



# Unit and Total Costs of HIV/AIDS Services provided in Zambian Public Health Facilities

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THE SCIENCE OF IMPROVING LIVES

# Background



- Robust global response to HIV pandemic
  - US\$13.8B in global funding in 2009
  - Ten-fold increase in numbers of persons receiving ART from 2002 to 2008
  - Doubling of women receiving PMTCT from 2006-2008
- But need continues to outstrip available resources
  - 7,400 new infections per day worldwide
  - Fewer than half of HIV+ receive ART and PMTCT
  - Growing “funding gap” of US\$ 6B in 2009, US\$11B in 2010

# Scarcity of Economic Data Hinders Programs



- 2006 review found only seven studies of full ART costs, few additional studies conducted since
- Difficult to move toward greater efficiency and sustainability without information on current resource use
- Budgeting for treatment scale-up problematic in absence of solid cost data

# Study Setting



- Zambia Prevention, Care and Treatment Partnership (ZPCT) funded by PEPFAR through USAID/Zambia
- ZPCT works through Ministry of Health (MoH) and provincial and district health offices to strengthen and expand HIV/AIDS clinical services in five provinces
- Promotes novel strategies such as outreach ART, volunteer counselors and adherence support workers, PMTCT motivators
- Provides technical assistance and management support to MoH staff at all levels

# Study Goal and Objectives



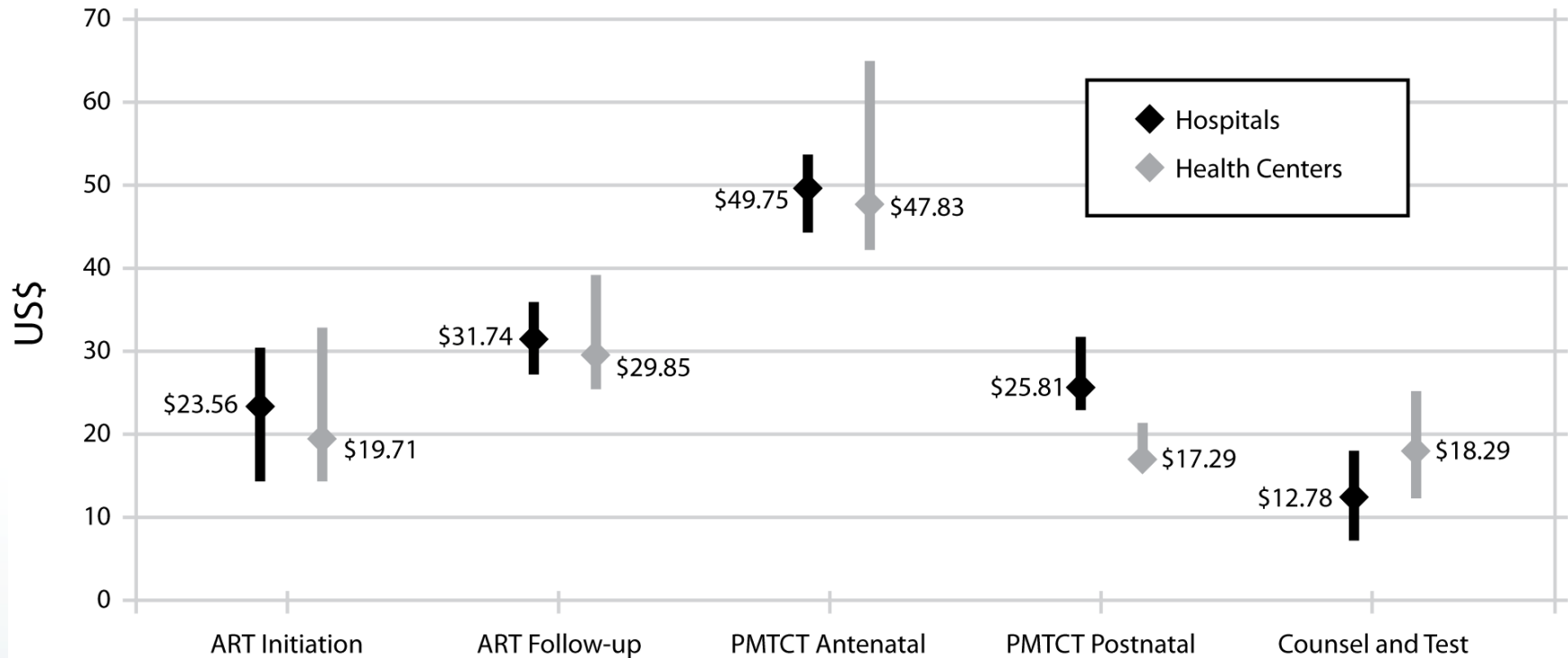
- Goal: to add to the evidence base on unit costs of outpatient HIV/AIDS services in the African context
- Objectives:
  - to calculate unit costs of HIV/AIDS outpatient services provided in selected facilities, and to measure the components of unit cost
  - to use findings to estimate annual cost per client for PMTCT and ART, and total annual costs of services in Zambia

# Methods

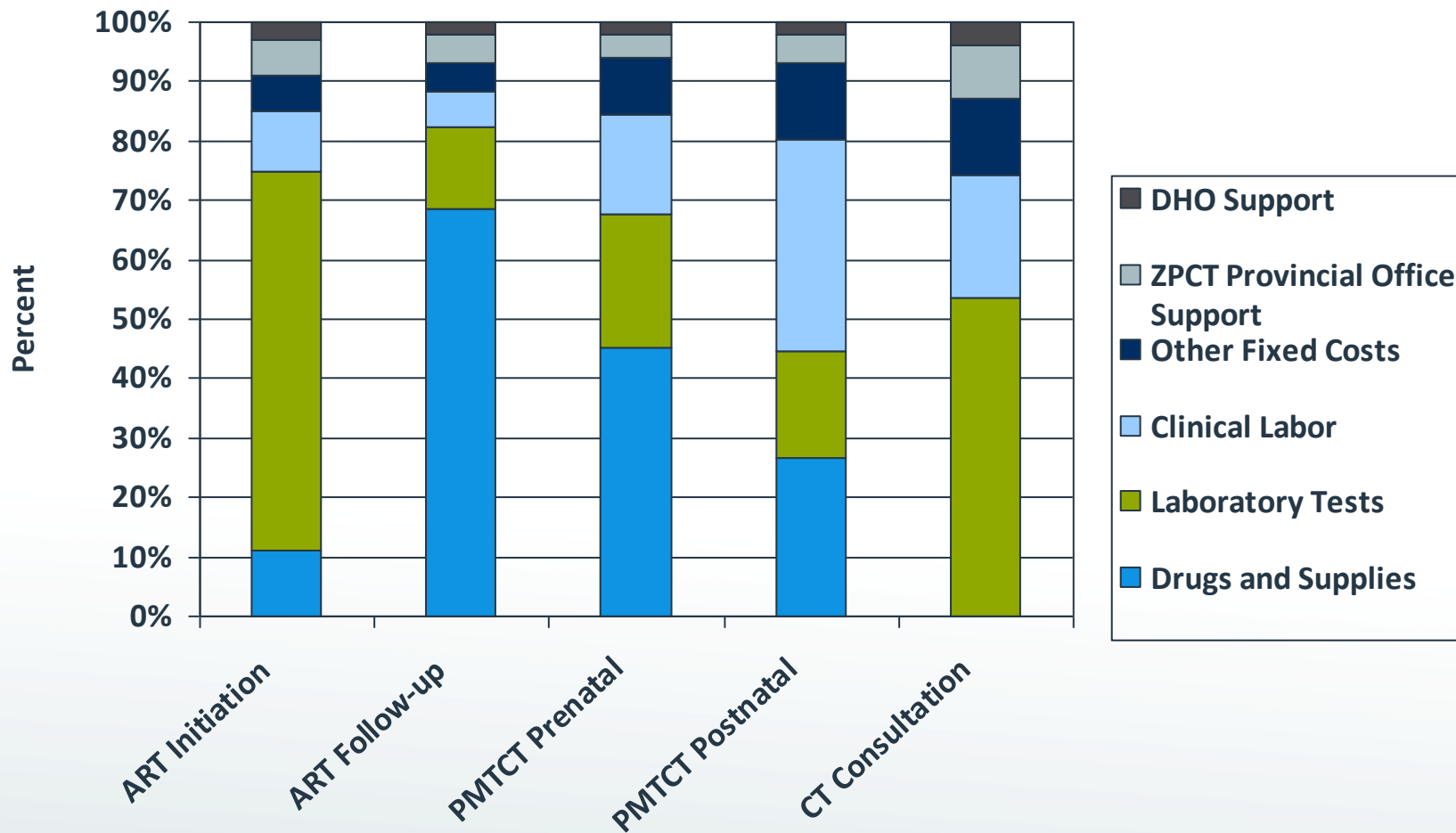


- Purposively selected 12 ZPCT-supported facilities in four provinces
- Costs of ART, PMTCT and CT services estimated from health care provider perspective
- Used “ingredients” approach: identified relevant resources, measured resource use in natural units, assigned values to resources, and allocated shared resources to outputs
- Estimated annual per-client costs of ART and antenatal care including PMTCT assuming specific visit schedules and drug regimens

# Cost per Visit in Zambian Hospitals and Health Centers, 2008

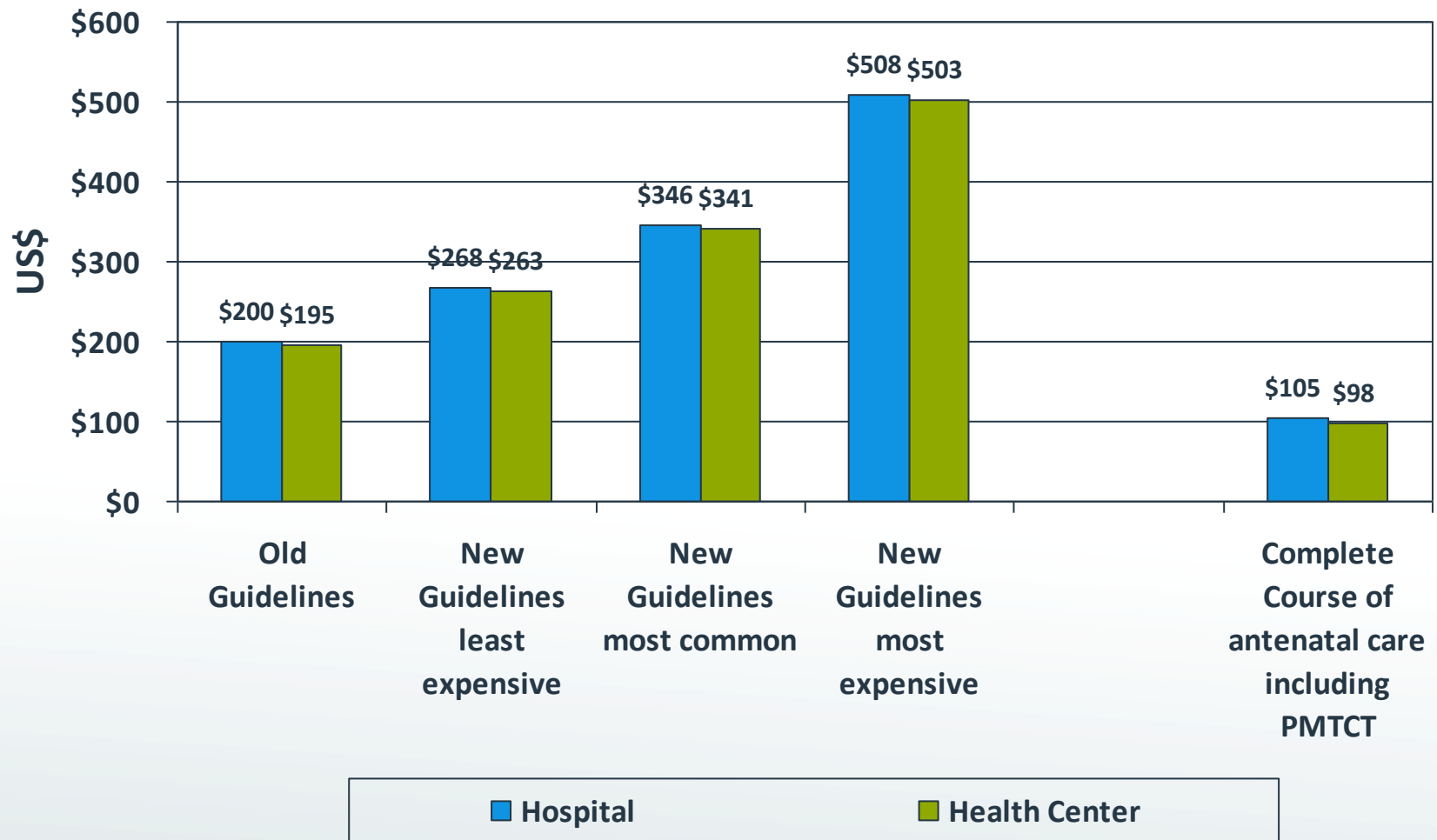


# Cost Components by Type of Visit

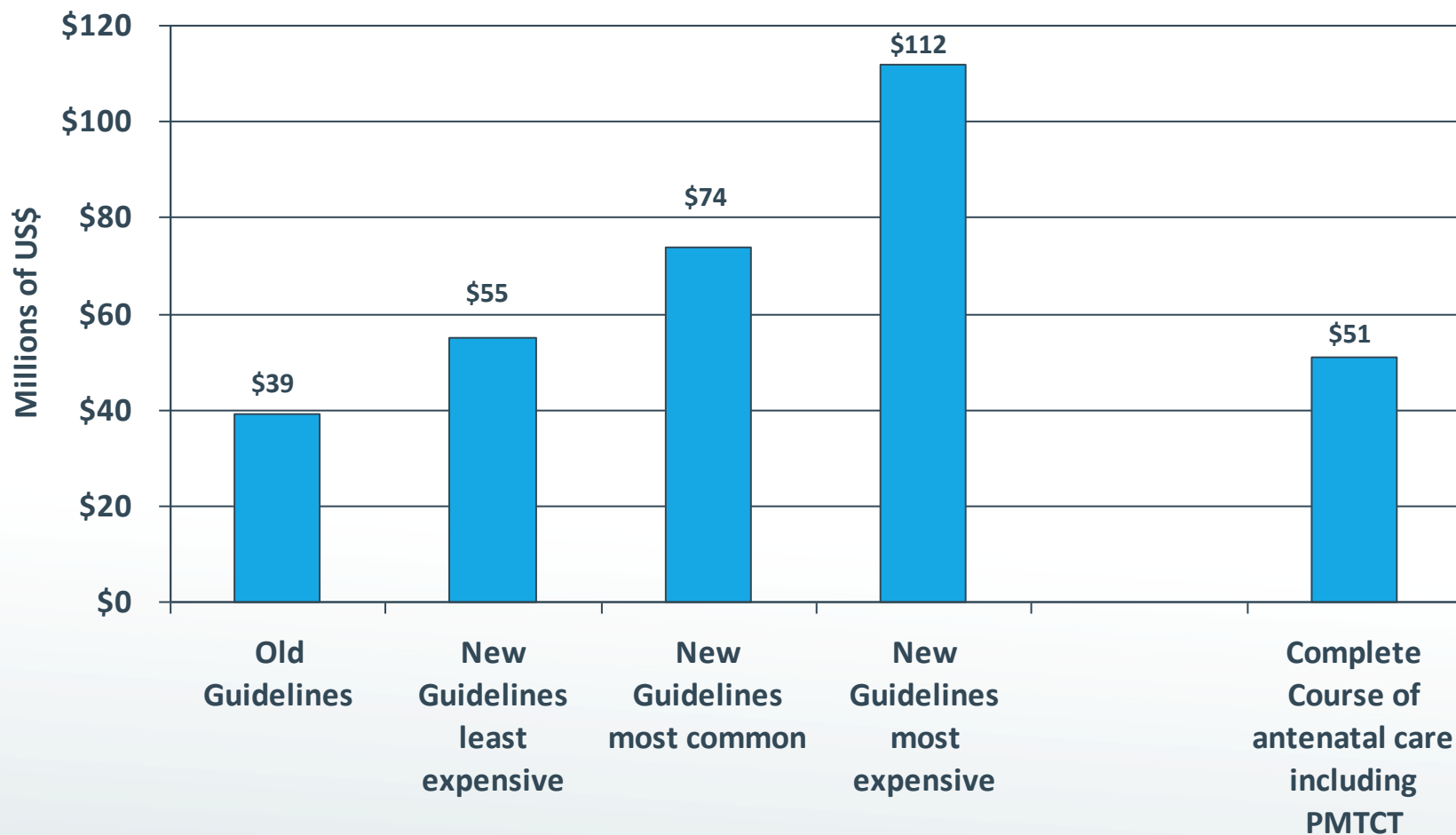




# Annual per-client costs of ART and ANC+PMTCT, 2008



# Annual ART and ANC+PMTCT Costs for Zambia, 2009





# Conclusions

- Consistent with literature, costs of ART services driven by costs of drugs and laboratory tests
- Recent WHO recommendations are exerting upward pressure on total drug costs
- Can be misleading to use average costs to estimate total costs but OK in this case
- Costs of capital very low – worth the research effort?
- Data availability issues make these studies very challenging



# Acknowledgements

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