

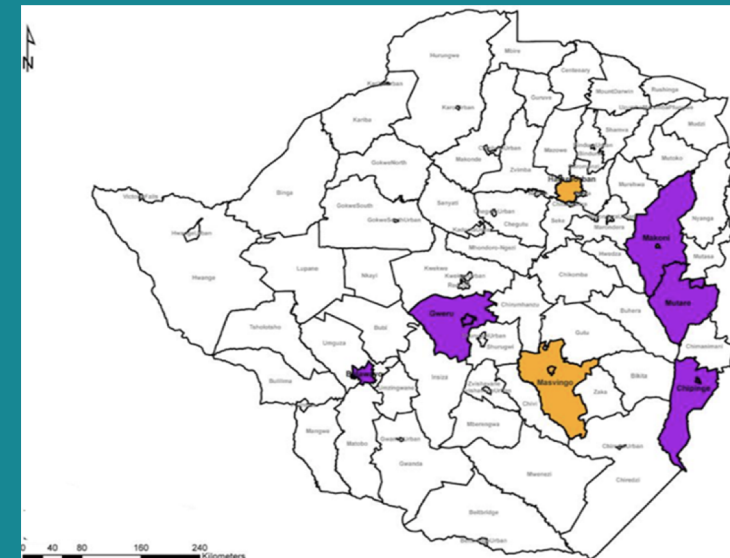
OPTIONS

*Optimizing Prevention Technology
Introduction On Schedule*

THE COSTS OF PrEP IMPLEMENTATION IN 7 ZIMBABWE CLINICS

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***with PSI, Zimbabwe MOHCC & OPTIONS
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Background

- Zimbabwe is scaling up availability of oral PrEP to populations at high risk:
 - >3% incidence per year: AGYW (16 - 24), FSW, MSM
- Need understanding on actual implementation costs to inform:
 - Program budgeting, national scale-up & cost-effectiveness (PrEP-IT modeling)



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Costs of observed program implementation:

- Sample included all PrEP services implementing ≥ 12 months, Jan-Dec 2018:
 - 6 PSI Zimbabwe clinics
 - 1 government health facility
- Provider perspectives (full economic costs)
- Time & Motion (1-6 providers per site) in all facilities
- Total costs by input, unit cost per person, per person continued to 3 & 6 months
- Modelling cost per person year protected on PreP (\$ppy)

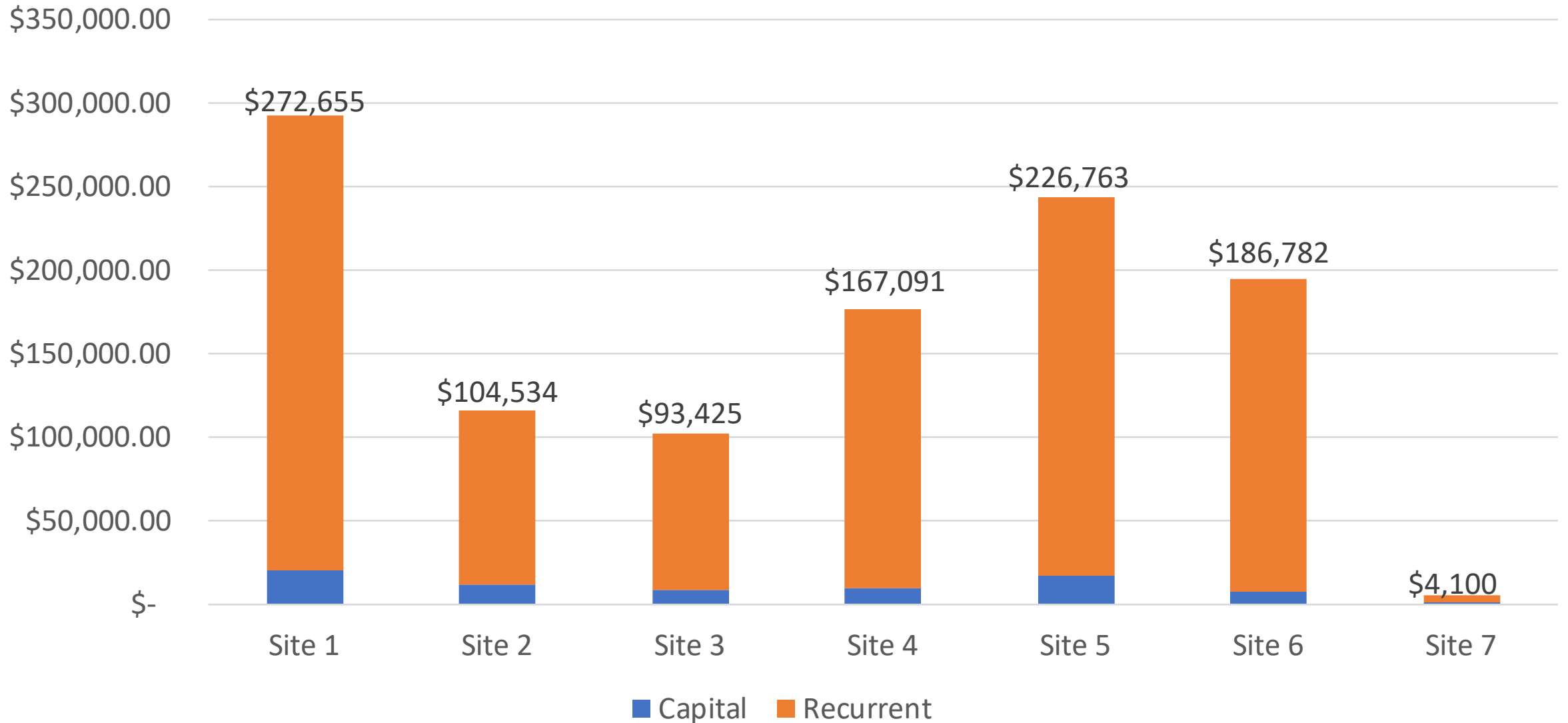


Site characteristics

	Site 1	Site 2	Site 3	Site 4	Site 5	Site 6	Site 7
Management	PSI	PSI	PSI	PSI	Partner	Partner	Public sector
Site Type	Stand-alone	City Health Clinic	Stand-alone	Stand-alone	Stand-alone	Stand-alone	City Health Clinic
Clinic size (visits/year)	124,124	5,070	22,356	53,214	28,217	3,614	63,928
PrEP Prog start date	Nov 2016	Feb 2017	Nov 2016	Aug 2016	Aug 2016	Nov 2016	June 2017
Maturity (months)	29	27	29	32	32	29	18

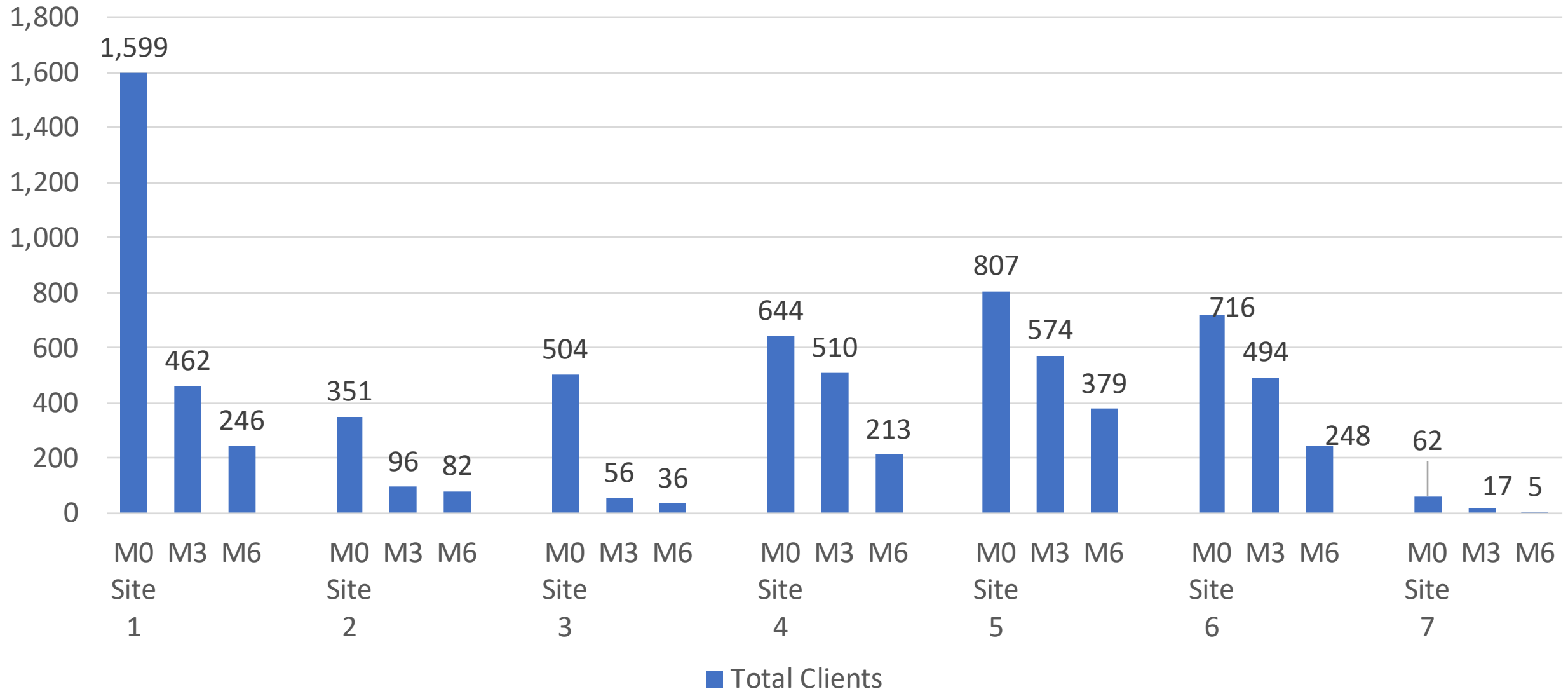


Total costs by site



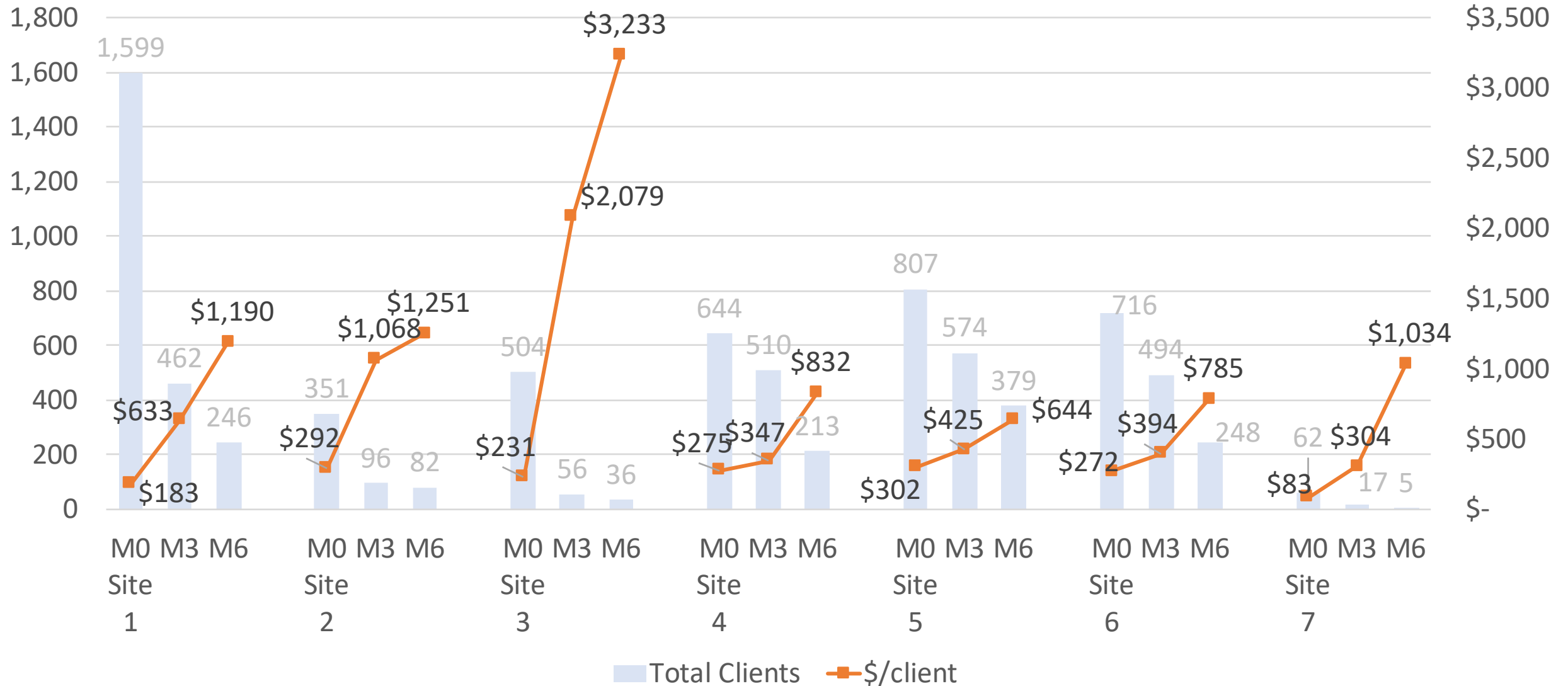


Outputs: Initiations and continuation at month 3 and 6



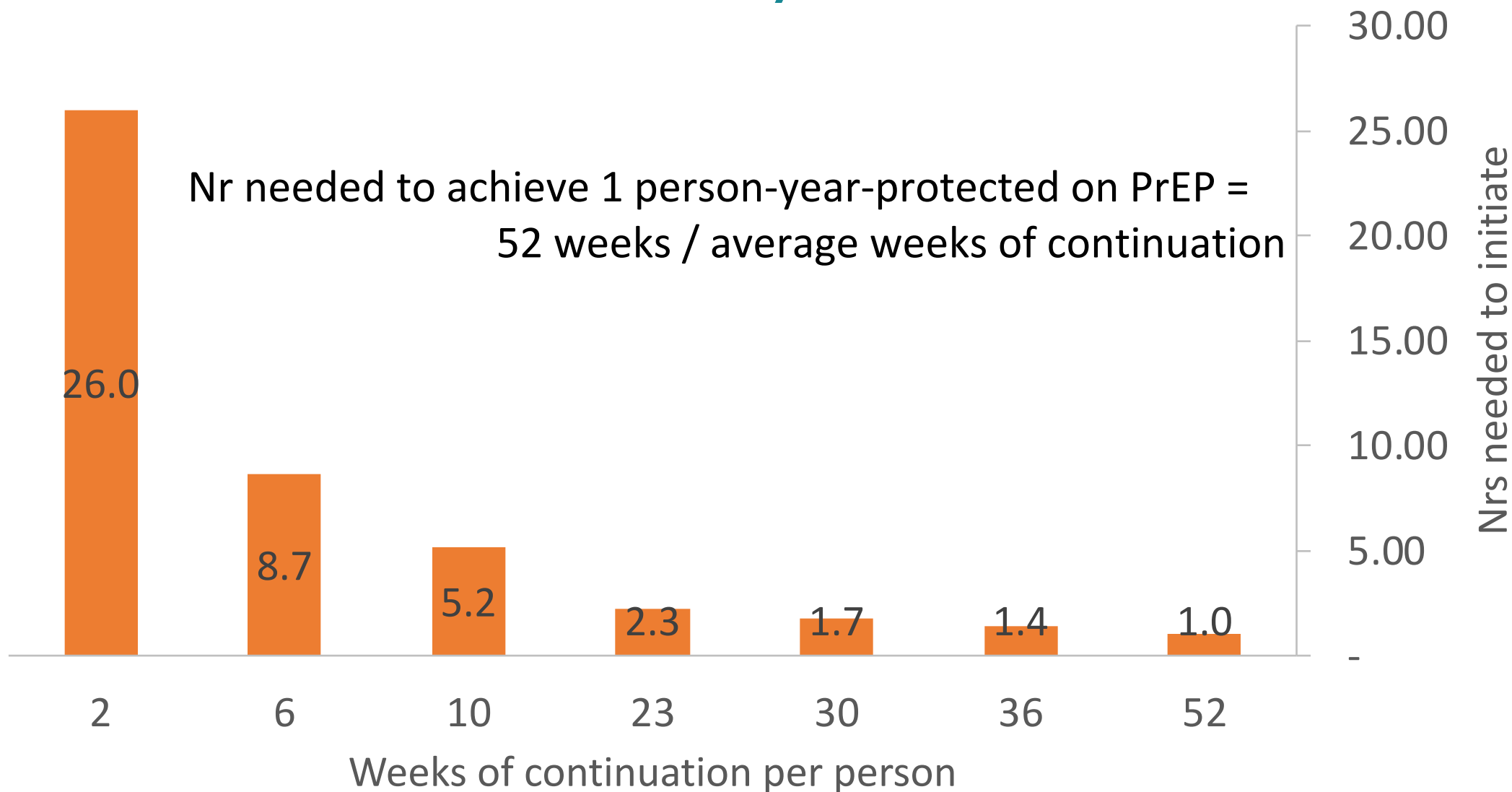


Unit costs along the continuation cascade



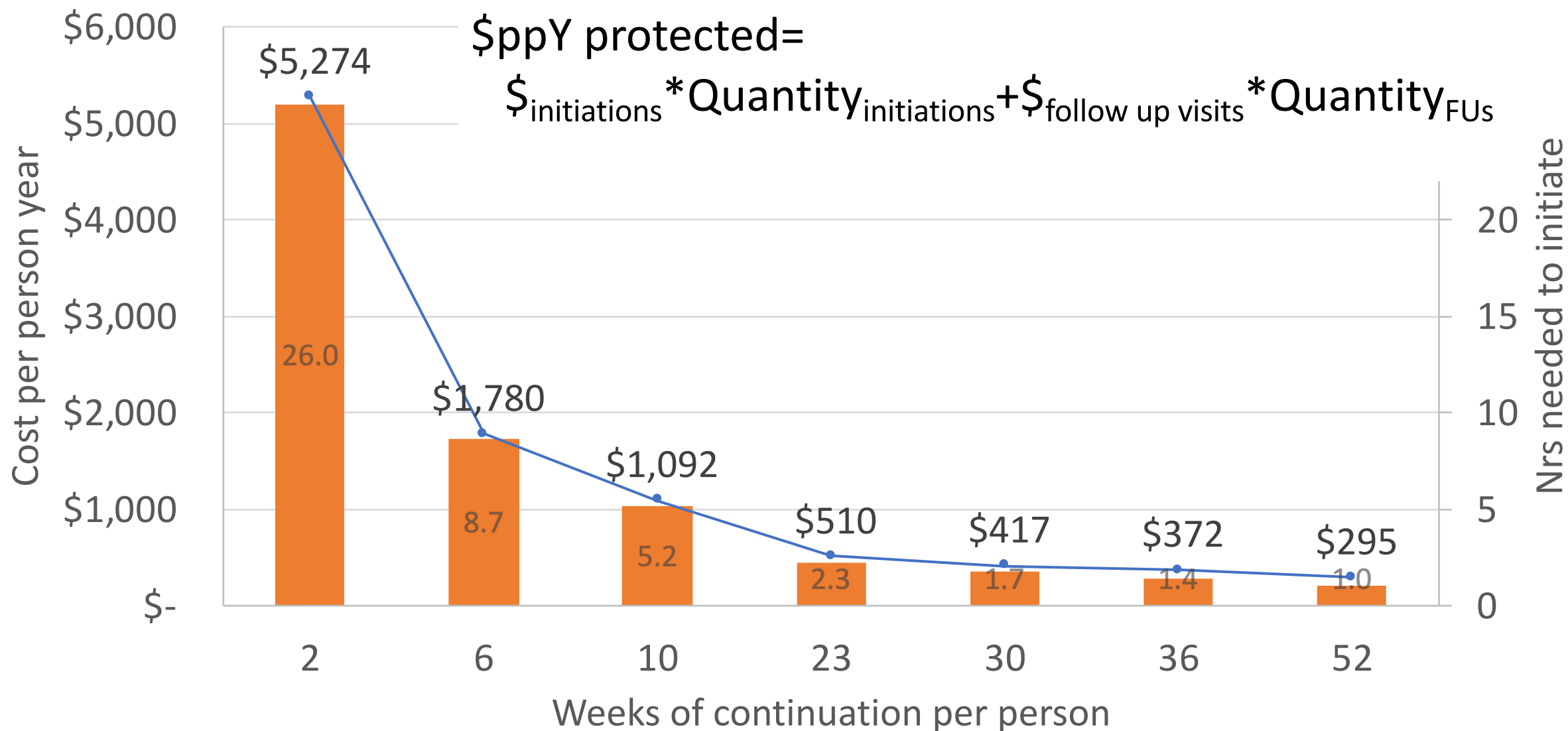


Person-year-protected on PrEP: nrs needed to initiate by continuation duration





Cost ppY protected on PrEP: cost by continuation duration





Discussion

Total Cost Drivers

- Large variation across sites:
 - PrEP program maturity
 - Overall clinic size
 - Type of staff
 - Structure of demand creation.
- Challenges remain with continuation:
 - 50% clients < at 3 months, and 25% < 6 months
- \$/initiation comparable to other estimates, but \$/retained client is higher
- Huge drop in \$/PPY with higher continuation

Unit Cost Drivers

- Economies of scale, i.e. numbers initiated and retained

• Why do clients initiate but not continue PrEP?

- Better targeting = continuation and better support
- Improved efficiency i.e. spread fixed initiation costs over more months of PrEP protection.

Future research needs

- Consideration of informed cycling on and off of PrEP
- Consideration of “optimal” M&E metrics -> optimal incentivisation.



Thank you

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