



Costs to Scale Up Oral Pre-Exposure Prophylaxis for Sex Workers in Kenya: Evidence for Action

INTRODUCTION

Kenya's Fourth National AIDS Strategic Plan includes scaling up targeted oral pre-exposure prophylaxis (PrEP) for key populations. To support this scale-up, the USAID- and PEPFAR-funded Health Policy Project (HPP) and the Bill & Melinda Gates Foundation-funded Kenya PrEP Demonstration Project collaborated with the National AIDS & STI Control Programme (NASCO) and the Sex Worker Outreach Programme (SWOP) to conduct prospective costing of oral PrEP services for sex workers (SWs) in Kenya to be provided by SWOP—a network of HIV/STI prevention and care clinics for SWs.

METHODOLOGY

The study team developed “bottom-up” and “top-down” costing methodologies to assess provider costs for a comprehensive package of PrEP services for SWs through SWOP clinics in Kenya. Bottom-up costs were estimated from facility-based data and through process flow diagrams based on PrEP service delivery and type of visit (see Figure 1). Top-down costs allocated 2012 costs for each cost category based on the anticipated proportion of PrEP client visits. From January to February and June to August 2013, teams collected data from SWOP clinics' financial records and asset registers, the Kenya Medical Supplies Agency, and interviews.

PRESENTED BY

- A. Chen¹
- K. Kripke²
- G. Kosimbei³
- D. Mwai³
- G. Gakii⁴
- J. Kimani⁵
- L. Gelmon⁵
- G. Githuka⁶
- S.C. Resch⁷
- R. Hecht⁸
- A. Dutta¹

¹Health Policy Project, Futures Group, Washington, DC, USA

²Futures Institute, Glastonbury, CT, USA

³Health Policy Project, Futures Group, Nairobi, Kenya

⁴Sex Worker Outreach Program, Nairobi, Kenya

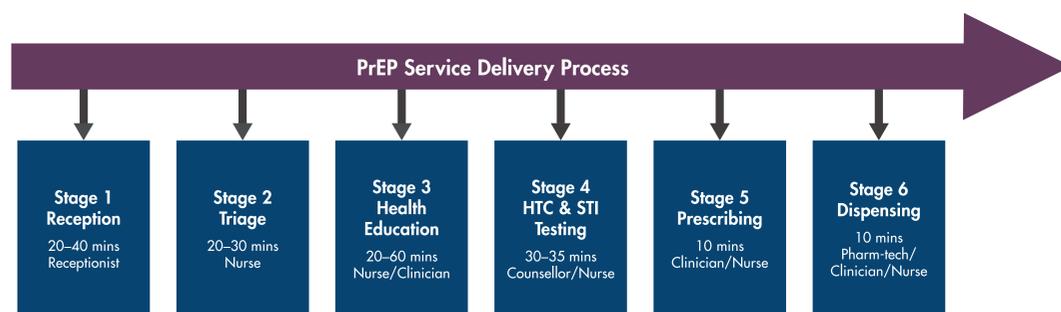
⁵University of Manitoba, Canada and University of Nairobi, Kenya

⁶National AIDS and STI Control Programme, Nairobi, Kenya

⁷Harvard School of Public Health, Center for Health Decision Science, Boston, MA, USA

⁸Results for Development Institute, Washington, DC, USA

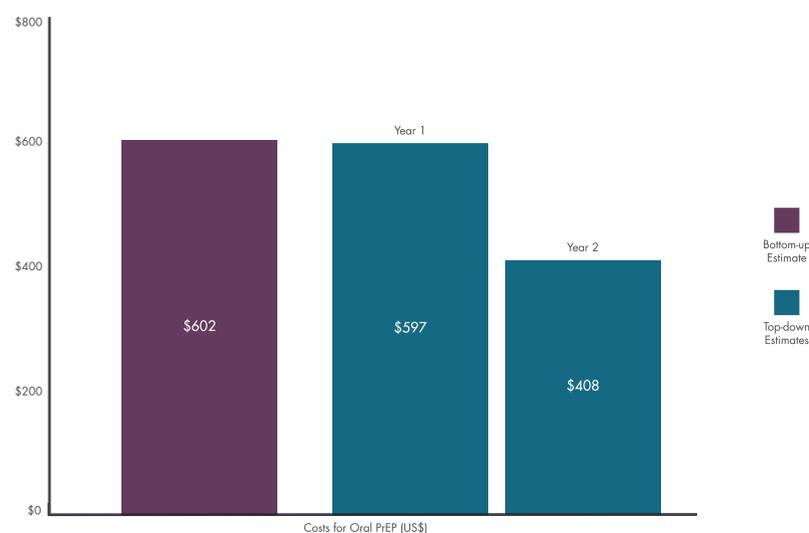
Figure 1. Process Flow Diagram



RESULTS

The bottom-up estimated cost per client-year to provide a comprehensive package of PrEP services was US\$602. The top-down cost per client-year was US\$597 in Year 1 and US\$408 in Year 2 (see Figure 2).

Figure 2. Summary of Estimated Costs for Provision of Oral PrEP in Kenya using Bottom-up and Top-down Methods



Bottom-up Method

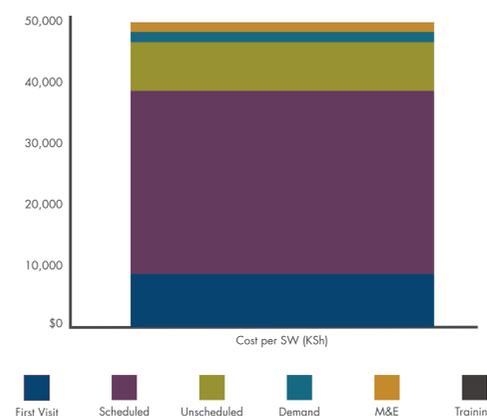
The bottom-up method found that, based on the established costs, the estimated annual unit cost of providing oral PrEP to one sex worker at SWOP clinics was US\$602 (KSh 48,667), which included both direct and indirect costs (see Figure 3).

Direct Costs for PrEP: Direct Costs for PrEP include costs for the first visit, four scheduled revisits, and six unscheduled revisits per year at the SWOP clinic. Using unit costs calculated by type of visit, the estimated annual direct cost of oral PrEP provision per SW was US\$544 (KSh 45,531).

Demand Creation for PrEP Services: Creating demand for oral PrEP through health education, the mass media, or outreach and mobilization are important elements in scaling up the intervention. The unit cost is relatively high because oral PrEP is a new intervention and there is a need for public education and awareness creation. The demand creation cost per SW was approximately US\$19 (KSh 1,621).

Monitoring and Evaluation (M&E): The annual cost of providing M&E per SW was approximately US\$39 (KSh 1,502). An estimate of M&E includes proportions of provider time allocated to M&E of the prevention project officer, data manager, nurse/mobilizer, data clerk, and receptionist.

Figure 3. Bottom-up Method, Annual Unit Costs for Oral PrEP, by Type of Cost



Top-Down Method

The top-down method found that the largest cost components include labs, provision of antiretroviral drugs (ARVs), and clinic staff. Major cost drivers for both methods include labor, ARV costs, and laboratory tests. The major indirect cost drivers included the cost of training providers (nurses and clinicians) on oral PrEP provision and management of systems for M&E.

CONCLUSIONS

The findings offer the first evidence-based cost estimates for PrEP provision for SWs in Kenya. The two analytic approaches identified similar costs per client-year of PrEP. In comparison, another model, created by Andrew Hastings and based on assumptions rather than actual cost data, found similar costs per client in its higher range estimates. The most important results of this analysis were the estimated average unit cost of providing oral PrEP to one sex worker for one year and the major cost drivers for oral PrEP services.

The study team found that unit costs were driven by both indirect and direct costs. The major indirect cost drivers included the cost of training providers (nurses and clinicians) on oral PrEP provision and management of systems for monitoring and evaluation. Another major cost driver was the direct cost of providing PrEP to the client.

These results will be incorporated into cost-effectiveness analyses and used by the government of Kenya to help make strategic decisions about combination HIV prevention programs. Additional cost studies of government and nongovernmental service providers will be needed to understand the impact of introducing PrEP on the overall HIV/AIDS burden in Kenya.

20th International
AIDS Conference

July 20–25, 2014
Melbourne, Australia

CONTACT US

Health Policy Project
One Thomas Circle, NW Suite 200
Washington, DC 20005
www.healthpolicyproject.com
email: policyinfo@futuresgroup.com
Tel: +1.202.775.9680
Fax: +1.202.775.9684