

1. Introduction

In resource-constrained settings such as Georgia, better financial planning of HIV service delivery for key populations is recognized as important, but little information is available on costs of various interventions. To address this gap, USAID's Georgia HIV Prevention Project (GHPP) conducted a cost study to help the National Center for Disease Control and Public Health (NCDCPH) calculate costs of different HIV intervention packages for key populations. The costing tool, designed to assist main stakeholders, is intended to recognize total financial requirements and mobilize resources necessary to support preventive interventions for key populations. This tool presents resource requirements for implementing different intervention packages for key populations by different providers with different service delivery strategies.



2. Materials and Methods

An Excel-based costing tool, developed according to the UNAIDS Costing Guidelines for HIV/AIDS Intervention Strategies (1), was used to calculate costs (2, 3) based on the intervention selected, and to enable stakeholders to recognize financial needs to support prevention interventions for key populations: people who inject drugs (PWID), female sex workers (FSWs), and men who have sex with men (MSM). The study presents unit costs of prevention interventions disaggregated by targeted key populations, service delivery strategy (i.e., facility-based, outreach, or peer-driven intervention [PDI]), location (capital city or other cities), and experience level of NGOs providing services. Programmatic and financial data were collected from June to August 2012 through a standard data collection instrument sent electronically to five local NGOs. Validation of data was done by visiting all the NGOs and conducting key informant interviews.

3. Results

The results of the costing exercise were as follows:

- Costs of delivering the prevention package vary across different key populations.
- Costs of delivering the prevention package for each key population differ between the capital and other cities.
- Prevention package delivery costs depend on the experience of the NGO providing preventive interventions.
- Prevention package unit costs differ across service delivery strategies: (a) facility-based service delivery, (b) outreach, and (c) PDI for PWID.



The difference in the unit costs of preventive interventions across the three key populations and different service delivery strategies results from differences in inputs that are included in the package.

Differences in unit costs of preventive interventions between experienced and newly established organizations result from differences in service protocol used.

Facility-based service delivery and outreach costs were found to be lowest for FSWs and highest for MSM. Only two experienced NGOs use PDI to reach PWID. Detailed information is given in **Tables 1–3**.

Table 1 Prevention Package Unit Cost (USD) per PWID, by City, Organizational Experience, and Service Delivery Strategy

City	Organizational Experience	Strategy	Unit Cost (USD)
Capital city (Tbilisi)	Experienced	Facility-based service delivery	64
Capital city (Tbilisi)	Experienced	Outreach	72
Capital city (Tbilisi)	Experienced	PDI	81
Other cities	Experienced	Facility-based service delivery	62
Other cities	Experienced	Outreach	70
Other cities	Experienced	PDI	76
Other cities	Newly established	Facility-based service delivery	56
Other cities	Newly established	Outreach	57

3. Results (continued)

Table 2 Prevention Package Unit Cost (USD) per MSM, by City, Organizational Experience, and Service Delivery Strategy

City	Organizational Experience	Strategy	Unit Cost (USD)
Capital city (Tbilisi)	Experienced	Facility-based service delivery	75
Capital city (Tbilisi)	Experienced	Outreach	90
Other cities	Experienced	Facility-based service delivery	70
Other cities	Experienced	Outreach	85

Table 3 Prevention Package Unit Cost (USD) per FSW, by City, Organizational Experience, and Service Delivery Strategy

City	Organizational Experience	Strategy	Unit Cost (USD)
Capital city (Tbilisi)	Experienced	Facility-based service delivery	55
Capital city (Tbilisi)	Experienced	Outreach	63
Other cities	Experienced	Facility-based service delivery	54
Other cities	Experienced	Outreach	61
Other cities	Newly established	Facility-based service delivery	44
Other cities	Newly established	Outreach	44

Further analysis, which factored in the prevention package coverage and weighted average unit cost by city, organizational experience, and service delivery strategy, determined that unit costs range from \$44 to \$61 per FSW/year, \$56 to \$73 per PWID/year, and approximately \$82 per MSM/year (**Table 4**).

Table 4 Weighted Average Unit Cost (USD) of the Prevention Package across Key Populations, by City and NGO Experience

Key Populations	Capital City (Tbilisi)		Other Cities
	Experienced NGO	Experienced NGO	Newly Established NGO
PWID	73	70	56
FSW	61	60	44
MSM	81	82	-

4. Conclusions

Findings from the cost study, and training on how to use the costing tool, have helped inform costs associated with various NCDCPH service delivery strategies. Identifying costs will enable better financial and programmatic decision-making and will facilitate implementation of Georgia's Global Fund TB and HIV subgrant programs.

References

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Acknowledgments

The Georgia HIV Prevention Project team wishes to thank USAID for its support of this cost study and development of the costing tool.

We thank GHPP consultant, Mrs. Ketevan Gogvadze, for her valuable effort and contribution in deriving the unit costs of core HIV prevention services targeting key populations. Special thanks to the GHPP partners—Bemoni Public Union, the Center for Information and Counseling on Reproductive Health–Tanadgoma, Indigo, and the Georgian Harm Reduction Network—for their assistance and collaboration in the data collection process.

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Presented at: AIDS 2014, the 20th International AIDS Conference, Melbourne, Australia, July 20–25

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RTI International is a trade name of Research Triangle Institute.

