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Evaluating the Costs and Efficiency of Integrating FP into HIV Treatment Services in Zambia

Assessing Efficiency Indicators

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Sophie Faye, PhD
Elaine Baruwa, PhD

Abt Associates Inc.
In collaboration with:
Avenir Health | Broad Branch Associates | Development Alternatives Inc. (DAI) | Johns Hopkins Bloomberg School of Public Health (JHSPH) | Results for Development Institute (R4D) | RTI International | Training Resources Group, Inc. (TRG)

Outline

- Why we did it
- How we did it
- What we found
- Was it worth it?

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Study Objectives

- Propose indicators for performance of different integrated programs with respect to efficiency
  - assess their practical feasibility
- Quantitative: assess the relative efficiency of different models of integration of HIV and FP services
  - One Stop Shop (OSS)
  - Internal Referral (IR)
- Qualitative: identify potential barriers and facilitators of efficiency improvement

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Methodology

- Cross-sectional, non-randomized comparison of the efficiency of two models of integration
  - One Stop Shop (n=3)
  - Internal Referral (n=7)
- Top down costing approach
- Efficiency across models measured using the following:
  - *Percent of missed opportunities in ART clinic*
  - *Provider time per ART patient counseled on FP or provided with an FP method*
  - *Unit cost per ART patient counseled on FP or provided with an FP method*

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Data collection

- Mix data sources:
  - 900 Patient record reviews
  - 150 patient exit interviews with time motion component
  - 20 provider interviews
  - HMIS and facility cost data
- Costs include labor, drugs and medical supplies, training and supervision
- Period covered October 2013 - September 2014

Findings: Percent of Missed Opportunities

- Indicator feasibility:
  - 6 sites: no mention of FP in the patient records reviewed
  - 4 sites: inconsistent
  - With current routine data available – not feasible
- Quantitative findings:
  - Patient exit interviews across sites: 8% to 88%
  - No statistically significant difference across models
  - Median of 36% for the OSS model and 50% for the IR model (no statistically significant difference, P-value 0.43 with Mann-Whitney U test)

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Findings: Provider Time per ART Patient Counseled on FP

- Indicator feasibility:
  - Time-motion study required since high level estimation of the number of patients getting FP/LOE not possible
- Quantitative findings:
  - Average time per ART visit **without** and **with** FP counseling
    - IR model: 9 and 12 minutes
    - OSS model: 10 and 13 minutes
  - Visits with FP counseling last longer on average than visits without counseling by an average of two minutes (statistically significant difference)

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Findings: Unit Cost per ART Patient Receiving FP Services

- Indicator feasibility:
  - Main challenge was the availability of data on the number of patients provided with FP services in the ART clinic
  - Collecting and analyzing cost data requires specific technical skills
- Quantitative findings:
  - With current level of FP service provision, **no statistically significant difference** (P-value 0.73) in the average unit cost across models

Average unit cost per patient per year

	ART + FP counseling	ART + FP counseling + method
IR model sites	$ 260	$ 267
OSS model sites	$ 258	$ 260

  - The OSS model is not necessarily more or less efficient than the IR model

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Discussion: Unit Cost per ART Patient Receiving FP Services

- Some efficiency gains from the OSS relative to the IR model
- Cumulatively, these "savings" could increase in size as missed opportunities decrease and more patients get FP services
  - BUT the FP clinic will still have to function under the OSS model because there are still HIV- women to serve: "limit" to gains when HIV+ population with FP need not large
- Societal benefit/cost for women getting integrated care is *probably* more important than the potential savings

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Barriers and Facilitators of Integration

Barriers

- **Potential staff shortages:** providers noted that staff are overworked
- **Weak referral tracking:** a formal referral tracking system was not always part of the integration design

Facilitators

- **Enough upfront orientation and information:** providers identified this as one of the necessary elements for success
- **Adequate integration training:** trained providers stressed the importance of the acquired FP knowledge and willingness to learn

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What's the take home?

- Integration is at the level of the provider
  - The systems might be in place but the providers need to actually offer the services
- Providers need to be sensitized to adequately **record** services
  - We can't track/cost what we don't count
- Design a **formal** referral system as part of the integration program process
  - We can't track/cost what we don't count
- Efficiency gains of one model over another small (limited)
- Limitations
  - Cross-sectional, FP recording issue
  - Tanzania study

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