

# Integration of HIV Services with Primary Health Care

## A Comprehensive Review of Costs and Cost-Effectiveness

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### BACKGROUND

This review assesses existing literature about the costs and cost-effectiveness of integrating HIV with other primary healthcare (PHC) services, to identify gaps in understanding pathways to integration and resulting economic implications.

### METHOD

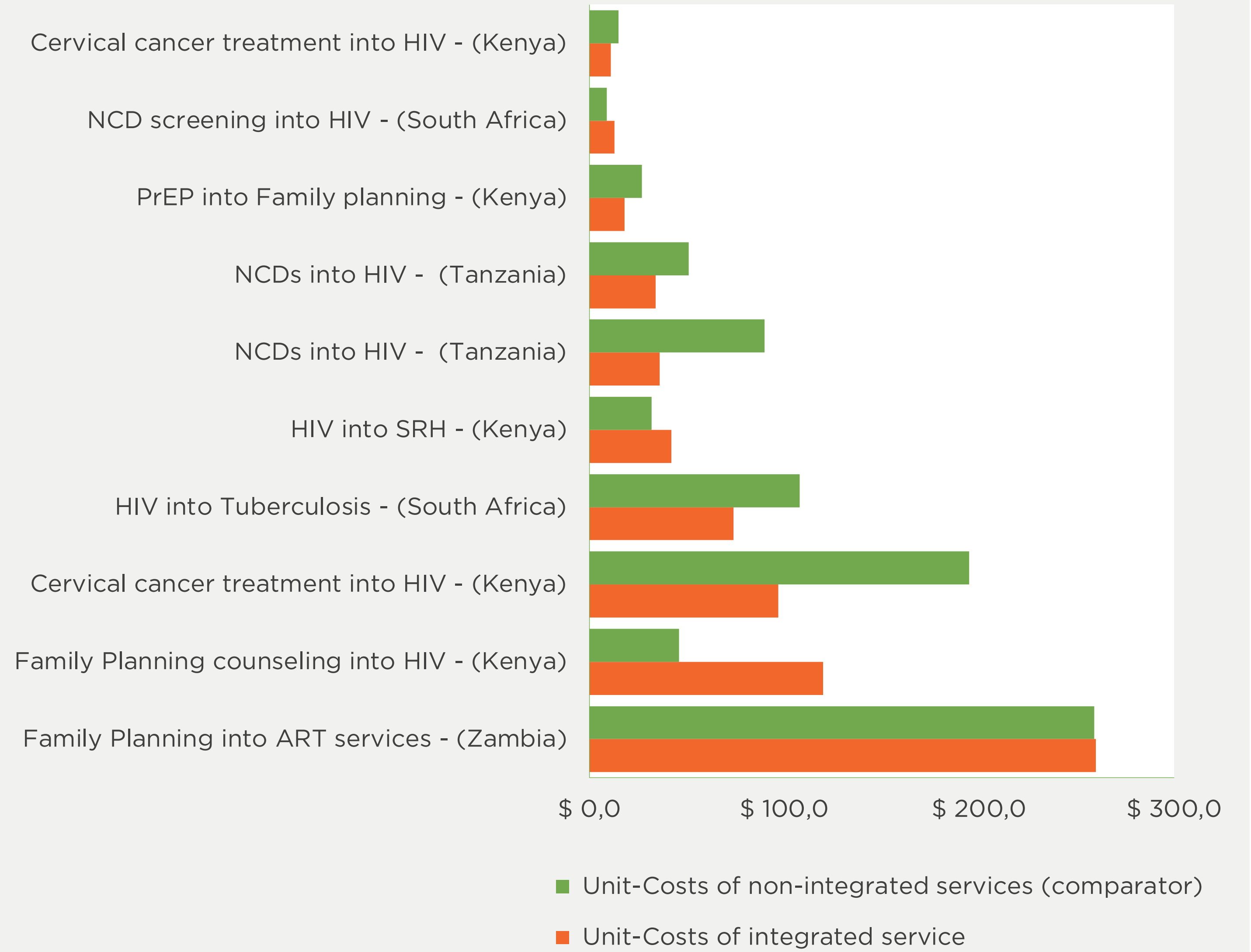
An electronic literature search was conducted in PubMed and the NHS Economic Evaluation database from January 2012 to March 2023. Out of 90 studies, 19 studies were included: 10 estimating cost-effectiveness and 9 focused on costing for integration. Data were extracted and synthesised to analyse costing methods, components, impacts, and outcomes.

### RESULTS

Most studies were in Kenya and South Africa. Common services integrated with HIV included non-communicable diseases, family planning, PMCT, and SRH. Integration generally reduced unit costs and was cost-effective. However, impacts on major cost drivers like personnel and medical supplies were inadequately explained. Evidence beyond pilot programs is limited.

Summary of Findings	
<b>Cost Savings and Efficiency</b>	Integration of HIV services with PHC generally led to cost savings and was cost-effective. However, impacts on costs and cost effectiveness are context-specific and difficult to predict.
<b>Cost Drivers</b>	Major cost components included human resources and medical supplies, which remained primary cost drivers.
<b>Variation in Costs</b>	Integration resulted in decreased per-patient costs but increased total program costs due to higher patient volumes, with variations across different settings.
<b>Need for Further Research</b>	Further research is needed to understand integration pathways and their long-term cost impacts, especially beyond pilot stages and in diverse settings.

### Unit costs of integrated and non-integrated services



What is already known?	What is not yet known?
Integrated care is likely to reduce unit costs and improve outcomes.	Pathways to integration are poorly documented and understood.
Integration of health services tends to improve health system efficiency.	Costing and cost effectiveness analyses of integration beyond the pilot stage are limited, especially in developing countries.
Integration has the potential to boost sustainability of the HIV response and contribute to the goal of 'ending AIDS by 2030', while simultaneously supporting progress towards universal health coverage.	The effects of integrating HIV services into broader health systems and the economic impact of integration are less clear and require further study.

### Interactive dashboard of published literature on economic studies on HIV integration

This dashboard contains a database of literature from various sources related to HIV service integration: including costing, cost-effectiveness, systematic reviews and impact evaluation studies.

### CONCLUSION

Integrating HIV with other services is linked to cost savings and effectiveness. However, the pathways of integration are not well-understood. Further research is essential to explore how these pathways affect unit and total costs and the long-term cost effectiveness of vertically delivered HIV services beyond pilot stages.

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