

Project Title: Developing a Routine Unit Cost Database for HIV/AIDS Programmes in Zambia

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Introduction:

Availability of unit cost data is one of the important factors in assessing the efficiency and planning of HIV/AIDS prevention and treatment programmes. Some countries have started implementing country-based unit cost caches for HIV/AIDS programmes to, accurately, inform HIV policy development and implementation of high impact interventions. Consequently, Zambia faces a critical gap in the availability of unit cost information for HIV/AIDS programmes. Therefore, the aim of this project was to develop a web-based centralized hoard of HIV/AIDS intervention costing database which can be easily accessed by national HIV/AIDS programme partners. The project focused on broadcasting the unit costs of implementing HIV/AIDS programmes in Zambia through developing a unit cost database.

Introduction:

Peer-reviewed articles published in the period 2004 to 2015 were searched using PubMed and WHO-Henari, and grey literature was searched through Google Scholar. Qualitative interviews were conducted with local HIV implementing partners to inform the process of operationalizing he database. Data from the two sources were triangulated and manually analyzed to inform the development of the database.

Introduction:

Preliminary results show costing information for five high impact HIV interventions in Zambia: HIV counselling and testing, Laboratory testing, prevention of mother-to-child transmission- option B+, Anti-retroviral treatment and voluntary medical male circumcision. There is need to unpack the information from the scientific analysis to a casket which can be easily understood by policy-makers and implementing partners.

A two layer unit cost database is under construction which will be hosted by the Zambian ministry of health (MoH) website: the input layer in which input and assumption parameters are described and encoded, and the outcome layer in which the unit costs and associated HIV programmes details are summarized. The database is proposed to be integrated in the MoH website to reduce running costs.

Conclusion/future plans:

The unit database can be operationalized by Zambian Ministry of Health with minimal additional resources. Set-up costs can be needed to upload and synchronize the database into NAC's website and monitor that it is up and running. Special attention will need to be given to routine monitoring and updating the database on a regular basis.