



## “PRIORITIES OF HEALTH ECONOMICS IN AFRICA”

Inaugural Conference of the African Health Economics and Policy Association (AfHEA)  
10th – 12th March 2009 - Accra, Ghana

### **Parallel session 3: Consequences of out-of-pocket payments**

---

#### **PS 03/1**

#### **Examining catastrophic costs and benefit incidence of subsidized anti-retroviral treatment (ART) in south-east Nigeria**

*Obinna Onwujekwe, Nkem Dike, Benjamin Uzochukwu, Chinwe Chukwuka, Chima Onoka and Anselem Onyedum, Health Policy Research Group, College of Medicine, University of Nigeria, Enugu-Campus, Enugu, Nigeria*

---

**Rationale:** It is important to understand the burden on people living with HIV/AIDS (PLWHA) of financing HIV/AIDS care and treatment, because HIV/AIDS could lead many households, especially those belonging to the poor socio-economic status (SES) groups into poverty through loss of income and high cost of frequent medical treatment. Also, as important as determining whether the costs of ART programmes are catastrophic, is the issue of determining who benefits from the subsidized or free programmes and whether such programmes militate against the potential catastrophic costs of seeking treatment for HIV/AIDS.

**Objectives:** The paper examines the extent that costs of subsidized ART programmes are catastrophic to different socio-economic status groups and rural/urban dwellers, as well as the level of benefit incidence that accrues to different socio-economic status groups and rural/urban dwellers.

**Methods:** Data was collected from all consenting patients attending the ART clinic over a three month period, by trained interviewers using an interviewer-administered questionnaire. The patients were interviewed just after registering their attendance for the clinic for the day but before they saw the medical team.

**Results:** More than 95% of people belonging to all SES quartiles spent money on ARV in past month. On average, patients spent 990 Naira (US\$8.3) on ARV per month. They also spent an average of \$8.2 on other drugs in past month. However, people that bought ARV from elsewhere apart from the ART centre spent on average of \$88.8 per month. Investigations were major expenditure items and patients spent an average of \$95.1 per month. Total expenditure on treatment (drugs and investigations) depleted more than 100% of household income or total household expenditure. Overall, subsidized ARV depleted 9.8% of total household expenditure, other drugs depleted 9.7%, ARV from elsewhere depleted 105%, investigations

depleted 112.9% and total expenditure depleted 243.2%. The level of catastrophe was generally more with females, rural dwellers and most poor patients. Females and urbanites had more benefit incidence than males and rural dwellers. There were no SES differences in benefit incidence.

**Conclusion:** Subsidized ART programme lowers the cost of ARVs since the drugs bought from outside the programme are ten times more expensive than what patients spend in the ART centre. However, other major costs are also incurred in the ART programmes, which make the overall expenditure/cost of accessing and consuming ART programme to be excessive and catastrophic. The skewed incidence of benefits to females and urbanites should also be addressed so that all segments of the population that have HIV have equal benefits from the ART programme.