We sought to:

• OBJECTIVE
  - We modeled HIV care costs under optimal scale-up conditions, which included:
  - We calculated costs using standard micro-costing techniques, time-and-motion studies, interviews of supervisory staff, and administrative records review.
  - Cost categories included clinical and supervisory staff salaries, ART medications, VL testing, and fixed and recurring costs.
  - We modeled HIV care costs under optimal scale-up conditions, which included:
  - lowest available ART costs based on United Nations Development Programme (UNDP) negotiated rates;
  - annual centralized VL testing ($24 ppy); and
  - transition to government salaries ($27 ppy).

METHODS

• We estimated the cost ppy of streamlined HIV care delivery in 17 health facilities in intervention communities in Kenya and Uganda within the SEARCH Study (HCT1084600).

Results

Effort of Clinic Staff toward Streamlined Care (Percent Effort)

- Implementation of streamlined care differed by region:
  - In Uganda-West, streamlined care was nurse-driven with support from clinical officers, laboratory technicians and other staff (nurse-patient and community health workers).
  - In Uganda-East, streamlined care also included support from data officers to manage clinical care data.
  - In Kenya, implementation of streamlined care was more evenly distributed among nurses, clinical officers and laboratory technicians with substantial support from research assistants and lay health workers (peer educators and other staff).

Cost of Optimized Streamlined Care (ppy)

- Optimize scale-up may include:
  - lowest available ART costs ($100 ppy); and
  - transition to government salaries ($27 ppy).
  - The overall cost of streamlined HIV care in this optimized model would drop to $300 ppy.
  - National procurement of ART would have a substantial impact on the cost of streamlined care in Uganda (-$50 ppy).
  - National VL testing in centralized laboratories would have the most impact on overall costs (-$80 ppy).

CONCLUSIONS

- Costs of streamlined care within the SEARCH test-and-treat trial were similar to or lower than previous standard HIV care cost estimates, even after including costs for VL testing and counseling.
- Optimal models of care delivery would substantially reduce these costs below prevailing estimates.
- These data can inform global cost and policy formulations focused on financing the expansion of ART to achieve UNAIDS 90-90-90 targets.