Aid for AIDS

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Current challenges facing Private Sector Health Care Funders in South Africa

- Increasing numbers of HIV + members.
- Change from an HIV to an AIDS epidemic.
- Having to provide funding for Prescribed Minimum Benefits and increasing pressure to provide additional benefits for other HIV-related costs.
- “Open” scheme reserves under serious pressure.
- Inability to risk-rate and adverse selection.
- Moving from risk avoidance to risk management.
- Managing risk cost-effectively.

The *Aid for AIDS* Hypothesis (1998)

- The major cost driver in managing HIV/AIDS is hospitalisation for AIDS - related conditions.
- Antiretroviral therapy (ART), although costly, is effective and reduces the need for hospitalisation.
- ART prices would fall to affordable levels
- Making ART available at the optimal time, and coupling it with careful monitoring plus education of patients and clinical support of doctors is a cost-effective and positive health intervention.
- This is best done by way of a Disease Management Programme.

Disease Management Programmes (DMP)

- DMP identifies high-risk individuals with the aim of preventing disease progression and optimising use of healthcare resources
- The tools of DMP include case management by trained professionals, education, evidence based drug utilisation review, information technology and data analysis
- DMP must enhance the doctor/patient relationship and continually evaluate clinical and economic outcomes with the goal of improving overall health

Why a DMP for HIV/AIDS ?

- Antiretroviral therapy is complex.
- Careful monitoring is required.
- > 95% adherence to therapy required to be effective.
- Education and support of patients is critical.
- Many doctors are inexperienced in HIV therapy and require clinical support.
- A holistic approach is more successful.
- Resources are limited.

The Aid for AIDS Programme

- Available to all beneficiaries of contracted medical schemes and companies at no additional cost
- Scheme/company provides an additional benefit for ART and related medication
- Comprehensive DMP with:
    - Education/Awareness programme
    - Managed access to ART and other drugs
    - Education/support of members/employees
    - Clinical support of providers incl. guidelines
    - Monitoring and recording results (CD4, VL etc)
    - Analysis of outcomes and claims data

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Access to Antiretroviral Therapy (ART)

- The benefit provided by most medical schemes is now sufficient for triple therapy.
- *Aid for AIDS* provides approval for ART if the:
  - CD4 count is < 350 on two occasions, 6-12 weeks apart, or
  - the viral load is very high, or
  - there are significant symptoms, or
  - there is an AIDS-defining illness
- Regimen changed if adverse effects or failure of therapy.
- Rapid approval for post-exposure prophylaxis.
- Prophylaxis to prevent mother-to-child transmission (MTCT).

MTCT Prophylaxis

- Zidovudine 250mg BD for last 12 weeks of pregnancy
- Zidovudine during delivery
- Zidovudine suspension to baby for 3 days (6 weeks if mother presents late)
- Triple therapy if CD4<350 or VL>100 000
- Caesarian section
- Formula feeds for six months

Experience so far

- Programme operational for > 3 years.
- Number of people currently registered > 12,000.
- Antiretroviral therapy approved for 65%
  - majority now on HAART
- 17,600 HIV+ people in AFRICA on antiretroviral therapy, 36% are on *Aid for AIDS* (Source: Merck)
- 38 Medical Schemes contracted.
- >1.8 Million Beneficiaries covered.

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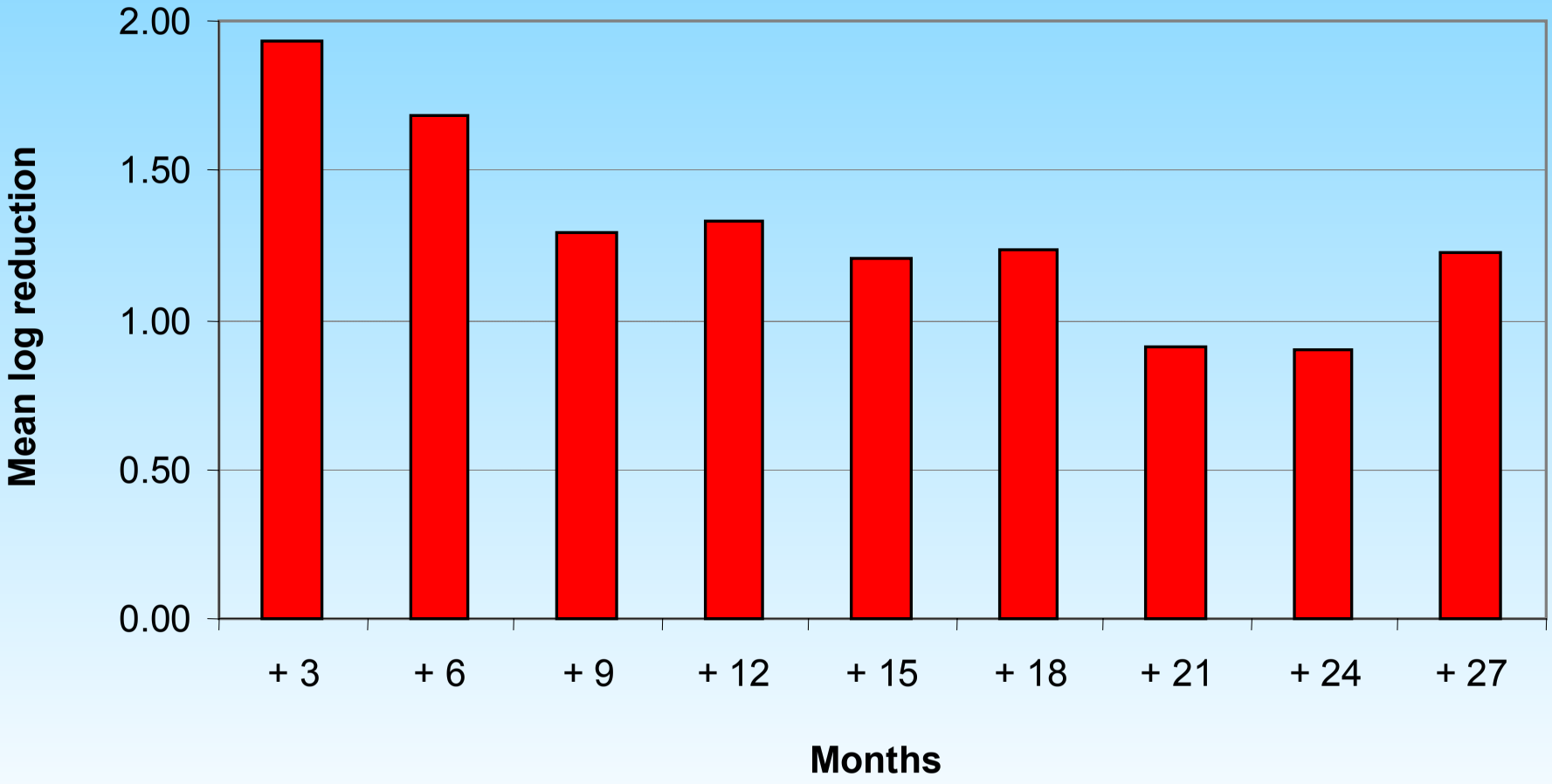
Virological response

Mean baseline 4.85 ± 1.09 $\log_{10}$



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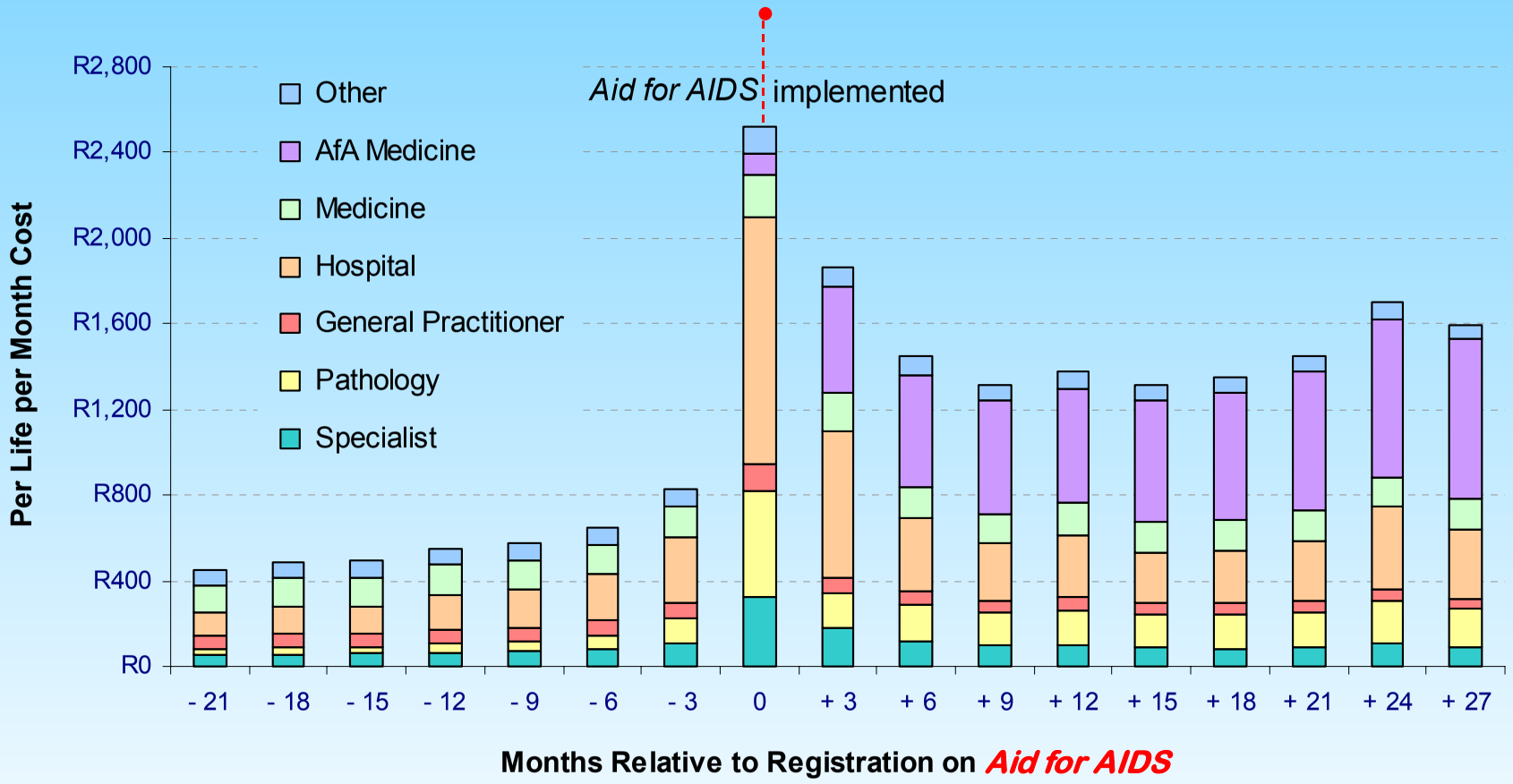
Outcomes of Prophylaxis to prevent mother to child HIV transmission

- PCR results obtained on 373 infants
- Negative at 6 weeks: 363
- Positive at 6 weeks: 10
- Transmission rate: < 2.7%

Treatment Costs of HIV+ Patients Relative to Registration on *Aid for AIDS*



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Conclusions

- Significant and sustained savings can be achieved mainly in respect of hospitalisation costs.
- With more reductions in ART and pathology prices, further overall reductions in treatment costs should be achievable.
- Most primary care doctors have limited experience in managing HIV, and appreciate the clinical support provided by a disease management programme.
- There is a high degree of patient acceptability, but adherence to therapy remains a huge challenge.
- Disease Management Programmes increase access and effective use of ART, but are labour-intensive and require sophisticated IT systems.
- HIV/AIDS can be managed cost-effectively like any other chronic condition.