

CHAPTER 5



CONCLUSION AND POLICY RECOMMENDATIONS

5.1 Conclusion

After expressing the final aim of the Onchocerciasis Control Program as the elimination of onchocerciasis as a disease of public health importance and as an obstacle to socioeconomic development, it incumbent on the participating countries “to maintain this achievement”. To do this, countries need to be prepared and able to detect and control localized instances of recrudescence of onchocerciasis. For that purpose they need effective and reliable epidemiological surveillance and resources to tackle outbreaks of disease through administration of ivermectin.

The primary purpose of this study is to examine the sustainability of the Onchocerciasis Control Program in Benin. This methodological approach is intended to develop simple tools of the program sustainability, which emphasize more for the community side.

Hypothetical data have been used in the study to test how the models work. The results of the evaluation of the approach using these hypothetical data are not to be taken as granted for policy implications. However the hypothetical data is carefully decided in way to reveal the truth situation.

Owing to our hypothetical data this study found that the demand of onchocerciasis control is elastic for the poor (elasticity $\varepsilon_p = -1.02$) and inelastic for the rich (elasticity $\varepsilon_r = -0.8$). When the price of treatment increases the number of people treated decrease. 30% rise in price leads to 30.6% decrease in number of people treated for the poor and 24% for the rich. The utility for the rich (547.3202) is higher than the utility for the poor (109.0013). An analysis looking at the marginal utility for the rich and poor suggests that the price policy for onchocerciasis prevention should be carefully decided if we don't want people to reduce the drug consumption. According to economics theory, if we want to achieve the welfare of the society, the price of treatment for the rich must be increased up to 1297.5 F and for the poor should be decreased until 796.8 F. Thus the price of treatment can be set up at 1297.5 F and the government or/and donors must subsidy the poor around 500F. Therefore the health care provision regarding onchocerciasis control is a pricing and subsidizing policy, in which they will charge more the rich (to get some profit) and less the poor. Thus, the success of OCP has been, and will continue to be, dependent on the “owner” the participating countries and the donors remaining willing to support the programme.

The factor that affect ATP for onchocerciasis control is notably ownership of property. When household owns property their ability to pay increase (*ceteris paribus*). ATP is correlated with saving. The result show that whoever has some

saving has some measure of ATP. The presence of clinical onchocerciasis on a household member increases by 3.6 his willingness to contribute for the program. It is the major factor that affects the WTP. If someone has some reasonable knowledge, the number of person he or she wants to treat increase by two (*ceteris paribus*). Perceived risk and priority ranking increase also the WTP respectively by 2.3 and 1.2. The main factor that influences the community involvement is the perceived benefit of ivermectin. The log odds in household decision of finding his or her community involved in onchocerciasis control increase about 73% as there is a credible distributors in the community. When household knows their initial mode of distribution can be changed, when found to be inconvenient or inadequate to alternatives that worked better for them, their involvement increase.

These models will help to bridge the gap of lack of formal researches in Benin on the issue of the ability and willingness of people to contribute to the sustainability of Onchocerciasis Control program. The results of this study can also be used in the future as starting point for further researches in the same area. Further work on empirical study on the model built in this study is also required.

In conclusion, this approach though designed with sustainability of onchocerciasis control as the focus could also be used in many other endemic disease control strategies.

5.2 Policy recommendations

It is accepted that such a study has its strengths and weaknesses. The relative weights to be attached to each of these two attributes may depend on whether one is a theorist or a practitioner. The theorist may point out the inexhaustive variables in the models, argue about the scales of measurement; but the practitioner will recognize the practical uses of the approach as a simple operational tool. One however feels that the strengths of this approach outweigh the weakness whatever they may be. This is because it was developed from accepted economic principles. Also the primary aim is to design a practical approach that could be used effectively to assess the sustainability of onchocerciasis control and this was met.

The absolute utility level shows the fact that the ATP and WTP for the rich and poor are not the same. The result of the study will help health planners and policy makers of the government to make a decision regarding the set of price of onchocerciasis treatment by year 2002; using the onchocerciasis control demand and the marginal utility analysis.

When the support ends, funds will undoubtedly be needed to buy capital equipment. Meanwhile, it is essential to build technical skills and achieve integration into the Bamako initiative (by using community involvement factors reveal in this study) so as to avoid having managers of ivermectin distribution projects whose sole function is to organize vertically.

This study can be used as a rapid assessment technique for governmental or non-governmental bodies that are interested in exploring and supporting community financing, in deciding on which community to select and how much should be the subsidies to sustain OCP.