

The costs of malaria among the poor and vulnerable: identifying households at risk and potential areas to strengthen resilience

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Introduction

- Malaria inflicts costs to households directly and indirectly
- Few studies have investigated how costs impact on livelihoods over time and what households do to cope
- A better understanding has implications for policies and interventions aimed at reaching and protecting the poor

Objectives

- Estimate the costs of malaria and how they differ by socio-economic status, season and over time
- Identify and explore factors that make households vulnerable
- Identify and explore types of coping strategies and their implications for livelihoods
- Make recommendations on how households can be protected from high cost burdens

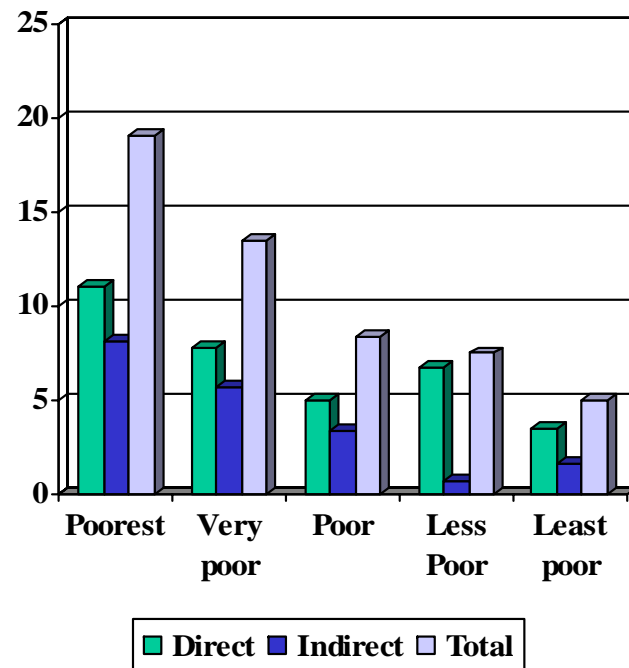
Methods

- Low income rural setting on the Kenyan Coast
- Focus group discussions (n=19)
- Two cross-sectional surveys covering wet (n=294) and dry season (n=285)
- Longitudinal case studies over 1 year (n=30)
 - selected on basis of: cost burdens, wealth, household composition

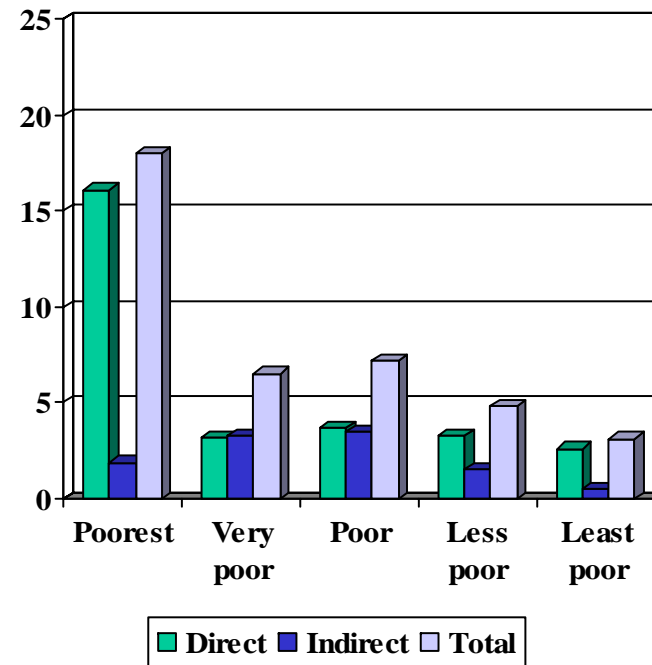
3 categories: highly vulnerable, vulnerable, least vulnerable at beginning of the study

Mean monthly costs as % of expenditure

Wet season



Dry season



Mean costs over 8 months

- Highly vulnerable households: 5.4%
- Vulnerable households: 4.1%
- Least vulnerable: 1.0%

- *Costs not smooth over time and varied from month to month and from case to case with over 100% in one month and 0% in another.*

Coping strategies

Type of strategy	Wet season (n=74/146)	Dry season (n=42/76)
Borrowing	37 (50.0)	29 (69.0)
Gifts	29 (39.2)	7 (16.7)
Sell labour	21 (28.3)	4 (9.5)
Sell assets	6 (8.1)	7 (16.7)
Credit (provider)	8 (10.8)	6 (14.3)
Other (mixed)	14 (18.9)	12 (28.6)

Case study households: factors determining coping

- Wealth of households and their friends/relatives
- Trust that repayment done on time
- Reciprocity some time in future
- Nature of assets and their liquidity

Outcome at the end of the study

- Highly vulnerable households declined irrespective of cost burdens
- Vulnerable households with high costs declined, with low costs remained stable
- Least vulnerable households either remained stable or improved

Livelihoods affected by many factors, malaria just one

Conclusions

- Costs vary by season: important for survey timing
- The poor and vulnerable incur the highest costs
- Past events important in final outcome: negative implications can unfold slowly over time
- A group of households cannot afford to pay for basic health care: exemptions, free care, alternative support beyond the health sector
- Other HHs, can pay but coping strategies need support: eg time to meet costs; seasonal rates



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