

ECONOMIC EVALUATION OF AN INTEGRATED HOME BASED
HIV TESTING AND PREVENTION OF MOTHER TO CHILD
TRANSMISSION PROGRAMME IN UGANDA: A COST
EFFECTIVENESS ANALYSIS

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Abstract

In standard program for access to PMTCT services, health providers wait for pregnant women to come for ANC services at health facilities. In 2008, an integrated program of home-to-home HIV testing and referral for PMTCT services was piloted in some districts in Uganda. The integrated program led to improved coverage of PMTCT services. However, it was also associated with extra high costs. In this thesis, estimates of cost effectiveness of the integrated program in terms of DALYs gained among HIV positive women, and in terms of HIV infections averted among infants.

Data for analysis were extracted from financial records and routine program monitoring databases in Masindi, Buliisa and Kayunga districts in Uganda. The costs for both the integrated and standard program were derived, discounted at 3 per cent per annum. The DALYs gained and HIV infections aversions among infants were calculated. Thereafter, the cost per DALY gained and per new HIV infection averted and the incremental cost effectiveness ratio (ICER) were computed.

The cost of implemented an integrated program of PMTCT service delivery was almost twice that of implementing the standard program. Nonetheless, the integrated program had a lower cost per DALY of 42,105(Ugandan shillings) compared to 118,882 for the standard program among the mothers. Further, the integrated program led to HIV infection aversions of 133 among infants from the infections that would be observed in the standard program. Overall, the integrated program, was three times more cost effective than the standard program and had an ICER of 22,659.16 DALYs averted.

The study results showed a strong support for adoption of the integrated HIV&AIDS service provision program in delivery of PMTCT services as compared to the standard program.