




Cost for RRTTPR activities by community-based organisations (CBOs) in Thailand

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Highlight


Reach, recruit, test, treat, prevent, and retain (RRTTPR) cascade is a comprehensive framework to fill the gap in eliminating HIV transmission in Thailand as a part of *Thailand's Operational Plan to Accelerating Ending AIDS by 2030* strategies to increase the effectiveness of interventions for key populations (KPs). The RRTTPR-based interventions have been implemented with collaborations from government hospitals and community-based organisations (CBOs), which play a major role in reaching and recruiting those most-at-risk and hard-to-reach of HIV acquisition and/or transmission into the service continuum. Currently, CBOs receives financial support from the government, in the form of the National Health Security Office (NHSO) reimbursement to operate RRTTPR activities. However, the reimbursement does not reflect the need in the absence of international support. Therefore, unit costs of the activities along RRTTPR cascade should be reconsidered so that it can reflect the actual cost of RRTTPR activities. The recent study by HITAP has shown that NHSO should consider the following recommendations to financially support CBOs adequately.




Exclusive service package needs to be tailored for each group of key populations



Financial supports should be paid per activity with an incentive for the favourable outcomes













Monitoring and evaluation systems need to be established



Further studies on financial and economic evaluation of the RRTTPR activities are recommended

Unit costs of reach–recruit–test–treat–prevent–retain (RRTTPR) activities are driven by multiple factors and very depending mainly on different activities, key populations, service provision, and geographical location.

| Unit cost along RRTTPR cascade by key population (THB/visit) |  Men who have sex with men / Transgenders |  Sex workers |  People who inject drugs |
|---|--|--|---|
|  Reach + Recruit | 327 – 1,251 | 447 – 1,030 | 537 – 3,175 |
|  Test (Clinic) | 614 – 1,960 | 1,083 – 2,344 | 1,306 – 2,194 |
|  Test (Mobile) | 601 – 3,788 | 1,854 – 2,234 | 1,154 |
|  Treat (CD4* Testing) | 590 – 850 | 471 – 548 | 689 – 723 |
|  Treat (Case management for ART** initiated) | 2,543 – 28,113 | 3,917 – 4,559 | 1,286 |
|  Prevent (PrEP*** services) | 2,077 – 3,430 | 2,488 – 2,562 | N/A |
|  Retain (Positive clients) | 35 – 390 | 158 – 216 | 529 – 2,807 |

*CD4: cluster of differentiation 4, ART: antiretroviral therapy, PrEP: pre-exposure prophylaxis

About this research

This study was written in March, 2020. It employed a retrospective, cross-sectional observational design to estimate the empirical and unit costs of service provision across the RRTTPR cascade. The analysis utilised gross costing methods applying a top-down approach. The research team obtained cost data from each site for the period October 1, 2016 through September 30, 2017 (referred to as fiscal year 2017 or FY17). This analysis focus on services provided to men who have sex with men (MSM), sex workers (SW), transgender workers (TGW), and people who inject drugs (PWID) based on priorities outlined in the "Collaboration on the Costing of Key Population Interventions to Fast Track the End of HIV in Thailand". Data were collected from 13 sites and the study conducted in a convenience sample of service delivery sites providing services to MSM, SW, TGW and PWID populations. Three cost components were assessed in this study: a) labor costs b) material cost and c) capital cost



For more about the research, please scan

This paper is a part of a research project entitled A Cost Analysis of Key Population Interventions to Fast Track the End of the HIV Epidemic in Thailand by Songyot Pilasant, Pattara Leelahavarong, Suradech Dounghitsirikul, Suthasinee Kumluang, Supawat Permpolsuk, Akanittha Poonchai



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