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**Evaluating the Costs and Efficiency of Integrating Family Planning Services into HIV and AIDS Treatment Services in Zambia**

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Background: Integrating HIV and AIDS services with other health services is a key strategy to achieving an AIDS-free generation. In particular, integrating family planning (FP) and HIV services can improve health outcomes and continuity of care, and make service delivery more sustainable by supporting the efficient utilization of resources. At the request of USAID’s Office of HIV/AIDS and the USAID Zambia mission, the Health Finance and Governance project used quantitative indicators to assess the costs and efficiencies of two models of FP and ART service integration in Zambia.

Methods: We conducted a cross-sectional, non-randomized comparison of two integration models – “internal referral” (IR), where patients can be counselled on FP within the ART clinic but are referred to the FP clinic onsite for further services, and “one-stop-shop” (OSS), where patients can be counseled and receive an FP method within the ART clinic. The models were compared using three indicators of efficiency: percentage of missed FP opportunities at ART clinics, time spent counseling ART patients on FP, and unit cost per ART patient counseled on FP and given an FP method. Data were collected from health management information systems, patient files, and exit interviews at ten sites in Zambia for the period from October 2013 to September 2014.

Results: The study found no statistically significant difference in efficiency between OSS and IR models for any of the proposed indicators, including cost. Additional costs of FP provision were US$3 on average per patient using OSS, and USD$8 on average per patient using IR. FP counseling added an average of 3 minutes to ART consultation time (p=0.03), but there was no statistically significant difference in that added time between the two models (p=0.65). There was widespread variation in the practice of integration among sites and models. Weak referral systems and poor client tracking limited potential integration gains.

Conclusions: Providing a comprehensive package of ART and FP services to HIV-positive women costs relatively little regardless of the integration model used. However, improved referral and client tracking systems could increase efficiency. Additional time and effort is required for facilities to consistently col¬lect data on efficiency, referrals, and client tracking.