

**c) Private costs are estimated to be GH¢ 346.7 million or \$379.9 million, making up 52 per cent of the total cost.**

Private costs include the amount Ghanaian households spend on malaria treatment and prevention. These include: the cost of drugs to treat the disease; the cost of seeking treatment including registration, consultation & laboratory tests; and the cost of transportation to obtain treatment.

Data on the private costs of malaria is not readily available. Data from a 2002 survey (Asante et al. 2003) of three districts is used as a base and then up-rated by inflation (Consumer Price Index) to provide an estimate for 2006. In Ghana there are three distinct agro-ecological zones: the savannah, forest and coastal. Climate affects the malaria vector and parasite and hence one district is chosen from each zone. The calculations accounted for the introduction of the National Health Insurance Scheme.

## **2. Indirect Cost**

The productivity cost of malaria is estimated to be just over GH¢ 393.5 million or \$427.7 million, making up 36 per cent of the total cost.

Indirect costs are a measure of the loss in output which occurs due to prevalence of malaria. There are two components of this

:

output lost through each case of adult malaria; and output lost through each case of child malaria i.e. lost output of the individual caring for an ill child.

To calculate the indirect costs the following estimations were made:

the number of days a worker loses to a case of malaria and the number by the individual caring for a child. Previous studies (for a list see Ikechukwu Chima, R) have used a wide range of estimates for this. Ranging from 1 to 5 days. So a middle bound estimate of three days is used.

The mean daily wage is estimated at around GH¢ 2,1.a day or \$2.73

## **References**

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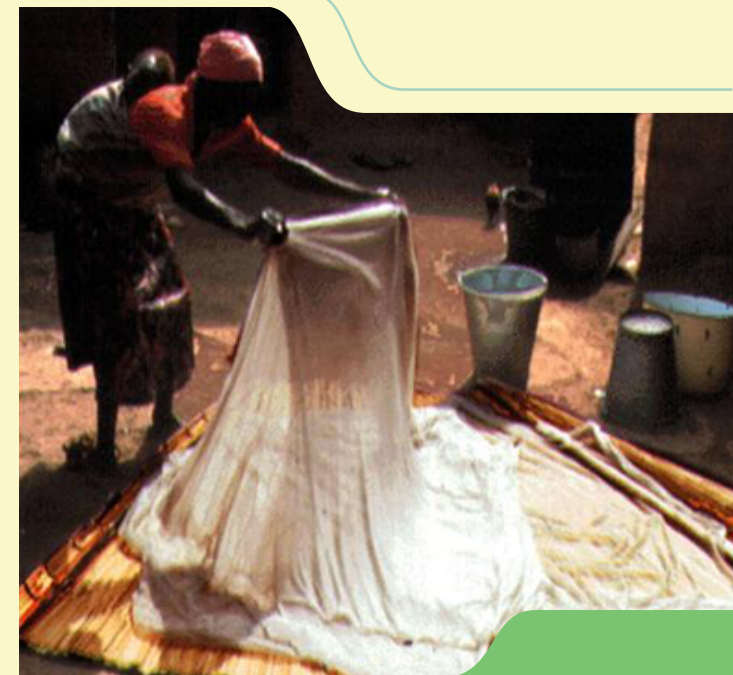
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