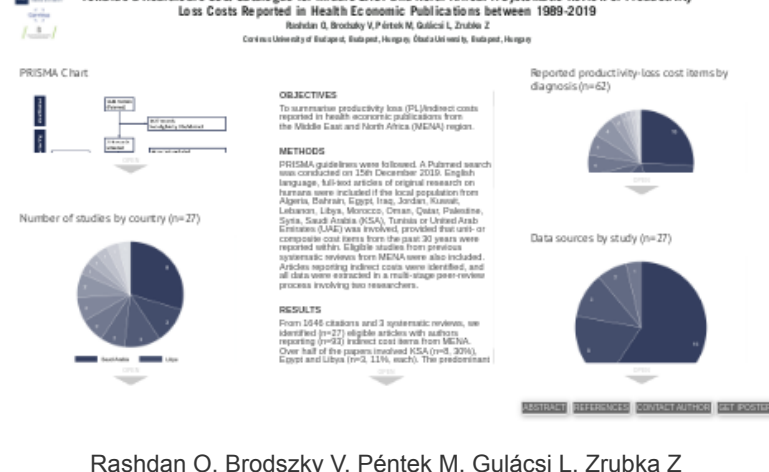
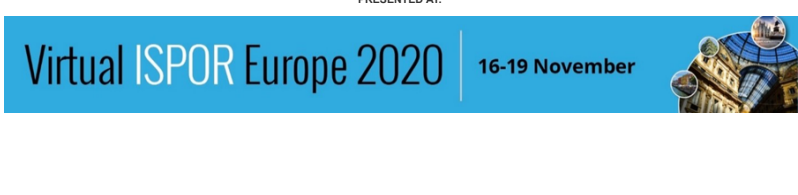


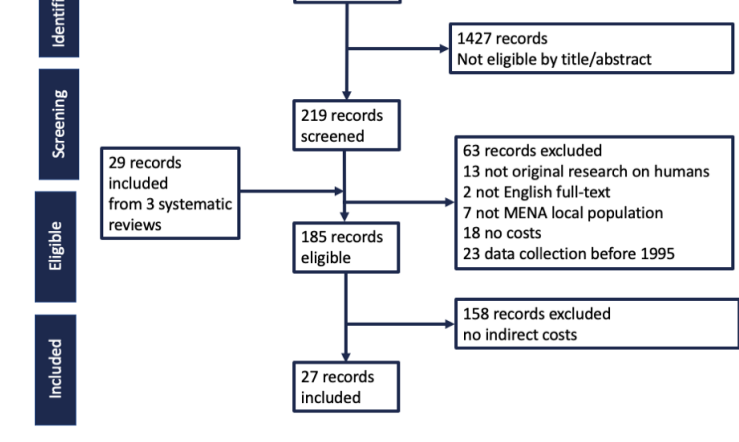
Towards a Healthcare Cost Catalogue for Middle EAST and North Africa: A Systematic Review of Productivity Loss Costs Reported in Health Economic Publications between 1989-2019



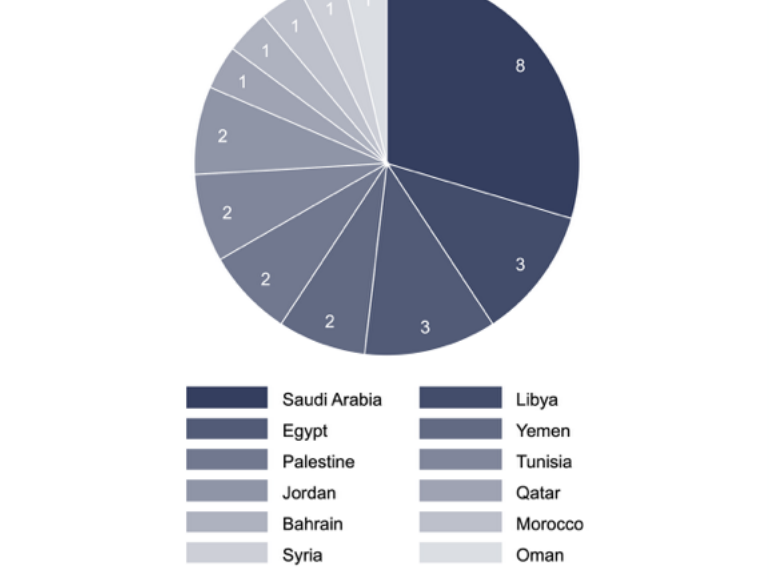
Rashdan O, Brodszky V, Péntek M, Gulácsi L, Zrubka Z
Corvinus University of Budapest, Budapest, Hungary; Óbuda University, Budapest, Hungary



PRISMA CHART



NUMBER OF STUDIES BY COUNTRY (N=27)



OBJECTIVES

To summarise productivity loss (PL)/indirect costs reported in health economic publications from the Middle East and North Africa (MENA) region.

METHODS

PRISMA guidelines were followed. A Pubmed search was conducted on 15th December 2019. English language, full-text articles of original research on humans were included if the local population from Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, Palestine, Syria, Saudi Arabia (KSA), Tunisia or United Arab Emirates (UAE) was involved, provided that unit- or composite cost items from the past 30 years were reported within. Eligible studies from previous systematic reviews from MENA were also included. Articles reporting indirect costs were identified, and all data were extracted in a multi-stage peer-review process involving two researchers.

RESULTS

From 1646 citations and 3 systematic reviews, we identified (n=27) eligible articles with authors reporting (n=93) indirect cost items from MENA. Over half of the papers involved KSA (n=8, 30%), Egypt and Libya (n=3, 11%, each). The predominant study type was cost of illness- (n=8, 30%) followed by cost utility- and cost effectiveness- analysis (n=4, 12%, each). The most frequent primary data source was patient surveys (n=8, 30%). Rotaviral enteritis had the highest share of publications (n=6, 22%) while other diseases had two or less publications. From the 93 indirect cost items (n=62, 67%) were PL costs. Majority of the PL cost items were reported for illnesses from ICD-10 chapter I (infectious diseases; n=34, 55%) and chapter X (respiratory diseases; n=12; 19%).

CONCLUSIONS

Indirect and PL costs were often reported separately and most of the cost items were from studies of infectious diseases. Authors often confused direct non-medical costs for indirect costs. A regional PL cost library could facilitate the secondary utilisation of these costs and advance health economic research in the MENA region.

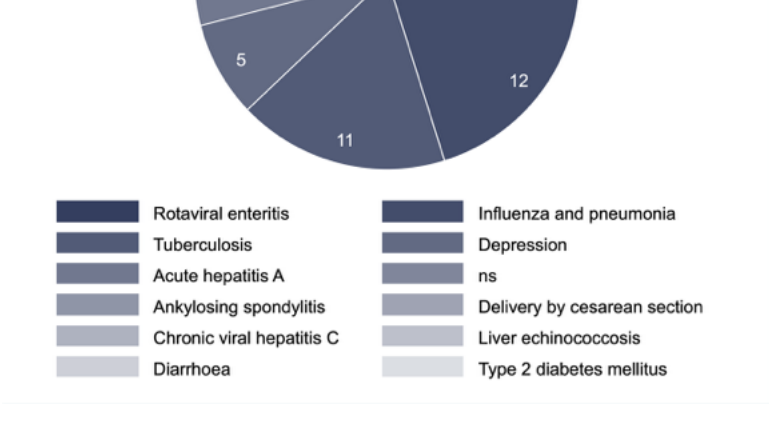
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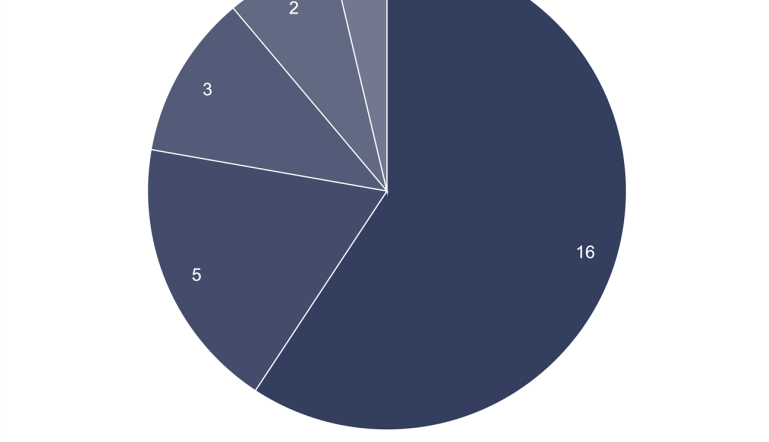
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REPORTED PRODUCTIVITY-LOSS COST ITEMS BY DIAGNOSIS (N=62)



DATA SOURCES BY STUDY (N=27)



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ABSTRACT

OBJECTIVES : To summarise productivity loss (PL) and indirect costs reported in health economic publications from the Middle East and North Africa (MENA) region, as part of a project systematically reviewing the region's published health economics research.**METHODS** : PRISMA guidelines were followed. A Pubmed search was conducted on 15th December 2019. English language, full-text articles of original research on humans were included if the local population from Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, Palestine, Syria, Saudi Arabia (KSA), Tunisia or United Arab Emirates (UAE) was involved, provided that unit- or composite cost items from the past 30 years were reported within. Eligible studies from previous systematic reviews from MENA were also included. Articles reporting indirect costs were identified, and all data were extracted in a multi-stage peer-review process involving two researchers.**RESULTS** : From 1646 citations and 3 systematic reviews, we identified (n=27) eligible articles reporting (n=93) indirect costs from MENA. Over half of the papers involved KSA (n=8, 30%), Egypt and Libya (n=3, 11%, each). The predominant study type was cost of illness- (n=8, 30%) followed by cost utility- and cost effectiveness- analysis (n=4, 12%, each). The most frequent primary data source was patient surveys (n=8, 30%). Rotaviral enteritis had the highest share of publications (n=6, 22%) while other diseases had two or less publications. From the 93 indirect cost items (n=62, 67%) were PL costs. Majority of the PL cost items were reported for illnesses from ICD-10 chapter I (infectious diseases; n=34, 55%) and chapter X (respiratory diseases; n=12; 19%).**CONCLUSIONS** : Indirect and PL costs were often reported separately and most of the cost items were from studies of infectious diseases. A regional PL cost library could facilitate the secondary utilisation of these costs and advance health economic research in the MENA region.

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