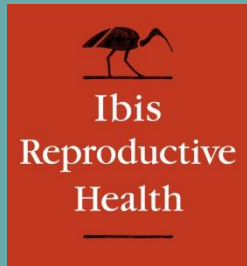




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# Integrating Family Planning into HIV Services: Costs and Cost-Effectiveness in Nyanza, Kenya

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# Introduction

- **Integration of family planning (FP) into HIV care is hypothesized to**
  - Increase the use of FP using few additional resources
- **Prior modeling studies estimate:**
  - Potential cost-effectiveness of FP is similar to PMTCT
- **To date, no studies have assessed:**
  - The actual cost or cost-effectiveness of integration of FP into HIV care.



# Methods

- **Health system costs estimated**
  - Site visits & staff interviews conducted in integrated (n=12) and non-integrated (n=6) sites between March and September 2011
  - Cost data classified according to:
    - Infrastructure – space
    - One-time costs – equipment
    - Recurring costs – supplies
    - Personnel – training, supervision, mentoring

# Methods

- **Cost-effectiveness ratio (CER) estimated:**

$$\text{CER} = \frac{\text{Costs (I)} - \text{Costs (N)}}{\text{Effectiveness (I)} - \text{Effectiveness (N)}}$$

**where**

- I = intervention and N = non-intervention
- Costs = Total costs within I or N sites
- Effectiveness = estimated new use of more effective FP within I or N sites

# Clinic Characteristics

	# Sites	Total patients	Range (min-max)
<b>Integrated</b>	12	5919	179-1096
<b>Non-Integrated</b>	6	5093	421-1936

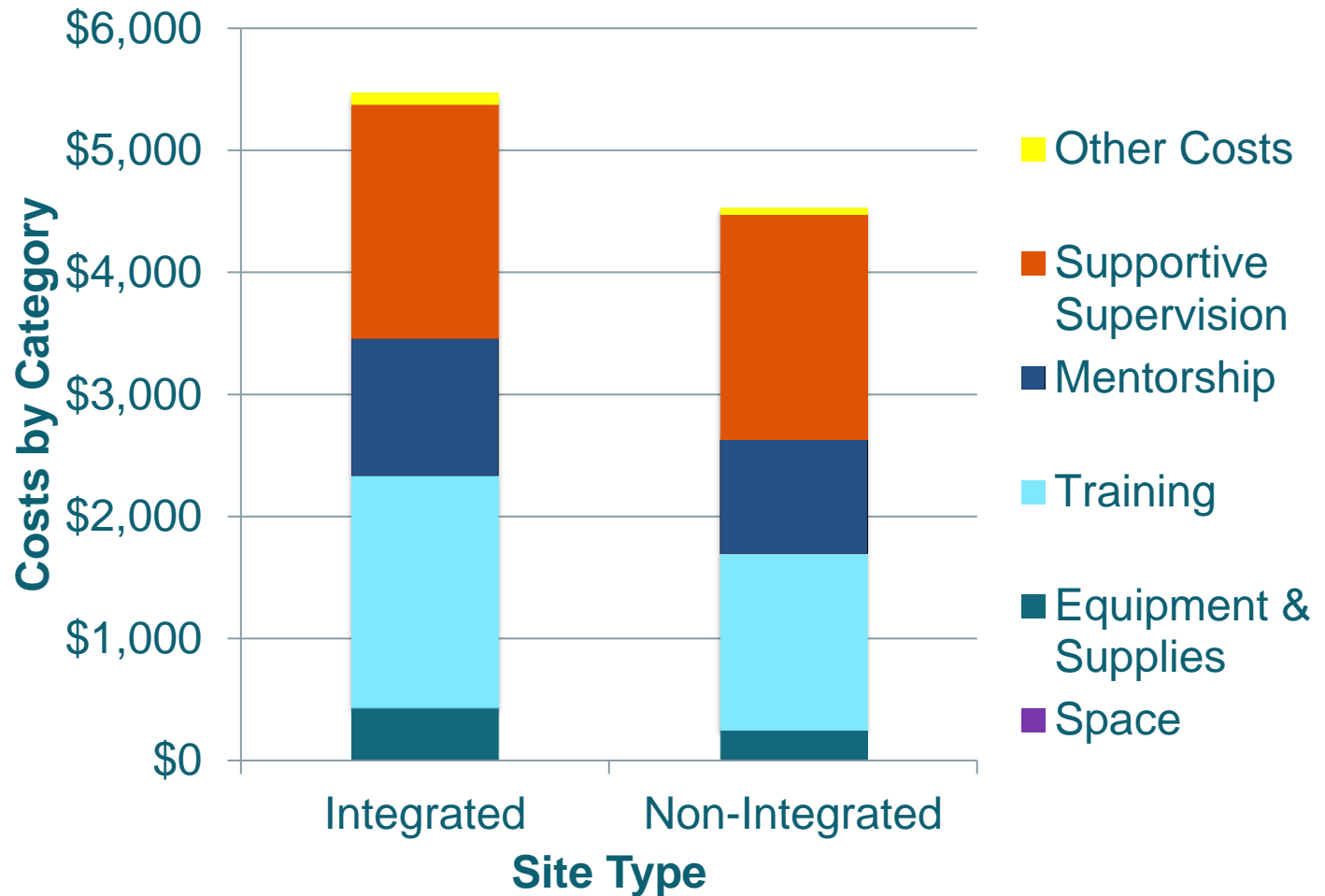


# Costs (US Dollar)

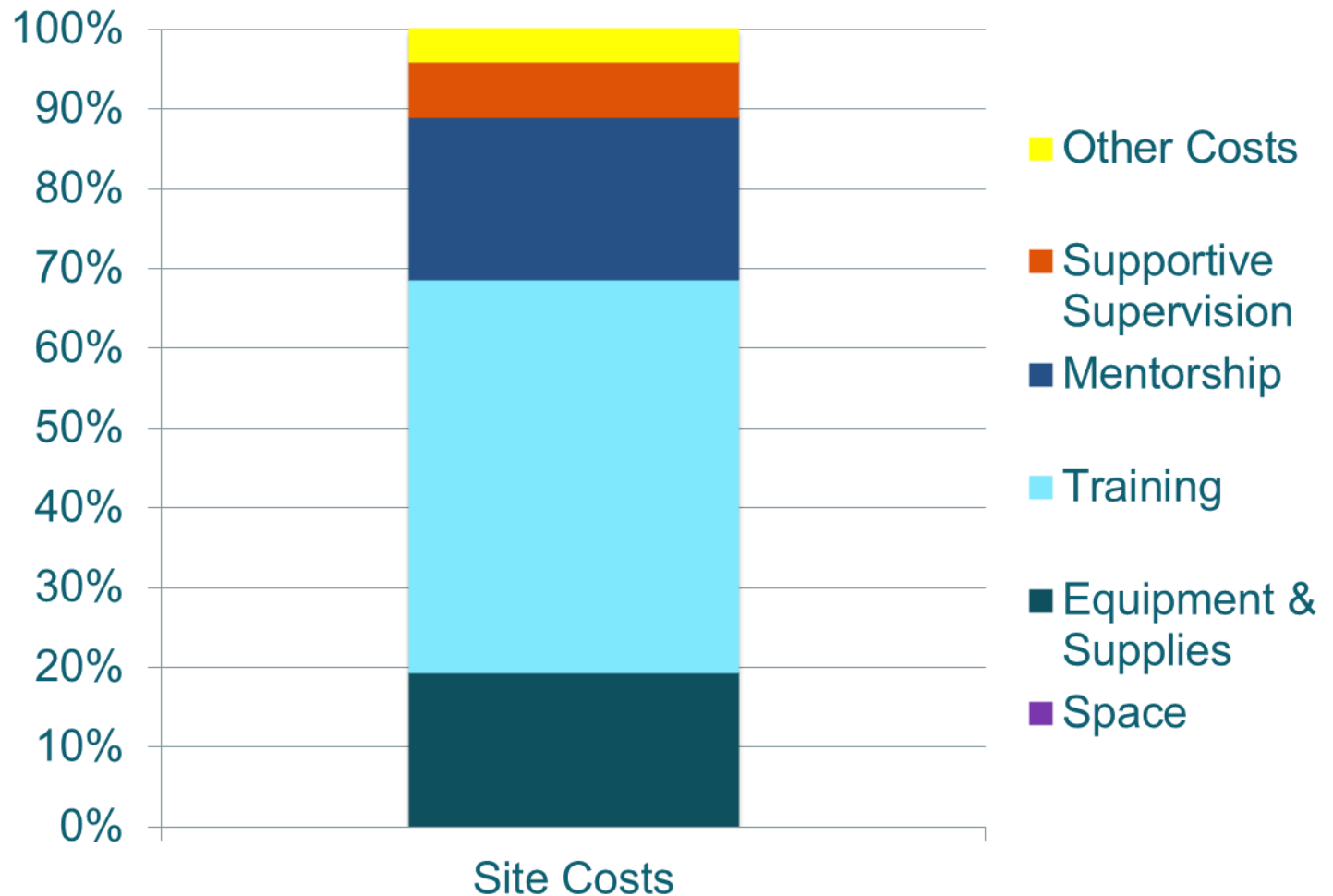
	Integrated n=12	Non-Integrated n=6	Difference
<b>Total</b>	\$65,910	\$27,249	\$38,660
<b>Per Site</b>	\$5492	\$4542	\$951
<b>Per Patient</b>	\$13.86	\$6.90	\$6.96



# Site costs by category

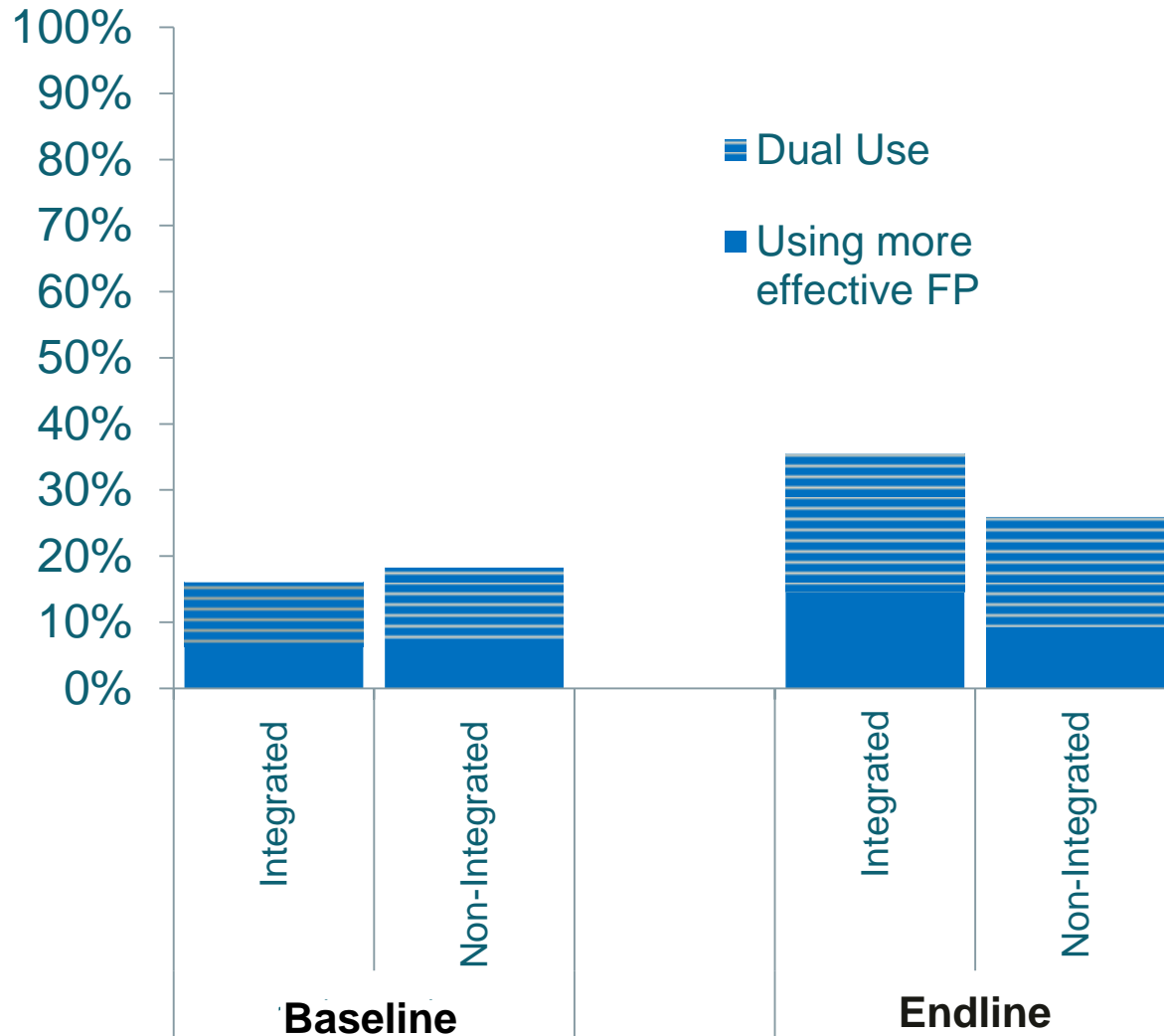


# Difference in Site Costs by Category





# Effectiveness



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# Effectiveness

	Integrated n=12	Non-Integrated n=6
<b>Percent Increase</b>	19.5%	11.5%
<b>Total Patients</b>	5919	5093
<b>Additional patients using more effective FP</b>	1153	585



# Cost-Effectiveness Ratio

$$= \frac{\text{Cost (Integrated)} - \text{Cost (Non-Integrated)}}{\text{Effectiveness (Integrated)} - \text{Effectiveness (Non-Int)}}$$

$$\text{Effectiveness (Integrated)} - \text{Effectiveness (Non-Int)}$$

$$= \frac{\$65,910 - \$27,249}{1153 - 585} = \frac{\$38,661}{568}$$

1153 – 585

568

$$= \$68 \text{ per additional patient using more effective FP}$$

# Discussion

- **Cost of increased FP associated with integration was within the range of previously published estimates (\$68 per patient vs. \$6-113 per patient).**
- **Increase in use of family planning was also similar to estimates used in previous modeling (8% increase vs. 10% increase).**
- **Integration of FP into HIV is a cost-efficient and cost-effective way to increase FP use among HIV-infected women.**
- **These results support current Kenyan policy of integration of FP into HIV care.**

# FP/HIV Integration Study

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