Review of Cost-effectiveness Analyses of Injecting Drug User Interventions to prevent HIV in Asia

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The study is targeted at the strategic decision-making level

- Are current responses effective and cost-effective?
- What is the scale-up perspective?
- Priority Setting of Injecting Drug User (IDU) interventions in Asia

Benchmarks for decision-making (WHO)

- **Very cost-effective:** cost per DALY: less than average per capita income in a given country
- **Cost-effective:** cost per DALY: less than 3 times average per capita income (CMH)

- **Results:** IDU HIV interventions in Asia: USD 64-325 per DALY = very cost-effective

CEA of IDU HIV interventions: Comparative analysis I

Country	Reference year of analysis	HIV Prevalen-ce %	Estimated no of IDUs	Regular reach Coverage	Impact first 1-3 years - HIV averted	Cost-effectiveness ratio, HIVA
Dhaka Bangladesh	2001/02	2.40%	6500	80%	3 years 6873	USD 64-200 per HIV averted
Kathmandu Nepal	2003	68%	5000	20%, 30%, 60%	3 years 1188-1751-3278	USD 74-57 per HIV averted
Karachi Pakistan	2006	26%	12500	7%, 30%, 60%	3 years 763-1322-2086	USD 146-325 per HIV averted
Odessa Ukraine	1999	54%	21800	20-38%	1 Year 1069	USD 97 per HIV averted
Svetlogorsk Belarus	2002	74%	1100 plus	43-63%	2 Year 176-221	USD 323-359 per HIV averted

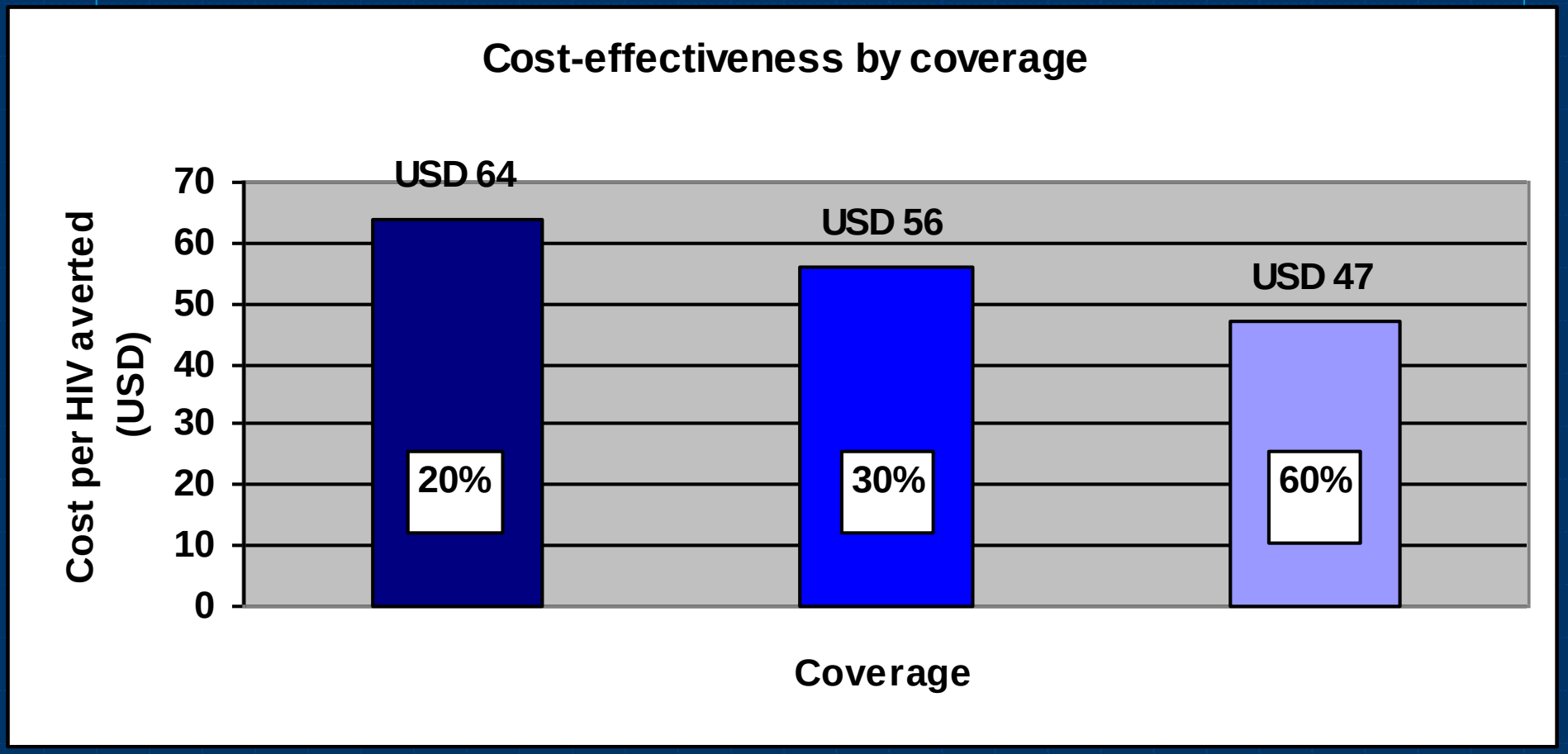
Sources: Alban et al 2007; Alban and Manuel 2008; Guinness et al 2006; Kumaranayake et al 2004; Vickerman et al 2006

CEA of IDU HIV interventions: Comparative analysis II

Country	Reference year of analysis	HIV Prevalence %	Estimated no of IDUs	Discount rate	Cost-effectiveness ratio, HIVA PPP$ 2004	Cost-effectiveness ratio, DALY PPP$ 2004	GDP per capita PPP$ 2004
Dhaka Bangladesh	2001/02	2.40%	6500	3%*	1905 per HIV averted	74 per DALY	1870
Kathmandu Nepal	2003	68%	5000	3%	779-1016 per HIV averted	27-69 per DALY	1490
Karachi Pakistan	2006	26%	12500	3%	2228-4950 per HIV averted	137-289 per DALY	2225

3 years perspective, 2004 PPP USD

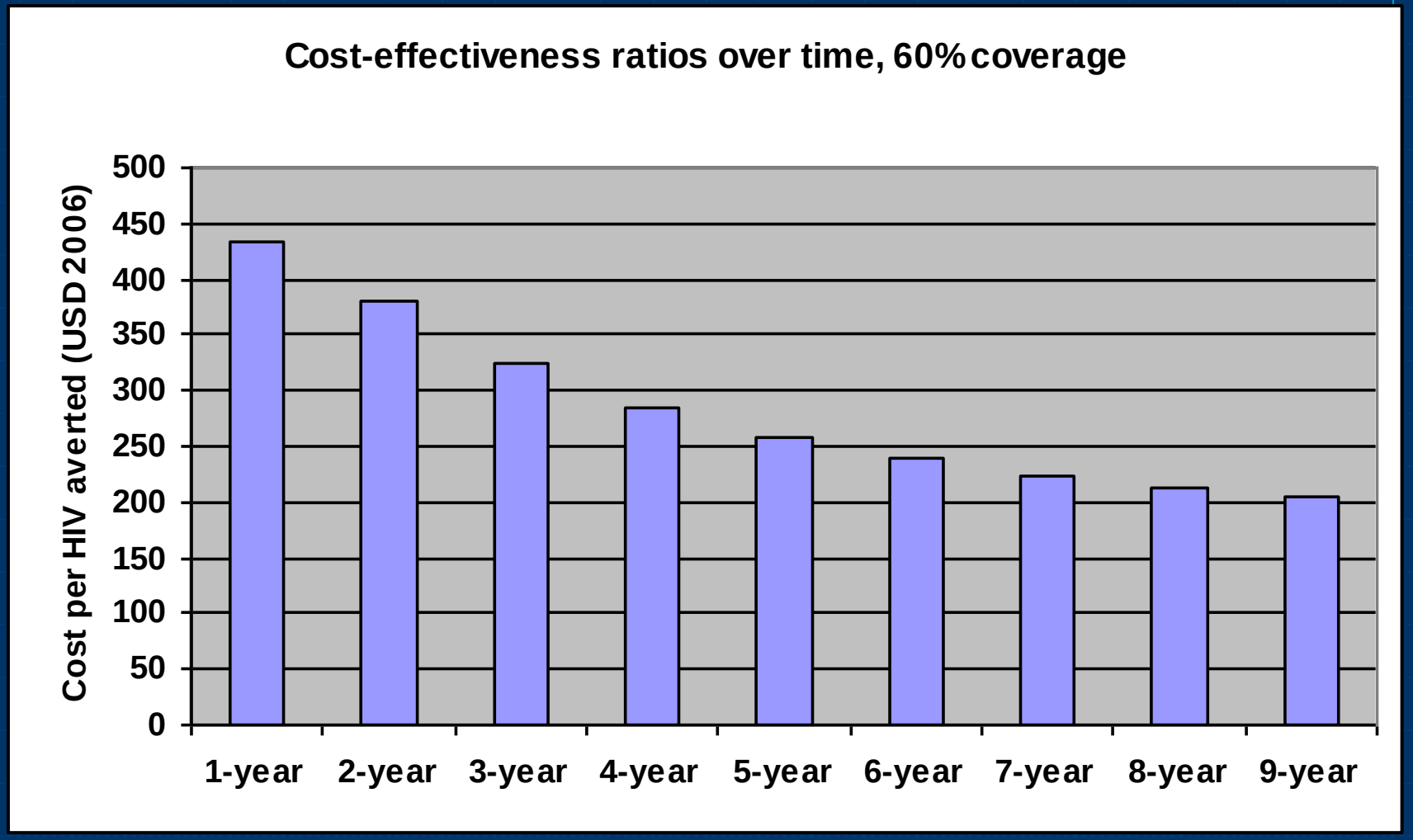
IDU Kathmandu: CER decreases by coverage, 5 years perspective



3% discount rate of benefits

Alban, Manuel 2008, ADB

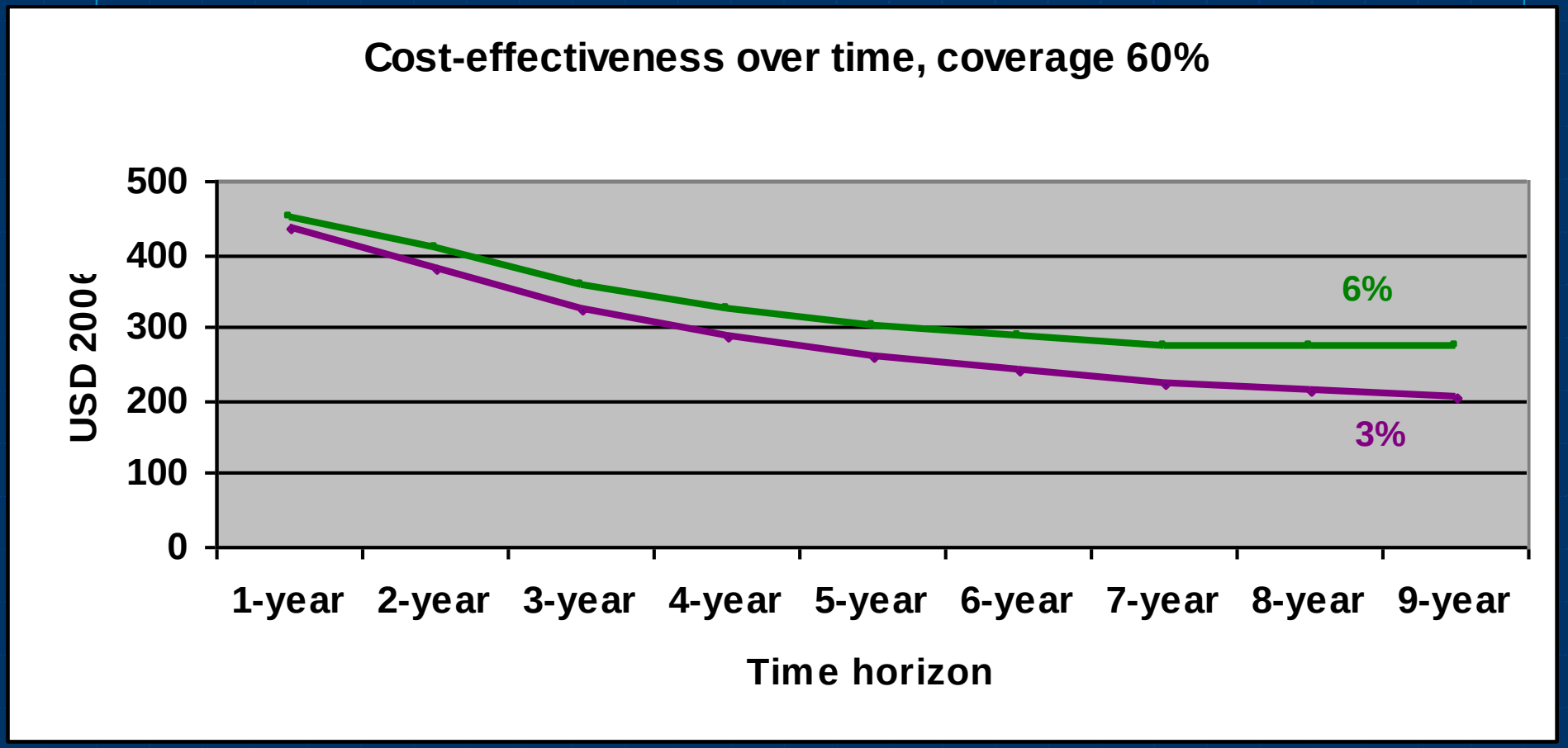
IDU Karachi: Cumulative CERs, nine-year perspective



3% discount rate of benefits

Alban et al 2007

High discount rates changes the slope of the CER curve



Alban et al 2007

Conclusions I

- HIV IDU interventions in Asia are very cost-effective at low and high coverage levels
- However, low coverage levels cannot bring down the prevalence rates!!
- CER of IDU interventions must be complemented by ability to reduce prevalence rates among IDUs

Conclusions II

- Cost-effectiveness analyses is an important tool for decision-making
- Supplementary knowledge needed on Cost-effectiveness of IDU HIV approaches including methadone
- Few studies makes it difficult to learn from experiences

Conclusions III

- Studies must be undertaken by independant researchers
- M&E&R is vastly underfunded to ensure effective and efficient HIV interventions
- More and easier to handle effectiveness models are needed for planning purposes. Will AEM rapid CEA results do the trick?

Thank you

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