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Costing MAT for HIV Prevention among PWIDs in Georgia

Study Goal

Evaluate costs of MAT programs in Georgia to improve budgeting and planning related to MAT programs

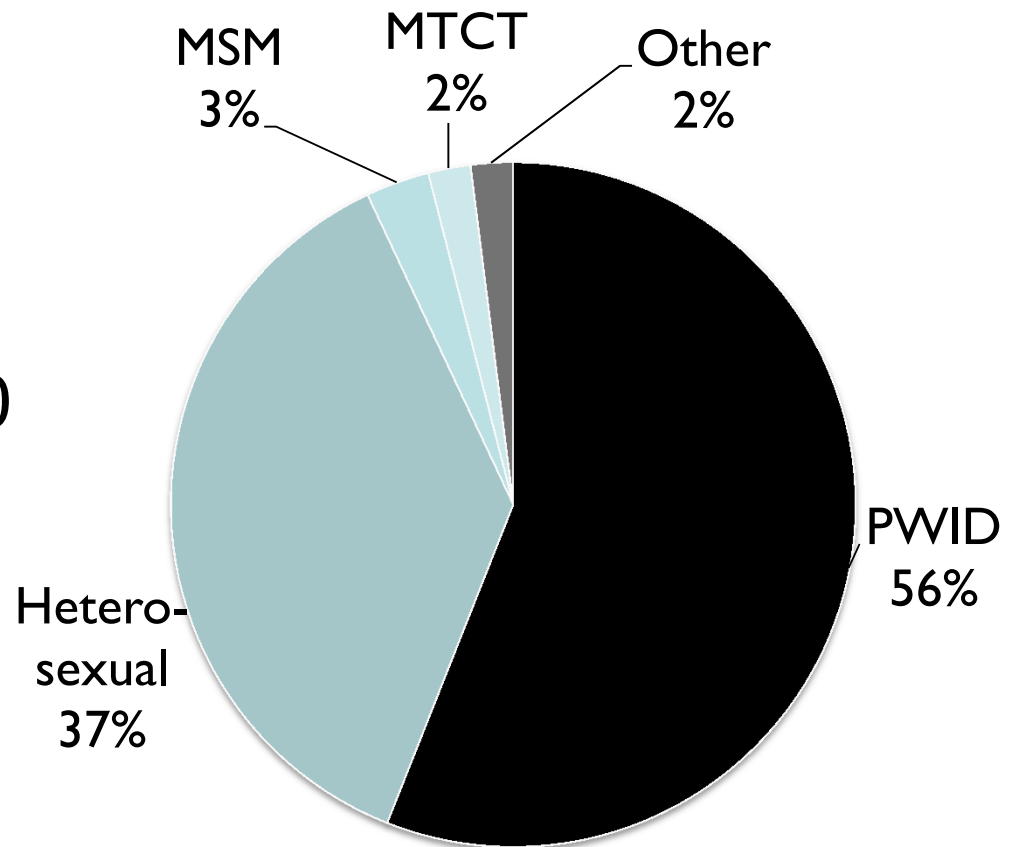


Study Objectives

- Estimate unit costs of MAT provision for one patient (per month)
- Optimize current capacity to include more PWIDs

Background

- Its current population is almost 4.5 million
- PWID population approximately 40,000
- Estimated number of HIV+ people in Georgia - 4000
- Injecting drug use identified as primary cause of transmission



Source: AIDS and Clinical Immunology Research Centre (2011).

Program Characteristics

MAT
providers

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graph LR; A[MAT providers] --- B[GFATM]; A --- C[MOHLSA];
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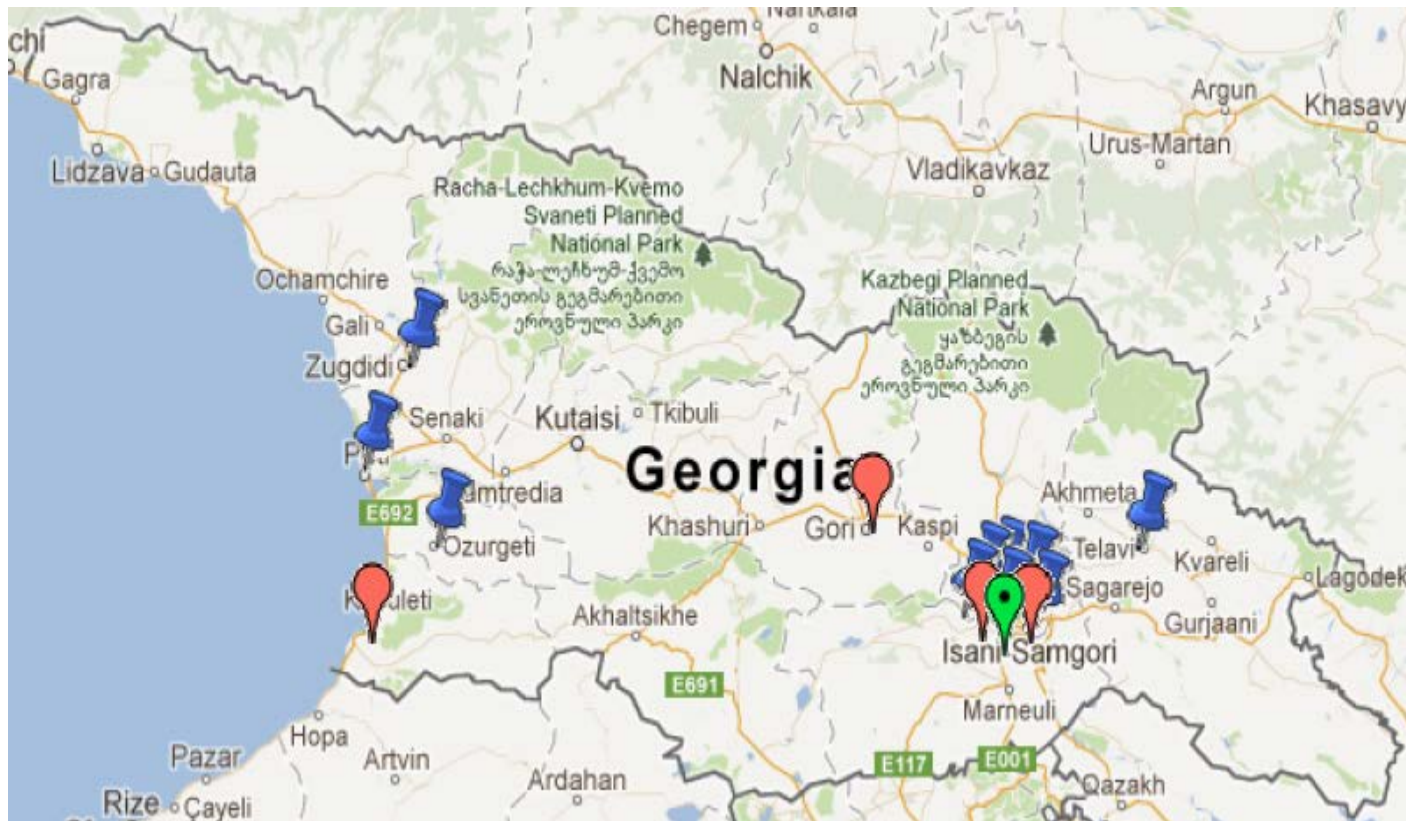
GFATM

- Start year 2005
- 5 sites in total
- Free for clients

MOHLSA

- Start year 2008
- 11 sites in total
- 150 GEL/pm/patient

Program Characteristics (2)



-  **GFATM MAT centers**
-  **MOLHSA MAT centers**
-  **GFATM prison centers**

Program Characteristics (3)

- MAT treatment protocol/personnel centrally-mandated and identical for all service providers
 - Key treatment parameters include
 - Daily methadone dosage
 - STI testing (HIV, Hepatitis B/C)
 - Individual psychotherapy
 - Group counseling

Program Characteristics (4)

- Staffing at MAT sites is regulated by Georgian law:
 - 3 medical doctors
 - 1 psychologist
 - 1 social worker
 - 1 head of department/chief doctor/coordinator
 - 1-3 nurses
 - Other support staff (data entry specialist, consultants, toxicologist, pharmacist and etc.)

Study Details

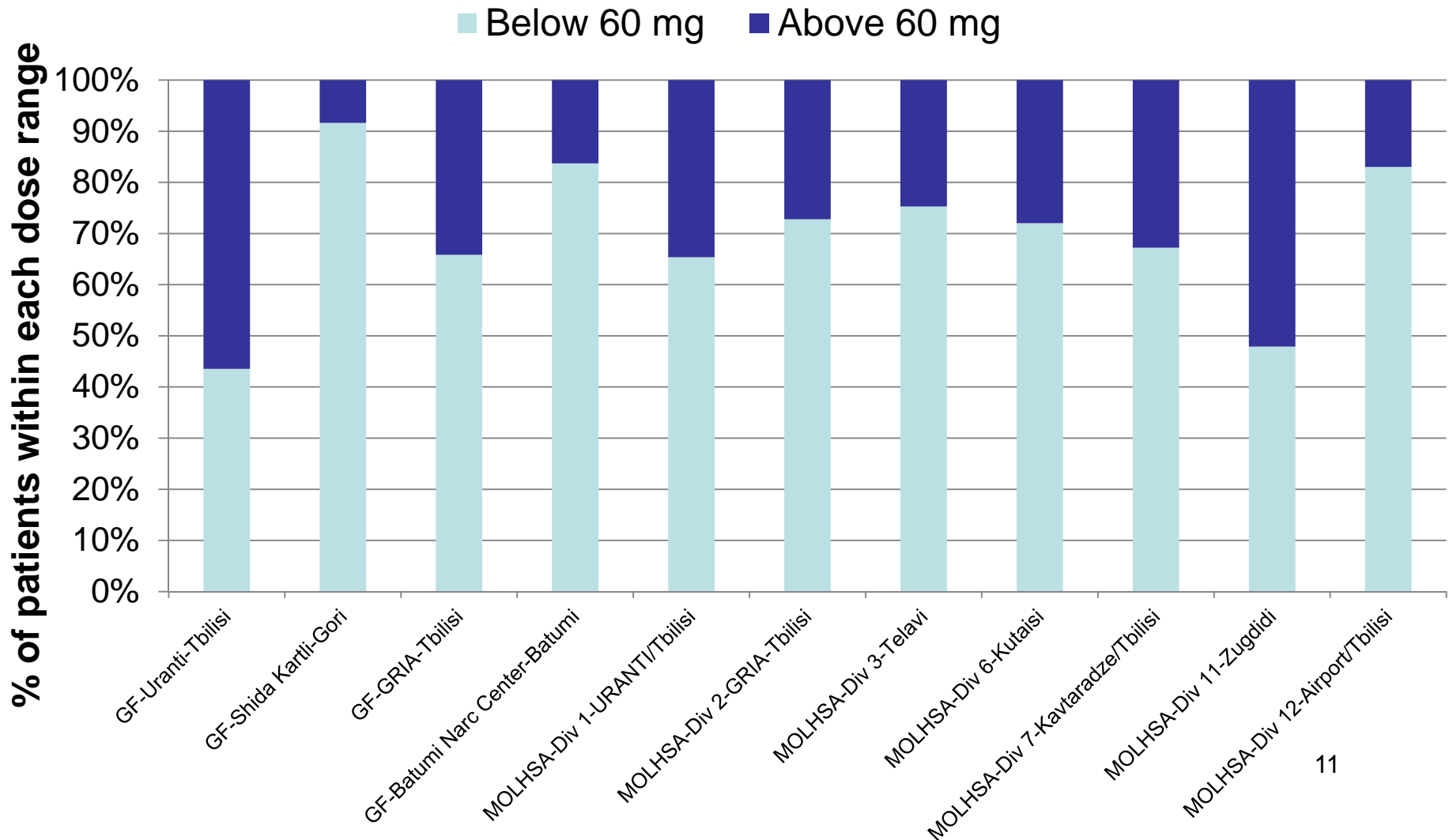
- Study design – samples from each provider
 - MOHLSA – 7 of 11 sites (sites chosen to ensure representation from small and large population centers)
 - GFATM – 4 of 5 sites (excluded prison site)
- Study period
 - Qualitative data collected on treatment parameters – March, April and May 2011
 - Financial program data – 2009, 2010

Study Details (2)

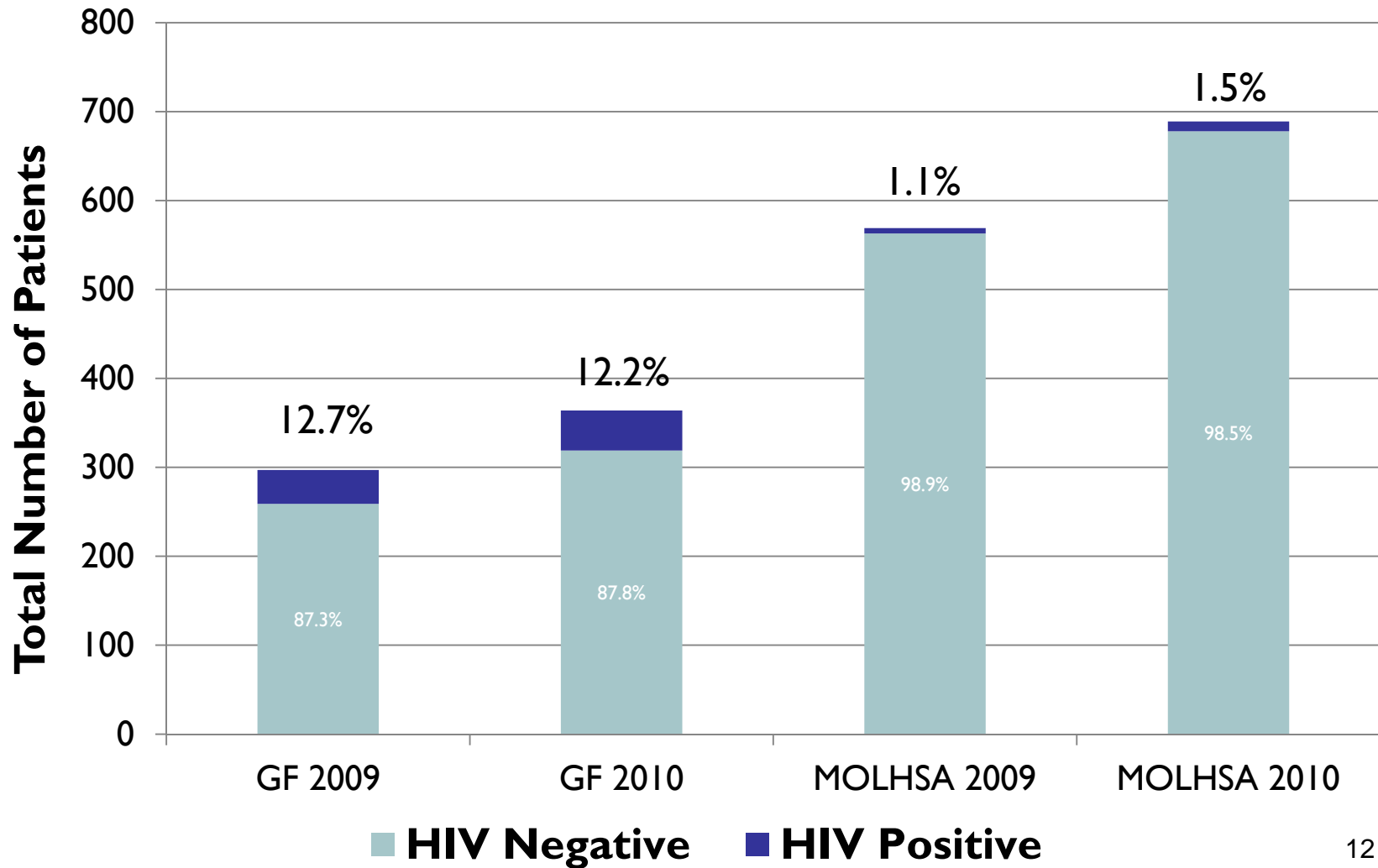
- Collected cost and quantity data on:
 - Personnel
 - Drugs and supplies
 - Furniture and equipment
 - Land and buildings
 - Consumables
 - Utilities

Results

MAT Dosages Across Sites



Distribution of HIV+ patients

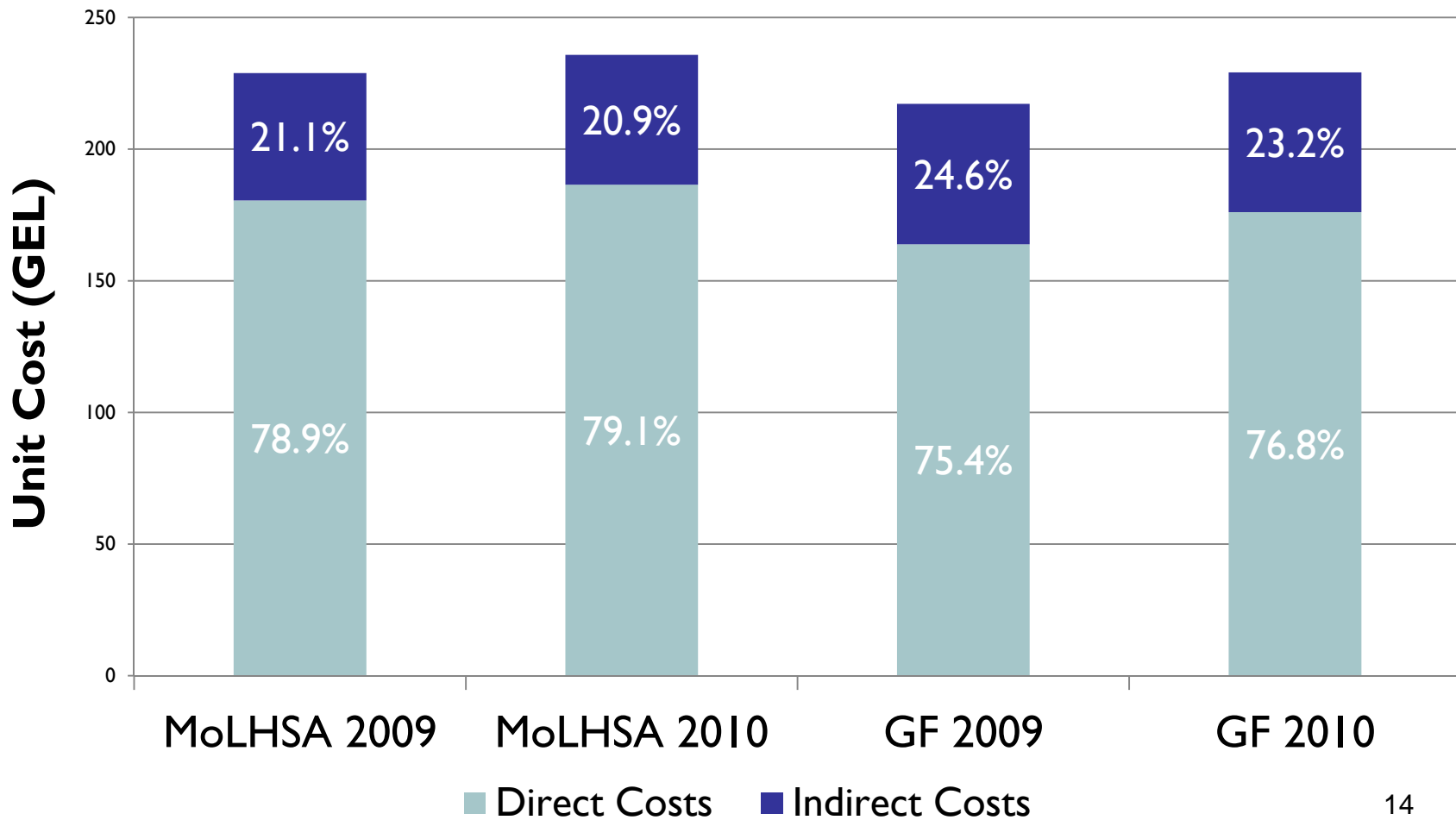


Unit cost for 1 month treatment

	2010	\$
<u>GFATM</u>		
Average number of PWID in 1 month	364	
Unit cost for one month	229 GEL	\$133
<u>MOHLSA</u>		
Average number of PWID in 1 month	689	
Unit cost for one month	236 GEL	\$137

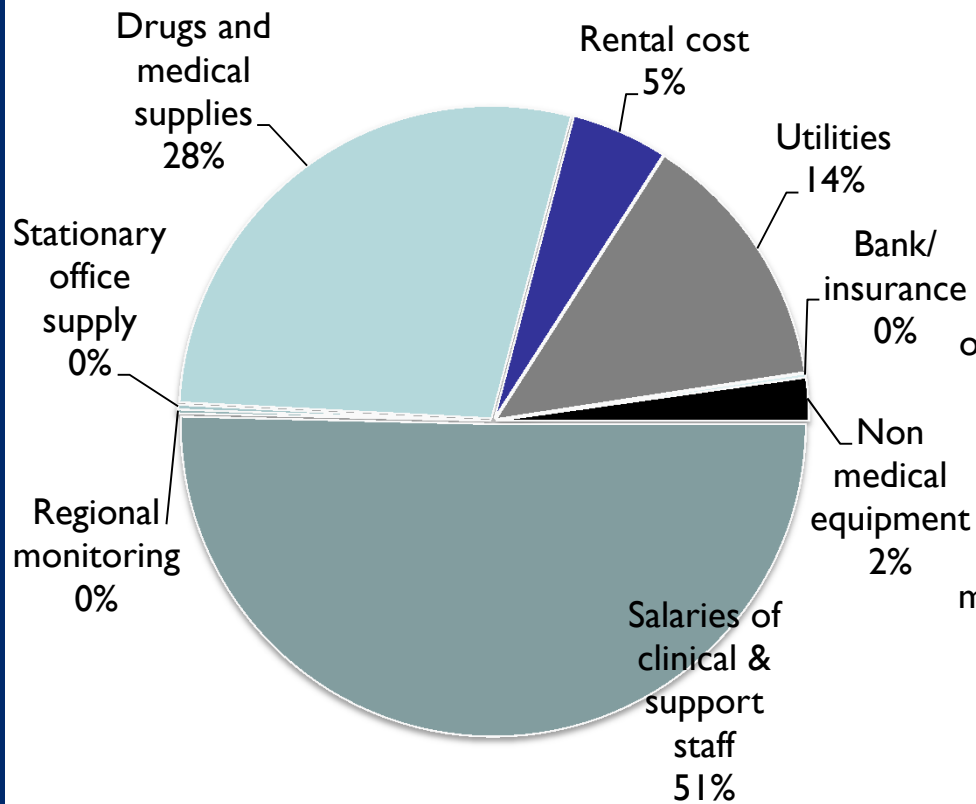
Cost Drivers

Share of direct and indirect costs in MAT facilities

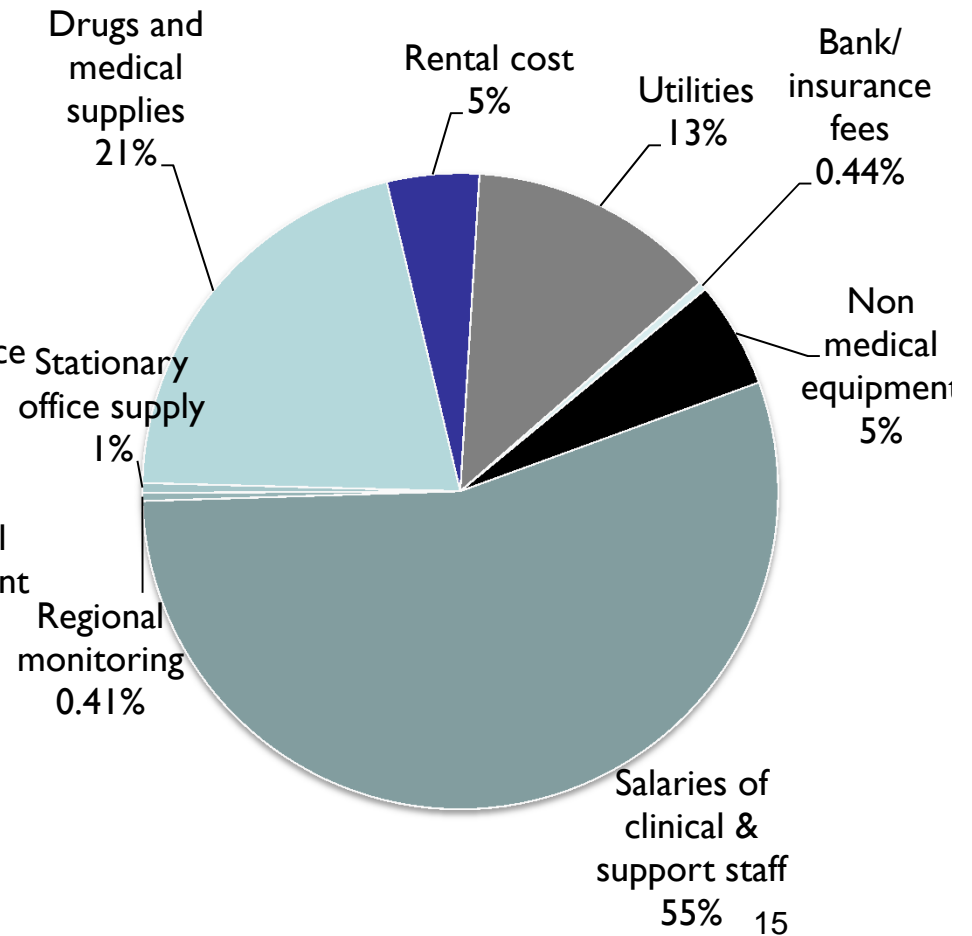


Key cost drivers

MOLHSA—2010



GFATM—2010



Economies of Scale

	GFATM Shida Kartli Narcological Center	GFATM Batumi Narcological Center	MoLHSA Division 3	MOLHSA Division 6
Average patients per month	45	117	18	142
Unit cost patient/month	291 GEL (\$169)	161 GEL (\$93)	702 GEL (\$407)	122 GEL (\$71)

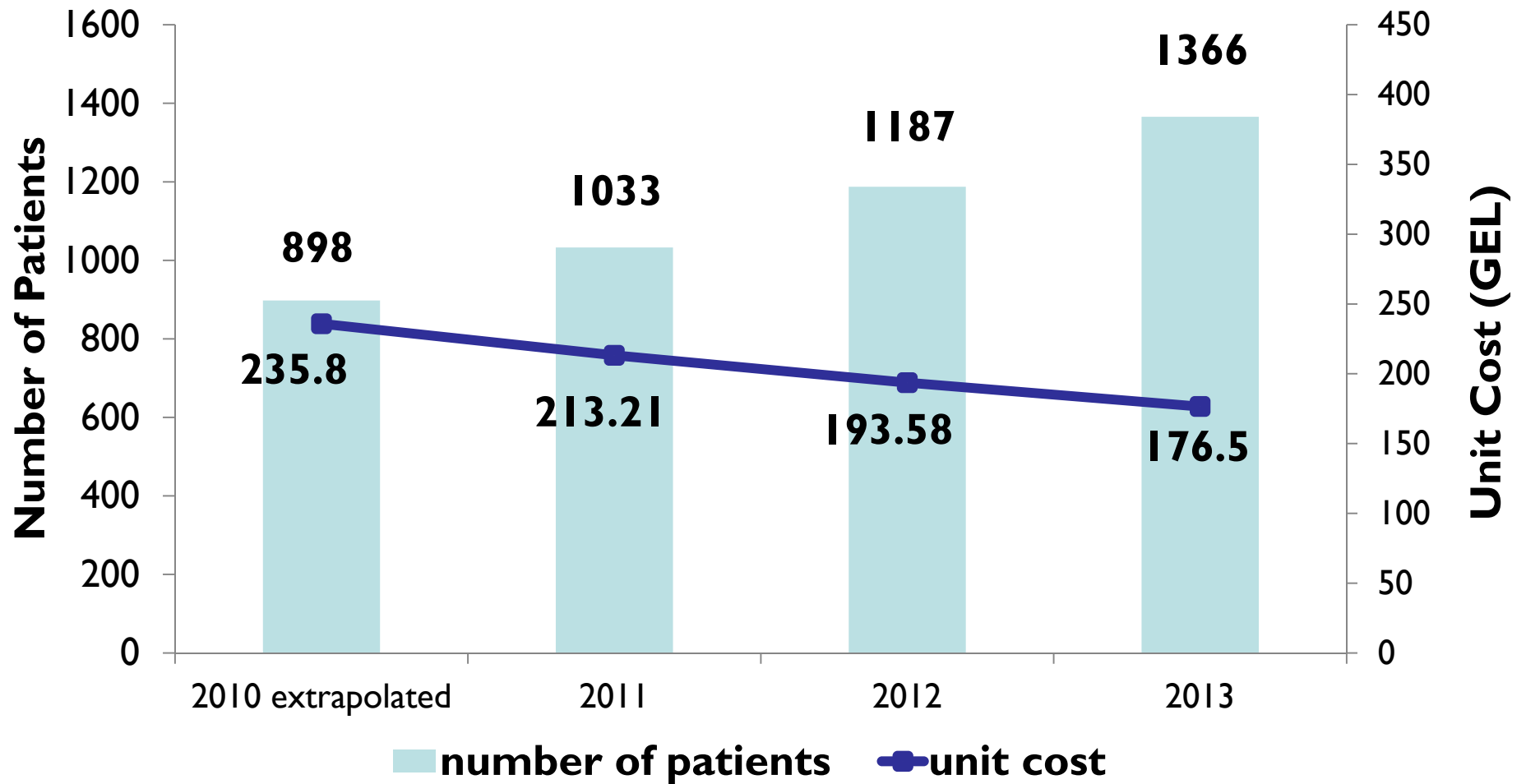
Potential for Service Expansion

- 1382 maximum PWID capacity at MOLHSA sites
- 500 maximum PWID capacity at GFATM sites (currently at capacity)
- Modelled 2 scenarios to assess potential for expanding MAT coverage within existing facilities:
 - Scenario A: Increase coverage by 15 percent until maximum available existing capacity is reached.
 - Scenario B: Graduated expansion in MAT coverage over five years (five, seven, nine, 11 and 13 percent increases) using existing sites until maximum available capacity is reached.

Scenario A – 15% increase

MOLHSA	Increase in average # of patients
2010—11 MAT sites	898
2011—15% increase	1,033
2012—15% increase	1,187
2013—15% increase	1,366

Scenario A – Decreasing unit costs



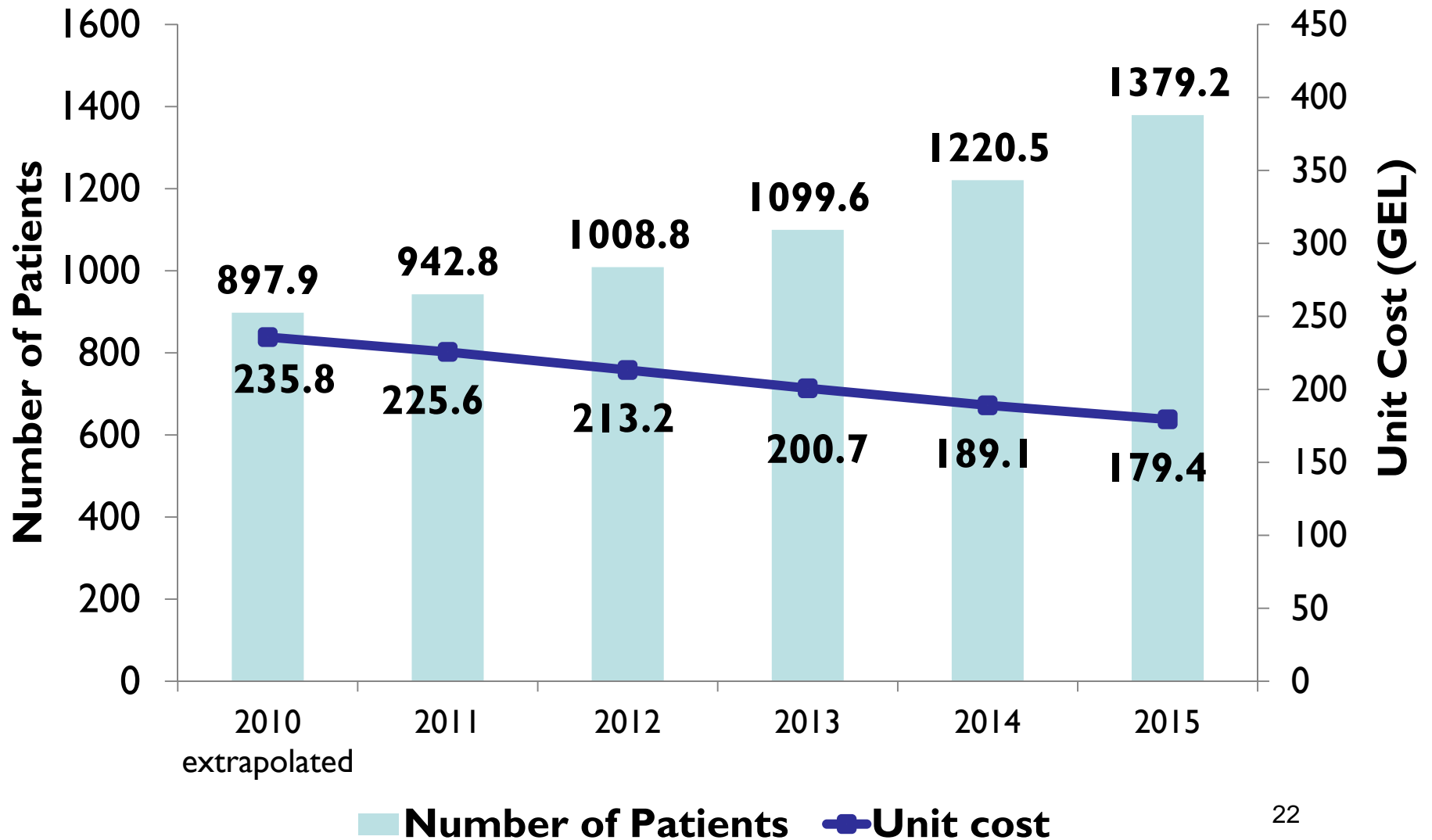
Scenario A – Share of direct/indirect costs

MOLHSA	Direct costs (%)	Indirect costs (%)
2010—11 MAT facilities	79.10	20.90
2011—15% increase	79.90	20.10
2012—15% increase	80.75	19.25
2013—15% increase	81.64	18.36

Scenario B – graduated increase

MOLHSA	Graduated increase in average # of patients
2010—11 MAT sites	898
2011—5% increase	943
2012—7% increase	1009
2013—9% increase	1100
2014—11% increase	1221
2015—13% increase	1379

Scenario B – Decreasing Unit Costs



Scenario B – Share of direct/indirect costs

MOLHSA	Direct costs (%)	Indirect costs (%)
2010—11 MAT facilities	79.10	20.90
2011—5% increase	79.47	20.53
2012—7% increase	79.88	20.13
2013—9% increase	80.43	19.57
2014—11% increase	81.11	18.89
2015—13% increase	81.94	18.06

Limitations

- We were unable to include certain costs in this analysis, primarily due to lack of data.
- Accurate patient tracking was a challenge in some MOLHSA methadone facilities, particularly Tbilisi, where patients may have moved from one MAT site to another.
- Finally, this analysis focused on the costs incurred by facilities offering MAT services. As such, it does not include the costs incurred by patients as they sought and received services or the opportunity costs of time spent travelling to and seeking services.

Recommendations

- Specify clear indicators for successful treatment outcomes.
- Integration/co-location of PWID/HIV services for better patient follow-up (currently no data on recidivism)
- Greater autonomy for MAT sites on protocol/personnel

Acknowledgements

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- **Staff of participant MAT centers'**
- **Authors declaring no conflict of interest**



Thank you

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