



DIRECTOR'S NOTE

Dear Colleagues,

*The Global Health Cost Consortium has had a busy fourth quarter of 2017 as we move into the third year of our project. We posted the **GHCC Reference Case for Estimating the Costs of Global Health Services and Interventions** on our website, redesigned a beta version of the Unit Cost Study Repository (UCSR) populated with extracted data from published and grey literature studies on voluntary medical male circumcision (VMMC), and completed data analysis to demonstrate proof of concept for estimating costs and cost profiles for VMMC. We continue to extract data from the literature, and to prepare for populating the UCSR with cost data for a comprehensive list of HIV and TB interventions.*

*In early November, we held our second GHCC **Advisory Group** meeting in Washington DC. GHCC staff and advisors met over two days to seek input and discuss topics related to the Reference Case, current HIV and TB data extraction and analysis, the GHCC communication strategy and costing tools, and results from a social network analysis to expand the Consortium. We look forward to incorporating the advisory feedback into the development and refinement of our products. Please enjoy our final newsletter for the year, in the new format.*

*Season's Greetings and Happy New Year,
Carol Levin*

SPOTLIGHT



Value TB Project

GHCC core team members Anna Vassall, Sedona Sweeney, Gabriela Gomez, Lucy Cunnama and Edina Sinanovic are currently involved in the Value TB Project. Under this project, a set of tools for collecting tuberculosis (TB) costs is being created, which can be adapted to specific country requirements. A Reference Case-compatible manual with TB-specific costing methods is also being developed, supported by the GHCC. Country visits have been made to Kenya, Ethiopia, India, and the Philippines. A protocol for Value TB Kenya has been formulated and submitted to the ethical review committee at the Kenya Medical Research Institute and the remaining protocols will be submitted by the end of 2017. Piloting/training to begin the cost data collection is anticipated in February 2018.

Standardized TB Unit Costs

An example workbook of **Standardized TB unit costs** has been developed to complement the Reference Case. It summarizes methodological considerations for how: a) the specific intervention type fits within a broader class of interventions utilized by global bodies, b) key intervention characteristics (e.g., service delivery platform, type and ownership) can be delineated, c) intervention and service output unit costs required for the study purpose should be standardized, d) inputs can be categorized for reporting by cost category (personnel, recurrent, etc.), e) standardized [output; intervention] unit costs can be respectively multiplied by [per recipient; total recipient] quantities to “map to” intervention [unit; total] costs.

JOURNAL ROUNDUP

The patient costs of care for those with TB and HIV: a cross-sectional study from South Africa.

Mudzengi D, Sweeney S, Hippner P, Kufa T, Fielding K, Grant AD, Churchyard G, Vassall A.

Catastrophic costs potentially averted by tuberculosis control in India and South Africa: a modelling study

Verguet S, Riumallo-Herl C, Gomez GB, Menzies NA, Houben RMGJ, Sumner T, Lalli M, White RG, Salomon JA, Cohen T, Foster N, Chatterjee S, Sweeney S, Baena IG, Lönnroth K1, Weil DE, Vassall A.

Ranking 93 health interventions for low- and middle-income countries by cost-effectiveness.

Horton S, Gelband H, Jamison D, Levin C, Nugent R, Watkins D.

HIV prevention costs and their predictors: evidence from the ORPHEA Project in Kenya.

Galárraga O, Wamai RG, Sosa-Rubí SG, Mugo MG, Contreras-Loya D, Bautista-Arredondo S, Nyakundi H, Wang'ombe JK.

The cost determinants of routine infant immunization services: a meta-regression analysis of six country studies.

Menzies NA, Suharlim C, Geng F, Ward ZJ, Brenzel L, Resch SC.

Revealed willingness-to-pay versus standard cost-effectiveness thresholds: Evidence from the South African HIV Investment Case.

Meyer-Rath G, van Rensburg C, Larson B, Jamieson L, Rosen S.

Multi-month prescriptions, fast-track refills, and community ART groups: results from a process evaluation in Malawi on using differentiated models of care to achieve national HIV treatment goals.

Prust ML, Banda CK, Nyirenda R, Chimbwandira F, Kalua T, Jahn A, Eliya M, Callahan K, Ehrenkranz P, Prescott MR, McCarthy EA, Tagar E, Gunda A.

Cost of Tuberculosis Treatment: Evidence from Iran's Health System.

Bay V, Tabarsi P, Rezapour A, Marzban S, Zarei E.

INTERNATIONAL MEETINGS

March 14-16, 2018 *Washington DC*

Society for Benefit-Cost Analysis: 10th Annual Conference and Meeting

April 16-20, 2018 *Bali, Indonesia*

Johns Hopkins Center for Communication Programs, The Communication Initiative, Soul City institute, UNICEF, BBC Media Action: International Social and Behavioral Change Communication Summit

May 21-26, 2018 *Geneva, Switzerland*

World Health Organization: World Health Assembly

June 1-5, 2018 *Vancouver, Canada*

Health Technology Assessment International: Annual Meeting

July 20-21, 2018 *Amsterdam, Netherlands*

International Aids Economic Network (IAEN): Pre-Conference for the 22nd International AIDS Conference

July 23-27, 2018 *Amsterdam, Netherlands*

International AIDS Society (IAS): 22nd International AIDS Conference



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