

# Costs of inpatient treatment for multi-drug resistant tuberculosis in South Africa

Kathryn Schnippel<sup>1</sup>, Sydney Rosen<sup>1,2</sup>, Kate Shearer<sup>1</sup>, Neil Martinson<sup>3,4</sup>, Lawrence Long<sup>1</sup>, Ian Sanne<sup>1,2</sup>, Ebrahim Variava<sup>5,6</sup>

<sup>1</sup>Health Economics & Epidemiology Research Office, University of the Witwatersrand, Johannesburg, South Africa

<sup>2</sup>Center for Global Health and Development, Boston University, Boston, USA

<sup>3</sup>Perinatal HIV Research Unit, University of the Witwatersrand, Johannesburg, South Africa

<sup>4</sup>Johns Hopkins, School of Medicine, Baltimore, USA

<sup>5</sup>Klerksdorp/Tshepong Hospital Complex, North West Department of Health, Klerksdorp, South Africa

<sup>6</sup>Department of Internal Medicine, University of the Witwatersrand, Johannesburg, South Africa



**USAID**  
FROM THE AMERICAN PEOPLE

# TB in South Africa

- High incidence of TB: 1% or 430,000 cases / year
- High rates TB/HIV co-infection
  - TB leading cause of death for PLWHA
  - 60% of TB patients are co-infected with HIV
- ‘High-burden MDR-TB’ country
  - 9,070 cases diagnosed in 2009



WHO Global TB Control, 2011

# Costs of TB and MDR-TB treatment

## *Drug-sensitive TB*

- Outpatient care by nurses
- 6-month regimen
- Total cost \$437/case
- <\$30 for full course of drugs
- No recent estimates for South Africa

## *MDR-TB*

- Inpatient care by doctors
- 18-24 month regimen
- Systematic review found 4 cost estimates globally; range \$2,791 to 16,881/case
- No cost estimates for So. Africa
- 55% of national TB control budget spent on MDR-TB

Sinanovic et al 2003; Meyer-Rath et al 2012

Fitzpatrick & Floyd, 2012; WHO 2011

# Objectives



- Estimate the cost of inpatient treatment for MDR-TB in South Africa
- Generate baseline for evaluating alternatives to inpatient model

# Methods: Site and Sample

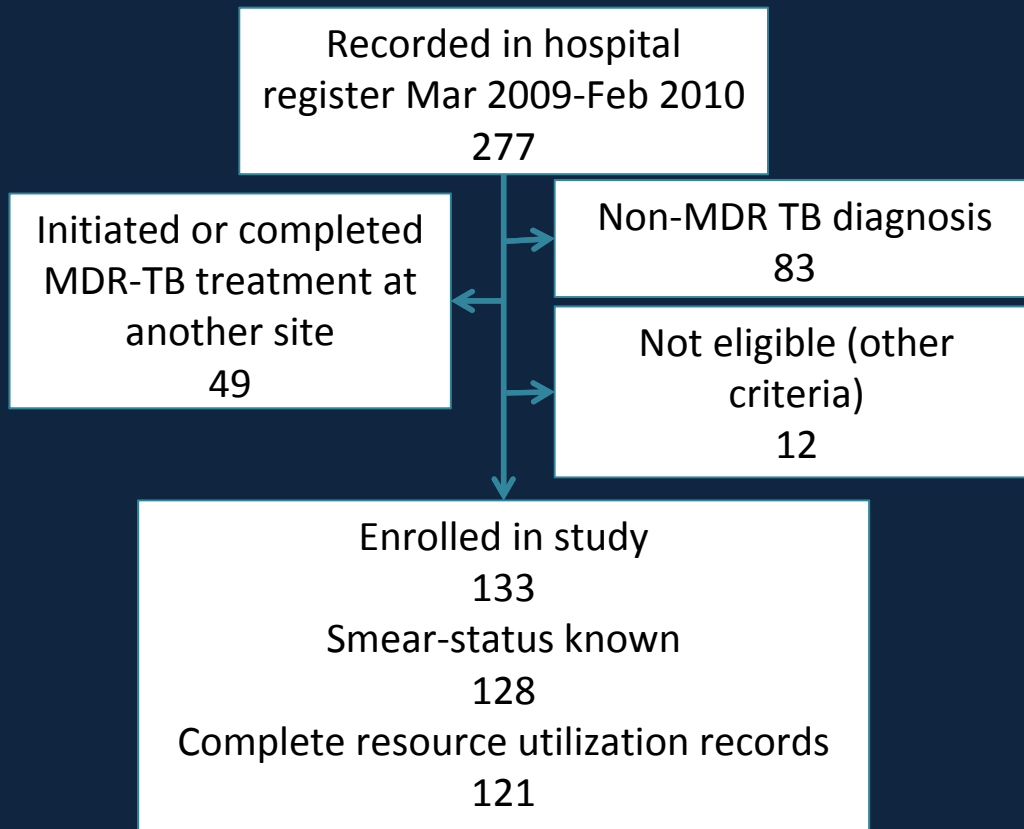
- M/XDR-TB Hospital in the North West Province of South Africa
- All admitted patients with MDR-TB
  - March 2009-February 2010
  - Excluded transfers in or out (incomplete costs)
- Reviewed medical records for resource utilization and outcomes
- Data collected up to 12 months from admission or until the earliest of discharge, abscondment, or death



# Methods: Unit costs and Analysis

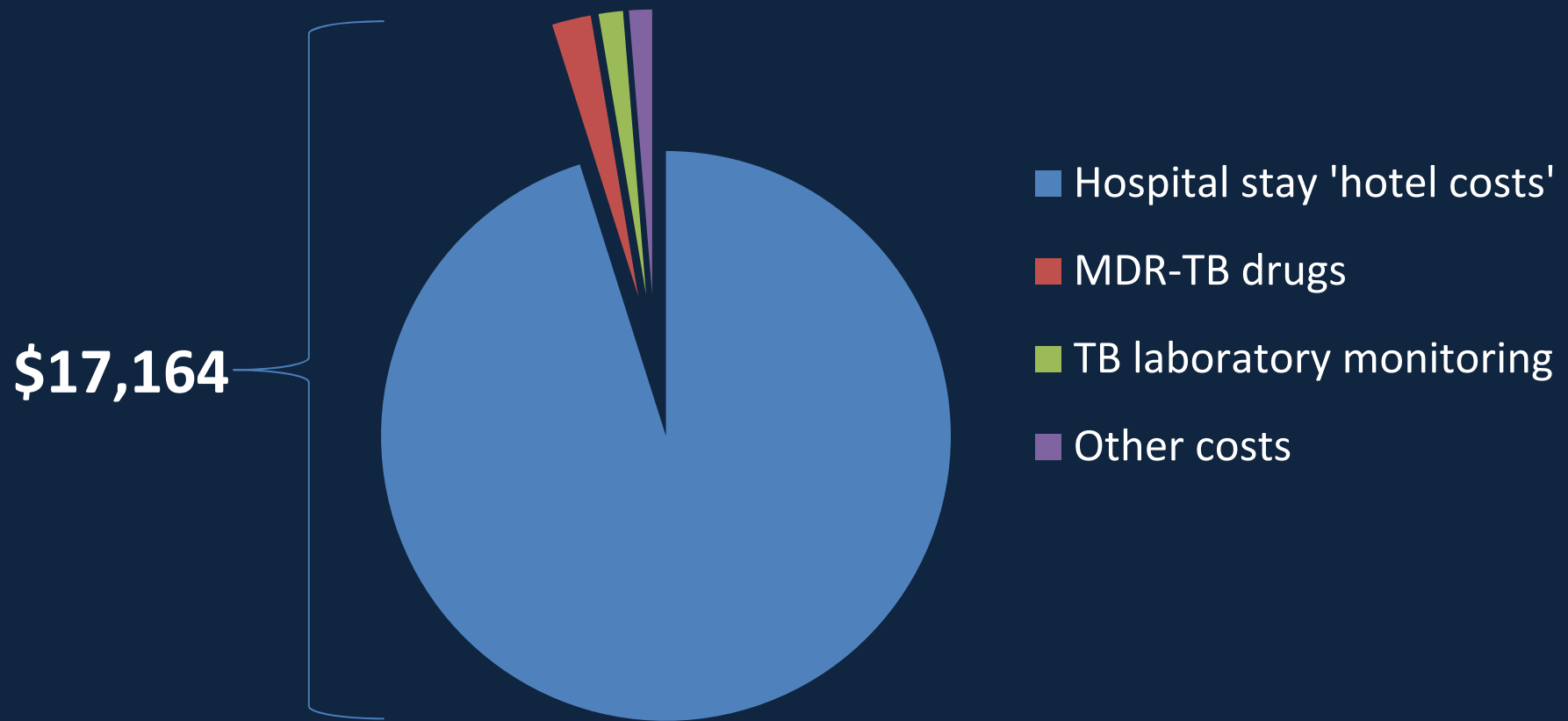
- Costs of hospital stay/day collected from hospital expenditure and assets records
- Costs for drugs, laboratory tests, radiography, and surgery collected from public sector databases
- Costs are reported in USD 2011 prices, ZAR 7.23:\$1, 3% discount rate for buildings/equipment
- Cost per patient admitted estimated, stratified by sputum smear status and outcome

# Results: Study Sample



- N=128 (121 for cost estimates)
- Median age 39; 45% female; 64% unemployed
- 50% smear-, 50% smear+ at admission
- 83% previous TB
- 64% HIV infected

# Results: Average inpatient cost per patient



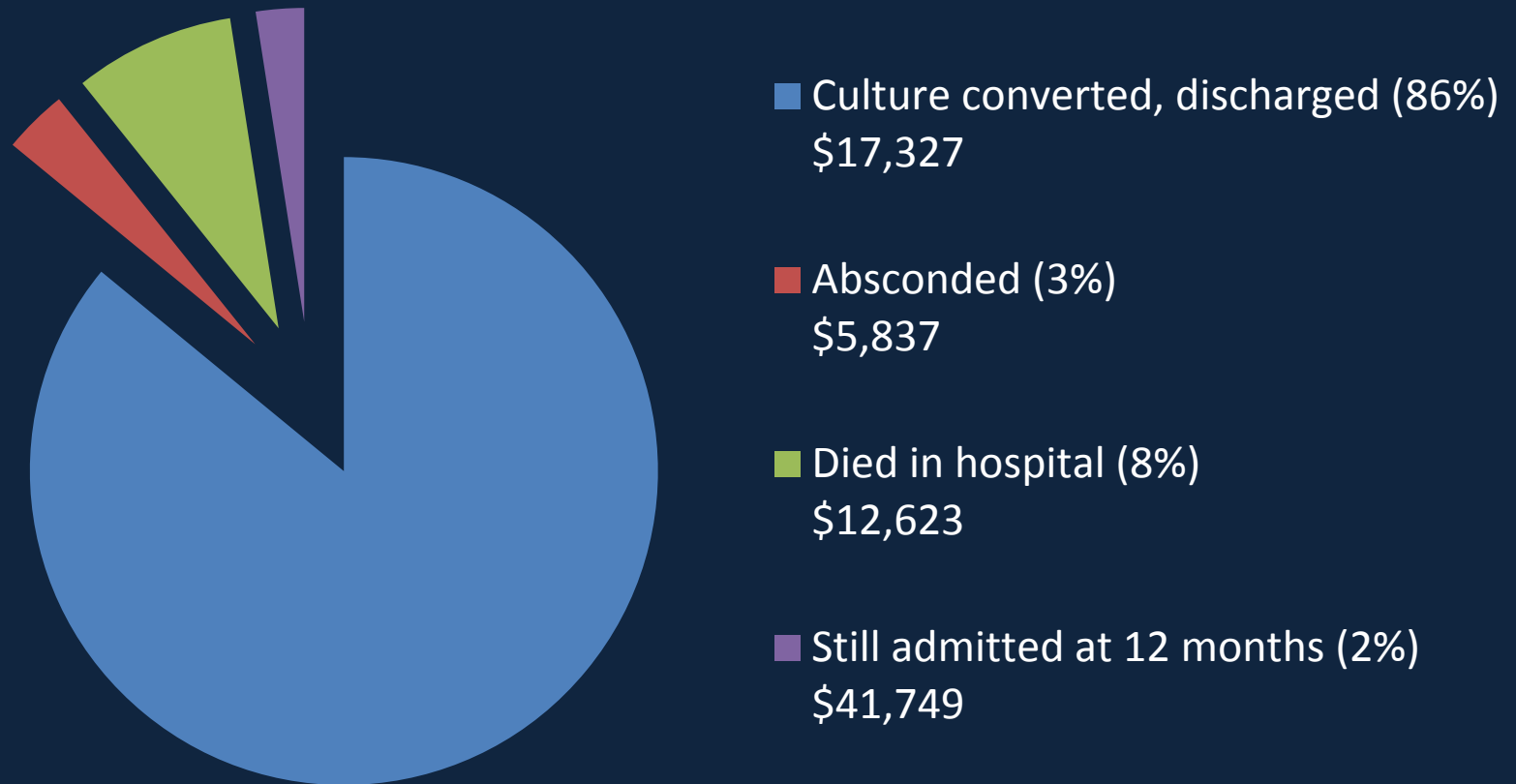


# Results: Resource utilization and cost by smear status at admission

Cost	All patients (n=121)	Smear positive (n=55)	Smear negative (n=61)
Number of days in hospital	105 [52]	125 [58]	95 [35]*
Number of injections	52 [41]	57 [42]	52 [40]*
Number of cultures	4.1 [1.9]	4.8 [2.0]	3.8 [1.4]*
Number of drug sensitivity tests	6.7 [8.3]	12.2 [8.4]	2.3 [4.7]*
Average cost/patient	\$17,164	\$20,440	\$15,450

\* Significant difference between smear-positive and smear-negative subjects at p-value<0.05

# Results: Average inpatient costs by patient outcomes



# Limitations

- Single site in one province, small sample
- Cost of MDR-TB inpatient phase only
  - Patients should be in outpatient care for 18-21 months following discharge
- Survivor bias
  - Treatment initiated a median of 99 days after patient tested for MDR-TB
  - 40% of MDR-TB patients die within 30 days of testing

Gandhi et al. 2010

# Conclusions

- Average 12-month cost of inpatient treatment for MDR-TB: \$17,164
  - 40 x the full cost of treating drug-sensitive TB
  - 25 x the annual cost of first-line ART
- Will new guidelines reduce cost?



Sinanovic et al. 2003; Meyer-Rath et al. 2012; Long et al. 2011

# MULTI-DRUG RESISTANT TUBERCULOSIS

## A POLICY FRAMEWORK ON DECENTRALISED AND DEINSTITUTIONALISED MANAGEMENT FOR SOUTH AFRICA

August 2011

Now the hard part: **implementation**

- hiring and training new staff
- equipping clinics and hospitals
- managing drug supplies

Cost savings to be used for prevention of drug-resistant TB

# Acknowledgements

- Dr M van Rensburg, Principal Medical Officer M/XDR-TB wards
- Sr JD Phenpheng, Unit Manager M/XDR-TB wards and all her staff
- Administration and HR staff of Klerksdorp/Tshephong Hospital Complex
- North West Provincial Department of Health
- USAID/South Africa (Agreements No. 674-A-00-09-00018-00 and No. 674-A-00-08-0007-00)
- ICOHRTA AIDS/TB Grant No. U2RTW007373.



This research has been supported by the President's Emergency Plan for AIDS Relief (PEPFAR) through USAID under the terms of the awards listed above.