



The cost of PrEP delivery in Kenyan antenatal, postnatal, and family planning clinics

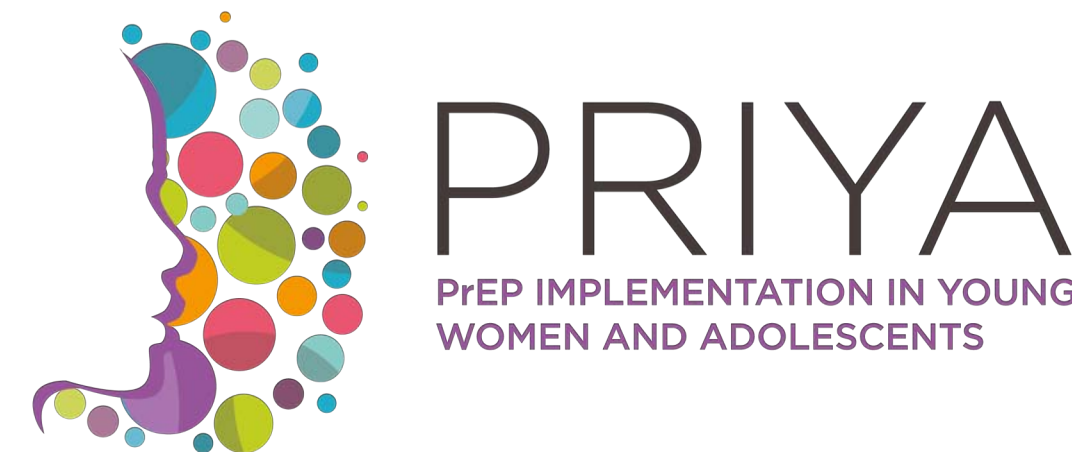
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Background

- Integrating PrEP provision through routine ante-/post-natal care (ANC/PNC) and family planning (FP) clinics is a potential strategy for efficient PrEP delivery to young women and adolescent girls in high HIV burden settings.
- The cost of delivering PrEP through ANC/PNC and FP clinics is necessary for budget planning.



Methods

- Estimated the incremental cost of PrEP delivery through ANC, PNC and FP in western Kenya from the provider perspective
- Identified all activities supporting PrEP delivery and measured clinical service time using time-and-motion studies in a sample of eight PriYA facilities. Obtained input costs from program budgets, expenditure records and staff interviews.
- Used program volume from 16 facilities to estimate total program cost and cost per client-month of PrEP dispensed.
- Projected costs under Ministry of Health (MOH) implementation assuming MOH salaries and supervision
- Explored impact of deferring creatinine testing from initiation to first follow-up visit, and prioritizing PrEP delivery to clients at high risk for HIV infection

Results

Table 1: Total program cost in 16 facilities and cost per client-month of PrEP dispensed (2017 USD)

Category	Total annual cost (USD)	Cost per client-month of PrEP dispensed (USD)
Start-up	4,264	0.55
Personnel	88,459	11.48
Drugs	51,997	6.75
Lab tests	27,830	3.61
Other supplies	4,346	0.56
Capital	3,925	0.51
Overhead	23,432	3.04
Total	204,253	26.52

Figure 1. Percentage of total program cost across cost categories as implemented and under Ministry of Health (MOH) scenario

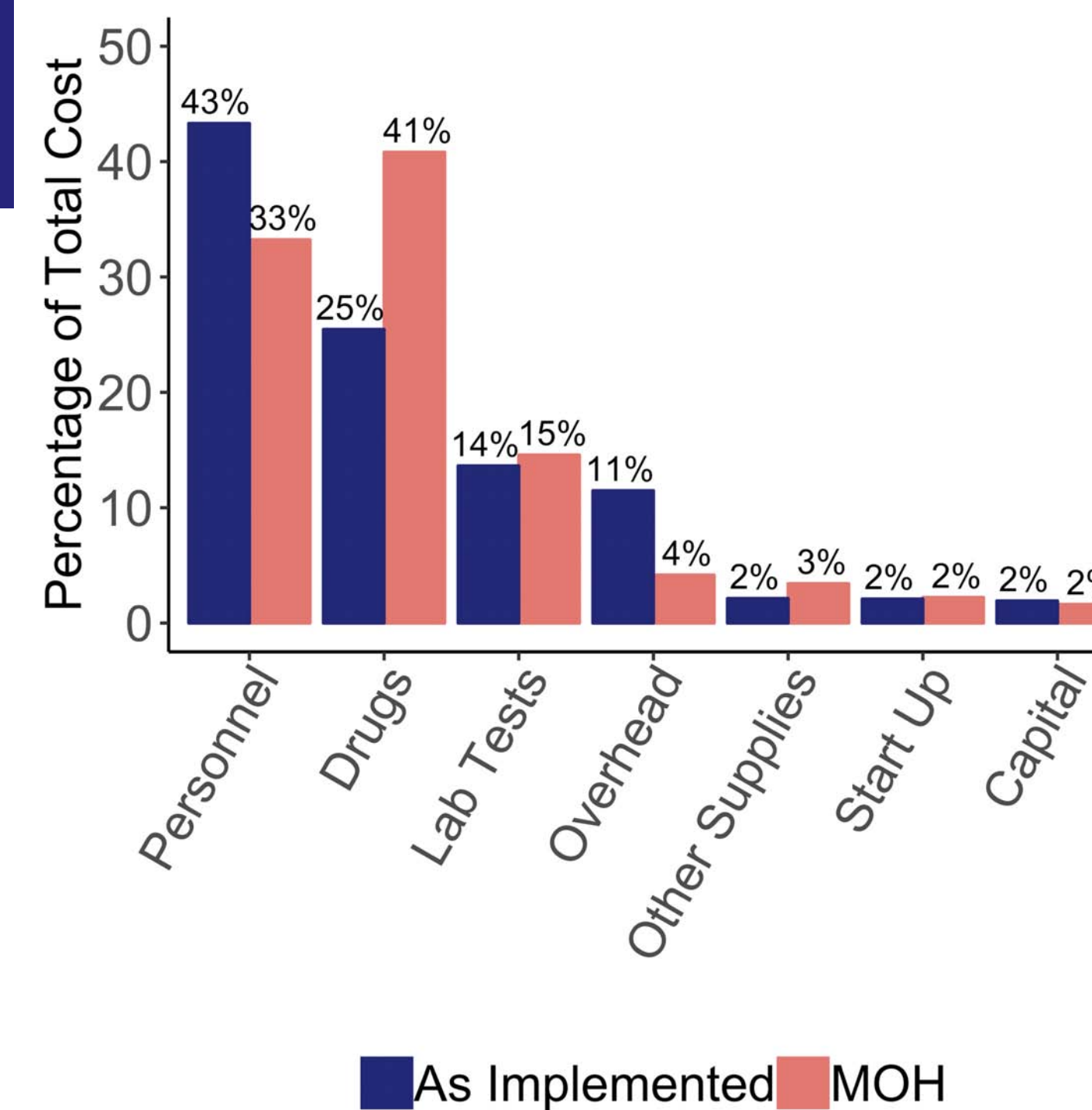


Table 3: Cost projections under Ministry of Health (MOH) implementation assuming constant output (2017 USD)

Scenario	Total annual cost (USD)	Cost per client-month of PrEP dispensed (USD)
As implemented	204,253	26.52
With public-sector clinical staff salaries	199,613	25.92
With MOH supervision [†]	138,609	18.00
With facility creatinine testing [‡]	127,421	16.54

[†]PriYA administrative staff responsibilities are subsumed into routine facility, sub-county, and county supervision
[‡]Using prices for facility-based creatinine testing instead of a point-of-care assay

Conclusions

- The cost of routine PrEP delivery through ANC/PNC and FP (\$26.52 per client-month) was similar to costs reported for delivery to other key populations (\$11-\$44 per client-month).
- Postponing creatinine testing and prioritizing delivery to clients at high risk of HIV infection may reduce program costs.
- Cost-effectiveness studies of PrEP scale-up need context-specific costing data in order to inform policy
- Health outcomes are needed to evaluate value for money

Table 2 : Estimated cost implications of service delivery modifications (2017 USD)

Scenario	Total annual cost (USD)	Cost per client-month of PrEP dispensed (USD)
As implemented	204,253	26.52
Postponed creatinine [†]	188,932	24.53
Prioritized delivery to clients at high risk for HIV infection [‡]	175,793	31.88

[†]Creatinine testing postponed from initiation to first follow-up visit

[‡] High risk is defined as having at least one of the following risk factors at baseline: Current partner with unknown or positive HIV status, positive RPR, or reporting at least one of the following in the prior six months: transactional sex, diagnosis or treatment for STI, forced to have sex against will, experiencing IPV, sharing needles, using PEP more than twice

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