

# Economics of brucellosis

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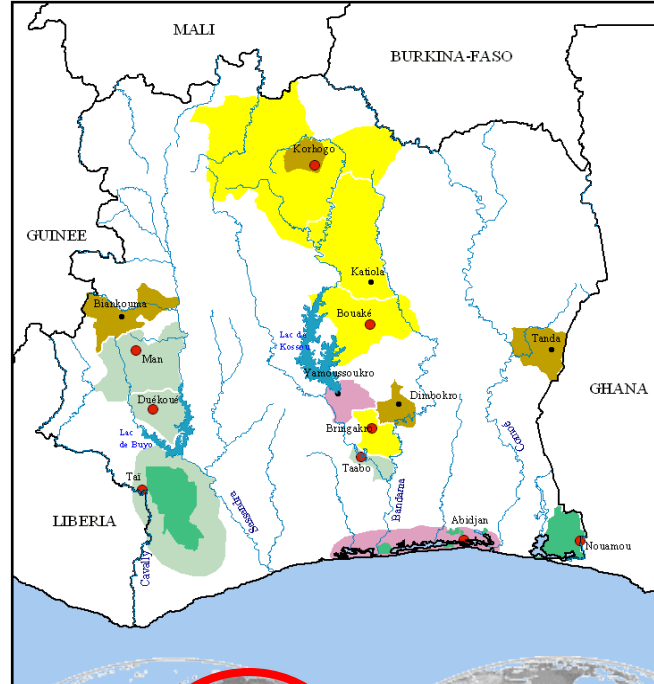
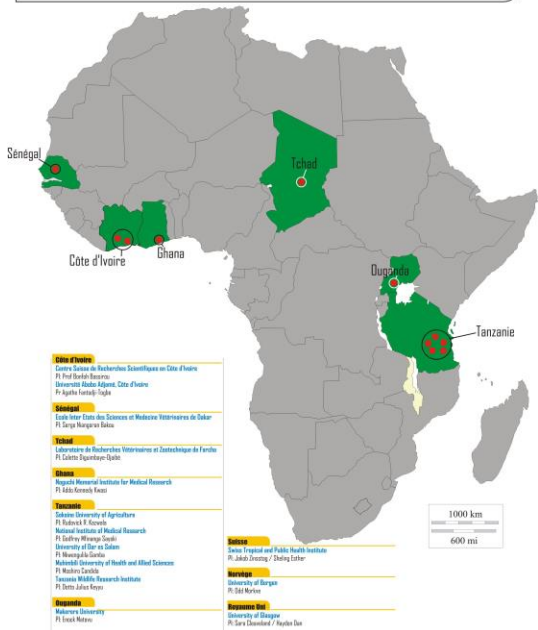
Workshop: An Integrated Approach to Controlling Brucellosis in Africa,  
Addis Ababa, 29–31 January 2013

# Content

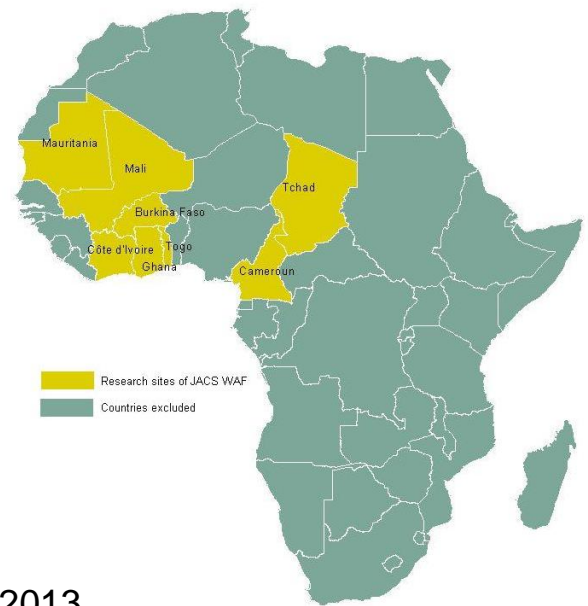
1. Brucellosis research at CSRS
2. Urbanisation of brucellosis
3. Socio–economics of brucellosis
4. Cases studies
5. Area of capacity building
6. Conclusions



**INSTITUTIONS PARTENAIRES DU PROGRAMME AFRIQUE ONE**



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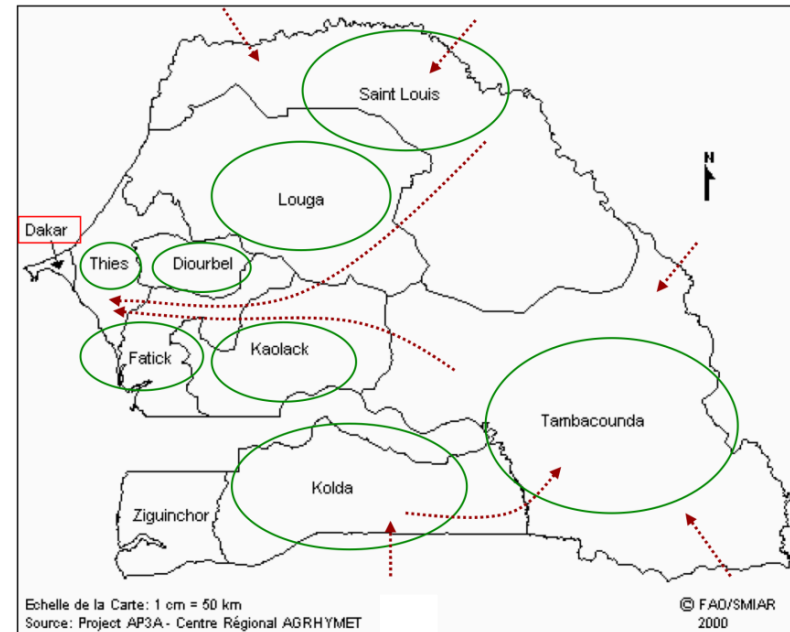
1/29/2013

Brucellosis in Africa

3

# Brucellosis studies

- Brucellosis control (mass vaccination)
  - Mongolia, Kirghizstan
- Brucellosis surveillance system (abattoir)
  - Senegal
  - Kirghizstan
- Joint human–animal seroprevalence
  - Sahelian zone: Mali, Senegal
  - Humid zone: Togo, Côte d'Ivoire
- Brucella strain mapping in West Africa

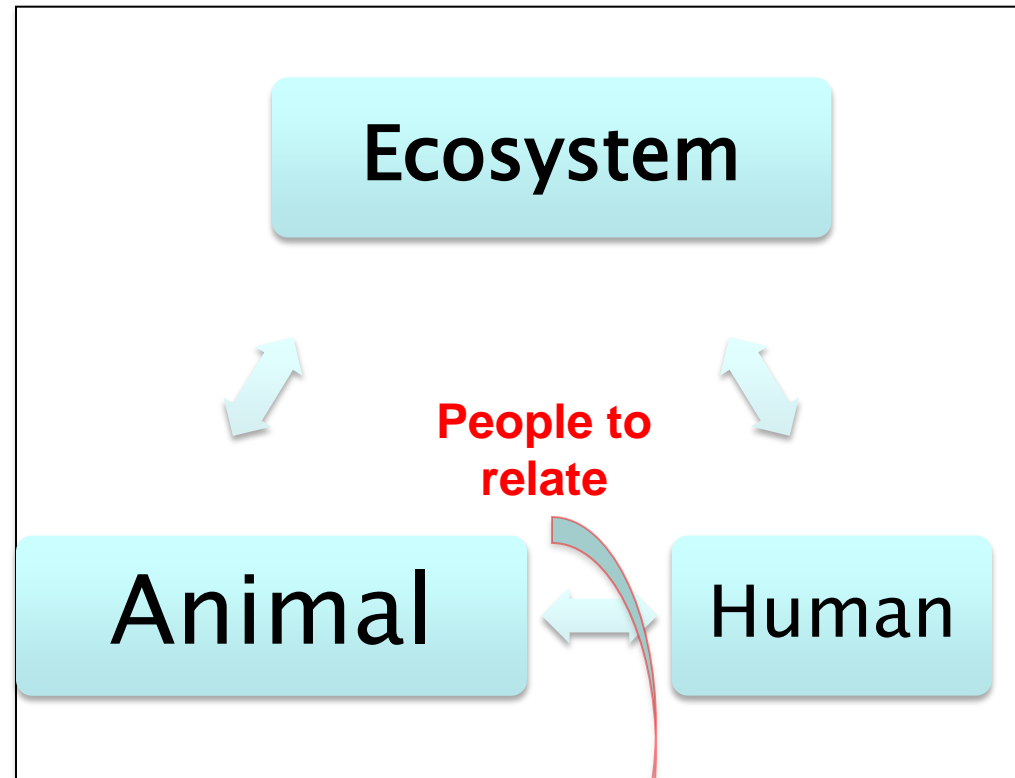


# Evidence in value added for decision



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Tackling health complexity with discipline & Knowledge fragmentation



**Added value creation**



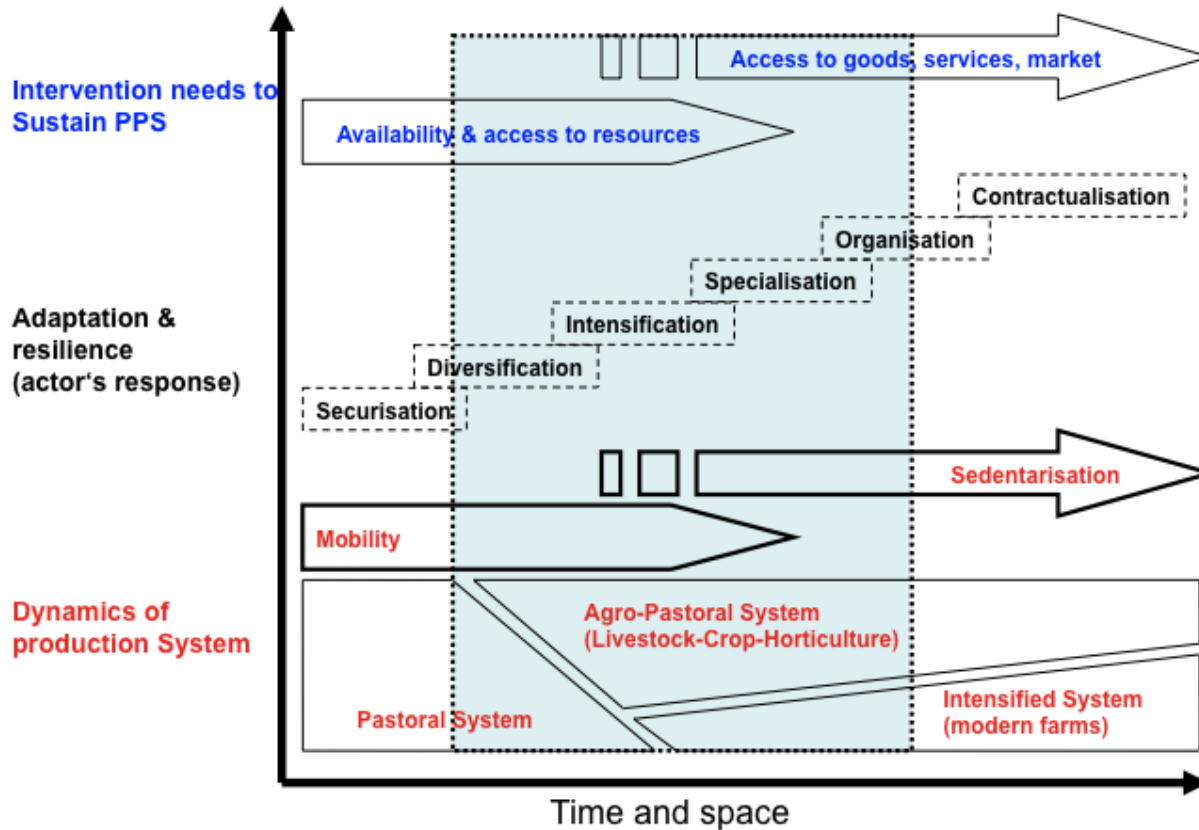
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# Transformation of production system

# Transformation of livestock production system



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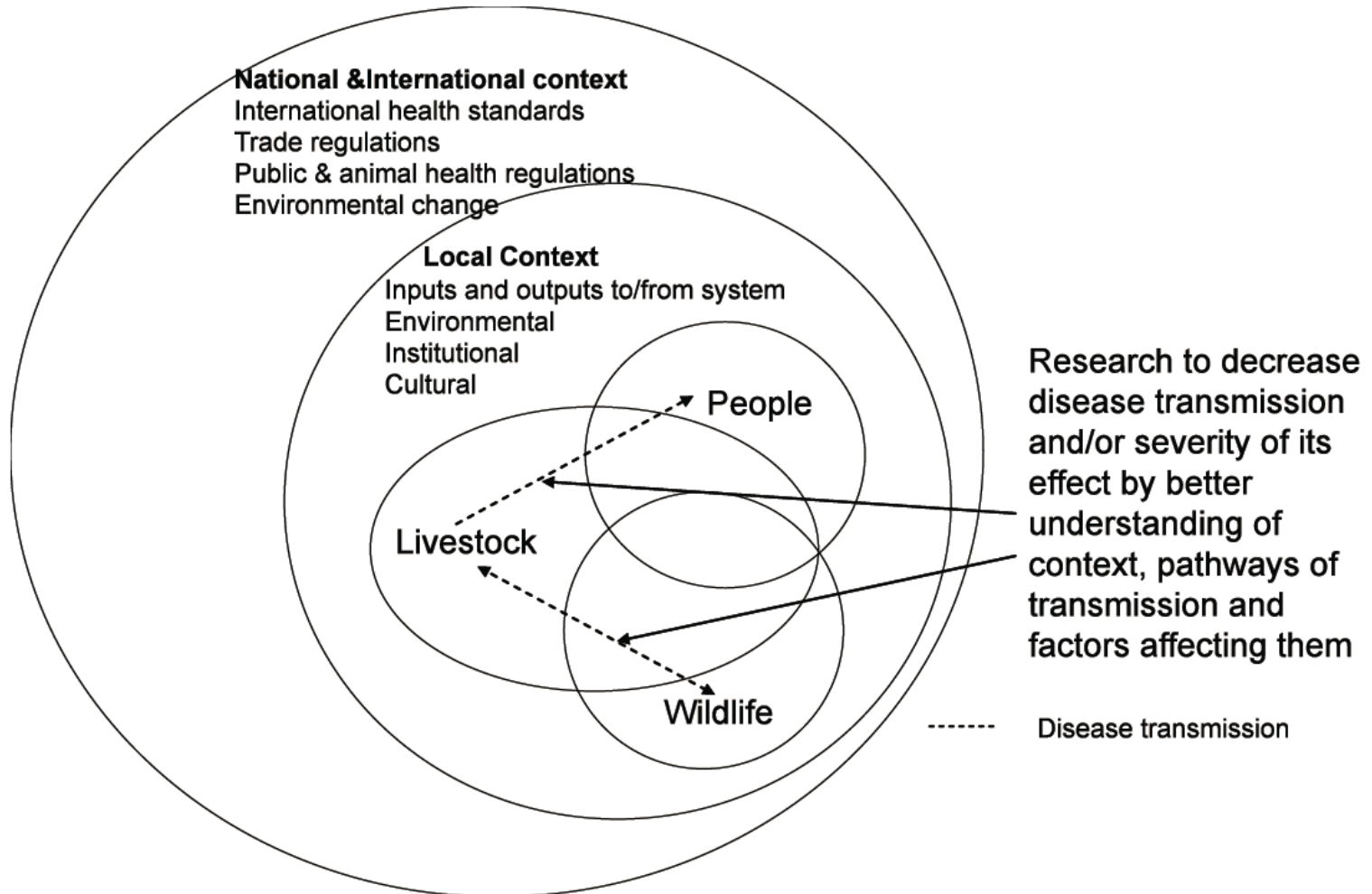


Herding  
Marketing  
Consumption patterns  
Legal aspects  
Genetic improvement  
...

# Context and institution matter



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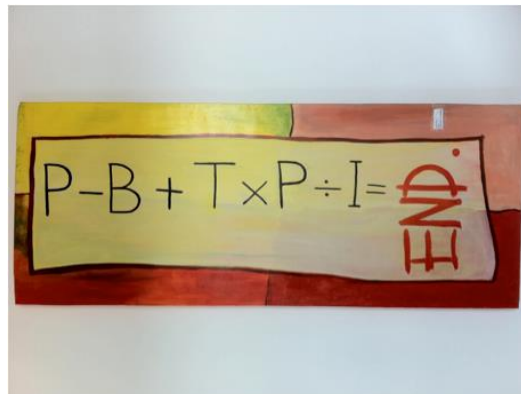
# Urbanisation of brucellosis in Africa

- In Africa, livestock is a faster way to get the population **out of poverty** (Alive, 2012)
- Livestock is also a contreverse as far as green gas emission and soils/ **pasture degradation** are concerned (Livestock long shadow)
- Demand in protein is increasing due **population growth and income** generation..
- Livestock while contributing to **food security and livelihoods** of the population can spill out **diseases** (majority of zoonoses are from animal origin).
- The control is possible in the reservoir but there is **imbalance resource allocation...unknown true burden.**



# Socio-economics of brucellosis

What is the burden?  
Public health of economic  
perspective


$$P - B + T \times P \div I = \text{END}$$



# Is brucellosis a priority?

## Is there evidence for intervention decision ?

- Contact network and interfaces
- Estimates and data quality
- Targeting intervention with epidemiological parameters (age groups, species, zones, ...)
- Cost of the disease, cost-effectiveness
- Benefit sharing
- Incentives (services) for actors

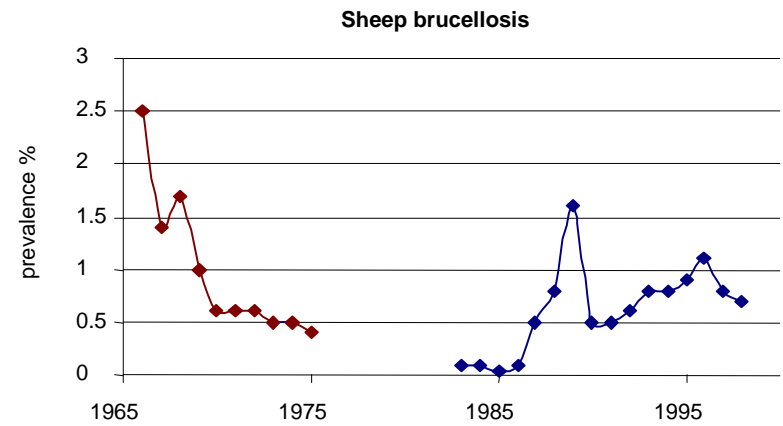
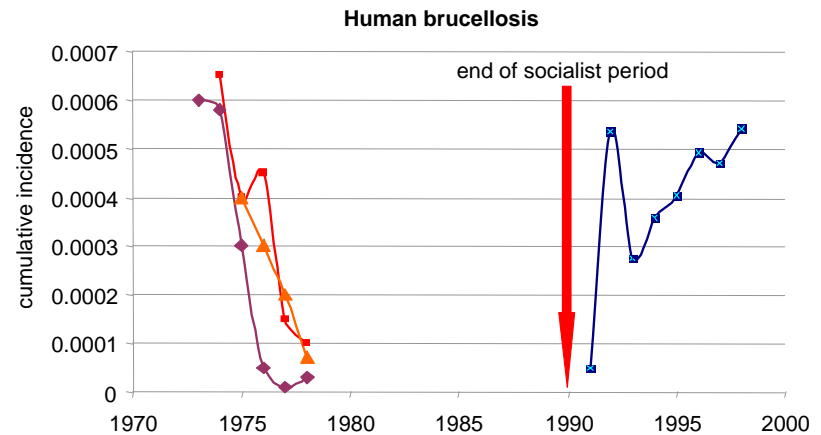


# Intervention in Mongolia

- Test & slaughter 1960;  
Vaccination 1970/80
- 1990: Privatisation stop of surveillance
- 1996–98 WHO planned vaccination campaign



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# Objectives of economics

1. Estimate the damage of Brucellosis
2. Cost effectiveness analysis to human population
3. Estimate economic gain from all flock vaccination



# Methods and data collection

## Methodology

- patient based household survey
- Inventory of existing data
- Delphi study on human Brucellosis
- Delphi study on animal Brucellosis
- Theoretical deterministic model of animal to human Brucellosis transmission in Vensim<sup>®</sup>
- development of @Risk<sup>®</sup> –LDPS(FAO)–EXCEL<sup>®</sup> spreadsheet (Ecozoo)



# Selection of alternatives

- Current test an slaughter practice (non compulsory culling of positive animals, no state compensation)
- Whole herd vaccination program developed (scenarios of 30–80% effectiveness)
- 2 years all animals then only young ones: Rev1, S19

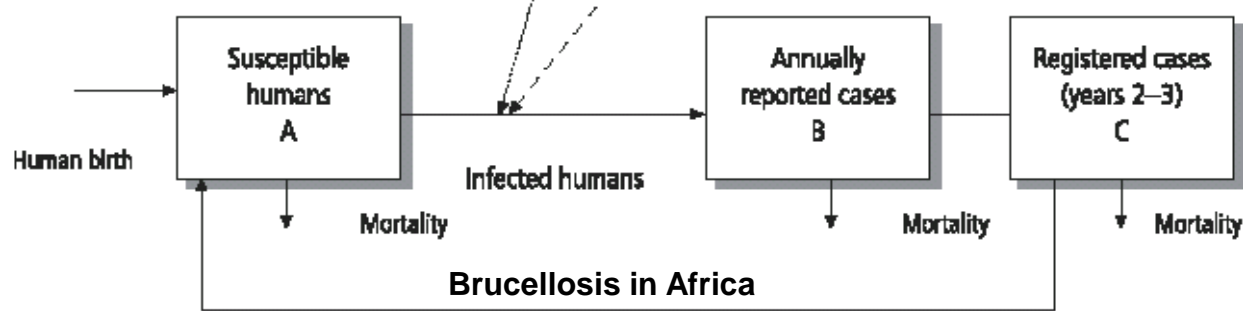
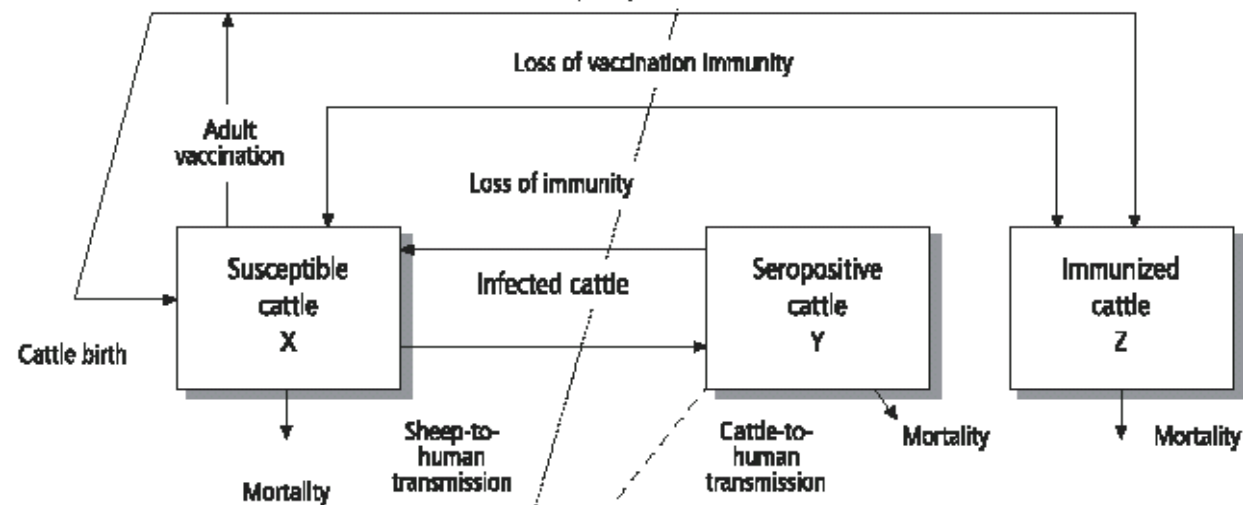
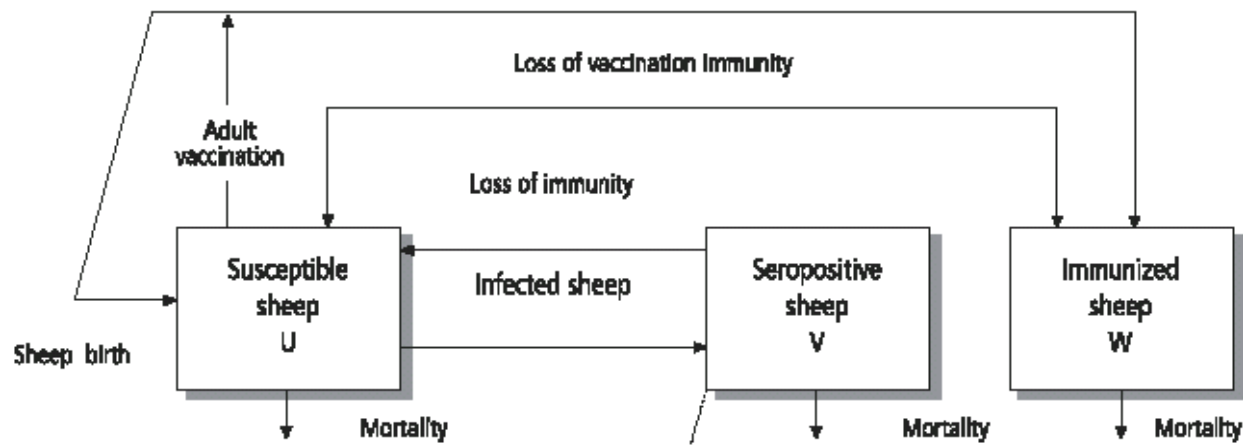


# Modelling: Epidemiologic and Economical considerations

- Animal to animal transmission dynamics
- Simulation of interventions
- Animal to human transmission
- Need for underlying transmission model
- Data quality
  - survey and reported data
  - method standardisation
- Linkage of disease prevalence to
  - livestock productivity
  - health cost
  - linkage to prices







Brucellosis in Africa

End of registry



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# Link of disease data to livestock production and human health cost

- Human Health

- Number of cases = Population \* Exposure constant \* Cumulative Incidence

- Livestock productivity (only fertility and milk production)

- Baseline Fertility: annual number of offspring per breeding female
- Fertility = baseline fertility \* (1 - (Beta-Pert (10%; 15%; 50%) \* Prevalence ))



# ECOZOO V 1.0: outline\*

\*disease transmission simulation is not included

## Tables

Disease Intervention

Human Health

Animal Production

Economics

Graphs

## Livestock production simulations

Cattle Productivity without intervention

Cattle Productivity with intervention

Sheep Productivity without intervention

Sheep Productivity with intervention

Goat Productivity without intervention

Goat Productivity with intervention



# Summary of human health cost

Inpatient costs

Outpatient costs

Out of pocket expenses for health care

Informal Treatment costs

Loss of income

Coping costs



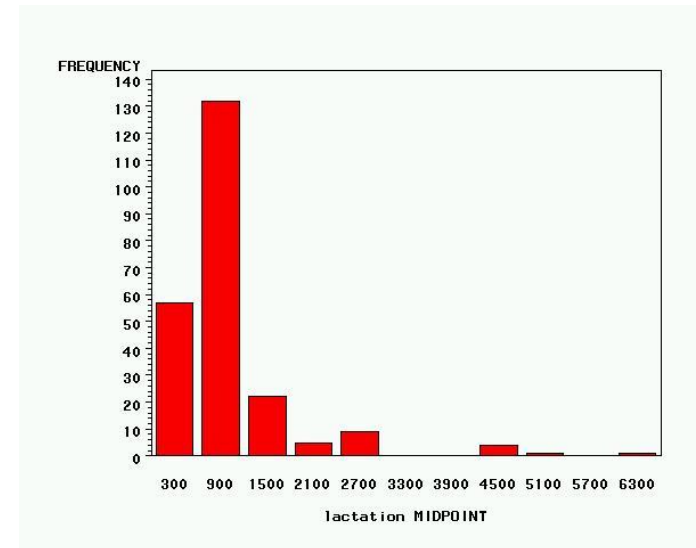
# Outcomes of Household study

## Estimation of parameters



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Milk production  
Fertility rate  
Mortality rate  
Herd structure

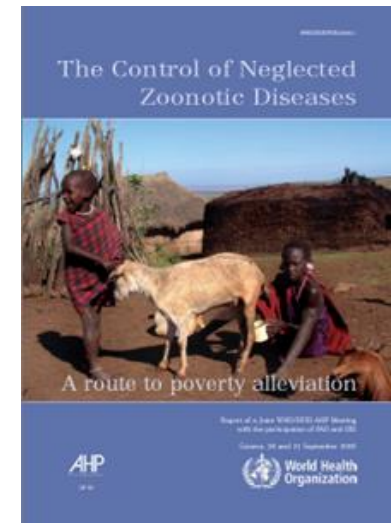
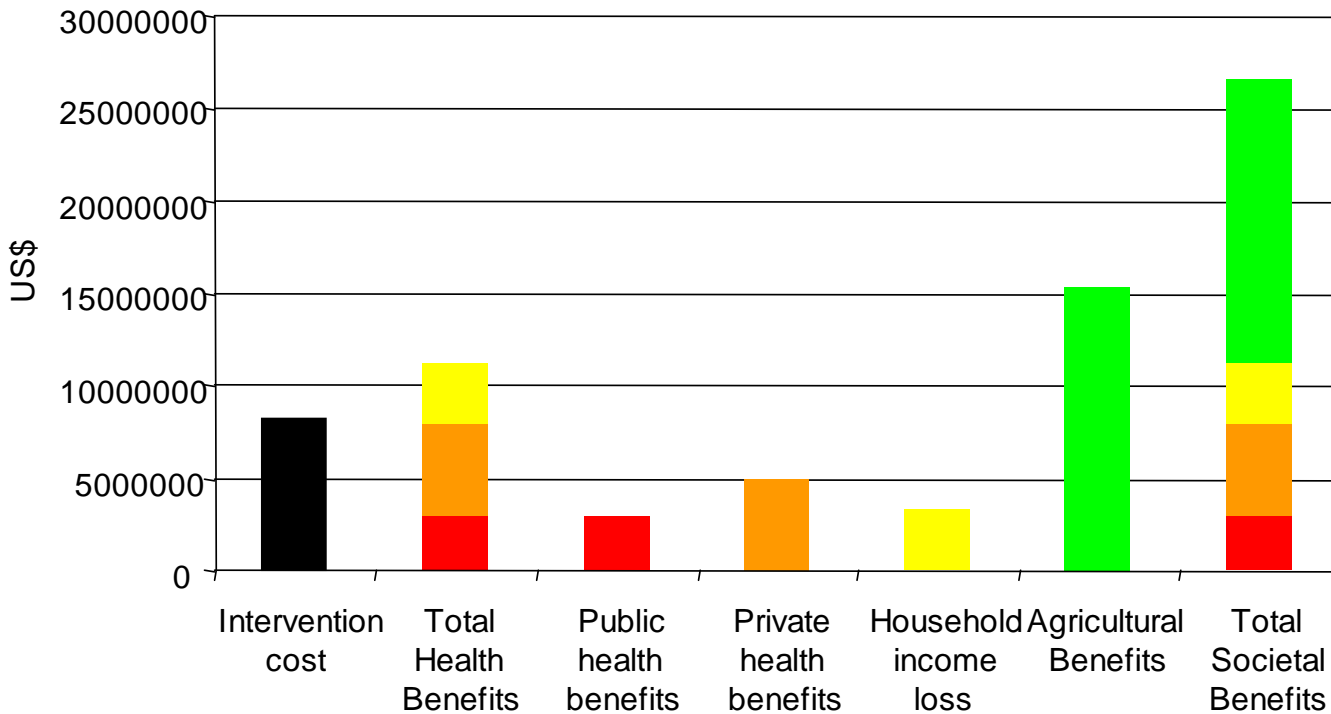


# Linking disease prevalence and livestock productivity

- What is the loss of livestock production from brucellosis
- Main effect on fertility
- Baseline fertility
  - Cattle **0.7** calves / cow / year; **1 000** l milk / cow / year
  - Small ruminants **1.2** lambs / ewe / year
- **Livestock productivity** Baseline Fertility: annual number of offspring per breeding female
  - Fertility = baseline fertility \*  $(1 - (0.15) * \text{Prevalence})$
  - Cattle **0.695**, Small ruminants **1.195**
  - Milkproduction = baseline \*  $(1 - 0.15) * \text{Prevalence}$
  - Cattle **996** l milk / cow per year



# Synoptic view of benefits and costs of animal brucellosis mass vaccination in Mongolia



# Other socio-economic factors

- Benefit & benefit distribution
  - Society, private, public health, agric sector
- Costing interventions
  - Diagnostic, surveillance, control (laboratory, reagent, sampling, vaccine production)
  -
- Research area
  - Fertility, productivity, household economics, DALY, strain for vaccine, modelling transmission







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# Other case studies

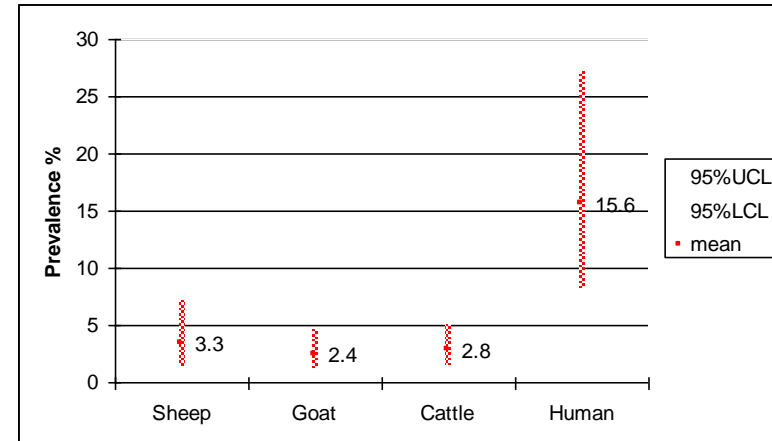
# Surveillance in Kirghystan

- Representative animal and human brucellosis prevalence and incidence
  - The study aimed to establish the brucellosis **sero-prevalence in livestock** and the **incidence of newly recorded human** cases representative for Kyrgyzstan.
  - The sampling frame is a multistage cluster sampling by levels of **Oblast, Rayon, village and households**



# Reducing surveillance cost

- Dialog and intersectoral approach
- Capacity building (eg. quantitative epidemiology)
- Lab analysis (mutualisation of resources)
- **Cost of the representative prevalence study ~60'000 Dollars**
  - → method could reduce the cost of the national surveillance program



## Joint sampling



Prise de sang par l'infirmier

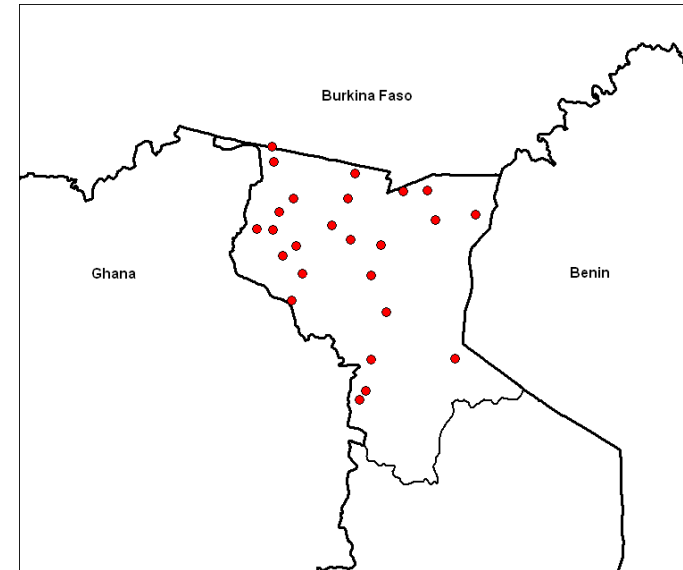
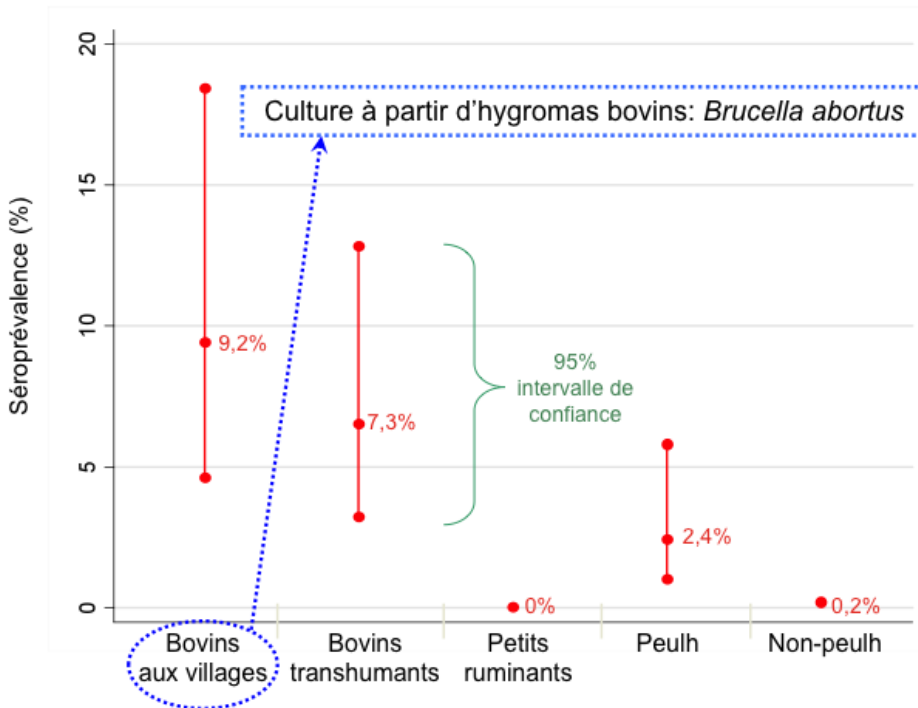


Prise de sang du bétail

# Cross-sectional study Togo

- 683 peoples, 596 bovines, 686 small ruminants in 25 villages (juin-juillet 2011)
- 464 transhumants from Burkina Faso (février-mars 2012)

Résultats: Séroprévalence de la brucellose



Villages randomly selected TOGO

**Abortion risque for Brucellosis: OR 3.8 (95%IC: 1.2-12.1) (previous year adjusted for age)**



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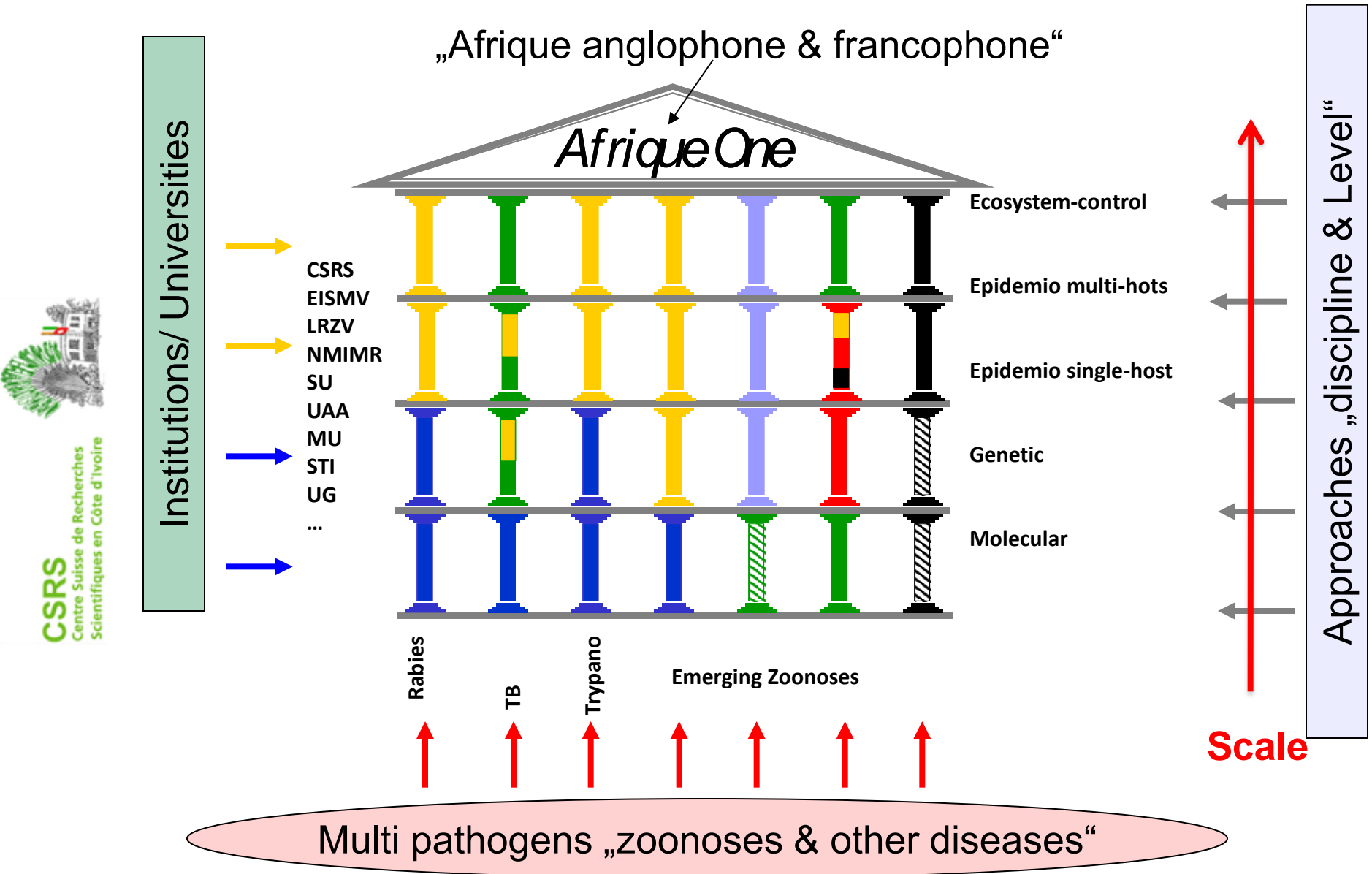


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# Actors capacity building

New generation of researchers,  
practitioners and decision-  
makers

# Afrique One set up



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# New research perspective



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Reversing  
the Public  
Health and  
economic  
view on  
brucellosis

Socio-economics

Public health

Risk Assessment

Value Chain



# Conclusion

- Situation better known in animal than in human
- Test and slaughter policy is very not likely applicable (compensation, logistics...)
- Option of mass vaccination in semi-intensive and intensive production system

- Reduce transmission at a level to prevent human infection
- Cutting transmission by pasteurisation, marketing system

Combining brucella vaccine with other dead vaccines.....

Evidence based advocacy and policy influencing

- Methodological tools on cost-benefit analysis of disease control based on brucellosis case study



# Africa 2013

## Ecosanté/Ecohealth

- > 2<sup>nd</sup> African meeting of researchers, practitioners and policymakers in human health and ecosystem approach
- > 1<sup>st</sup> African Regional Conference of the International Association for Ecology and Health

Centre Suisse de Recherches Scientifiques en Côte d'Ivoire (CSRS)  
 Communauté de Pratiques en Ecosanté de l'Afrique de l'Ouest et du Centre (COPE-AOC)  
 Ecohealth Network of East and Southern Africa  
 International Association for Ecology & Health (IAEH)  
 Universities of Côte d'Ivoire



Passenger  
You

Destination  
Hôtel Ivoire  
Abidjan, Côte d'Ivoire

Date  
01 – 05 October 2013

Gate	Date	Destination	Itinerary
Africa 2013	01 - 05 October 2013	Hôtel Ivoire Abidjan, Côte d'Ivoire	<ul style="list-style-type: none"> <li>&gt; Global change: causes and consequences on health</li> <li>&gt; Adaptation and behavior change: integrated approaches</li> <li>&gt; From research to action: relationship between communities, researchers and policymakers</li> </ul>

# BOARDING PASS

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**Population resilience to global change:**  
New approaches to behavior and policy change

**General objective:** To contribute to the dissemination and sharing of knowledge and practices among researchers, practitioners and policy makers on integrated approaches and transdisciplinary methods in connection with population adaptation to global changes.



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