Cost-effective Treatment for Severely Malnourished Children: What is the Best Approach?

Summary of Published Paper

Management of severely malnourished children is well known to be relatively costly compared to other forms of nutritional intervention. This is why, recently, attention has been given to identifying the most cost-effective ways of managing severely malnourished individuals.

Earlier this year a paper was published describing the results of a study which compared the cost-effectiveness of different ways of providing treatment for the severely malnourished. The study was carried out in the Children's Nutrition Unit, Dhaka, Bangladesh, where 437 children with severe malnutrition were, after 1 week of day care, allocated to either inpatients, day care, or domiciliary care. Mortality was equally low in each group (<5%) and average institutional costs to achieve 80% wgt/hgt were $156, $59 and $29 per child for inpatient, day or domiciliary care respectively. Parental costs were much higher in the domiciliary group largely due to the cost of providing food. Nevertheless when combined institutional and parental costs are considered, domiciliary care was 1.6 times more cost-effective than day care and 4.1 times more cost-effective than inpatient care.

Not surprisingly the length of time it took for children to reach 80% weight/height was almost twice as long in the domiciliary group as the inpatient group; median duration, 18 days and 35 days respectively. It did appear that the longer recovery time "did not disadvantage the children in any way".

A much larger prospective study would be required to examine if longer recovery time was associated with outcomes other than mortality e.g., stunting, IQ impairment, risk of relapse. The extent to which these findings are relevant to emergency settings is not clear. Poor household food security may rule out a role for domiciliary care of the severely malnourished in many emergency situations. The findings of this study are however not in complete agreement with other studies. For example, a study in a rural African hospital showed that by managing malnutrition more intensively case fatality rates were reduced from 30% to 6%.

The researchers recommend that the domiciliary approach should be tested in other countries to determine its replicability.

This study by Ann Ashworth and Sultana Khanum is published in Health Policy and Planning (1997) Vol 12 No 2, Paper 3 page 1-7.

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