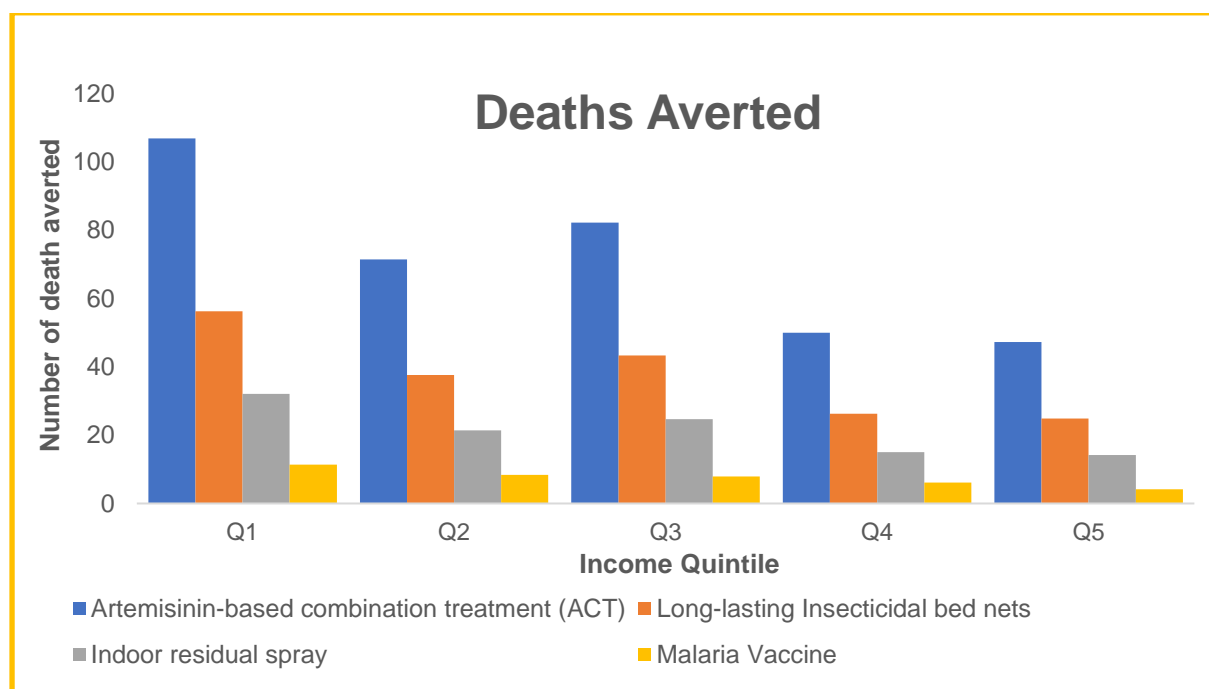
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LINKED ARTICLE

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<https://rdcu.be/b1wLf>



KEY FINDINGS

Health benefits

Increasing coverage (by 10%) of artemisinin combination therapy, long-lasting insecticide-treated bed nets, indoor residual spraying and malaria vaccination among the population at risk would avert 358, 188, 107 and 38 deaths of malaria per year in Ethiopia, respectively.

The poorest two quintiles accounted nearly half of deaths averted, as compared to 27% in the richest two quintiles.

All the four malaria interventions save more lives among the poor than among the rich.

Financial Risk Protection

The four interventions - artemisinin combination therapy, long-lasting insecticide-treated bed nets, indoor residual spraying and malaria vaccination - would avert 440 (10%), 220 (5%), 125 (3%) and 18 (2%) cases of catastrophic healthcare expenditure annually, respectively.

Those people in the poorest income quintiles received the largest benefit.

Government expenditures

A 10% increase in coverage of artemisinin combination therapy, long-lasting insecticide-treated bed nets, indoor residual spraying and the malaria vaccine costs \$5.7, 16.5, 32.6, and 5.1 million, respectively.

IMPLICATIONS FOR POLICY MAKERS

- **Artemisinin combination therapy, long-lasting insecticide-treated bed nets, have the largest impact on malaria-related deaths averted and financial risk protection.**
- **Preventing and treating malaria provides substantial health benefits and financial risk protection, especially among the poor.**
- **The effect of malaria vaccine was minimal for malaria control and elimination in Ethiopia.**