COSTS-EFFECTIVENESS OF

ARTEMISININ - DOXYCYCLINE AND QUININE -DOXYCYCLINE IN HOSPITAL BASED FALCIPARUM MALARIA TREATMENT IN VIETNAM



Mr. Nguyen Manh Hung

Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of Master of Science

Department of Economics

Graduate School

Chulalongkorn University

1995

ISNB 974-632-126-9

Thesis title: COST-EFFECTIVENESS ANALYSIS OF ARTEMISININ + DOXYCYCLINE

AND OUININE+DOXYCYCLINE IN HOSPITAL BASED FALCTPARUM

MALARIA TREATMENT IN VIETNAM.

Graduate:

Nguyen Manh Hung.

Department: Economics.

Advisor:

Assistant Professor Dr Kaemthong Indaratna.

Co-advisor:

Professor Pirom Kamolratanakul.

Accepted by the graduate school, Chulalongkorn University in partial fulfillment of the requirements for a degree of Master of Science in Health Economics.

Santi Thomasuran

Graduate

School

(Assoc. Prof. Dr. Santi Thoongsuwan)

Thesis Committee:

(Assoc. Prof. Manisri Puntularp)

(Asst. Prof. Dr. Kaemthong Indaratna)

(Prof. Pirom Kamolratanakul)

(Dr. Man Harding)

C760696: : MAJOR HEALTH ECONOMICS.

NGUYEN MANH HUNG: COST - EFFECTIVENESS OF ARTEMISININDOXYCYCLINE AND QUININE - DOXYCYCLINE IN HOSPITAL BASED FALCIPARUM
MALARIA TREATMENT IN VIETNAM. THESIS ADVISOR: ASST. PROF. DR.
KAEMTHONG INDARATNA, THESIS CO-ADVISOR: PROF. PIROM KAMOLRATANAKUL.
80 pp. ISBN 974-632-126-9

The goal of this study is to identify the costs and effectiveness of artemisinin + doxycycline and quinine + doxycycline combinations in hospital based falciparum malaria treatment to select the more cost-effective drug regimen for falciparum malaria treatment at district hospital level.

Two drug regimen groups with 131 falciparum inpatients were treated and followed up for 28 days in Lamha district hospital, Lamdong province in Vietnam. Among them, 66 patients were treated by artemisinin (Art) dose of 10 mg/kg/day for 5 days in combination with doxycycline (Dox) dose of 2 mg/kg/day for 5 days. 65 patients were treated by quinine (Qui) dose of 30 mg/kg/day for 5 days in combination with doxycycline dose of 2 mg/kg/day for 5 days.

Average provider costs per malaria patient in vivo test 28 days observation period were 232,381 VN dong (\$22.1) in the Art + Dox drug group and 231,089 VN dong (\$22.0) in the Qui + Dox drug group. Average costs incurred by patient were 246,352 VN dong (\$23.4) in the Art + Dox drug group and 252,019 VN dong (\$24.0) in the Qui + Dox drug group.

The effectiveness of the Art + Dox drug regimen was 95.45% significantly higher than 83.08% in the Qui + Dox drug regimen with p<0.05.

The cost-effectiveness ratio to provider in the Art-Dox drug regimen war 160,682 VN dong (\$15.9) lower than 170,343 VN dong (\$16.2) in the Qui + Dox drug regimen. And the cost-effectiveness ratio to patient in the Art + Dox group was 180,799 VN dong (\$17.2) also lower than 197,174 VN dong (\$18.8) in the Qui + Dox group.

The study suggested that the Art + Dox drug regimen was more costs-effective for both of provider and patient perspectives. It should be chosen for treatment of resistant falciparum malaria at district hospital level and if artemisinin is available, it should be used in community hospital under the control of the national malarial control programme.

ภาควิชา	ECONOMICS	ลายมือชื่อนิสิต
al IVI a D I	***************************************	G 1820 BOHGVI
สาขาวิชา	HEALTH ECONOMICS	ลายมือชื่ออาจารย์ที่ปรึกษา 😾 ไทในเนเกอ
ปีการศึกษา	1994	ลายมือชื่ออาจารย์ที่ปรึกษาร่วม - /

ACKNOWLEDGEMENTS

I am very thankful to those, who have help me and contributed to the successful completion of this study.

Advisor and co-advisor.

I am deeply indebted to Assistant Professor Dr. Kaemthong Indaratna, my thesis advisor and Professor Pirom Kamolratanakul, my thesis coadvisor, from both of whom I received very helpful and invaluable comments which served as a useful guide to the completion of this thesis.

Teachers and staff of centre for health economics.

Many sincere thanks to Assistant Professor Dr. Kaemthong Indaratna, Director of the programme and her team of variabl lectures including Professor Semked Kaewsonthi; Dr. Alan Harding; Dr. Chev Kidson; Associate Professor Manisri Puntularp; Associate Professor Watana S. Janjaroen; Associate Professor Waranya Patarasuk; Assistant Professor Dr. Siripen Supakankunti; Dr Pongsa Pornchaiwiseskul; Assistant Professor Dr. Sothitorn Mallkamas and Dr.Isara Sarntisart, who spent their most invaluable time to provider me interesting knowledge and help me in no small way in the building up and completion of this study.

Ms. Patchana Rodaumpaow and Ms. Yuree Chumnanhad, secretaries of the centre for health economics, who helped me carrying out the formalities for implementing the study and defending the proposal and the thesis.

Staff of Institute of Malariology, Parasitology and Entomology in Vietnam.

Many thanks to Dr. Le Dinh Cong, Director of Institute of Malariology, Parasitology and Entomology; Dr. Nguyen Duy Sy, the Chief of Department of clinical research and experiment; Leader Committee of Lamha hospital, Lamdong province and other, who provided necessary information about malarial situation and helped me in data collection for this study.

Funding Organization.

My very special thanks should go to the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Disease (TDR) and specially Dr. J.A.Hashmi, who supported me with funding for the programme of Master of Science in Health Economics.

Nguyen Manh Hung May, 1995

CONTENTS

			page
Ack: Con Tab	tents	dgement	ii iii iv v vi
Cha	pter		
l.	Intr	oduction	l
	1.1	Problem Statement and Rationale	1
	1.3 1.4 1.5 1.6	Tetracycline Literature Review Research Question Research Objective Scope of Study	2 3 8 8
2.	Conc	eptual Framework	10
	2.1 2.2 2.3	Identify the Cost Input and Components of Cost. Identify the Effectiveness Outcome Compare the Cost-Effectiveness Between two	11 15
		Drug Regimens	20
3.	Rese	arch Methodology	21
	3.1 3.2 3.3 3.4	Research Design	21 21 23 26
4.	Resu	lts of Costs and Effectiveness Mcasurement	29
	4.1 4.2 4.3	Costs Measurement and Analysis	29 41
	4.4	Regimen Groups	42
	4.5	Regimen Group	43 44
5.	Disc	ussion	51
	5.1 5.2	The Effectiveness of two Drug Regimens The Costs of two Drug Regimens	51 52

	5.3	The Cost-Effectiveness Ratio 5	6
6.	Conc	lusion and Recomendation 6	0
	6.1	Conclution 6	0
	6.2	Limitation of Study 6	1
	6.3	Merit of Study 6	1
	6.4	Recommendation 6	2
Ref	erenc	es 6	4
App	endic	es 6	8
		Appendix 1. The Study Site	8

1 . . .

TABLE

Table	p	age
1.1	Result of Some Clinical Trials of Artermisinin'	
	Derivative in Thailand	6
2.1	Response of Parasite to Antimalarial Drug	17
4.1	Comparison of the Baseline Information of two	
	Drug Regimens	28
4.2	The Provider Costs in two Drug Regimen Groups	33
4.3	The Costs Incurred by Patient in two Drug Group	37
4.4	The Effectiveness of Art + Dox Drug Regimens	40
4.5	The Effectiveness of Qui + Dox Drug Regimen Group	42
4.6	Compare the Effectiveness of two Drug Regimen Group	43
4.7	The Costs-Effectiveness Ratio of two Drug	
	Regimen Groups	44
4.8	The Costs of 5 Days Treatment in Normal Treatment	
	Condition	46
4.9	The Costs of 5 Days Include Cost of Recrudescence	
	Treatment in Normal Treatment Condition	47
4.10	The Cost-Effectiveness Ratio in 5 Days and 5 Days	
	Include Recrudescence Treatment	48
4.11	The Cost-Effectiveness With Different Percentage	
	of Recrudescence	49
4.12	The Cost-Effectiveness of Qui + Dox in Different	
	Percentage of Side Effects	50

FIGURE

Figures		page
2.1	Conceptual Framework	10
2.2	The Elements of Provider Costs	12
2.3	The Elements of Costs Incurred by Patient	13
2.4	The Cost Components of Two Drug Regimen Groups	14
2.5	Standard Procedure for Determining the Response	
	of Malaria Parasite	1.8
2.6	Decision tree of the Falciparum Malaria	
	Treatment	19
2.7	Factors to Analysis and Select the More	
	Costs-Effectiveness Drug Regimen	20
3.1	Malarial Treatment and 28 Days Follow up	24
5.1	Comparison of the Components of the Provider Cos	τ
	Between Two Drug Groups	53
5.2	Comparison of the Components of the Costs Incurre	ed
	by Patient Between Two Group	54
5.3	Comparison of the Components of the Provider Cos	ts
	in Normal Condition Between two Drug Regimen Gro	up 55
5.4	Comparison of the Components of the Costs Incurre	ed
	by Patient in Normal Condition Between Two Drug	
	Regimen	. 56