19.8: Publication of findings

The impact of a publication on health practice and policy is likely to be strengthened if the results of an economic analysis are included in the main publication from an intervention trial itself. However, constraints on word limits often mean that full details of the economic analysis methods cannot be included. Thus, it is common practice to write a companion paper, in which the data collection method, analytic techniques, and assumptions for the economic analyses are fully presented and discussed. An example of the abstract from such a paper is shown in Box 19.2.

Box 19.2 Cost-effectiveness of improved treatment services for sexually transmitted diseases in preventing HIV-1 infection in Mwanza Region, Tanzania

THE TRIAL: A community-randomized trial was undertaken to assess the impact, cost, and cost-effectiveness of averting HIV-1 infection through improved management of sexually transmitted diseases (STDs) by primary-health-care workers in Mwanza Region, Tanzania.

METHODS: The impact of improved treatment services for STDs on HIV-1 incidence was assessed by comparison of six intervention communities with six matched communities. We followed a random cohort of 12,537 adults aged 15–54 years for 2 years to record incidence of HIV-1 infection. The total and incremental costs of the intervention were estimated and used to calculate the total cost per case treated, the incremental cost per HIV-1 infection averted, and the incremental cost per disability adjusted life-year (DALY) saved.

FINDINGS: During 2 years of follow-up, 11,632 cases of STDs were treated in the intervention health units. The incidence of HIV-1 infection during the 2 years was 1.16% in the intervention communities and 1.86% in the comparison communities. An estimated 252 HIV-1 infections were averted each year. The total annual cost of the intervention was US$59,060, equivalent to $0.39 per head of population served. The cost for each STD case treated was $10.15, of which the drug cost was $2.11. The incremental annual cost of the intervention was $54,839, equivalent to $217.62 per HIV-1 infection averted and $10.33 per DALY saved (based on Tanzanian life expectancy). In a sensitivity analysis of
factors influencing cost-effectiveness, cost per DALY saved ranged from $2.51 to $47.86.

**INTERPRETATION:** Improved management of STDs in rural health units reduced the incidence of HIV-1 infection in the general population by about 40%. The estimated cost-effectiveness of this intervention ($10 per DALY) compares favorably with that of, for example, childhood immunisation programmes ($12–17 per DALY).  

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