

How Much Will It Cost for Kenya to Achieve National Targets in HIV Care by 2020?

In 2016, the Kenyan government made a significant shift in its approach to managing HIV with the adoption of new guidelines. The new guidelines recommend several changes, including implementation of the test-and-treat approach (i.e., initiating antiretroviral therapy (ART) immediately upon an HIV-positive diagnosis), providing pre-exposure prophylaxis (PrEP) to prevent HIV infection among high-risk groups, and providing differentiated care, among others (MOH/NASCOP, 2016). But, after adoption, came the question of how best to implement these changes to reach UNAIDS' 90-90-90 goals (see Box 1).

Health Policy Plus and Kenya's Ministry of Health explored the cost of applying the new guidelines under two scenarios with different rates of scale up.¹ One scenario, termed the "standard scenario," assumed the guidelines would be fully implemented as soon as they were adopted, with the aim of immediately initiating treatment for all people living with HIV who know their status. A second scenario, termed the National AIDS & STI Control Programme (NASCOP) scenario assumed, instead, a gradual implementation of the guidelines, progressively scaling up testing and treatment initiation to reach UNAIDS' 90-90-90 goals by 2020 (see Table 1).

The study revealed that full and immediate implementation of the guidelines (the standard scenario) would cost US\$2.3 billion over four fiscal years (2016/17–2019/20), compared to US\$1.9 billion using the NASCOP scenario (MOH, 2017).

While the standard scenario would initiate more people on treatment, and more quickly, the benefits of implementing that scenario will need

¹ The study was conducted by the National AIDS and STI Control Programme, the National AIDS Control Council, and HP+, with funding from USAID, PEPFAR, and the Global Fund. Summary written by Monica Wanjiru, HP+, Kenya and East Africa.

To **immediately** implement its new HIV guidelines, Kenya would need an estimated:

US\$2.3 billion

over four years
(*standard scenario*)

To **gradually** implement its new HIV guidelines, Kenya would need an estimated:

US\$1.9 billion

over four years
(*NASCOP scenario*)

Box 1. What is 90-90-90?

The 90-90-90 goals call for 90% of all people living with HIV to know their HIV status, 90% of all people diagnosed with HIV to receive sustained ART, and 90% of all people receiving ART to be virally suppressed by the year 2020.

to be balanced with its higher cost and whether the immediate initiation of treatment for all people knowingly living with HIV is feasible.

Table 1. Costing Scenarios for the Implementation Period, 2016/17–2020

Item	Cost under the standard scenario (US\$ millions)	Percent of total under the standard scenario	Cost under the NASCOP scenario (US\$ millions)	Percent of total under the NASCOP scenario
Antiretroviral drugs	1,032	46%	852	45%
Laboratory management	283	12%	240.9	13%
Testing kits	75.9	3%	74.8	4%
Non-communicable disease screening	108.8	5%	89.7	5%
Non-biomedical resources	768.2	34%	644.6	34%
Total	2,267.9		1,902	
Non-biomedical resources	768.2	34%	644.6	34%
Total	2,267.9		1,902	

Standard scenario: Full and immediate adoption of the new guidelines with 100 percent implementation, beginning in fiscal year 2016/17.

NASCOP scenario: Gradual implementation of the new guidelines, scaling up targets set by the national program to achieve the 90-90-90 goals by 2020.

What Drives the Cost of HIV Care Services?

As shown in Table 1, the main cost drivers of HIV care services are the associated commodities (e.g., antiretroviral drugs and laboratory management) and the required, non-biomedical resources (e.g., adherence assessment and counseling). Since the standard scenario aims to start all eligible people living with HIV on treatment beginning in year one—instead of the gradual scale up proposed by the NASCOP scenario—it is envisioned that the standard scenario would reach a greater number of people and is therefore associated with a higher implementation cost, as compared to the NASCOP scenario (Box 2).

Box 2. Unit Costs

While the unit costs for each scenario are the same, the total cost of implementing the scenarios differs due to the rate of scale-up. Implementing the standard scenario comes at a higher cost because more people would be put on treatment starting in year one. Conversely, the more gradual scale-up of the NASCOP scenario leads to a lower cost.

- Cost of ARVs per HIV-positive adult, per year: US\$116
- Cost of ARVs per HIV-positive child, per year: US\$171

Kenya's revised *Guidelines on Use of Antiretroviral Drugs for Treating and Preventing HIV Infection in Kenya* (MOH/NASCOP, 2016) are an important tool in the country's HIV response, enabling it to meet UNAIDS' 90-90-90 targets by 2020. However, to fully implement the guidelines, as envisioned in the standard scenario, would require an additional US\$400 million. To effectively implement the standard scenario, the Kenyan government would need to explore additional channels for financing HIV services, which could include covering HIV services under national health insurance schemes, increasing allocations from national and county governments, and/or engaging the private sector to play a bigger role in HIV financing. This may be worthwhile as the anticipated lowered mortality rate, achieved through early treatment and an effective ART program, would lead to better outcomes for patients. However, whether Kenya will be able to put the necessary financing and infrastructure in place to implement the guidelines under the standard scenario remains a question, and implementation under the NASCOP scenario may be a more feasible approach in the current climate.

References

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