



Agence de Médecine Préventive

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Socio Economic study of meningitis epidemic

*Anais Colombini, AMP
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Context

❖ Strategy for the Men A Conjugate vaccine Introduction

- Starting by mass preventive campaign in the hyper-endemic countries
- Followed by introduction in Routine immunization program

❖ Study purpose

- Provide evidence that meningitis causes poverty
- Contribute to advocacy for resource mobilization
- Contribute to improve communication on meningitis with population
- Contribute to decrease meningitis morbidity / mortality



❖ Sponsor

- Meningitis Vaccine Project (MVP)

❖ Steering Committee

- WHO HQ, WHO Afro, WHO IST West Africa

❖ Study implementation

- AMP



General objective

Evaluate the socio-economic impact of epidemic meningitis in Burkina Faso and Niger



Study design (1)

❖ A multidisciplinary approach

- Economic and Socio-anthropological

❖ Several components

- Meningitis care
- Meningitis sequelae care
- Surveillance and response
 - Including immunization campaigns
- Health care organization and performance
- Local economy and household
- Meningitis knowledge and perception



Expected results

❖ Costing and financing

- of meningitis health care
- of meningitis sequelae health care
- of surveillance and response
- of meningitis immunization campaign

❖ Impact of epidemic meningitis

- on health care organization and performance
- on household incomes
- on local economy

❖ Meningitis knowledge and perception

- Including care process

Study design (2)

❖ Cost for whom ?

- Country
- Partners
- Communities
- Families

❖ Knowledge and perception by whom ?

- Family members of meningitis case
- Gender and age categories
- Community leaders
- Health care professionals
- Traditional practitioners



Data collection: site (1)

❖ Central level

- Ministry of Health (8 directions / services)
- Partners (9)
- Reference laboratories (2)

❖ Intermediate level

- Direction Regionale Sanitaire (2)
- District Sanitaire (2)

❖ Operational level

- Health care centers (10)
- Hospitals (2)
- Laboratories (2)



Data collection: site (2)

- ❖ Meningitis cases and their family (60)
 - Rural / urban households
 - Health care center / hospital
- ❖ Health care professionals (apx 30)
- ❖ Community (apx 30)
 - Community leaders: religious, administrative, traditional, associative
 - Women / men
 - Young

Data collection (3)

❖ Type of data collected

- Quantitative
 - Budgetary: prices, expenses
 - Material used: quantities
 - Epidemiological
- Qualitative
 - Organizational
 - Anthropological

❖ Data collection methods

- Analysis of data support (epidemiological, budget, stocks, ...)
- Interviews
- Observations, Focus Group



Progress report & next steps

❖ Progress report

- Data analysis and writing of preliminary report on progress

❖ Next steps

- Presentations preliminary results and discussions with national counterparts and steering committee
- Writing of final report
- Results diffusion (end 2007)

Thanks for your attention !



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