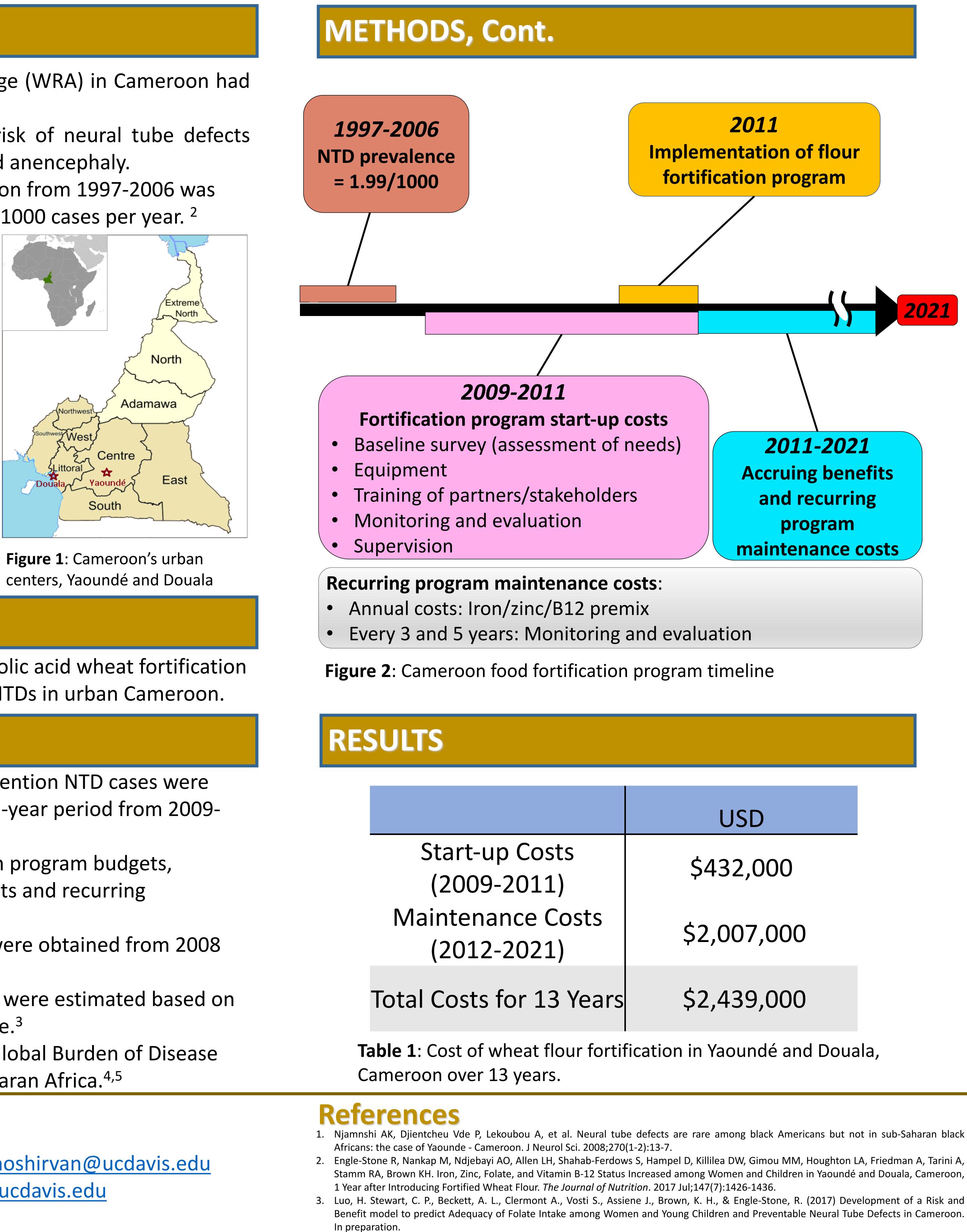
Cost-Effectiveness of Wheat Flour Fortification with Folic Acid for Reducing Neural Tube Defects in Yaoundé and Douala, Cameroon

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BACKGROUND

- 59% of women of reproductive age (WRA) in Cameroon had inadequate folate intake in 2009.¹
- Folate deficiency increases the risk of neural tube defects (NTD), specifically spina bifida and anencephaly.
- The prevalence of NTD in Cameroon from 1997-2006 was four times that of the US, at 1.99/1000 cases per year.²
- Wheat flour fortification with micronutrients – including folic acid – was implemented in Cameroon in 2011, showing marked improvement in micronutrient status in WRA.¹
- Food fortification programs are considered cost-effective; most cost-effectiveness estimates rely either on cost-perindividual reached or biological impact.



OBJECTIVE

Estimate the cost-effectiveness of folic acid wheat fortification in reducing the disease burden of NTDs in urban Cameroon.

METHODS

- Program costs and pre/post intervention NTD cases were estimated and projected over a 13-year period from 2009-2021.
- Program costs were gathered from program budgets, including initial 3-year start up costs and recurring maintenance costs.
- Pre-fortification NTD prevalence were obtained from 2008 study in Yaoundé
- Predicted reductions in NTD cases were estimated based on NTD burden and wheat flour intake.³
- DALY information obtained from Global Burden of Disease and NTD mortality rate in Sub-Saharan Africa.^{4,5}

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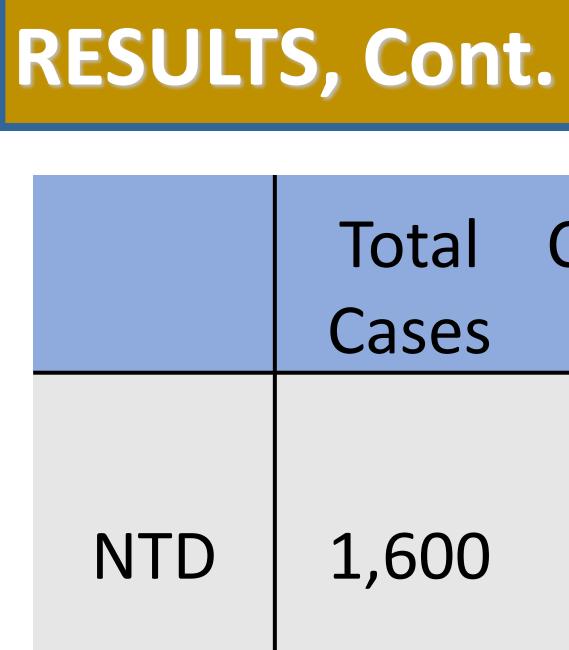


Table 2: Costs and impact of wheat flour fortification in Yaoundé and

 Douala, Cameroon over 13 years.

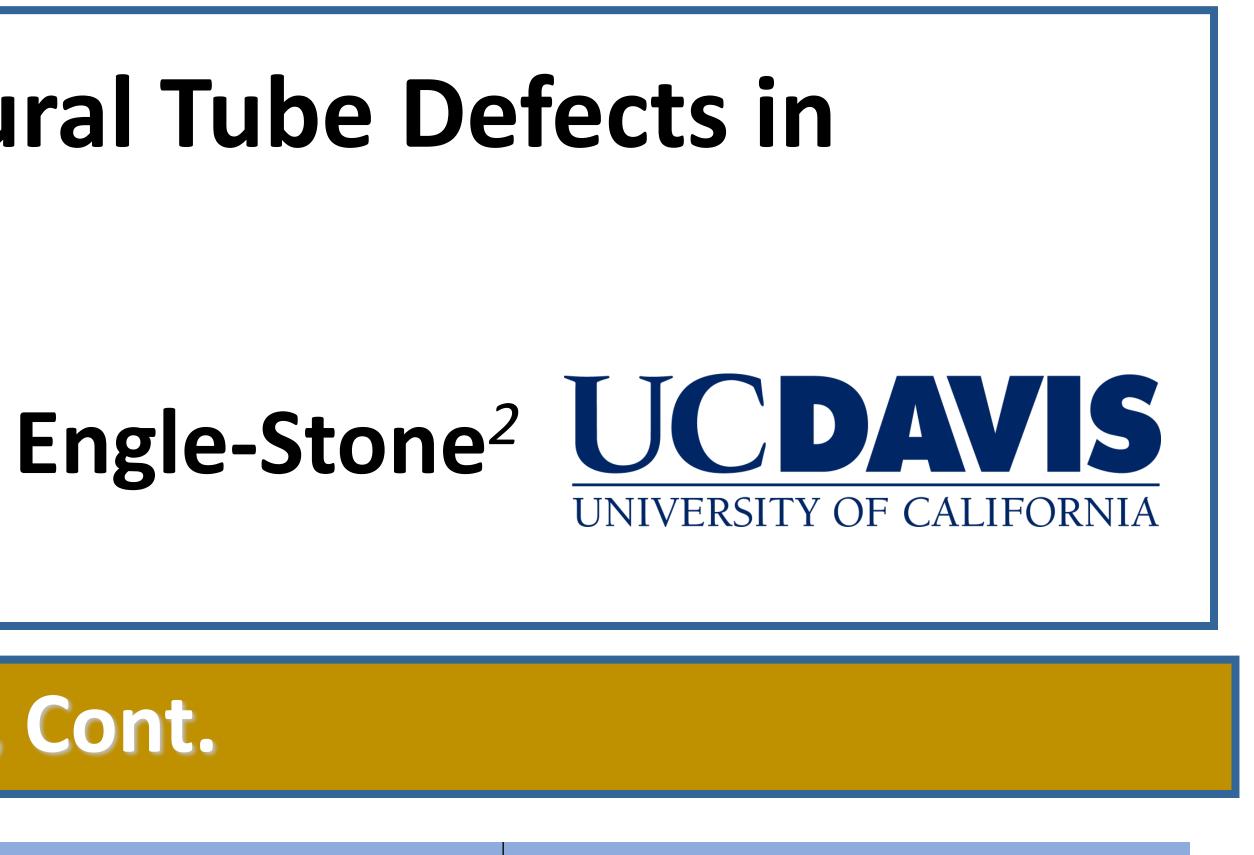
CONCLUSIONS

- Wheat flour fortification programs involving folic acid are effective in reducing NTDs.
- Program cost is significant, ~ \$188,000/year for this 13-year program
- The cost to avert one case of NTD is relatively high, given low birth prevalence. However, the heavy burden associated with each case results in a low cost per DALY averted.
- The fortification program meets criteria for a very cost*effective* intervention as defined by the WHO.⁶ • Cost per DALY is substantially less than the GNI per capita of Cameroon (\$3,640 in 2017)

DISCUSSION

- Our result is comparable to that of a study reporting \$89/DALY of NTD averted, based on observed changes in a fortification program in Chile.⁷
- The cost of preventing NTD is likely to outweigh social and economic costs of treating these conditions.
- maintenance, etc.) can greatly influence program efficiency. needed to ensure that these benefits are maintained.
- Local circumstances (reach of fortification vehicle, program • Sustained monitoring and support to the program are • A post-fortification study of NTD prevalence in Cameroon must be done to validate the accuracy of these results.

4. Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2016 (GBD 2016) Disability Weights. Seattle, United States: Institute for Health Metrics and Evaluation (IHME), 2017. 5. Blencowe H, Kancherla V, Moorthie S, Darlison MW, Modell B. Estimates of global and regional prevalence of neural tube defects for 2015: a systematic analysis. Ann N Y Acad Sci. 2018;1414(1):31-46. 6. Macroeconomics and health: investing in health for economic development. Report of the Commission on Macroeconomics and Health. Geneva: World Health Organization; 2001. Available from: http://apps.who.int/iris/bitstream/10665/42435/1/924154550X.pdf (accessed October 2018). 7. Llanos A, Hertrampf E, Cortes F, Pardo A, Grosse SD, Uauy R. Cost-effectiveness of a folic acid fortification program in Chile. Health Policy. 2007;83(2-3):295-303



Total	Cost/Case	Total	Cost/DALY
Cases	(USD)	DALY	(USD)
1,600	\$1,530	49,310	\$49.50