

A Cost-Efficiency Analysis of Innovative Approaches for Case-Finding in the Kyrgyz Republic & Tajikistan

Lyubov Teplitskaya

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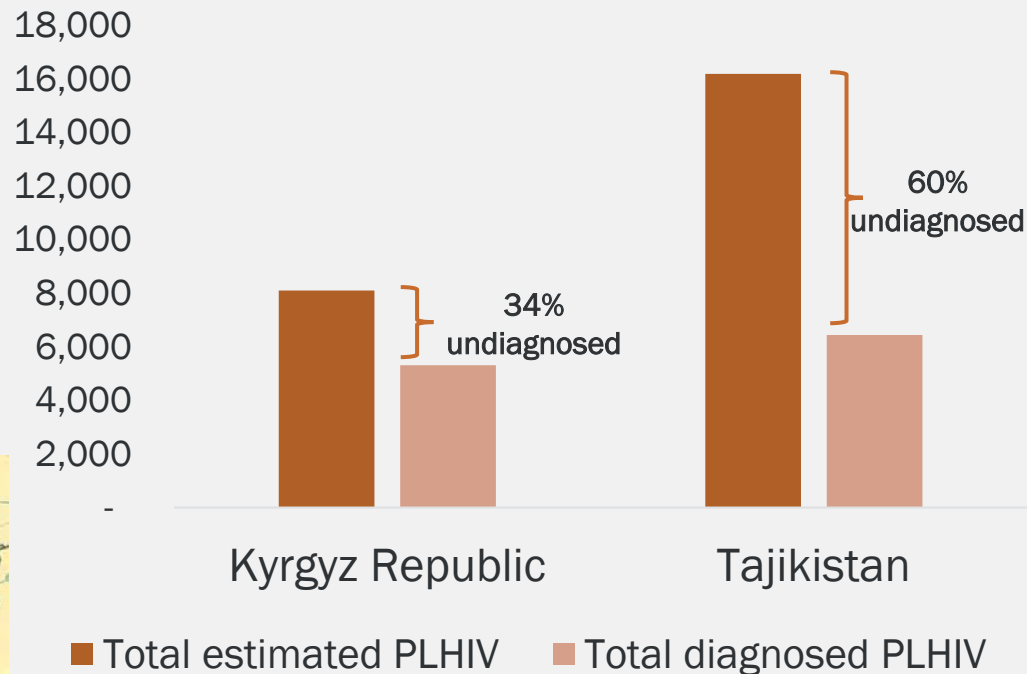
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HIV epidemic in Central Asian Region

- Concentrated epidemic primarily among PWID and their sexual partners
 - **PWID HIV prevalence: 12.4%-13.5%** (KGZ & TJK)
- Challenges:
 - Limited data on size/location of KPs
 - Programmatic and health system gaps
 - Declining external funding



More progress is needed to reach first “90”



- Until recently, case-finding strategies have relied on traditional outreach models
- No data available on costs associated with new case-finding interventions in CAR

Case-finding interventions in the Kyrgyz Republic and Tajikistan



Peer Driven Outreach/Rapid Case Detection (PDO/RCD)

- Community members work as “seeds” to recruit PWID peers for testing



Active case-finding (ACF)

- Structured community mapping approach implemented by peer navigators



Assisted Partner Notification (APN)

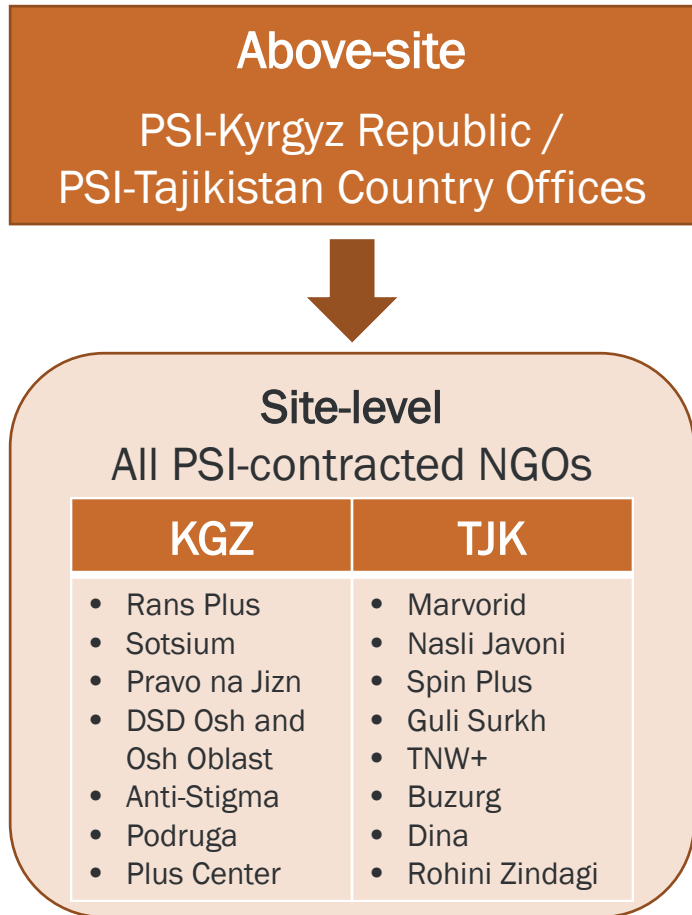
- Algorithm to assist PLHIV in disclosing their status to partners



Prevention outreach and harm reduction services

- Recruitment of new clients into UNDP’s prevention outreach/HR program

Methods: costing approach



Time period: 2016-2017

Methods: costing approach

Above-site
PSI-Kyrgyz Republic /
PSI-Tajikistan Country Offices



Site-level
All PSI-contracted NGOs

KGZ	TJK
<ul style="list-style-type: none"> Rans Plus Sotsium Pravo na Jizn DSD Osh and Osh Oblast Anti-Stigma Podruga Plus Center 	<ul style="list-style-type: none"> Marvorid Nasli Javoni Spin Plus Guli Surkh TNW+ Buzurg Dina Rohini Zindagi

Time period: 2016-2017

Above-site financial costs

- Staff salaries and fringe
- Fixed asset depreciation costs
- Recurrent non-program costs

Site-level financial costs

- Staff salaries and fringe
- Fixed asset depreciation costs
- Program costs
- Recurrent non-program costs

Site-level programmatic data by case-finding intervention

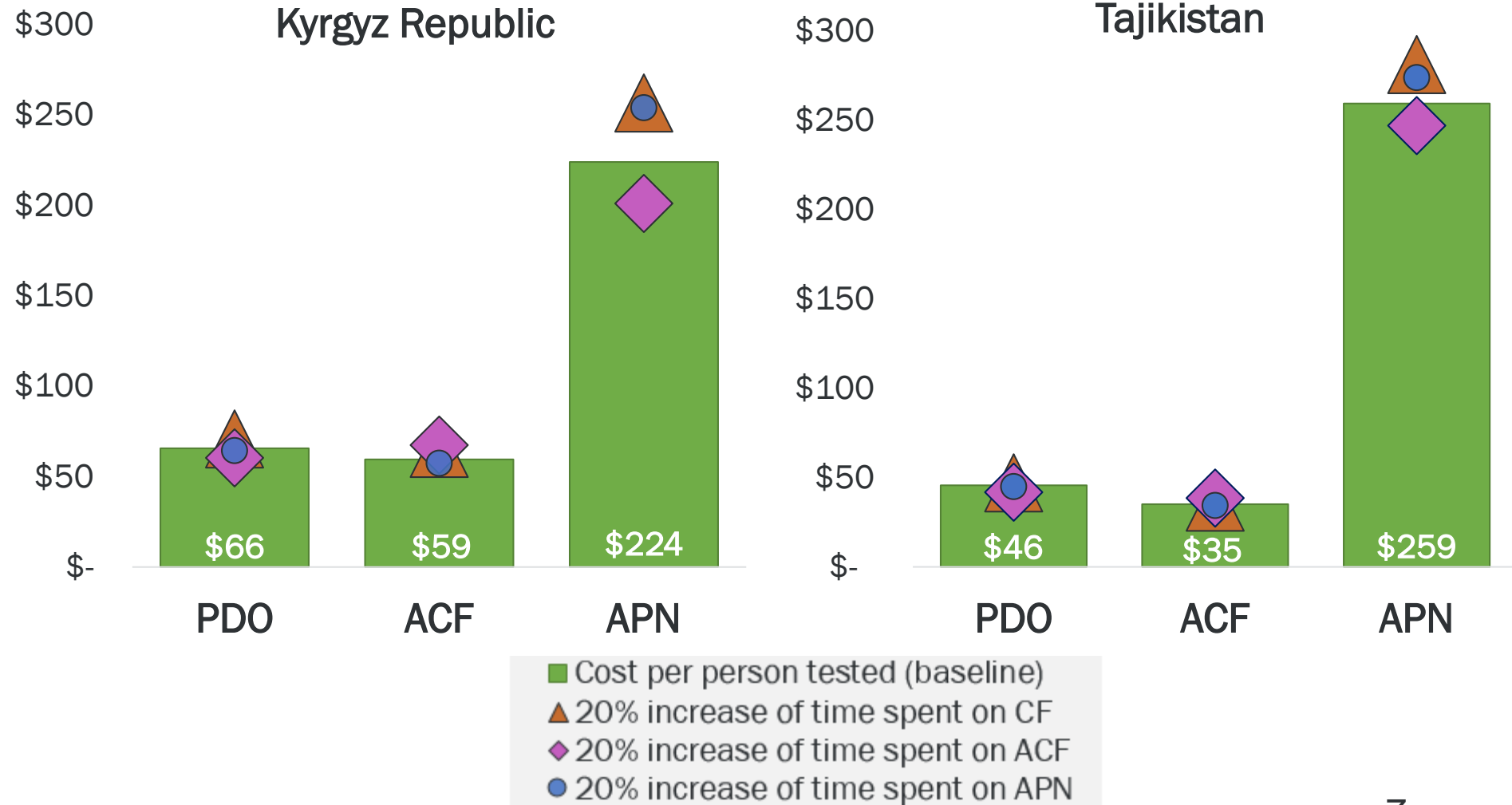
- Testing targets and number tested
- CF targets and number newly identified as HIV-positive

Calculating costs: *using staff time as a cost-driver*

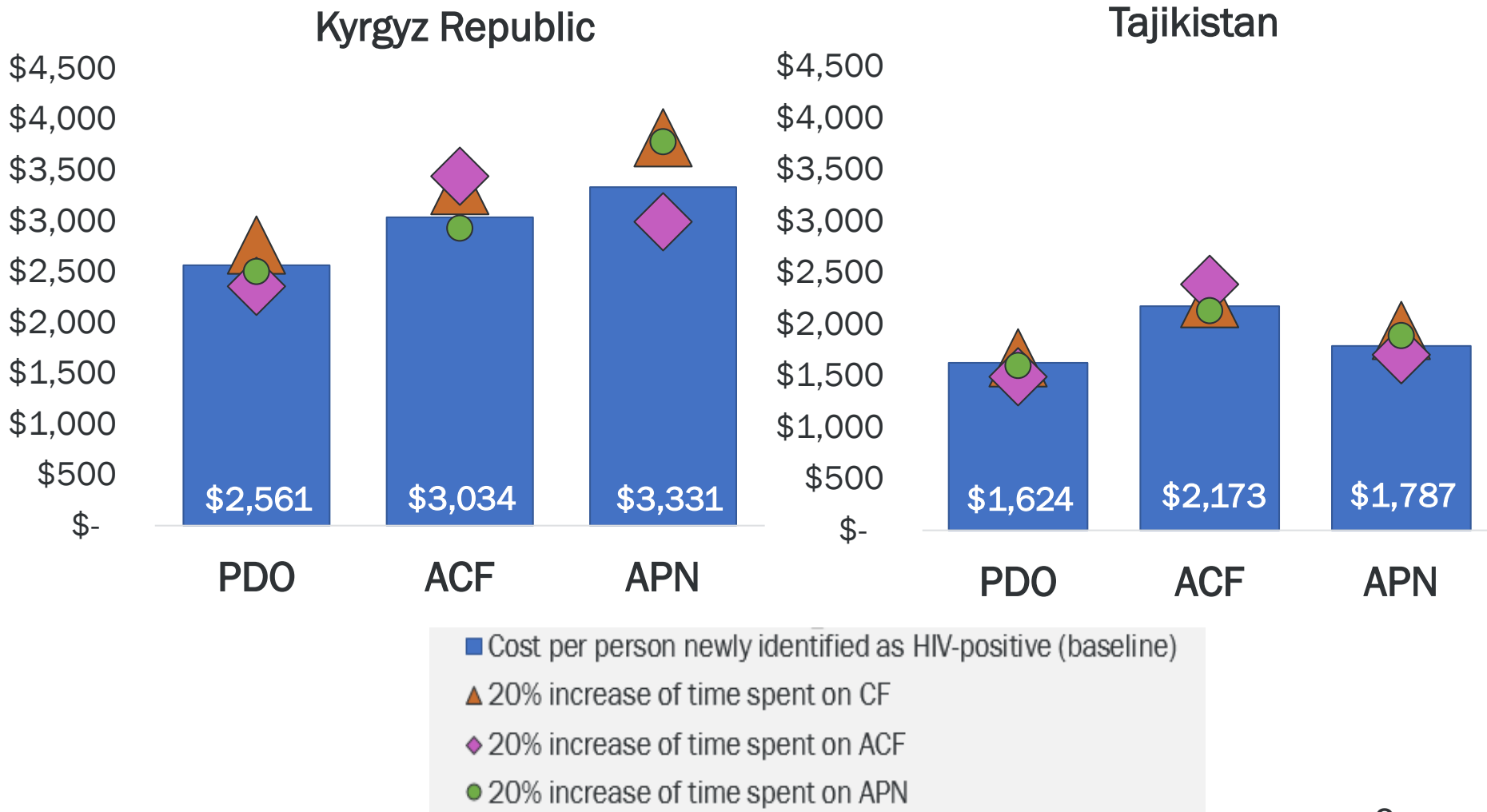
- Above-site and NGO-level staff time spent on each CF intervention is main driver of differences in costs among PDO, ACF, and APN interventions
- Tools developed to collect data on staff time spent on CF:
 - **PSI above-site staff questionnaire** (*interviewed all staff members*)
 - **NGO-level staff questionnaire** (*sampled 4 NGOs in each country*)

Conducted separately for above-site and NGO-level				PDO example
Staff costs	% of staff member's time spent on PDO	×	Staff member's annual salary and fringe costs	= Annual staff costs for PDO
Non-staff costs	Average % of staff time spent on PDO	×	Annual recurrent and depreciation costs	= Annual recurrent and depreciation costs for PDO
Program costs	<ul style="list-style-type: none"> • Commodities cost proportional to number tested via PDO • Incentives cost proportional to number identified via PDO • PDO trainings/refresher training costs • Other program costs proportional to time spent by NGO-level staff on PDO 			

Average cost per person tested, by case-finding intervention

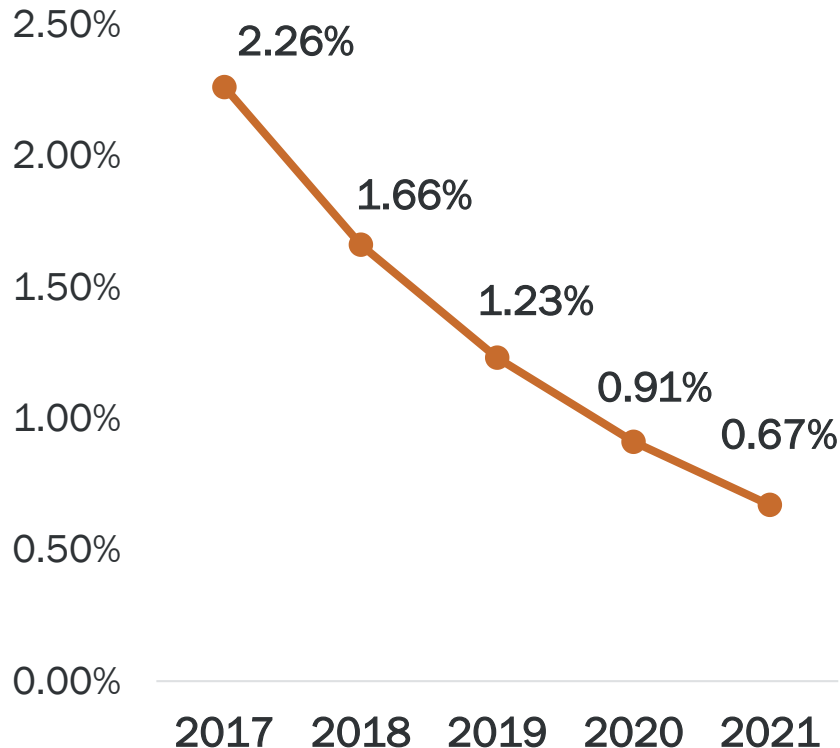


Average cost per person identified as HIV-positive, by CF intervention



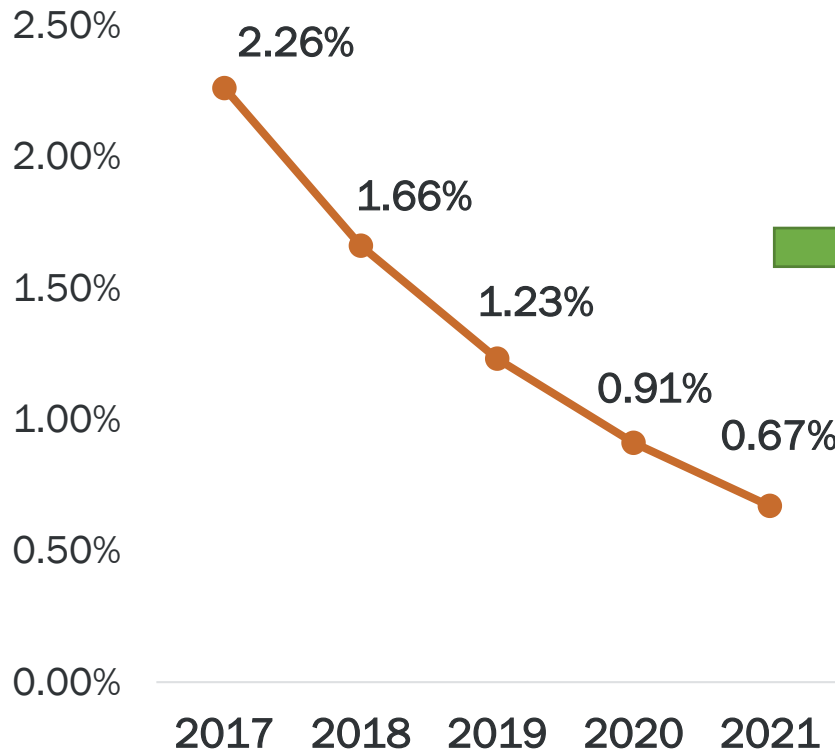
Projected costs per person identified in KGZ current sites (*PWID only*): 2017-2020

Diminishing yields projected over time

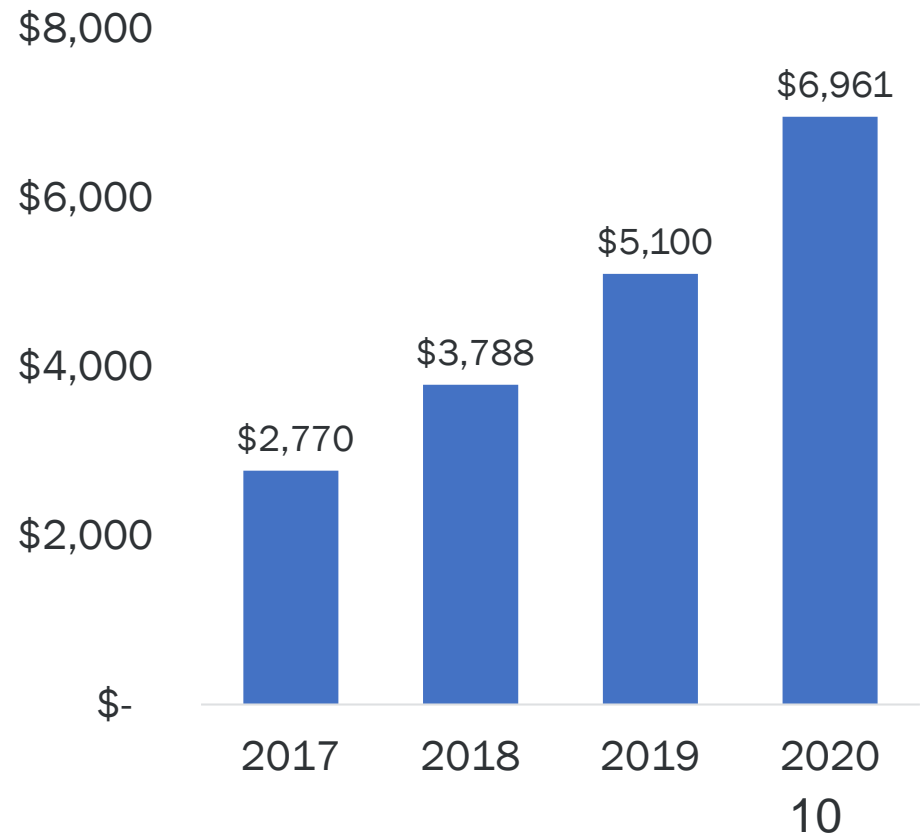


Projected costs per person identified in KGZ current sites (*PWID only*): 2017-2020

Diminishing yields projected over time



Projected cost per HIV-positive PWID identified

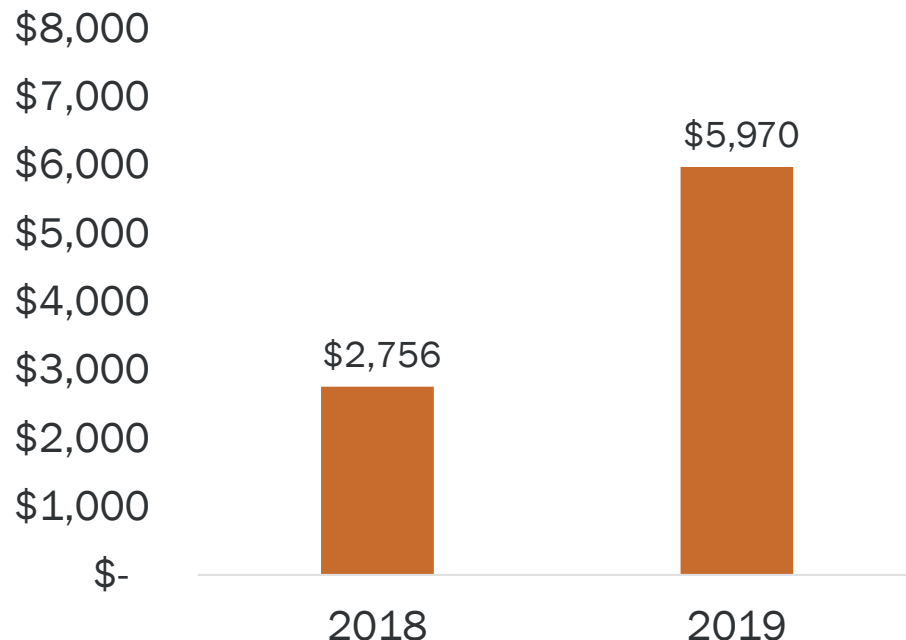
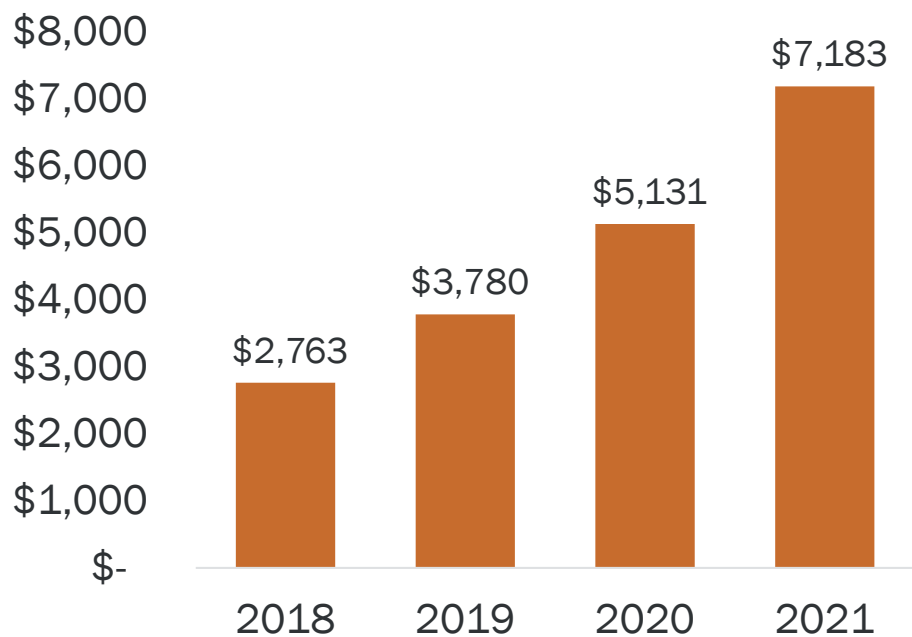


Projected PWID case-finding scale-up costs in the Kyrgyz Republic: 2018-2020

Scale-up will increase total PWID case-finding costs by 28-47% annually

Scenario 1: \$574,632 needed over 4 years

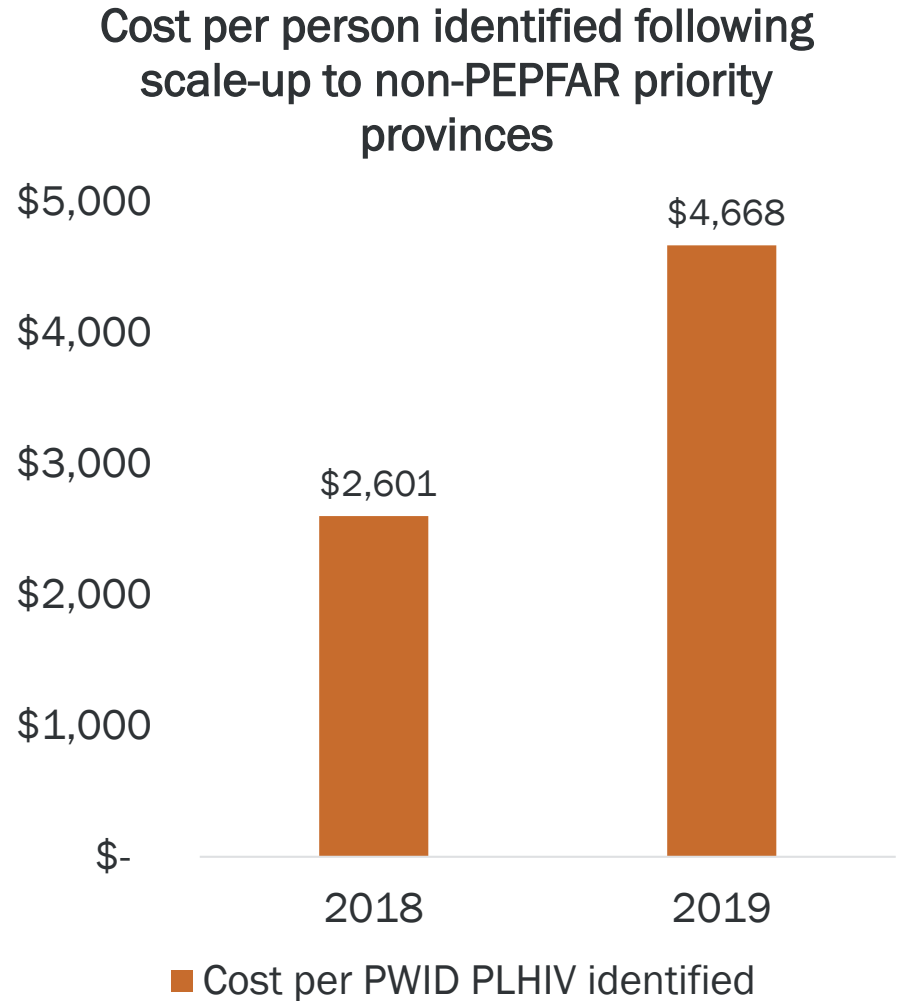
Scenario 2: \$484,065 needed over 2 years



■ Cost per PWID PLHIV identified

Projected PWID case-finding scale-up costs in Tajikistan: 2018-2020

- IBBS estimates indicate that all HIV-positive PWID have been identified in current sites
- Scale-up to remaining provinces requires **\$944,725** annually, which is a **36%** increase from total resources spent in 2017



Conclusions

- ✦ PDO and ACF are complementary methods that can be applied in other countries to find PWID.
 - APN adds efficiencies by introducing an algorithm to locate HIV-positive sexual partners.
- ✦ It is important to understand how case-finding costs change over time due to diminishing returns and through scale-up.
 - Countries need to make decisions on when to expand case-finding strategies beyond one key population in order to reach first 90 identification target.
- ✦ Case-finding costs can help inform government resource allocation decisions for HIV, but need to be considered in light of the full care and treatment cascade and national priorities.

HP+

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Staff Questionnaire Template

Activity	Step 1: Estimated percentage of time on each activity (on average)	Step 2: Estimated proportion of time spent on case-finding activities	Step 3a: estimated proportion of time spent on ACF	Step 3b: estimated proportion of time spent on PDO/RCD	Step 3c: estimated proportion of time spent on APN
General management					
Meetings (<i>please categorize by type of meeting</i>)					
Trainings (<i>please categorize by type of training</i>)					
Technical work (<i>please categorize by type of work</i>)					
Direct communication and work with PSI-contracted NGOs (<i>please specify</i>)					
Other activities (<i>please specify</i>)					
TOTAL	Must add to 100%	Cannot exceed 8 hours			

Staff Questionnaire Example

Activity	Step 1: Estimated percentage of time on each activity (on average)	Step 2: Estimated proportion of time spent on case-finding activities	Step 3a: estimated proportion of time spent on ACF	Step 3b: estimated proportion of time spent on PDO/RCD	Step 3c: estimated proportion of time spent on APN
General management <ul style="list-style-type: none"> • Staff management • Financial management • Organizational management • Program management 	35%	65%	40%	40%	20%
Internal Meetings (<i>please categorize by type of meeting</i>) <ul style="list-style-type: none"> • Internal PSI meetings (staff, themed, program meetings, M&E) 	15%	65%	40%	40%	20%
External meetings <ul style="list-style-type: none"> • Communication/engagement with partners (CDC, implementing partners, donors such as USAID) 	20%	35-40%	10%	60%	30%