**THE PRIORITY COST EFFECTIVE LESSONS FOR SYSTEMS STRENGTHENING**

**(PRICELESS) SOUTH AFRICA PROJECT**

**BACKGROUND**

The 1993 World Health Report and the Disease Control Priorities Project – DCPP ([www.dcp2.org](http://www.dcp2.org)) published in 2006, facilitated international debate on health-sector investments and the cost-effectiveness of health interventions in low and middle income nations. While the DCPP information has been utilized by health and finance policymakers, international development agencies, and academic institutions, it is now important to adapt and apply that information to specific country settings. The PRICELESS SA project described below aims to accomplish this by developing cost effectiveness data and an understanding of improved incentives for health care financing in South Africa. It is expected that this project would serve as a model for the rest of sub-Saharan Africa. The South African project is nested within the DCP- Network located at the Institute for Metrics and Evaluation in Seattle, Washington (IHME; <http://www.healthmetricsandevaluation.org/who/vision.html>) and is supported by the Bill and Melinda Gates Foundation. South Africa is one of 4-5 countries that will be part of larger network (yet to be determined by the DCP-N) of country projects that will be supported by IHME over the next 3 years; work in India is ongoing.

**SUMMARY OF PRICELESS SA**

PRICELESS SA builds on work done by the DCPP. Its broad goals are to

* Ensure that priority setting for health care systems is based on good evidence
* Support the development of specific evidence-based information and tools to help determine how best to use existing /scarce resources so that health systems work more effectively and efficiently- in other words provide good value for money
* Develop local capacity to perform cost effectiveness analysis and related work

One key innovation that will take place starting with the South Africa project is that the economic evaluation will measure not just the vertical intervention alone (as per DCPP) but will begin to think through how we can gain efficiency for an intervention(s) at low cost across key service delivery platforms that are used to deliver public health and medical care interventions. One example could be the district level of care including primary care.

Tools and training curricula will be developed and field tested to determine if they provide nationally-relevant results. In order to maximize the usefulness of this information for resource allocation decisions, work will be done in close collaboration with local policy makers and analysts. The work that will take place through PRICELESS SA is designed to provide much needed information at a critical moment for SA policymakers and will contribute to these goals by performing 4-6 cost effective analyses of district health /primary care platforms and their articulation with an integrated approach for

* *Chronic diseases including vascular illness (hypertension/diabetes/renal disease) and/or TB/HIV*
* *Maternal and Child Health*

This work which will provide a context where lessons could be drawn – both for other national studies and /or work in Southern Africa / SADC region.

**MANAGEMENT OF PRICELESS-SA**

A secretariat has been established and is hosted by The School of Public Health in the Faculty of Health Sciences at the University of Witwatersrand in Johannesburg together with the SA Medical Research Council/ University of the Witwatersrand Unit in Rural Public Health and Health Transitions Research. It is expected that most of the analysis and economic evaluation will take place by staff of the secretariat although it is also likely that some of this will be accomplished by supervision of Masters level students at Wits and other academic centers in SA.

Thus far the secretariat has engaged successfully with:

* SA stakeholders who have in turn been instrumental in identifying a significant research agenda for work which is currently being refined by a series of knowledge champions.
* Powerful and well-connected leaders in Government in South Africa, several of whom are now part of a steering committee. Some of these people include senior leadership in: the Treasury, the national and sub-national Departments of Health, the Health Systems Trust (HST), the SA Medical Research Council (MRC) and the Department of Science and Technology (DST).
* DCP-N and IHME take place in person or telephonically with the executive committee and the Co-PIs of DCP-N -- Professor Dean Jamison and Professor Chris Murray.
* Leaders of the India DCP country study

**STAFFING OF SECRETARIAT**

* Professor Stephen Tollman -- Director of the Wits/MRC unit and Co- PI of project--
* Dr. Karen Hofman – Project Director and member of the senior staff of the Fogarty International Center at NIH.
* Mandy Maredza -- Junior economist and project officer
* Patrizia Favini -- Administrator
* Melanie Bertram Senior economist – will join August 2010