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Examining the early and late costs of ARV treatment

Posted: January 18th, 2010 | By Claire Keeton

An important new study on AIDS treatment in the private sector in Southern Africa examines what drives up costs in HIV management – and many of these findings also apply to the public sector.

The researchers analysed the direct costs in treating more than 10 000 “HIV-infected adults are enrolled in managed care programmes” from three years before ARV initiation up to five years afterwards and the results are published in the current issue of [PLoS Medicine](#).

They found: “There was a peak in costs in the period around ART initiation (from 4 months before until 4 months after starting ART) driven largely by hospitalisation, following which costs plateaued for 5 years.”

Rory Leisegang, from UCT’s Clinical Pharmacology division in the Department of Medicine, and his co-authors concluded: “Starting ART at higher CD4 counts or longer pre-ART care should reduce early costs.

“Monitoring ART adherence and interventions to improve it should reduce later costs.”

President of the HIV Clinicians Society of Southern Africa, Dr Francois Venter, commented: “\$2400 annually in direct costs, once accounting for the early hospital; costs, is a bit over double that in the state sector.

“The hospitalization rates were similar, but that probably is because of a higher bar to hospitalization for state patients (which also again drives cost). As expected, poor adherence impact on costs.”