Treating Childhood Cancer in Sub-Saharan Africa can be

Very Cost-Effective

Sub-Saharan Africa will account for nearly half of the global burden of childhood cancer by 2030

People assume that childhood cancer treatment is too expensive for African countries

Prevents policymakers from prioritizing childhood cancer treatment

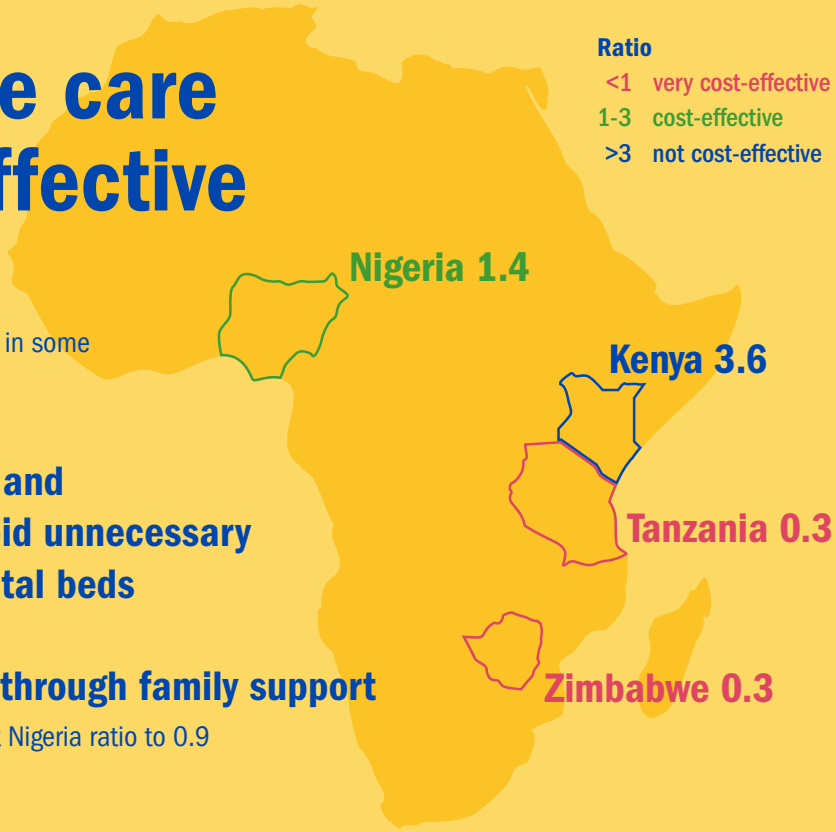
In childhood cancer units in **four** countries, we determined the cost of running the units, including things like medications, salaries, investigations

By combining the cost with the number of children treated, survival rates, and life expectancy, we calculated the cost per year of life saved

The **ratio** of that cost to a country's per capita gross national income gives a measure of cost-effectiveness

Cost-effectiveness varied dramatically, with some centres very cost-effective and others less so

3 ways to make care more cost-effective



1. Make drugs cheaper

(Some drugs were 6x as expensive in some units than others)

2. Use outpatient clinics and accommodation to avoid unnecessary use of expensive hospital beds

3. Reduce abandonment through family support

(Eliminating abandonment brought Nigeria ratio to 0.9 and Kenya ratio to 2.7)

PERCC
Policy and Economics Research in Childhood Cancer

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