Costs of Methadone maintenance treatment (MMT) in HIV/AIDS control among injecting drug users in Indonesia

Adiatma YM Siregar¹,², Irvan Afriandi¹,³, Filip Meheus⁴, Teddy Hidayat¹,⁵, Andre van der Ven¹,⁶, Reinout van Crevel¹,⁶, Rob Baltussen¹,⁷

¹ Integrated Management for Prevention and Control and Treatment of HIV/AIDS (IMPACT), Bandung, Indonesia
² Dept. of Economics and Development Studies, Faculty of Economics, Padjadjaran University, Bandung, Indonesia
³ Dept. of Public Health, Faculty of Medicine, Padjadjaran University, Bandung, Indonesia
⁴ Dept. of Public Health, Institute of Tropical Medicine, Antwerp, Belgium
⁵ Dept. of Psychiatry, Faculty of Medicine, Padjadjaran University/Dr. Hasan Sadikin General Hospital, Bandung, Indonesia
⁶ Dept. Of Internal Medicine, Radboud University Nijmegen Medical Center, the Netherlands
⁷ Dept. Of Primary and Community Care, Radboud University Nijmegen Medical Center, the Netherlands
MMT CLINIC OVERVIEW

• Study location: Hasan Sadikin hospital
• Operational since May 2006
• Clients pay a fixed amount of Rp15,000 per visit as consultation fee (US$1.64) except if there are other medical conditions.
Issues

1. Hospital Management concerns:
   a. financially sustainability of the program
   b. room for efficiency gains

2. Ministry of Health concerns:
   a. the cost of scaling up
   b. is the current cost of utilizing MMT service a barrier?
   c. is subsidy warranted?
   d. economic attractiveness of the program
METHODS

• Micro-costing approach.
• Data collected (2006-2007) included for each client visit: attendance, methadone dosage, laboratory and other investigations, and referrals to corresponding medical services.
• Patient costs were estimated on the basis of a survey among 48 methadone clients.
RESULTS AND DISCUSSION

• A total number of 129 clients attended the MMT clinic, resulting in a total of 16,335 client-visits.

• The average number of attending clients is 46 daily client-visits.

• The median attendance rate of the clients was 80.8%

• The monthly drop-out rate was 18.9%.
RESULTS AND DISCUSSION 2

• The median dosage per client-visit was 44.3 mg.
• The average age of the client was 27.7 years and more than half of the clients attended university or college.
• The median of monthly income per patient was Rp 2,250,000 or $246.
Average cost per client visit of Rp 10,179 (US$1.11)
Compared to the current consultation fee of Rp 15,000 (US$1.64), it is sustainable
In terms of efficiency, this study has shown personnel cost as having the largest share and, therefore, offer a potential efficiency gains
The cost per client-visit for health care system perspective equalled Rp24,021 (US$2.63). Aiming for 19% coverage of IDUs in Indonesia (219,130) by 2010 (NAC, 2007) and assuming 67.5% adherence rate (as observed in our study), the total cost of scaling up would be Rp246,405,374,546 (US$26,965,063).
Why Subsidy?

• Our analysis indicates that the central government provides subsidy as much as 40% from the cost per client visit (health system perspective)

• Such direct involvement from government seems warranted considering the nature of the MMT services (merit goods)

• Thus, the role of government within the MMT service is well justified and should be maintained.
The patient cost spent 70% of the patient income. Patient cost is a potential barrier and, thus, subsidy is warranted.
The Societal Perspective

The Societal Perspective Total Costs
Rp 999,805,823 (US$109,376)

- Hospital Total Costs, Rp 116,269,637 (US$18,189), 16.63%
- Government Total Costs, Rp 226,119,210 (US$24,737), 22.62%
- Patient Total Costs, Rp 607,416,975 (US$66,449), 60.75%
- Health System Total Costs, Rp 392,388,847 (US$42,926)

- Average cost per client visit equal to Rp 61,206 (US$6.70).
Conclusion

• Utilization and costs
• Addressed concerns on tariff setting, financial sustainability and the estimated cost for scaling up
• Current tariff ➔ potential barrier ➔ higher subsidy level might be in order
• Offer the basis for further warranted economic evaluation (e.g. Cost effectiveness)
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