



### A framework for the economic evaluation of the integration of SRH and HIV interventions in Kenya and Swaziland

A Vassall<sup>1</sup>, C Obure<sup>1</sup>, C Michaels<sup>1</sup>, V Darsamo<sup>1</sup>, F Terris-Prestholt<sup>1</sup>, C Watts<sup>1</sup> and the Integra research team

1. London School of Hygiene & Tropical Medicine

#### Introduction

The integration of HIV services into Sexual and Reproductive Health services (SRH) may provide an effective means to address the spread of HIV at a reduced cost. However, economic evaluations of SRH/HIV integration remain scarce. This is, in part, due to the methodological challenges of evaluating complex organisational change processes using standard economic evaluation tools, primarily designed for singular clinical interventions.

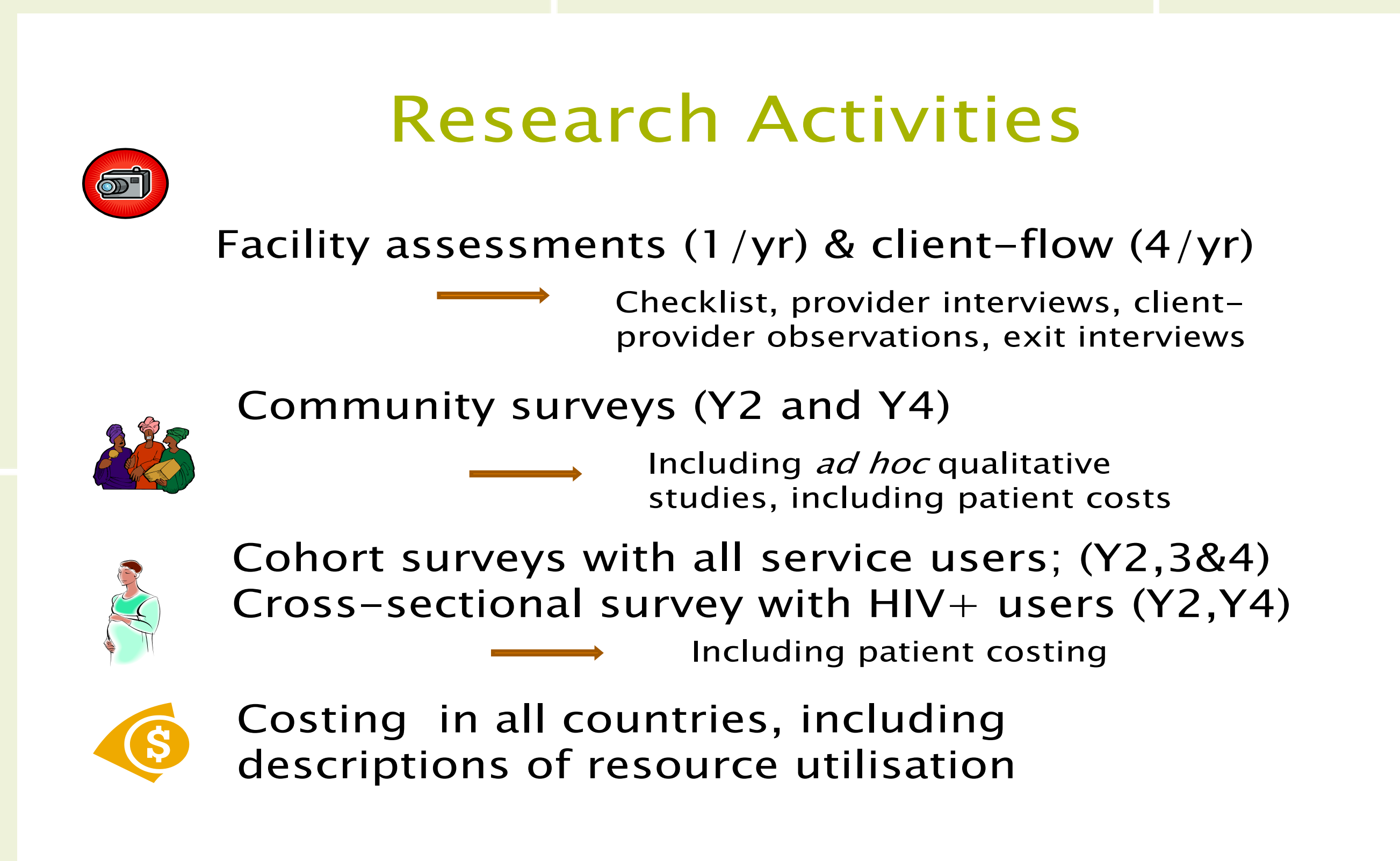
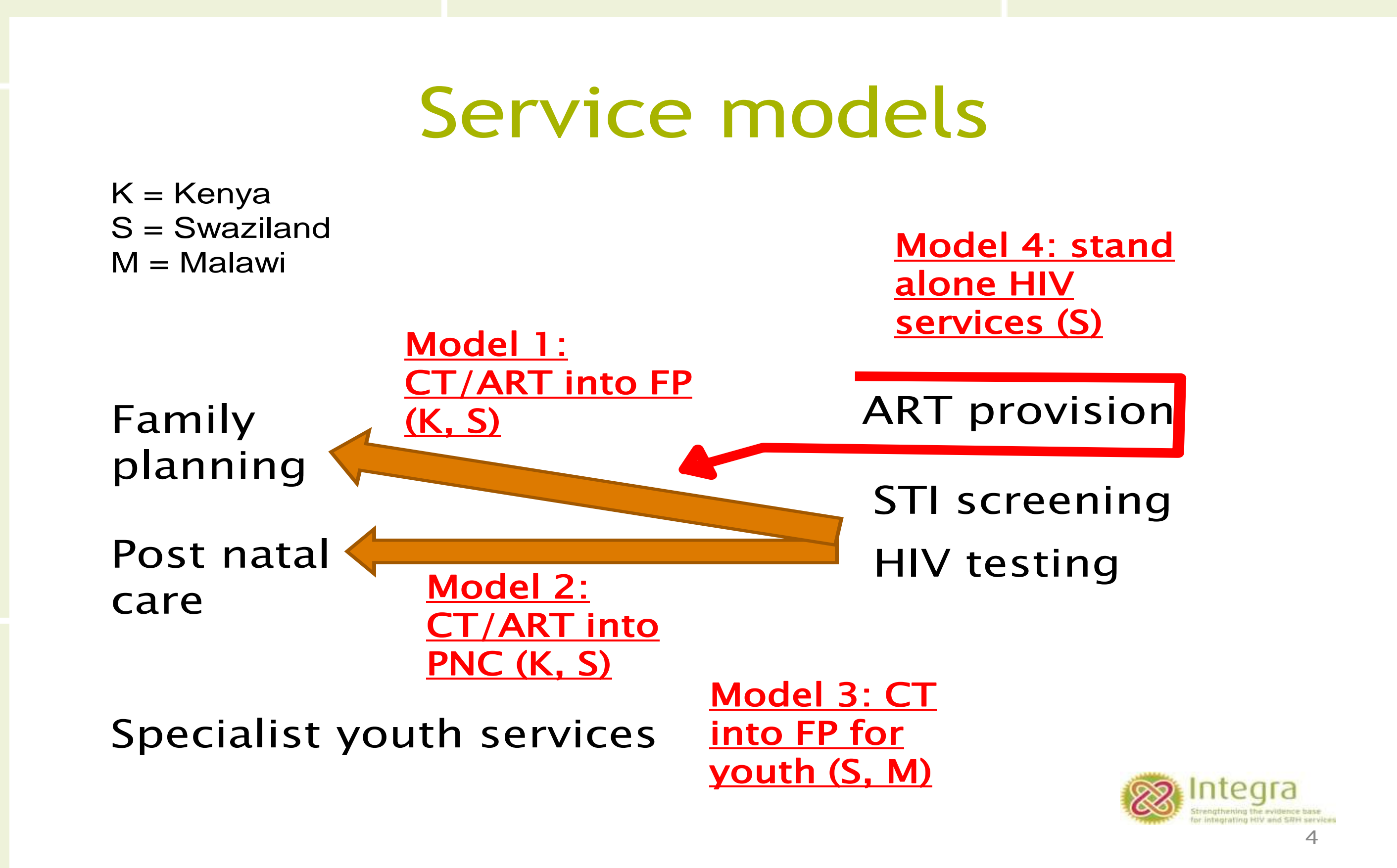
The benefits of integration should be distinguished between those arising from combining services (for example nutrition interventions may increase the effectiveness of other treatments) and those derived from bringing services to new clients, (for example additional HIV cases detected through family planning services). In the latter case, specific community survey instruments are required to estimate the number of new clients, in order to exclude those substituting from other services.

#### Methods

An economic evaluation framework was designed for the integration of HIV services into family planning and postnatal services in Kenya and Swaziland. The different service models are illustrated below.

Costs need to be measured using a comprehensive service costing tool, to ensure the inclusion of fixed and systems costs, (not just incremental costs) as this is where cost efficiency savings are likely to be made. Particular attention needs to be paid to the estimation of human resource use (within one consultation) and methods which include time wasted.

The measurement of patient costs is also essential, as costs are likely to be substantially affected by reduced numbers of visits to different sites. Patient costs can be measured using a combination of community and cohorts surveys.



To obtain a thorough understanding of the costs and potential effects of these different models of integration a literature review was carried out. In addition, the results of a periodic activity review were used to inform the economic evaluation design.

A key challenge is how to define and isolate the effect of integration on the cost-effectiveness of services in a 'real world' setting, where integration is an evolving process. We suggest a controlled pre and post-test approach to determine incremental costs and effects.

#### Results

1. The economic evaluation of HIV/SRH integration requires a multi-focussed evaluation design, where the impact of integration on the cost-effectiveness of different services is compared to other organisational and service alternatives.

However, as economies of scope are context specific, attention is also given to describing and classifying study sites in terms of other determinants of costs when selecting control and intervention sites in order to enable a supporting econometric analysis.

2. The alternatives to integration need to be carefully defined as, in the real world, the 'do-nothing' alternative can also take a variety of organisational forms, including a degree of integration. Integration as an intervention is described using an 'Index of integration' reflecting patterns of client flow and the shared use of fixed assets.

#### Conclusions/ next steps

3. Measuring impact of integration on specific intermediate effects, compared to other ways of delivering those effects, is used as a practical alternative to using a combined final impact measure (of fertility and health benefits).

The economic evaluation of HIV/SRH integration is challenging. It requires a thorough initial assessment of all potential costs and consequences and the careful definition of different organisational forms. Data collection was initiated in 2009, first results are expected early 2011.

For further information and to receive regular updates of research progress please contact: [Anna.Vassall@lshtm.ac.uk](mailto:Anna.Vassall@lshtm.ac.uk)

