Correction: Cost-effectiveness of a Community-based Hypertension Improvement Project (ComHIP) in Ghana: results from a modelling study

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This article was previously published with an error.

1. There is a typographical error in [table 1](#). The annual costs of healthcare provision for non-hypertensive patients in the ComHIP current scale-up and ComHIP GHS-LCS scale-up scenarios should be, '42820' US\$ instead of '4282' US\$ for the healthcare provider and '8910' US\$ instead of '891' US\$ for the patient-level costs. As a result of this typographical error, the calculations in [table 1](#) are incorrect. The corrected [table 1](#) is shown below.
2. To clarify the data in [table 1](#), the second line of first paragraph under Results section has been modified to:
These are the total annual costs (including hypertension screening, diagnosis and treatment) to the healthcare provider and to patients of implementing ComHIP and standard care for a population of 10 000 adults in the intervention district.
3. The data related to [table 1](#) has been updated in the second paragraph in the Results section addressing the results of the table. The paragraph now reads:
From [table 1](#), current ComHIP scale-up is estimated to have an annual societal cost of US\$903 285—it is 20% more costly than GHS-LCS ComHIP scale-up at US\$751 322 per year—this difference is due to the lowering of unit costs (for the most part salaries) in the transfer of services between FHI360 and the GHS. At US\$462 636 per year, standard care annual societal costs are 51% and 62% of the costs of current ComHIP scale-up and GHS-LCS ComHIP scale-up, respectively. With respect to the costing structure, note that postimplementation costs make up the bulk of all annual costs (96% and 98% for each respective ComHIP scenario and 100% for the standard care scenario). Of these postimplementation costs, the largest cost driver is health service provision (the time of healthcare staff, the medication and diagnostic test costs, the patient-level costs including time seeking healthcare, out-of-pocket expenditures and time lost to work, and the costs of screening non-hypertensives) with 71%, 84% and 87% of the postimplementation costs respectively, followed by the programme management costs (coordination meetings and field activities, technical staff support, administration costs) with 25%, 12% and 11%, respectively. Importantly, note the cost structure from [table 1](#) results in an annual overhead cost per patient that differs substantially across scenarios—US\$84.94 for the current ComHIP scale-up scenario, about twice as large as for the GHS-LCS ComHIP scale-up scenario and four times as large as for standard care. For the estimation of the annual programme costs, with lost to follow-up, the average annual societal costs per patient were US\$197.20 in current ComHIP scale-up, US\$152.10 in GHS-LCS ComHIP scale-up and US\$119.63 in standard care.
4. The two tables extending the results of [table 1](#) in the online supplemental file have also been updated.

Table 1 Annual societal costs of hypertension screening, diagnosis and treatment (2017 US\$)

Scenario	Healthcare provider costs	Patient-level costs	Societal costs	%
SCENARIO (no of patients on hypertension treatment) CURRENT ComHIP scale-up (n=3368)				
Annual start-up costs (incremental costs*)	33 097 (33 097)	–	33 097 (33 097)	4
1. ComHIP app development	5229	–	5229	16
2. Training	11 338	–	11 338	34
3. Management	16 529	–	16 529	50
Annual post-implementation costs (incremental costs*)	475 645 (222 289)	394 543 (185 263)	870 188 (407 552)	96
1. ComHIP app support	15 672	–	15 672	2
2. Acquisition of clinical and IT equipment	20 849	–	20 849	2
3. Health service provision to hypertensive patients	179 845	385 633	565 478	65
4. Health service provision to non-hypertensive individuals	42 820	8910	51 730	6
5. Management	216 459	–	216 459	25
Total annual costs (incremental costs*)	508 742 (255 386)	394 543 (185 263)	903 285 (440 649)	100
Overhead costs=total annual costs – health service provision	286 076			
Overhead costs per patient	84.94			
SCENARIO (no of patients on treatment) GHS-LCS ComHIP SCALE-UP (n=3368)				
Annual start-up costs (incremental costs*)	15 499 (15 499)	–	15 499 (15 499)	2
1. ComHIP app development	207	–	207	1
2. Training	8955	–	8955	58
3. Management	6338	–	6338	41
Annual post-implementation costs (incremental costs*)	341 280 (87 924)	394 543 (185 263)	735 823 (273 187)	98
1. ComHIP app support	7660	–	7660	1
2. Acquisition of clinical and IT equipment	20 849	–	20 849	3
3. Health service provision to hypertensive patients	179 845	385 633	565 478	77
4. Health service provision to non-hypertensives	42 820	8910	51 730	7
5. Management	90 106	–	90 106	12
Total annual costs (incremental costs*)	356 779 (103 423)	394 543 (185 263)	751 322 (288 686)	100
Overhead costs=total annual costs - health service provision	134 115			
Overhead costs per patient	39.82			
SCENARIO (no of patients on treatment) STANDARD CARE (n=3368)				
Annual start-up costs	–	–	–	0
1. ComHIP app development	–	–	–	–
2. Training	–	–	–	–
3. Management	–	–	–	–

Continued

Table 1 Continued

Scenario	Healthcare provider costs	Patient-level costs	Societal costs	%
Annual post-implementation costs	253 356	209 280	462 636	100
1. ComHIP app support	–	–	–	0
2. Acquisition of clinical and IT equipment	9929	–	9929	2
3. Health service provision to hypertensive patients	192 527	209 280	401 807	87
4. Management	50 900	–	50 900	11
Total annual costs	253 356	209 280	462 636	100
Overhead costs=total annual costs - health service provision	60 829			
Overhead costs per patient	18.06			

Sources: own calculation based on cost-analysis.

*Incremental costs with respect to the annual costs of the standard care scenario

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