



Discussion – the economics of starting ART earlier

Susan Cleary
Director – Health Economics Unit
University of Cape Town

Cost-effectiveness of starting earlier²

Treatment	Lifetime costs	QALYs	ICER
No-ART	5,250	3.1	N/A
ART at CD4<200	5,434	6.2	54
ART at CD4 200-350	5,740	6.7	616
ART at CD4>350	6,588	7.4	1,137

**All costs and outcomes discounted at 8%

²Badri, M., S. Cleary, et al. (2006). "When to initiate HAART in sub-Saharan Africa? A South African cost-effectiveness study." *Antiviral Therapy* 11: 63-72.





Health Economics Unit, University of Cape Town
South Africa

**How affordable would it be
to start ART earlier?**



Methods/assumptions

- Need for ART
 - Data on need for ART for adults with CD4<200 vs CD4<350 cells/ml taken from Adams, Johnson et al¹

¹Adam M A, Johnson L F. 2009. Estimation of adult antiretroviral treatment coverage in South Africa. *South African Medical Journal* Forthcoming.



Methods/assumptions

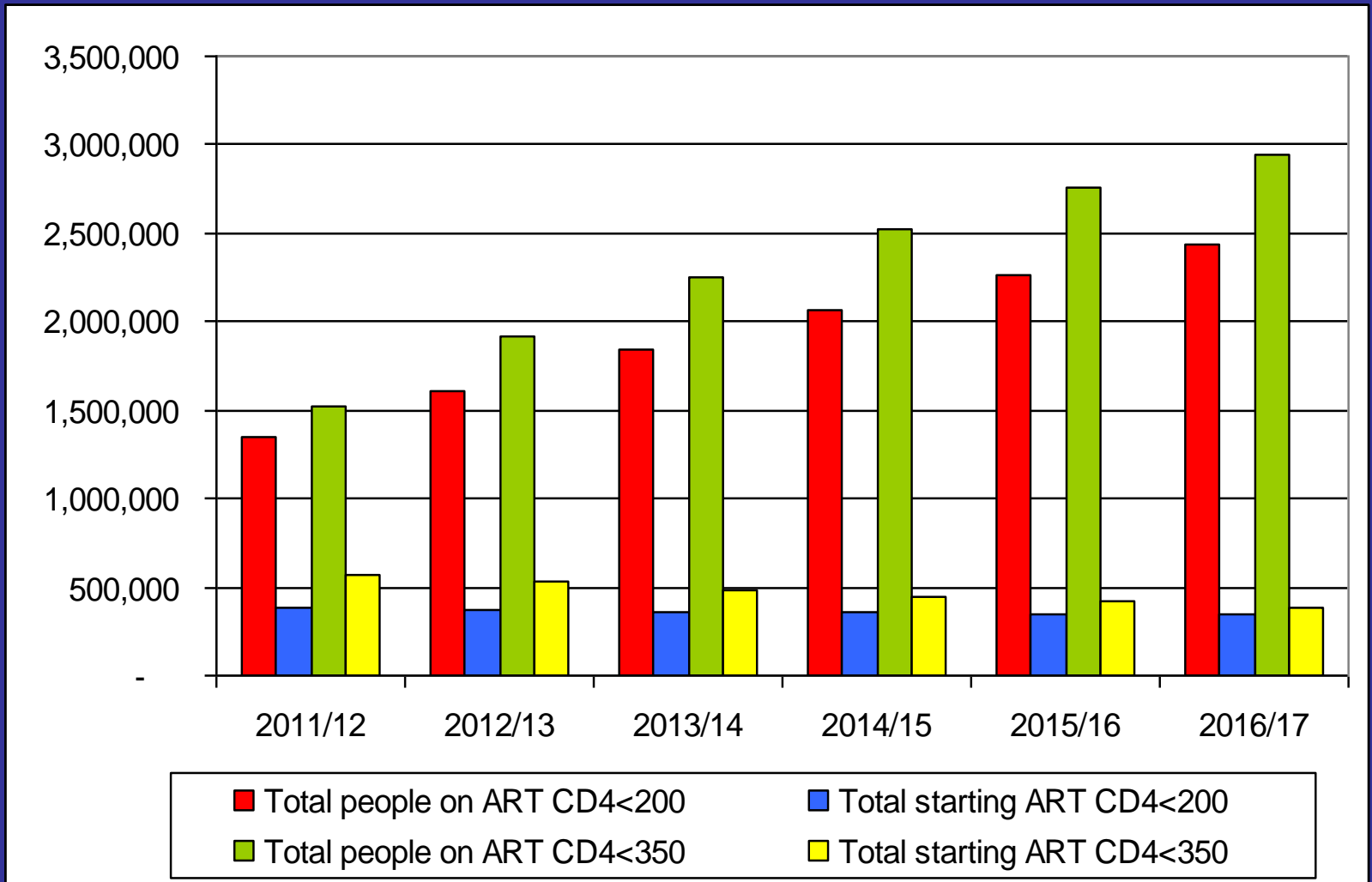
- ART cost and outcome data³:
 - Setting: public sector primary care services
 - Costs – full economic (i.e. not just ART)
 - All expressed in US\$ and 2008 prices
 - Markov modelling to extrapolate data
 - Costs and outcomes not adjusted to account for starting earlier
 - i.e. costs of the start ART at CD4<350 scenario are conservative

³Cleary, SM, D. McIntyre, et al. (2008). "Assessing efficiency and the costs of scaling-up HIV-treatment." AIDS 22 Supplement 1: S35-S43.
Cleary, SM. and D. McIntyre (2009). "Affordability - the forgotten criterion in health care priority setting." Health Economics 18(4).



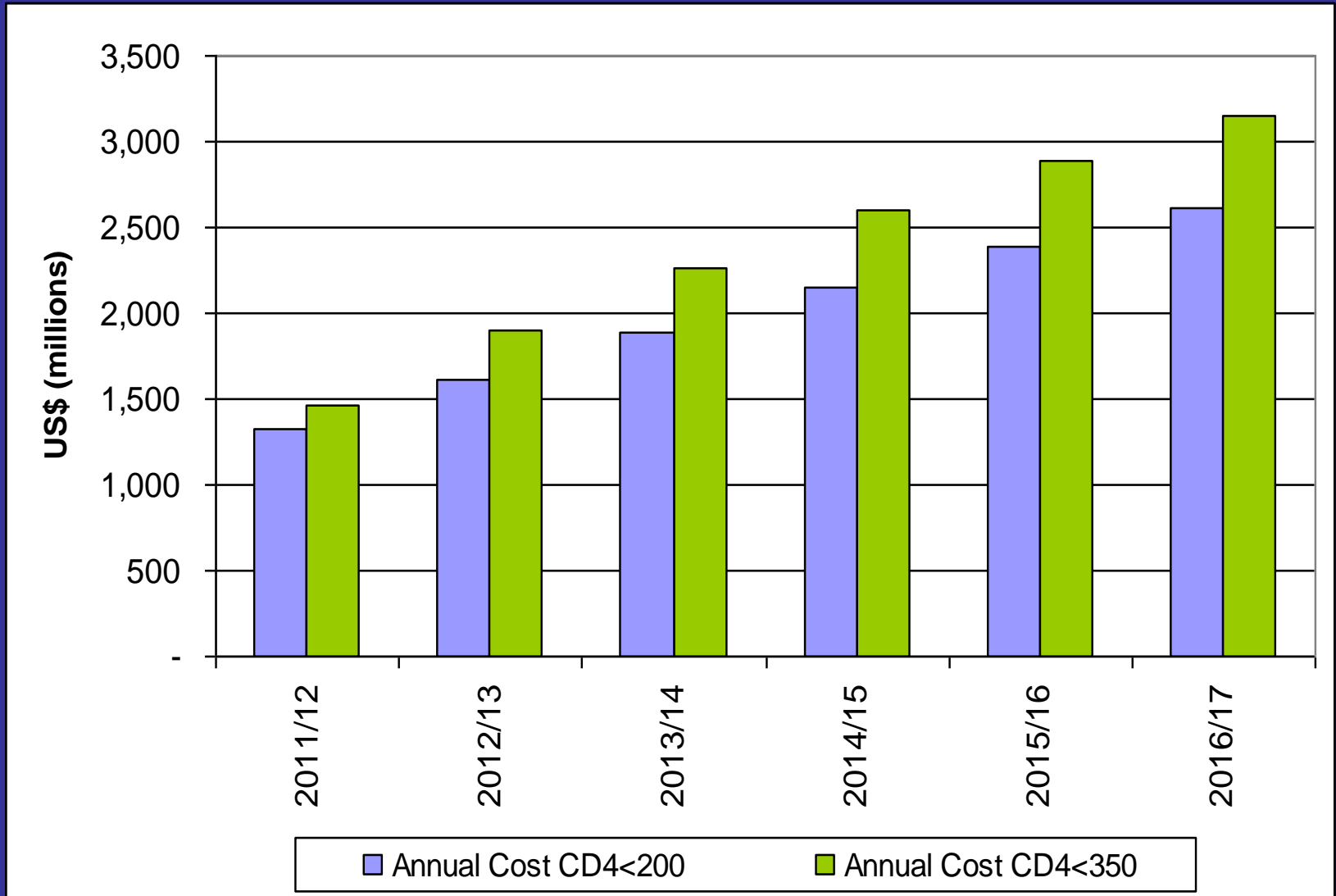
Adults starting and on ART

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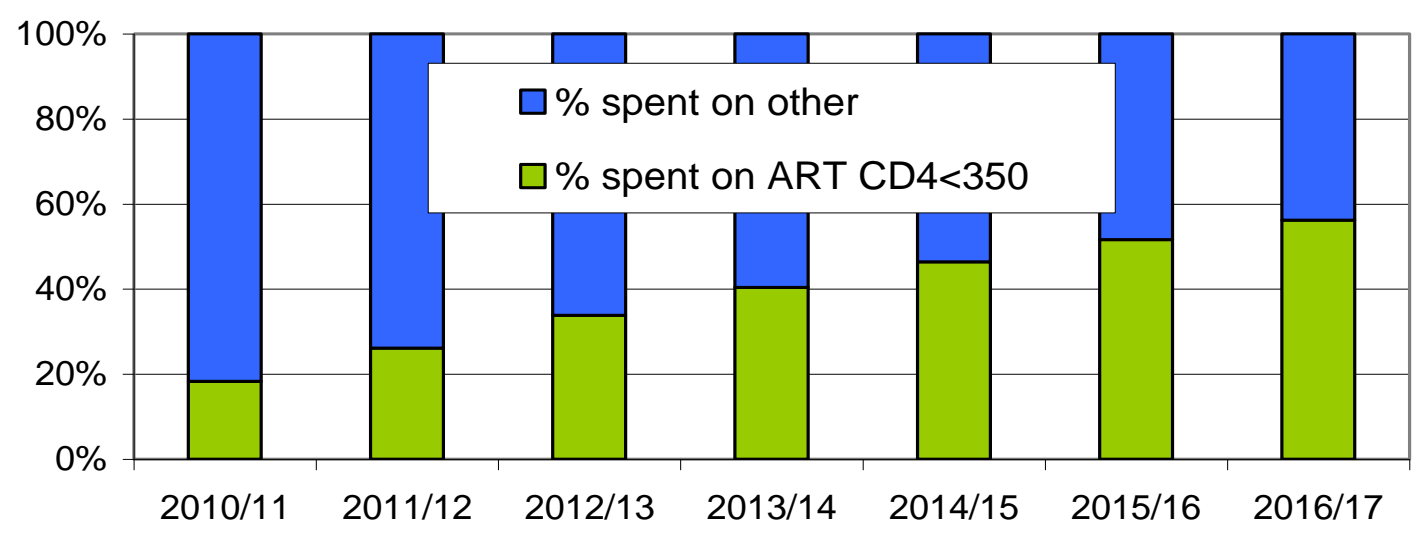
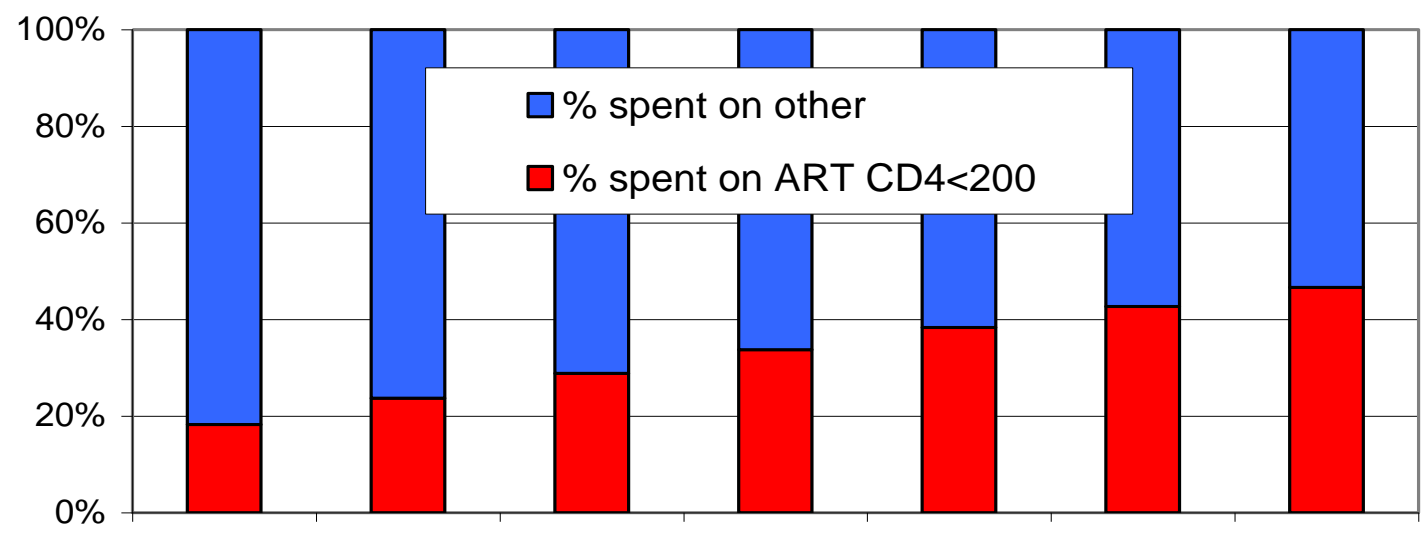
Annual costs





ART scenarios as % 2007 public health expenditure

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First key point

- Budget constraints can be binding
 - Real per capita expenditure in the SA public sector FELL from 1996-2005
- Will the government deliver on its election promise to spend up to 5% of GDP on public health care?



Second key point

- Any change in treatment protocol should consider equitable access, and not only effectiveness



Thank you for your attention!