Assessing costs of SBI in Latin America

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Overview

• Why a costs study
• Current study
• Method (costs identification, measurement, valuation)
• Some preliminary results
• Conclusion
Why a costs study

• Scarce information regarding the exact costs associated with SBI (Bray et al, 2012).

• In publications, costs of SBI sessions range between $3 per session (Zarkin et al, 2003) and $90 per session (Neighbors et al, 2010).

• Costs information is highly relevant for policy makers, to decide whether a policy can be adopted in their country/municipality.
Why a costs study

• Papers assessing costs of SBI typically look at **patient costs** (i.e., costs related to the actual delivery of the SBI session, such as costs of materials).

• **Programme costs** should also be included (Johns et al, 2003)
  -> costs which take place before the SBI session (trainings, community actions)
  -> overhead costs (building costs, electricity, heating).

• Generally, no publications on costs of SBI in Latin America.
Aim of our study

To assess the costs to set-up and implement a SBI program in three Latin American countries, taking into account both patient and programme costs.

-> Results will be used as a component of the SCALA economic evaluation (Return of Investment).
SCALA study

Four intervention scenarios:

1. simple clinical package without training
2. simple clinical package with training
3. simple clinical package with training and community support
4. complex clinical package with training and community support
Method

- Ministry of Health perspective, rather than societal perspective
  -> Full social costs of the intervention (e.g., productivity loss) are not taken into account.
  -> Research costs are not included.

Three main tasks in a costs study:
• costs identification
• costs measuring
• costs valuation
## Costs identification

- through discussions with the local research teams

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time (#hours)</th>
<th>Costs</th>
</tr>
</thead>
</table>
| CAB meetings, Trainings, User Panels | • preparing the agenda  
• contacting participants  
• arranging the venue  
• traveling  
• participating in the meeting | • renting venue  
• food & refreshments  
• materials  
• transportation |
| Tailoring materials                | • summarizing input and feedback from user panel and CAB members  
• adaptation of materials      | • printing materials                                                  |
| Community actions                  | • conceptualization of community actions  
• preparation of community actions  | • producing communication campaign materials  
• printing communication campaign materials  
• disseminating communication campaign materials  
• transport                      |
| Implementation                     | • contacting the PHCCs administration with regard to implementation related questions  
• duration of SBI session | • printing tally sheets and intervention materials  
• transporting tally sheets and intervention materials |
Costs measuring

• Through questionnaires.

• For repeated activities (e.g., CAB meetings, user panels, trainings), **unit costs** are determined.

Three categories of respondents:
• local research teams
• PHCC managers (~60)
• Participating health care providers (~450)
Cost measuring

• Local research teams
  -> report time and costs of setting-up the intervention (e.g., training, CAB meeting) and implementing the programme (e.g., printing materials)

• PHCC managers
  -> report average providers’ salaries, overhead costs, other implementation costs

• Health care providers
  -> report how much time they spent on an average screening
Cost valuation

• Initially valuated in the local currency of each country.

• Will be transformed in international dollars, to allow comparability.
Some preliminary results*

<table>
<thead>
<tr>
<th>Activity</th>
<th>Colombia</th>
<th>Peru</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 CAB meeting</td>
<td>20 hours preparation (2 members)</td>
<td>26 hours preparation (3 members)</td>
</tr>
<tr>
<td></td>
<td>~43$ venue rent</td>
<td>75$ food &amp; refreshments</td>
</tr>
<tr>
<td></td>
<td>110$ food &amp; refreshments</td>
<td>23$ materials</td>
</tr>
<tr>
<td></td>
<td>8$ materials</td>
<td>90$ transport</td>
</tr>
<tr>
<td></td>
<td>30$ transport</td>
<td></td>
</tr>
<tr>
<td>1 User Panel</td>
<td>20 hours preparation (3 members)</td>
<td>18 hours preparation (3 members)</td>
</tr>
<tr>
<td></td>
<td>30$ food &amp; refreshment</td>
<td>30$ food &amp; refreshment</td>
</tr>
<tr>
<td></td>
<td>8$ materials</td>
<td>36$ materials</td>
</tr>
<tr>
<td></td>
<td>15$ transport</td>
<td>45$ transport</td>
</tr>
<tr>
<td>Tailoring materials (in the previous 3 months)</td>
<td>6 hours (1 member)</td>
<td>20 hours (3 members)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15$ printing materials</td>
</tr>
</tbody>
</table>

*presented in US dollars
Conclusion

• Important to distinguish between research-related costs and intervention implementation-related costs.

• Correct cost identification is crucial and should be adapted to the local circumstances, not just previous literature.

• Different respondents are needed to identify and measure costs (e.g., PHCC finance workers to assess overheads).

• Transportation is a more substantial cost in Peru, compared to Colombia.