

The Cost-Effectiveness of Adding a Third HIV Test in Routine HIV Testing to Reduce the Frequency of False Positive Test Results in Sub-Saharan Africa

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UNDER WHAT CIRCUMSTANCES IS IT COST-EFFECTIVE TO ADD A THIRD TEST TO REDUCE INCIDENCE OF FALSE-POSITIVE HIV TESTS?

FOR ACTUAL HIV-NEGATIVES:

<u>Current algorithm</u>	<u>Algorithm under evaluation</u>
N	N
P → N → P	P → N → P
P → N → N	P → N → N
P → P	P → P → N → N
	P → P → P

'N' =HIV neg test result; 'P' = pos test result

Is a third test cost-effective under current epi and cost conditions?
Is it CE with expanded access to treatment, e.g. “Test and treat”?

METHODS

Excel-based CE model with SAs including
Monte Carlo using @RISK

Literature – based estimates for

- ▶ Cost per person-year of ART
- ▶ Disutility due to HIV + status and ART
- ▶ Cost and test performance of HIV tests

Scenarios based on

- ▶ Prevalence of HIV
- ▶ Time on ART for False +
- ▶ Years before re-test for those who do not access ART
- ▶ ART coverage: % of people tested HIV-positive who enrol in ART

Inputs

	Cohort	100,000		Range for SAs	
	Prevalence	10.0%		5%	15%
	Discount rate	3.0%		0.015	5%
	ART coverage	36%	▼	18%	54%
	Yrs of ART for false+	6		3	9
	Yrs before re-test for false + not on ART	4		2	6
	Cost per ART year	\$767	▼	\$537	\$997
	Disutility: Side-effects of ART	0.04	▼	0.02	0.06
	Disutility: HIV+ diagnosis	0.07	▼	0.035	0.105

Test Performance

Test 1: Capillus				Range for SAs (95% CI)	
	Sensitivity-tst1	99.8%	▼	99.60%	100%
	Specificity-tst1	98.8%	▼	99.60%	100%
Test 2: Determine					
	Sensitivity-tst2	97.8%		95.60%	100%
	Specificity-tst2	99.4%		96.70%	100%
Test 3: SD Bioline					
	Sensitivity-tst3	98.9%		98.40%	100%
	Specificity-tst3	99.3%		98.95%	100%

Test Cost

		Kit		Lab tech		Total
	Test 1: Capillus	\$2.20	▼	\$0.10	▼	\$2.30
	Test 2: Determine	\$0.80	▼	\$0.10		\$0.90
	Test 3: SD Bioline	\$1.10	▼	\$0.10		\$1.20
	Tie breaker: Uni-Gold	\$1.60	▼	\$0.10		\$1.70

Results: 10% HIV prevalence

	Number of tests	Test costs	False+ averted
Test 1	100,000	\$230,000	0
Test 2 if P plus tie-breakers if P-N	12,358	\$10,992	1,066.0
Test 3 if P-P, plus tie-breakers if P-P-N	9,881	\$13,474	6.4

Incremental cost-effectiveness

DALYs averted	2.45
Cost per false pos averted	\$2,094
Per DALY averted <u>unadjusted</u> for saved ART costs	\$5,495
Per DALY averted <u>adjusted</u> for saved ART costs	\$1,568
Cost (savings) per pt tested (+ & -)	\$0.04
Net program costs (savings)	\$3,846

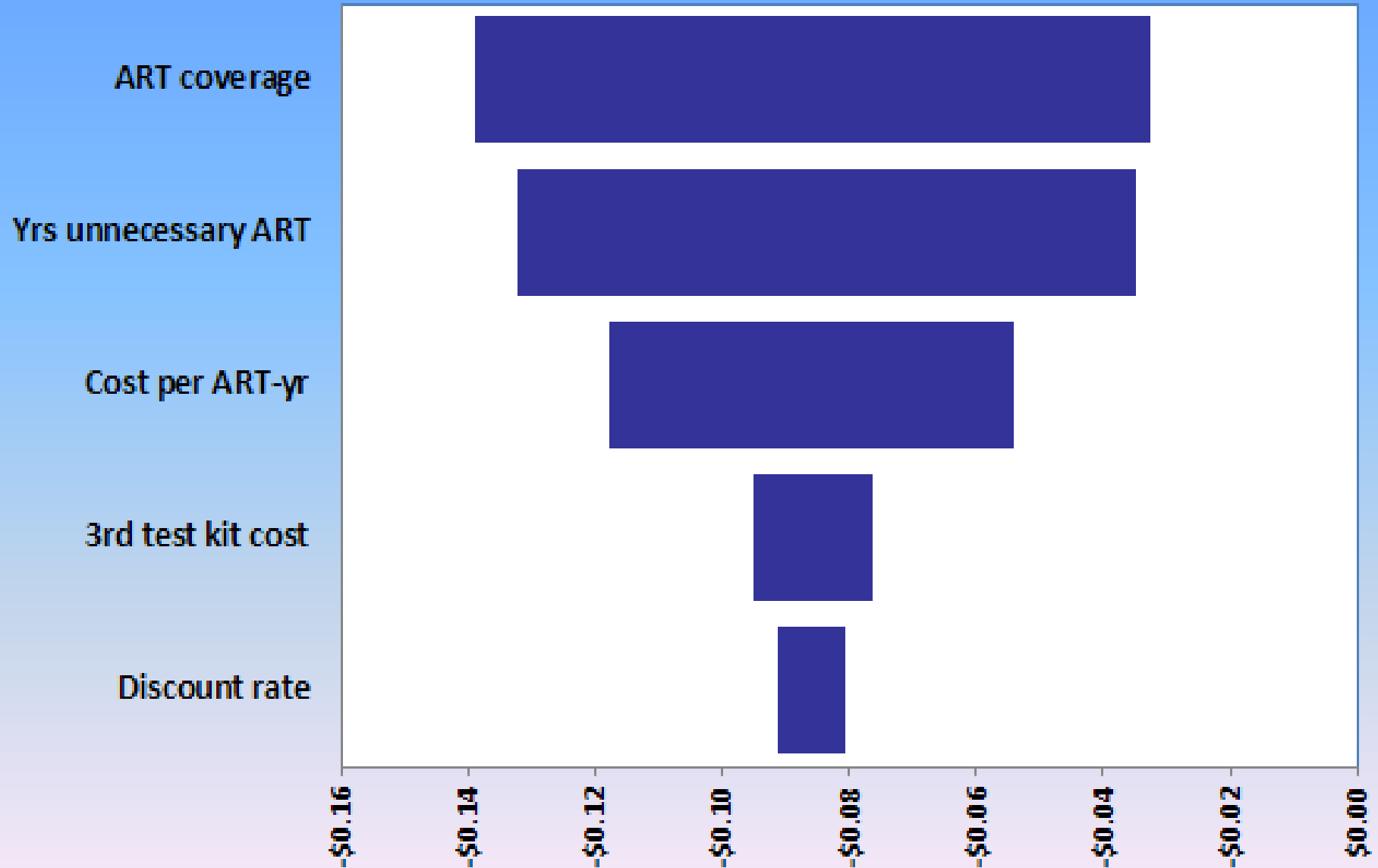
Cost-effective in many countries, but not cost-saving assuming 36% access to ART; and 6 yrs of ART.

Results: 5% HIV prevalence			
	Number of tests	Test costs	False+ averted
Test 1	100,000	\$230,000	0
Test 2 if P plus tie-breakers if P-N	7,375	\$6,513	1,125.2
Test 3 if P-P, plus tie-breakers if P-P-N*	4,947	\$7,463	6.8
Incremental cost-effectiveness			
	DALYs averted		2.59
	Cost per false pos averted		\$1,099
	Per DALY averted unadjusted for saved ART costs		\$2,884
	Per DALY averted adjusted for saved ART costs		Cost-saving
	Cost (savings) per pt tested (+ & -)		(\$0.03)
	Net program costs (Savings)		(\$2,700)
Results: 0.5% HIV prevalence			
	Number of tests	Test costs	False+ averted
Test 1	100,000	\$230,000	0
Test 2 if P plus tie-breakers if P-N	2,891	\$2,482	1,178.5
Test 3 if P-P, plus tie-breakers if P-P-N*	508	\$2,053	7.1
Incremental cost-effectiveness			
	DALYs averted		2.71
	Cost per false pos averted		\$289
	Per DALY averted unadjusted for saved ART costs		\$757
	Per DALY averted adjusted for saved ART costs		Cost-saving
	Net costs (savings) per person starting test sequence		(\$0.09)
	Net program costs (savings)		(\$8,591)

Cost-effective and cost-saving assuming 36% access to ART; and 6 yrs of ART.

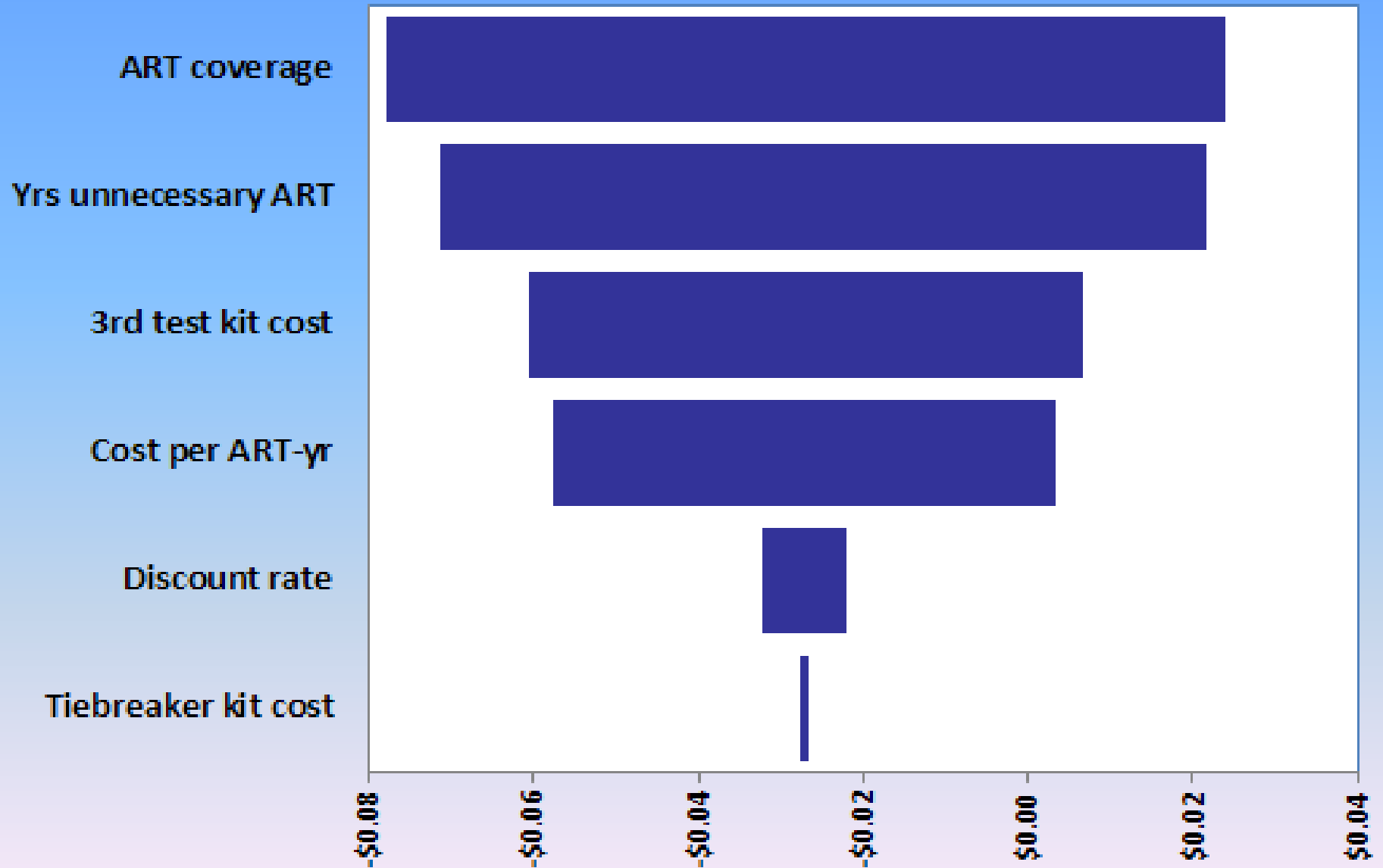
Tornado graph of cost per test at 0.5% Prevalence

Whole cohort (HIV+ and HIV-)

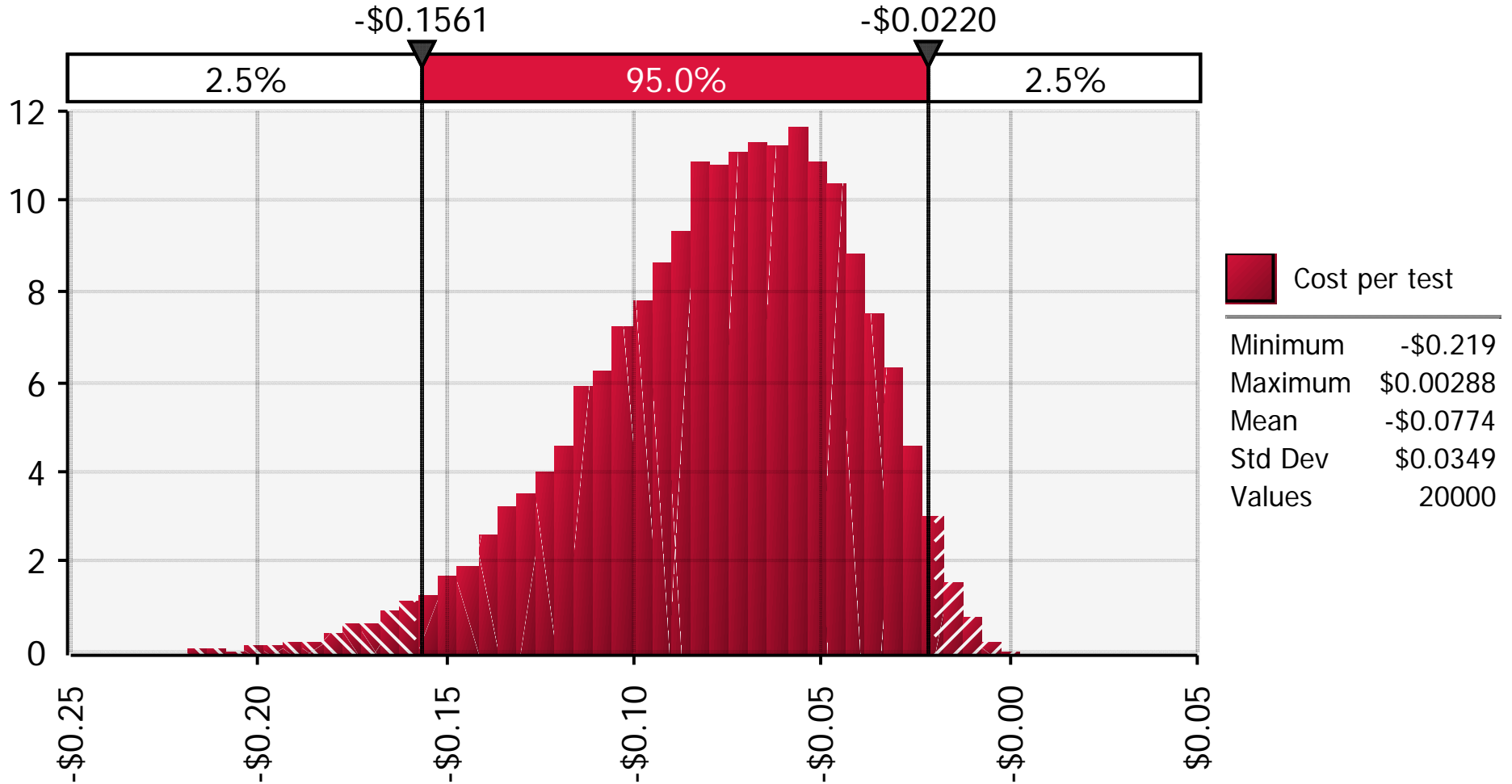


Tornado graph of cost per test at 5% Prevalence

Whole cohort (HIV+ and HIV-)

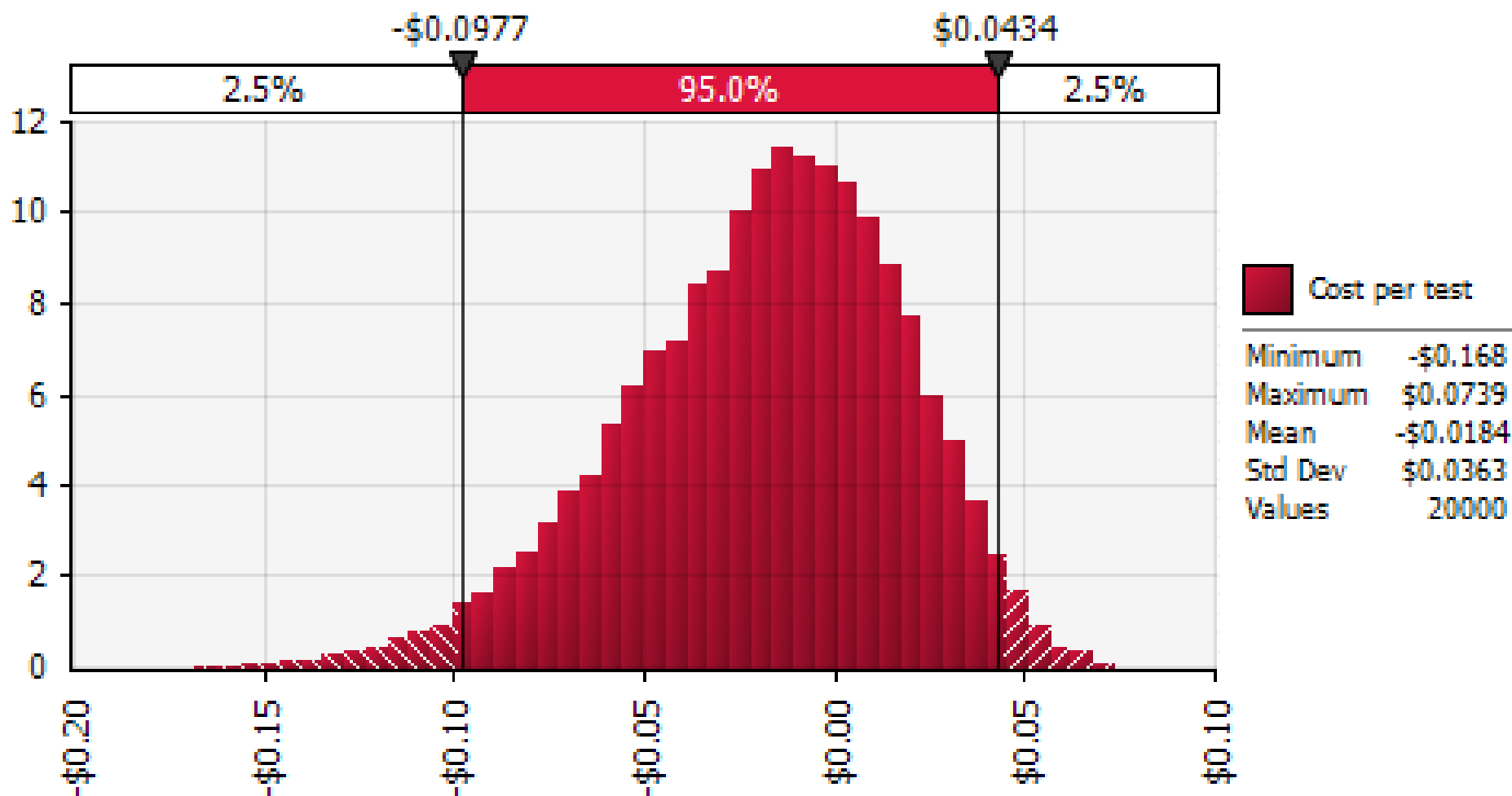


Cost per test



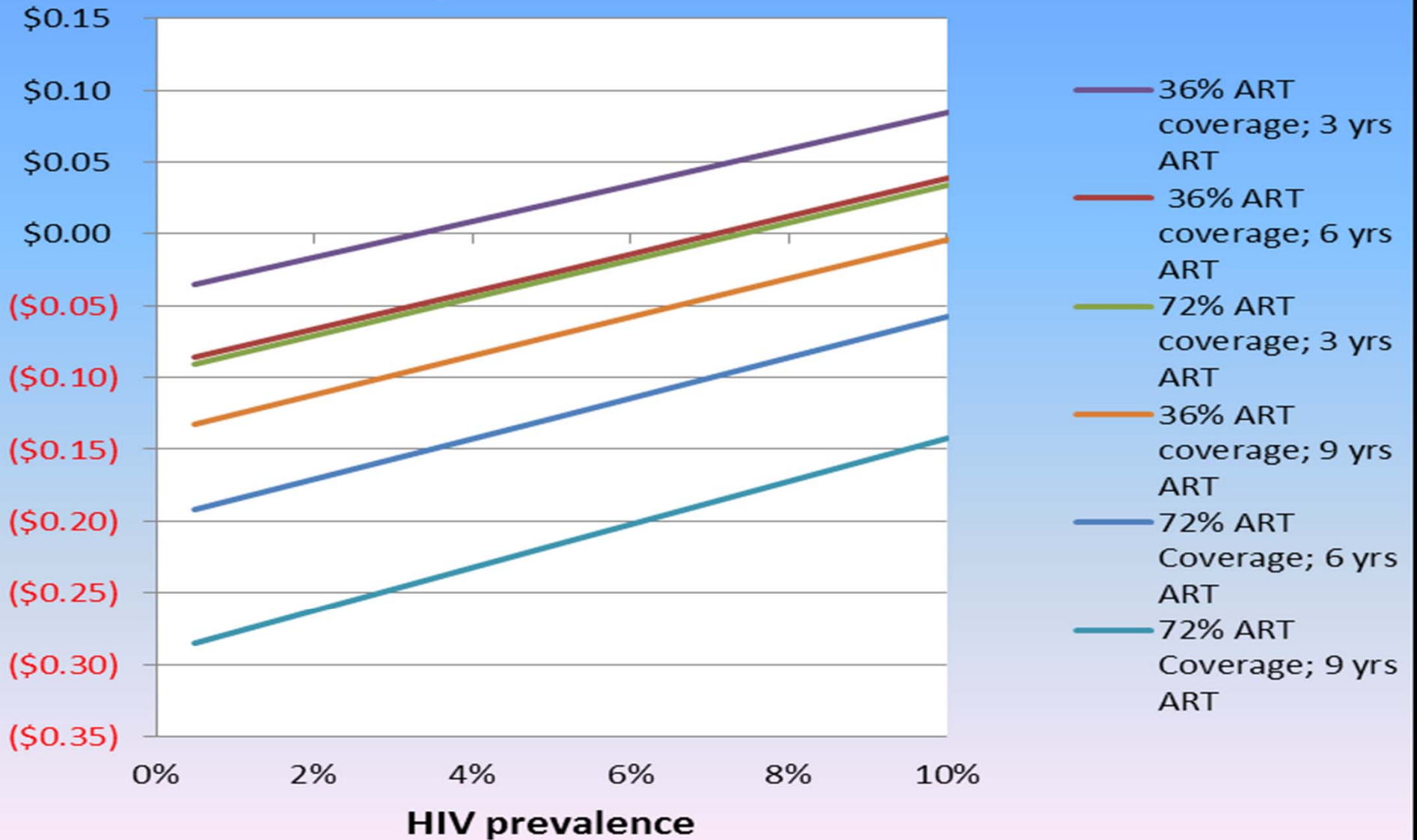
Net cost per person tested
0.5% HIV prevalence

Cost per test

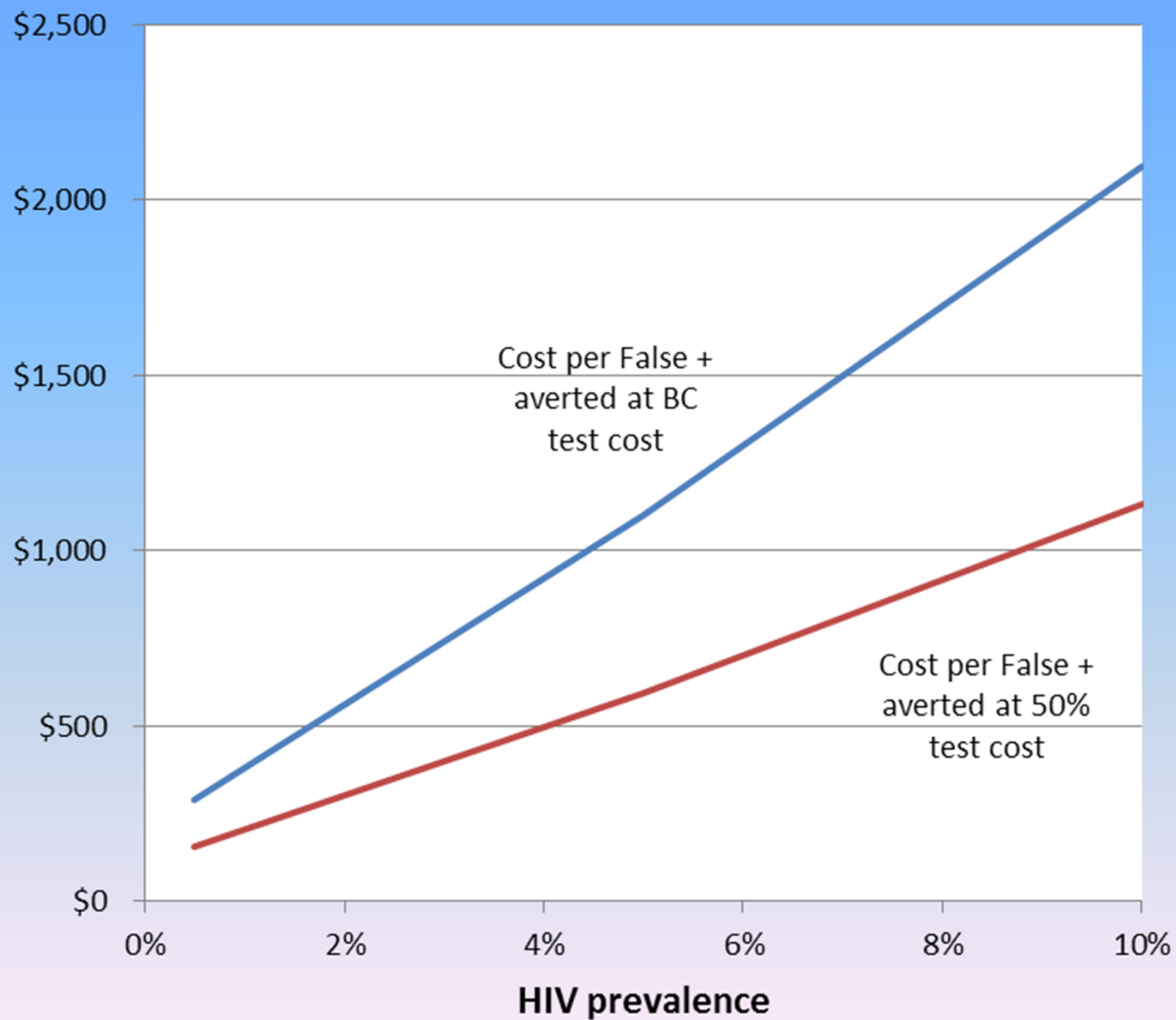


Net cost per person tested
5.0% HIV prevalence

Cost (savings) per person tested by HIV prevalence, ART coverage and yrs on ART for false +



Cost per false + averted by HIV prevalence and test kit cost



Third test is cost-effective with these combinations of inputs

Access to ART	Years of ART	HIV prevalence
1.8%	3	0.5%
36.0%	3	4.5%
50.0%	6	11.5%
72.0%	9	21.5%

Cost-effectiveness threshold:

\$800 = per-capita GDP of Kenya

CONCLUSIONS – IMPLICATIONS:

- Third-test strategy is cost-saving in low-prevalence settings with high rates of access to ART.
- Such settings will be increasingly common in the context of “test and treat” featuring frequent re-tests.
- Thus, these test algorithms are worth considering as an opportunity to reduce the costs and increase the benefits of expanded access to ART.