

**Table 4: Cost-Effectiveness Ratios and savings with range (95%) from Monte-Carlo Simulation (1000 iterations)**

	<i>Total Episodes Averted</i>		<i>Cost-Effectiveness Ratios</i>		<i>IPTi Costs per 1000 hypothetical infants <sup>b</sup></i>	<i>Savings from fewer malaria cases for 1000 hypothetical infants entering the model</i>		
	<i>Malaria Episodes Averted</i>	<i>DALYs averted</i>	<i>Cost per malaria episode averted</i>	<i>Cost per DALY averted</i>		<i>Net Intervention Costs (IPTi implementation costs – health system savings)</i>	<i>Total Household direct treatment cost savings</i>	<i>Total Household indirect treatment cost savings</i>
<b>Studies using SP</b>								
Ifakara, Tanzania*								
Trial	270 (188,364)	133 (77,207)	1.36 (0.90,1.96)	2.90(1.61,4.70)	353 (281,426)	-735 (-1189,-348)	310 (195,457)	804 (490,1193)
Pooled	160 (118,207)	77(47,119)	2.27 (1.56,3.17)	4.85 (2.79,7.72)		-248 (-471, -50)	170 (112,241)	442 (285,631)
Navrongo, Ghana *								
Trial	270 (162,394)	139 (73,229)	1.50 (0.90,2.39)	3.05 (1.56,5.32)	496 352, 653)	-72 (-320,138)	598 (344,906)	242 (124,395)
Pooled	327 (179, 518)	169 (62, 380)	1.18 (0.58, 2.48)	2.41 (0.76, 6.85)	376 (266, 494)	-167 (-717, 244)	727 (270, 1392)	294 (95, 686)
Manhiça, Moz *								
Trial	116 (40,203)	57 (18,110)	4.03 (1.71,9.18)	8.63 (3.2219.98)	363 (286,435)	69 (-179,281)	77 (24,144)	131 (44,234)
Pooled	236 (173, 304)	116 (70,175)	1.58 (1.08,2.21)	3.39 (1.95,5.39)		-189 (-423,8)	139 (85,206)	242 (167,330)
Kumasi, Ghana*								
Trial	239 (138,358)	123 (61,206)	1.66 (0.96,2.73)	3.39 (1.68,6.15)	366 (291,444)	104 (-63,250)	376 (208,579)	120 (62,195)
Pooled	379 (206, 599)	195 (75,444)	0.68 (0.34,1.40)	1.39 (0.46, 3.43)	251 (178, 330)	-156 (-579, 115)	587 (271, 1132)	185 (64,457)
Tamale, Ghana *								
Trial	256 (149,380)	132 (67,221)	1.55 (0.91,2.42)	3.16 (1.59,5.58)	366 (291,445)	141 (-8,273)	341 (190,529)	91 (47,148)
Pooled	283 (157, 451)	146 (55, 346)	0.91 (0.45,1.91)	1.85 (0.68,5.31)	249 (177, 328)	9 (-287, 177)	387 (182, 690)	107 (44,209)
Lambaréné, Gabon								
Trial	20 (-20,57)	10 (-10,32)	11.93 (-90.60,102.87)	29.94 (-184.16, 208.75)	426 (339,509)	263 (-77,561)	-	-
Pooled	66 (25, 120)	34 (8, 87)	5.05 (2.05,3.95)	10.1 (2.99,44.86)	311 (219, 398)	-188 (-817, 179)	439 (139,1127)	146 (48,366)
Korogwe, Tanzania <sup>a</sup>								
Trial	-32 (-111,37)	-16 (-56,18)	-15.72 (-60.17,53.18)	-37.21 (-131.37,111.18)	372 (296,449)	490 (223,796)	-	-
Pooled	92 (58,131)	45 (25,73)	4.27 (2.67,6.57)	9.11 (4.83,15.31)		25 (-137,171)	-	-
Same, Tanzania <sup>a</sup>								
Trial	-36 (-84,-2)	-18 (-43,-1)	-0.71,-(72.10, 3.59)	-7.34 (-154.88,-6.83)	375 (298,453)	545 (362,794)	-	-
Pooled	6 (4,9)	3 (2,5)	67.00 (41.17,105.13)	143.78 (76.14,246,41)		-952 (-1661,-346)	-	-
<b>Non SP Study Drugs</b>								
Western Kenya								
*Trial SP-ASt3	277 (104,479)	140 (48,261)	7.72 (3.44,16.66)	16.09 (6.27,36.44)	1714 (1361.,2062)	1025 (288, 1633)	689 (213, 1347)	1296 (396,2587)
*Trial AQ3-AS3	313 (143,513)	158 (65,285)	4.62 (2.31,8.87)	9.63 (4.21,19.23)	1244 (994,1498)	464 (-263, 1029)	780 (282, 1462)	1468 (506,2799)

Trial CD3	120 (-65,311)	61 (-31, 166)	11.01 (-152.50, 78.40)	39.22 (-325.20, 385.57)	4113 (3264,4962)	3814 (2850, 4782)	-	-
Korogwe,Tanzania								
*Trial MQ	110 (54,174)	54 (24,95)	18.56 (9.81,33.67)	39.63 (18.09,76.58)	1802 (1430,2170)	1390 (946,1819)	117 (54,196)	303 (141,510)
Trial CD3	23 (-44,88)	11 (-21,45)	130.01 (-600.97,669.14)	243.80 (-1317.69,419.24)	4207 (3346,5073)	4121 (3220,5017)	-	-
Same,Tanzania								
Trial MQ	-2 (-24,14)	-1 (-12,7)	-211.29 (-1054.29,1163.82)	-275.30 (-2317.29,2455.81)	1819 (1444,2190)	1828 (1446,2212)	-	-
Trial CD3	-29 (-71,1)	-14 (-38,0.5)	-308.63 (-1092.65, 637.79)	-633.82 (-2299.85, 1254.10)	4207 (3353,5066)	4347 (3480,5225)	-	-

\* Statistically significant effect on malaria

<sup>a</sup> Same and Korogwe were not part of the Pooled Analysis. All input parameters have been inserted as probability distributions (epidemiological variables as well as costs)

<sup>b</sup> Taking into account trial drop out rates

<sup>c</sup> Trial Gross Intervention Costs include delivering all IPTi doses, where different, pooled Gross Intervention Costs reflect the cost of delivering IPTi doses up to 12 months