Abstract

CDD1243 - Learning effects on the costs of phased scale-up implementation of targeted HIV prevention among high risk populations in Karnataka, India

S. Chandrashekar[1], L. Kumaranayake[2], B. Ramesh[3], J. Blanchard[3], M. Alary[4]

[1]London School of Hygiene and Tropical Medicine, Consultant, Bangalore, India, [2]London School of Hygiene and Tropical Medicine/ Dalhousie University, Economics, Halifax, Canada, [3]KHPT and University of Manitoba, Bangalore, India, [4]Centre hospitalier affilié universitaire de Québec, Unité de recherche en santé des populations, Quebec, Canada

Background: The India AIDS Initiative - Avahan project is currently involved in rapid scale up of HIV prevention in India emphasising targeting of high risk populations, using non-governmental organisations (NGOs) as the main delivery channel. However, there is very little information on the costs of such large-scale implementation, crucial for financial sustainability and determining future resource requirements. This study presents an analysis of district-level implementation costs for scale-up of Avahan activities in 15 districts in the Southern Indian state of Karnataka, reaching more than 24,000 sex workers.

Methods: The first 18 months of scale-up activities in the 15 districts were examined. Districts had varying start-up times and start-up periods. Financial and economic costs of implementing activities were retrospectively and prospectively collected from a provider perspective. Ingredients and step-down allocation processes were used to measure and allocate costs. Outcomes were measured using routinely collected project data. Costs are in US$ 2004.

Results: The average start-up period per district was 8.2 months. In later starting districts, the duration of start-up was halved, and total start-up costs reduced by 48%. The average economic cost per district was US $ 64,018 (range $38,982-$144,332). Recurrent costs ranged from 68% to 89% of annual economic costs. There was a seven-fold reduction in the average cost per sex worker reached as the scale of activities exceeded 3000 sex workers reached per district. There was a 3-fold reduction in average costs for later-starting projects.

Conclusions: Learning effects between early and later starting districts are important to consider in the rapid scaling-up of HIV prevention activities. Significant cost savings were observed as district-implementation was phased in over time both in start-up and average costs. As projects mature, both learning and scale effects could be significant.