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Authors' information: Ijeoma Edoka¹*, Heather Fraser¹, Lise Jamieson², Gesine Meyer-

Rath^{2,3}, Winfrida Mdewa¹

¹SAMRC Centre for Health Economics and Decision Science-PRICELESS SA, School of

Public Health, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg,

South Africa.

²Health Economics and Epidemiology Research Office, Department of Internal Medicine,

School of Clinical Medicine, Faculty of Health Sciences, University of the Witwatersrand,

Johannesburg, South Africa.

³Department of Global Health, School of Public Health, Boston University, Boston, MA,

USA.

(*Corresponding author: Ijeoma.Edoka@wits.ac.za)

Supplementary File 3

Capital Equipment

We identified hospital equipment and linen requirements through reviewing clinical

management guidelines and published literature. ¹⁻³ These items, quantity per patient, their

unit costs and corresponding annualised costs are presented in Table S7. Unit costs for

capital equipment were obtained from government commodity tender documents and retail

advertisements. 4-10 (Table S7). In general wards, we assumed that nurses would observe and

record patients' vital signs twice per day, and thus 2 vital sign monitoring machines would

be shared amongst 50 patients on a ward. We assumed that patients in high care and intensive

care would require continuous monitoring. Quantity of linen used per patient per day was

obtained through expert consultations (Table S7).

We assumed that each hospital bed would be occupied for two-thirds of the year, in order to

apportion daily economic costs to each patient - this assumption does not apply to the

financial cost analysis, where the unit price of each equipment was divided by the total

number of days in a year (365 days) to estimate daily financial costs. In a scenario analysis,

we assessed the impact of this assumption (number of 'bed days' per year) on total economic

costs, using a lower bound of a one-third occupancy rate and an upper bound of 100%

occupancy.

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Table S7. Inputs for Capital Equipment Costs (2020 USD)

(1) Resource input	Ward/ patient population	(2) Quantity, per patient per day	(3) Unit cost	Annualised costs	Economic cost per patient per day [financial cost]	Sources	
Infusion pump	All wards	1	897.87	116.28	0.48 [0.25]	(1) ¹¹ (2) Expert opinion (3) ⁵	
Patient monitor	General ward	0.04 ^a			0.03 [0.01]	(1) 11	
	High care ward	0.083 ^b	1 992.70	258.06	0.09 [0.05]	(2) Expert opinion	
	ICU	1			1.06 [0.55]	(3) ⁶	
Ventilator	ICU: CPAP	1	9 660.80	1 251.12	5.14 [2.65]	(1) ¹¹	
	ICU: NIV	1	12 945.12	1 676.45	6.89 [3.55]	(2)Assumption	
	ICU: IMV	1	26 991.34	3 495.50	14.37 [7.39]	(3) 4	
High flow machine	High care ward	1	3 716.34	487.11	2.00 [1.03]	(1) ¹¹ (2) Expert opinion (3) ⁴	
Oxygen Concentrator	All patients who receive respiratory support	1	2 018.26	261.37	1.07 [0.55]	(1) ¹¹ (2) Expert opinion (3) ⁷	
Suction pump	ICU	1	210.63	27.28	0.11 [0.06]	(1) ¹¹ (2) Expert Opinion (3) ⁸	
Backup oxygen cylinder	All patients who receive respiratory support	1	283.53	36.72	0.15 [0.08]	(1) ¹¹ (2)Expert Opinion (3) ⁹	
Ambu-bag (self- inflating bag)	ICU	1	15.72	3.63	0.01[0.01]	(1) ¹¹ (2) Expert Opinion (3) ¹⁰	
Laryngoscope	ICU: intubated	0.38 ^c	209.75	48.44	0.20 [0.11]	(1) 11	

	patients only					(2) ^{11,12} (3) ¹³
Bed: Manual hospital bed plus mattress	All	1	620.23	80.33	0.33 [0.17]	(1) ¹¹ (2) Expert Opinion (3) ⁴
Blanket	All	1	21.24	4.91	0.02 [0.01]	(1) ¹ (3) ¹
Draw sheet	All	5 ^d	10.23	11.82	0.05 [0.03]	(1) ¹ (3) ¹
Bed sheet	All	5 ^d	10.23	11.82	0.05 [0.03]	(1) ¹ (3) ¹
Mattress Protector	All	5 ^d	9.03	10.45	0.05 [0.03]	(1) ¹ (3) ¹
Blanket cover	All	5 ^d	10.23	11.82	0.05 [0.03]	(1) ¹ (3) ¹
Patient suits	All	5 ^d	19.86	22.94	0.11 [0.06]	(1) ¹ (3) ¹
Pillows	All	2	7.22	3.34	0.02 [0.01]	(1) ¹ (3) ³
Pillow covers	All	5 ^d	3.41	3.94	0.01 [0.01]	$(1)^{1}$ - $(3)^{2}$

Note: For most inputs, a different source was used for each component of the input. Thus for each row, the number attached to the column header corresponds to each citation in the source column.

^a 2 monitors shared amongst the ward for nurses to take twice daily vitals

^b Each patient requires 3 hourly observations for approximately 15 minutes, thus 2/24 hours each day

^c 3 required for unit, thus divided by number of patients in the unit, and only used once during ICU admission

^d Multiple required per bed space to rotate for laundry

Human Resources

Detailed inputs for estimating cost per patient per day for each cadre are displayed in Table S8. Hourly wage of each cadre of staff was estimated using annual salary, number of hours worked per year, overtime and benefits pay. The value of overtime pay was based on expert opinion and was estimated to be 40% the annual salary of junior staff and 20% the annual salary of senior staff. Benefits are included in the annual salary estimates of staff members included in the Occupational-Specific Dispensation (OSD) salary scales. Administrative staff and cleaning staff are not included in the OSD scales, and these staff receive benefits amounting to 37% of their annual salary (expert consultation).

Staff-to-patient ratios for each staff cadre were determined by dividing the estimated number of patients on each ward (50 patients in general wards, 25 patients in high care wards and 12 patients in ICU) by the number of staff expected to cover each ward (Table S8). In the case of nurses, the staff-to-patient ratio was obtained from the Guidelines for Intensive Care in South Africa, and through expert consultation.¹⁴

In a scenario analysis, staff-to-patient ratio for each cadre was varied by +/-50% to determine the impact of these assumptions on cost per patient day. The ranges of staff-to-patient ratio used in this sensitivity analysis are presented in Table S8.

Table S8. Inputs for Human Resource Costs (2020 USD)

(1)		(2)	(3)	(4)	(5)	(6)		
Type of Human	Ward	Staff-to-	Annual	Overtime	Benefits	Hourly wage	Cost per	Source
Resource		patient ratio	salary				patient per	
							day	
Infection	All wards							$(1)^{15}$
prevention		1:100	24 717.93	_	_	14.37	1.15	(2) Assumption
control officers		(1:50-1:150)	24 /1/./3			14.57	1.13	$(3)^{16}$
								(6) ¹⁶ , Expert opinion
Critical care	Intensive care							$(1)^{15}$
nurses	Unit	1:2						(2) Assumption
		(1:1-1:3)	28 791.00	-	10 652.64	16.74	200.87	(3) 16
		(=====)						$(5)^{16}$
								(6) ¹⁶ ,Expert opinion
Professional nurse	General ward	1: 18					8.22	(1) ¹⁴
	III ah aana maad	(1:9 – 1:27)	21 201 17			40.00	40.04	(2) Expert opinion
	High care ward	1:3 (1:1 – 1:5)	21 201.65	-	-	12.33	49.31	(3) 16
	Intensive care unit	1:2 (1:1 – 1:3)					147.92	(6) ¹⁶ ,Expert opinion
Staff nurses	General ward	1:18 (1:9 – 1:27)					5.29	(1) ¹⁴
	High care ward	1:3 (1:1 – 1:5)	13 658.467	-	-	7.95	31.76	(2) Expert opinion
	Intensive care unit	1:2 (1:1 – 1:3)					95.29	(3) ¹⁶ (6) ¹⁶ ,Expert opinion
Nursing Assistant	General ward	1:10 (1:5 – 1:15)	10 468.79	-	-	6.08	14.61	(1) Expert opinion (2) Expert opinion (3) 16

								(6) ¹⁶ ,Expert opinion
Consultant (internal medicine)	and high care	1:100 (1:50 – 1:150)	91 676.98	18 335.40	_	63.96	5.12	(1) ¹⁴ (2)Expert opinion (3) ¹⁶
	Intensive care Unit	1:12 (1:6 – 1:18)					3.41	(4) ¹⁶ ,Expert opinion (6) ¹⁶ ,Expert opinion
Intensivist – team leader ^a	Intensive care Unit	1:12 (1:6 – 1:18)	114 617.63	22 923.50	-	79.97	4.26	 (1) ¹⁴ (2) Expert opinion (3) ¹⁶ (4) ¹⁶,Expert opinion (6) ¹⁶,Expert opinion
Cardiovascular specialist ^a	Intensive care Unit	1:12 (1:6 – 1:18)	91 676.98	18 335.40	-	63.96	0.56	(1) ¹⁷ (2) Expert opinion (3) ¹⁶ (4) ¹⁶ ,Expert opinion (6) ¹⁶ ,Expert opinion
Pulmonologists	Intensive care unit	1:20 (1:10 – 1:30)	91 676.9	18 335.40	-	63.96	2.13	(1) ¹⁴ (2) Expert opinion (3) ¹⁶ (4) ¹⁶ ,Expert opinion (6) ¹⁶ ,Expert opinion
Internal medicine physician (registrar)	General ward High care ward	1:25 (1:13 – 1:38) 1:20 (1:10 – 1:30)	50 538.92	20 215.58	-	41.14	13.16	(1) ¹⁴ - (2) Expert opinion (3) ¹⁶
	Intensive care unit	1:12 (1:6 – 1:18)					27.42	- (4) ¹⁶ ,Expert opinion (6) ¹⁶ ,Expert opinion

Administrative	General ward	1:50					0.88	(1) ¹⁴
staff	TT' 1 1	(1:25 – 1:75)						(2) 14
	High care ward	1:20	1:20 (1:10 – 1:30) 1:12 (1:6 – 1:18)	-	3 511.40	5.52	3.02	(3) ¹⁶
	Intensive care unit	·					3.68	(4) ¹⁶ ,Expert opinion (6) ¹⁶ ,Expert opinion
Respiratory physiotherapists ^c	High care ward	1:20 (1:10 – 1:30)	24 717.93	-	-	14.37	5.75	 (1) ¹⁴ (2) Expert opinion (3) ¹⁶ (4) ¹⁶,Expert opinion (6) ¹⁶,Expert opinion
Radiographer c	High care ward	1:100 (1:50 – 1:150)	24.717.02	-		14.37	1.15	(1) ¹⁴ (2) ¹⁴ (3) ¹⁶
	Intensive care unit	1:12 (1:6 – 1:18)	24 717.93	9 887.20	-	20.12	3.22	(4) ¹⁶ ,Expert opinion (6) ¹⁶ ,Expert opinion
Social worker	High care wards	1:100 (1:50 - 1:150)	23 470	9 388.17	-	19.10	1.09	(1) Expert opinion (2) ¹⁴ (3) ¹⁶
	Intensive care unit						3.06	(4) ¹⁶ (6) ¹⁶ ,
Medical technologists	High care ward	1:100 (1:50 – 1:150)		-	-	14.37	1.15	(1) Expert opinion
	Intensive care unit	1:50° (1:25 – 1:75)	24 717.93	9 887.20		20.12	3.22	(2) ¹⁴ (3) ¹⁶ (4) ¹⁶ ,Expert opinion (6) ¹⁶ ,Expert opinion

Nutritionist	Intensive care unit	1:50 (1:25 – 1:75)	24 717.93	-	-	14.37	2.30	(1) ¹⁴ (2) Expert opinion (3) ¹⁶ (4) ¹⁶ ,Expert opinion (6) ¹⁶ ,Expert opinion
Clinical pharmacist	High Dependency Intensive care unit	1:100 (1:50 – 1:150) 1:50 (1:25 – 1:75)	58 221.98	-	-	33.85		(1) ¹⁴ (2) ¹⁴ (3) ¹⁶ (4) ¹⁶ ,Expert opinion (6) ¹⁶ ,Expert opinion
Cleaning staff	All wards	1:50 (1:25 – 1:75)	6 697.94	-	2 478.27	5.34	0.85	(1) ¹⁴ (2) ¹⁴ (3) ¹⁶ (4) ¹⁶ (6) ¹⁶

Note: For most inputs, a different source was used for each component of the input. Thus for each row, the number attached to the column header corresponds to each citation in the source column.

^a One consultant leading medical team on ICU, with the role shared between Intensivist, anaesthetist consultant and cardiovascular specialist

^b In the general ward, twenty-four-hour consultant availability, covering HDU and the wards (approximately 100 pts)

^c Working 8 hours/day full-time, providing on-call cover for 16 hours of the day to ICU only

Overhead costs

Table S9 presents the ward overhead costs. These were obtained from the facility fees laid out in the Uniform Patient Fee Schedule (2020). The UPFS reports fees for 3 different levels of health care facilities based on the services these facilities provide (primary, secondary and tertiary health services). We used the median fees of the different healthcare facility levels, for of the 3 types of wards (general ward, HCW and ICU) reported in the UPFS.

Table S9. Facility fees for each ward (2020 USD)

	General ward	High care ward	Intensive care unit
Facility fee per patient per day	64.57	196.55	516.36

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