Costs of HIV/STI and family planning services in Kenya and Swaziland: Implications for Integration

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Introduction

• Study is part of a larger research project aimed at:
  - Strengthening the evidence of the benefits and costs of a range of models for delivering integrated HIV and FP/SRH services in high and medium HIV prevalence settings for reducing HIV (and associated stigma) and unintended pregnancies.

• Economic study is aimed at:
  - Estimating the unit cost per visit for select SRH and HIV services.
  - Establishing the efficiency of integrating HIV and SRH services in terms of utilisation of existing infrastructure and resources.
Study Context

• **Kenya**
  - HIV prevalence among 15-49 year olds: 7.8% and 9.7% among pregnant women.
  - Total fertility rate - 4.6% and contraceptive prevalence rate of 38%.

• **Swaziland**
  - HIV prevalence among 15-49 year olds is 26% and 36% among pregnant women.
  - Total fertility rate is 3.8% with a contraceptive prevalence of 51%.
Costing Methods

• Full cost analysis for the financial year 2008/2009
• Input components
  ➢ Capital: building, equipment, training.
  ➢ Recurrent: personnel salaries, drugs, diagnostics, supplies, transport and utilities.
• Time use surveys conducted to estimate average amount of time spent by staff to provide each service.
• Interventions costed
• The average economic cost per client visit was calculated as the measure of cost-efficiency
Results: Total costs by activity - Kenya

- Engineer
- Kangari
- Kathonzweni
- Kigumo
- Kilala
- Kyambek
- Makueni
- Mavindini
- Muranga
- Njabini
- Nunguni
- Nyahururu
- Kauwi
- Kirwara
- Kitui
- Mbitini
- Mambilane
- Mutito
- Ngorano
- Nyeri
- Ruiru
- Thika
- Warazo
- Yatta
- Eldoret FHOK
- Kisumu FHOK
- Meru FHOK
- Nairobi West FHOK
- Nakuru FHOK
- Thika FHOK

Comparison

- Ca Cx Screening
- FP
- HIV Care
- PITC
- STI Treatment
- VCT

Intervention
## Average unit costs per visit type (US$ 2009)

<table>
<thead>
<tr>
<th>Visit type</th>
<th>Kenya</th>
<th>Swaziland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family planning</td>
<td>0.78 – 5.86 (2.31)</td>
<td>2.21 – 13.71 (6.54)</td>
</tr>
<tr>
<td>PITC</td>
<td>0.66 – 5.81 (2.33)</td>
<td>1.02 – 14.07 (5.59)</td>
</tr>
<tr>
<td>VCT</td>
<td>0.65 – 28.87 (4.97)</td>
<td>1.58 – 14.94 (5.76)</td>
</tr>
<tr>
<td>STI management</td>
<td>0.82 – 18.52 (3.90)</td>
<td>4.04 – 10.73 (4.51)</td>
</tr>
<tr>
<td>PNC</td>
<td>0.20 – 5.68 (2.35)</td>
<td>2.65 – 17.32 (6.90)</td>
</tr>
<tr>
<td>Ca Cx screening</td>
<td>0.75 – 6.15 (1.65)</td>
<td>1.82 – 4.29 (3.24)</td>
</tr>
</tbody>
</table>
Unit costs per visit by service and facility (US$ 2009) - Kenya
Unit costs per visit by service and facility (US$ 2009) - Swaziland
Breakdown of unit cost per HIV/SRH visit - Kenya

Unit Cost Per SRH/HIV Visit (US$ 2009)

- Engineer
- Kangari
- Kathonzweni
- Kauwi
- Kigumo
- Kilala
- Kirwara
- Kitui
- Kyambeke
- Mavindini
- Mbitini
- Mibambane
- Muranga
- Mutito
- Ngorano
- Njabini
- Nunguni
- Nyahururu
- Nyeri
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- Nakuru FHOK
- Thika FHOK

MoH

Private

- Unit Cost Personnel
- Unit Costs Capital
- Unit Cost Other Recurrent

Integra
Strengthening the evidence base for integrating HIV and SRH services
Breakdown of unit cost per HIV/SRH visit - Swaziland

Average unit cost per visit (US$ 2009)

- FLAS Manzini
- FLAS Mbabane
- RFM
- Dvokolwako
- KSII
- Lamvelase
- Mankayane
- Matsanjeni
- Mbabane PHU
- Nhlangano
- Sithobela

NGO
Mission
MoH

- Unit Cost Personnel
- Unit Costs Capital
- Unit Costs Other Recurrent
What are the areas of efficiency gain?

- Unit costs appear to be driven by the efficiency of use of existing human and capital resources.

- Human & capital resource utilisation therefore represent the two main areas of efficiency gains resulting from integration.
Variation in staff workload

No of visits per clinical staff FTE

Facility

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23
Conclusions......

• Wide variation in unit costs per visit of SRH/HIV services suggests room for efficiency improvement.

• Probable gains to be made in increased utilisation of both human and capital resources...but gains are context specific.

• Key gaps include:
  ➢ Patient costs
  ➢ Health systems costs
Further Work

• Effects of integration are not expected immediately....therefore a follow up round of costing will establish whether efficiency gains have resulted from integration

• Analysis of extent of economies of scope associated with integration
Acknowledgements

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For further information on the study and details on costing methods please visit www.integrainitiative.org