

ABSTRACT

Introduction: The unit cost of comprehensive HIV/AIDS care delivery per client is not clear and not well estimated. This is the reason for conducting this study so as to establish the cost for both approaches of services delivery.

Main Objective: To assess cost of implementing a fixed facility based HIV/AIDS care service delivery and an outreach based approach. The study is to determine which of the two approaches is cheaper in provision of HIV/AIDS care service delivery.

Methodology: A descriptive analytical study of the cost of HIV/AIDS care service delivery in Rakai Health Sciences Program. Quantitative data collection techniques were employed. Data from the study was analyzed using Microsoft Excel computer software and univariate analysis of the cost obtained. The cost of antiretroviral medications was applied only to those clients on ART, and other costs were split proportionally between ART and non- ART clients.

Differences between costs per year do not necessarily reflect efficiency or quality of care because they may be attributable to variance in patient populations, case mix, resource restrictions and referred drug regimens at each FY among other causes. This analysis is based on cost centers.

Results:

The total inputs used to produce services in RHSP community (Outreach) HIV/AIDS care clinics during the financial years 2009/10 amounted to UGX 2,912,380,199.75 (US\$1,402,789.41). A total of UGX 3, 699,583,926.44 (US \$1,278,270.48) was spent to deliver HIV/AIDS care services to PLWHAs during the reference period April 2011-March 2012 in a facility based approach. Decreases in costs between outreach and fixed facility based approaches were observed. Change from outreach care to fixed facility service resulted into decreased capital investment by 3 times; Administrative costs reduced by over 70%; Transport reduced by 40%, however Personnel costs rose by 2%. There were marked increases in cost of service delivery between the two approaches. Most profound there were declines in unit cost from UGX714, 869.95(US\$344.33) in 2009/10 toUGX796, 465.86 (US\$275.19) in 2011/12 between the two approaches.

Conclusion

From the provider perspective, fixed facility based approach is cheaper than outreach in delivery of comprehensive HIV/AIDS care to patients/clients. The recommendations from the study are also included and the key is to provide comprehensive HIV/AIDS care at all static health facilities.