Erratum to: Public Health and Policy Issues of Hernia Surgery in Africa

Andrew N. Kingsnorth · Michael G. Clarke ·
Samuel D. Shillcutt

Published online: 24 September 2009
© Société Internationale de Chirurgie 2009

Erratum to: World J Surg DOI 10.1007/s00268-009-9964-y

The authors would like to bring your attention to errors in the cost-effectiveness estimates included in the above-mentioned paper, published online on March 25, 2009, and in print in the June 2009 issue (volume 33, number 6, pp 1188–1193).

The numbers in the final paragraph of the section “Cost-effectiveness of interventions” should be (numbers in bold indicate the corrected data):

“Based on DALYs calculated with a 3% discount rate and without age weighting, the program cost **\$120.02** per patient from a provider perspective, averting 9.32 DALYs per patient. These figures give a cost-effectiveness of **\$12.88/DALY** averted, comparing very favorably with other neglected low-cost opportunities in sub-Saharan Africa according to DCP2 evidence [46, 53], and a host of interventions evaluated by the WHO-CHOICE project

[54]. Expanding capacity for elective hernia repair is clearly a public health priority based on this evidence.”

Corrections and modifications made to calculations include the following: Provider costs were annualized and pro-rated to the length of the program, consistent with Gosselin et al. [1], instead of being simply annualized. Incorrectly, inflation was previously done with Ghanaian inflation rates; correctly, figures have been converted to US\$ according to the average exchange rate of the year they represent, and were inflated to 2008 US\$ using US inflation rates. Personnel costs collected on site were replaced with WHO-CHOICE figures to improve internal consistency and across-study comparability for decisions beyond the Ghanaian context. Transportation costs for European teams, costs of a 2 hour radio campaign, 8 water tanks to all hospitals, and multivitamin costs, were added to augment the robustness of the costing. The cumulative effect of these changes was a reduction in the ICER from \$68.31 to \$12.88/DALY averted in the reference case.

We apologize for these further corrections and modifications. This estimate is more representative of the cost-effectiveness of the Operation Hernia program.

The online version of the original article can be found under doi:10.1007/s00268-009-9964-y.

A. N. Kingsnorth (✉) · M. G. Clarke
Department of Upper Gastrointestinal Surgery, Derriford
Hospital, Plymouth PL6 8DH, UK
e-mail: andrew.kingsnorth@phnt.swest.nhs.uk

A. N. Kingsnorth
Department of Surgery, Peninsula Medical School, Plymouth
PL6 8BU, UK

S. D. Shillcutt
Department of International Health, Johns Hopkins Bloomberg
School of Public Health, 615 N Wolfe Street, Baltimore,
MD 21205, USA

References

1. Gosselin RA, Thind A, Bellardinelli A (2006) Cost/DALY averted in a small hospital in Sierra Leone: What is the relative contribution of different services? World J Surg 30:505–511