

Section snippets

Methods

We conducted a cross-sectional costing study from 11 December 2017 to 6 June 2018 in two hospitals serving pediatric populations in Burkina Faso. AGE sentinel surveillance has been conducted in these 2 sites since 2013, and is described in detail elsewhere [9]. The Centre Hospitalier Universitaire Pédiatrique – Charles de Gaulle (CHUP-CDG) is an urban pediatric tertiary hospital in the capital, Ouagadougou, and The Centre Hospitalier Regional-Gaoua (CHRG) is a rural regional hospital with a

Patient and household characteristics

A total of 211 children <5 years of age were included in the analysis, with 86 (41%) admitted to CHU-CDG, and 125 (59%) admitted to CHRG (Table 1). Of the 211 children, a slightly higher proportion was male 57% (120/211). The median age was 12 months (IQR 7–18), with variation by site, with CHUP-CDG children aged 11 months (IQR 6–16) and CHRG 13 months (IQR 9–20). Almost half of the children were less than 1 year of age. A greater proportion of children <1 year were enrolled in CHUP-CDG as

Discussion

AGE hospitalization costs in Burkina Faso differed between the urban tertiary referral site and the rural regional hospital surveyed, despite similar lengths of stay and number of medications received at both sites, and were greater than that reported from other resource poor settings outside of West Africa. AGE hospitalizations at CHUP-CDG cost 180 USD per hospitalization, while AGE hospitalizations at CHRG were 154 USD per hospitalization. The total costs incurred at both sites is higher than

Conclusions

We report the first estimates of AGE hospitalization cost among children <5 years in two distinct settings in Burkina Faso, a low income GAVI eligible country in West Africa. Given the costs documented for both hospitals and caregivers, particularly for those in the lowest wealth categories who are disproportionately affected by costs of AGE hospitalizations, future studies are warranted to evaluate any impact of rotavirus vaccine introduction on hospitalizations for AGE in this setting.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgements

We would like to acknowledge and thank the patients, families of patients, and staff of the hospitals for their participation in this work.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Disclaimer

The findings and conclusions in this report are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention or the World Health Organization.