DIRECTOR’S NOTE

Dear Colleagues,

The Global Health Cost Consortium has been busy in the new year. We established beta testing groups for the Unit Cost Study Repository (UCSR), finished the VMMC proof of concept, completed the extraction of ten HIV/AIDS interventions, and began developing data visualizations. In addition, we are currently working, alongside the World Bank, to develop learning materials for the GHCC Reference Case. We hope that these learning materials help outside users navigate our Reference Case.

We have had several opportunities to showcase our work this past quarter, including the University of Washington Program in Health Economics and Outcomes Research Methodologies (PHEnOM) seminar series and the Society for Benefit Cost Analysis in Washington DC. In July 2018, the GHCC plans to participate in the International AIDS and Economic Network (IAEN) Pre-Conference in Amsterdam. We hope to see you there! Come learn about our GHCC activities, data analyses, and tools.

Best,
Carol Levin

SPOTLIGHT

Understanding the Economics of PrEP in Kenya: A Costing and Contingent Valuation Study

Standardized HIV Unit Costs
The GHCC team at the University of
GHCC team member Steven Forsythe works for Avenir Health under the Jhpiego-led Jilinde Project to cost the actual scale-up of PrEP throughout Kenya, in preparation for national budgeting of future scale-up and for developing recommendations about which service delivery model/s are most effective at reaching specific populations. This costing includes analysis of delivering different service delivery models (e.g., drop-in centers for key populations, youth centers, private clinics and public health facilities), which serve men who have sex with men (MSM), female sex workers (FSW) or adolescent girls and young women (AGYW), and assessment of regional cost differences. Unlike other studies that have costed pilot projects, Jilinde is costing the actual scale-up of PrEP in the country.

The study is also assessing the cost to PrEP clients from seeking out services. This includes the cost incurred in transportation to receive medications, as well as any lost income incurred. Finally, the analysis also includes a contingent valuation (CV) study to determine how much individuals value PrEP services and why, and the extent to which costs are likely to present a barrier to uptake, both currently and in the future.

California San Francisco developed an HIV Intervention Typology that aligns with typologies from UNAIDS, WHO, the Global Fund, and PEPFAR. This typology offers a classification approach for cost studies that facilitates comparison across existing typologies, and allows for a standardized framework in the Unit Cost Study Repository to filter down from the categories of intervention class and intervention type, and on to the specific interventions that UCSR users wish to find. Intervention classes include Prevention, Treatment and Care, Testing, Enablers, Health System, and Infection Control. For example, the intervention of blood safety is found under the intervention class of Prevention and intervention type of “Provider-level Precautions”. The process of preparing the intervention typology was to solicit documents with budgeting and programming typologies from the agencies, prepare drafts, obtain feedback (from the agencies, expert advisors, and potential users of GHCC products), and revise. The GHCC team at the London School of Hygiene and Tropical Medicine conducted a similar process of defining and categorizing TB interventions, as represented in the first two columns of the previously spotlighted Standardized TB Unit Cost Table. Future updates will be incorporated as interventions and typologies evolve.

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**JOURNAL ROUNDUP**

**The effect of NCMS on catastrophic health expenditure and impoverishment from tuberculosis care in China.**
Zhou C, Iong Q, Chen J, Xiang L, Li Q, Tang S, Huang F, Sun Q, Lucas H, Huan S

**Diagnostic pathways and direct medical costs incurred by new adult pulmonary tuberculosis patients in Shenzhen, China.**
tuberculosis patients prior to anti-tuberculosis treatment -Tamil Nadu, India.

Cost-Effectiveness of isoniazid preventive therapy among HIV-infected patients clinically screened for latent tuberculosis infection in Dar es Salaam, Tanzania: A prospective Cohort study.
Shayo GA, Chitama G, Moshiro C, Aboud S, Bakari M, Mugusi F.

Cost-effectiveness of Methadone Maintenance Treatment Centers in prevention of Human Immunodeficiency Virus infection.
Pourkhajoei M, Nooroozi A, Hajebi A, Amini S, Karamouzian M, Sharifi H.

Higher cost of implementing Xpert MTB/RIF in Ugandan peripheral settings: Implications for cost-effectiveness.

Catastrophic total costs in tuberculosis affected households and their determinants since Indonesia's implementation of universal health coverage.
Fuady A, Houweling TAJ, Mansyur M, Richardus JH.

HIV pre-exposure prophylaxis and early antiretroviral treatment among female sex workers in South Africa: Results from a prospective observational demonstration project.

Jain S, Zorzi N.

INTERNATIONAL MEETINGS

April 16-20, 2018 Bali, Indonesia
Johns Hopkins Center for Communication Programs, The Communication Initiative, Soul City institute, UNICEF, BBC Media Action: International Social and Behavioral Change Communication Summit

May 21-26, 2018 Geneva, Switzerland
World Health Organization: World Health Assembly

June 1-5, 2018 Vancouver, Canada
Health Technology Assessment International: Annual Meeting

July 20-21, 2018 Amsterdam, Netherlands
International Aids Economic Network (IAEN): Pre-Conference for the 22nd International AIDS Conference

July 23-27, 2018 Amsterdam, Netherlands
International AIDS Society (IAS): 22nd International AIDS Conference

October 24-27, 2018 The Hague, Netherlands
International Union Against Tuberculosis and Lung Disease
Contribute your insights to the discussion forum

Data Producers, share your data!

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