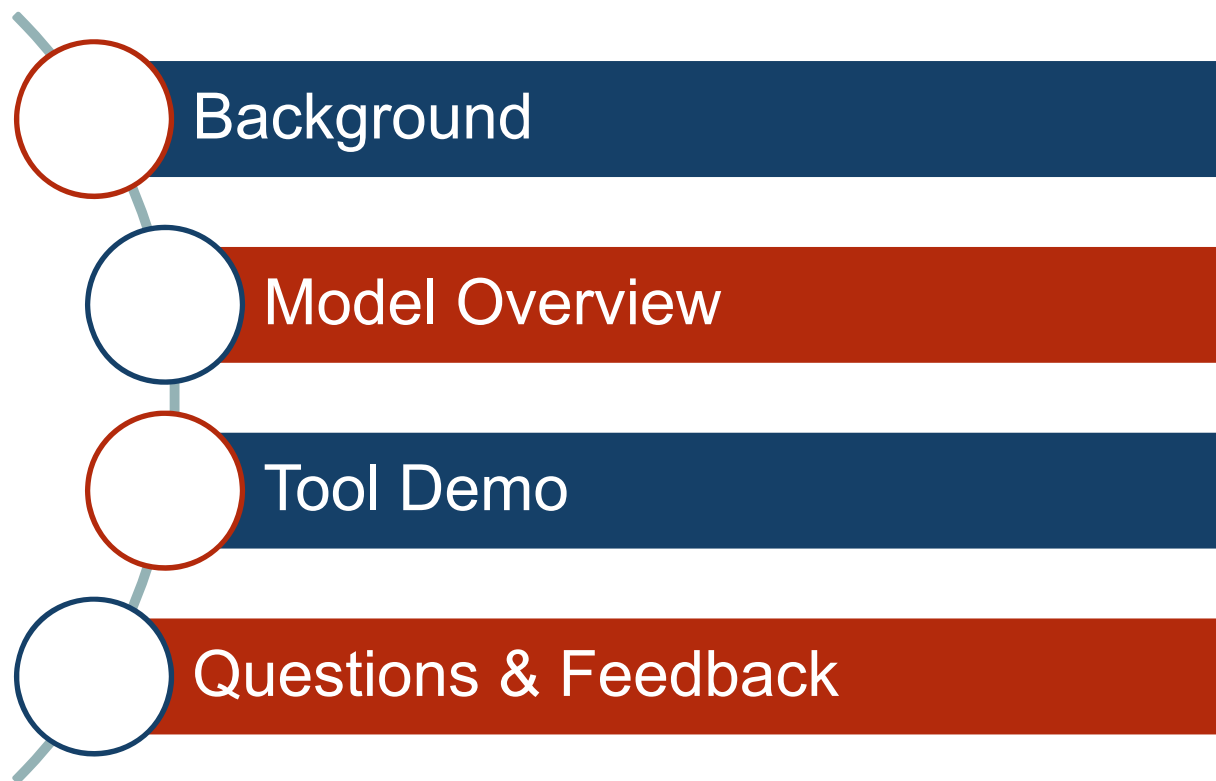


Costing Model for Viral Load and CD4 Testing Transition

September 2015



Webinar Outline



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VL Taskforce Group

- The Viral Load and Early Infant Diagnosis Implementation Task Force (VELITF) was launched at the ASLM 2014 Conference, and charged with leading the Diagnostics Access Initiative (DAI) implementation support.



- A few DAI partners (SCMS, CHAI, MSF, and USAID) have collaborated over Q1-Q3 2015 to develop a comprehensive VL costing model which also incorporates CD4 testing.

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Need for a Comprehensive Costing Tool

Countries need to understand the all-inclusive cost of VL testing to:

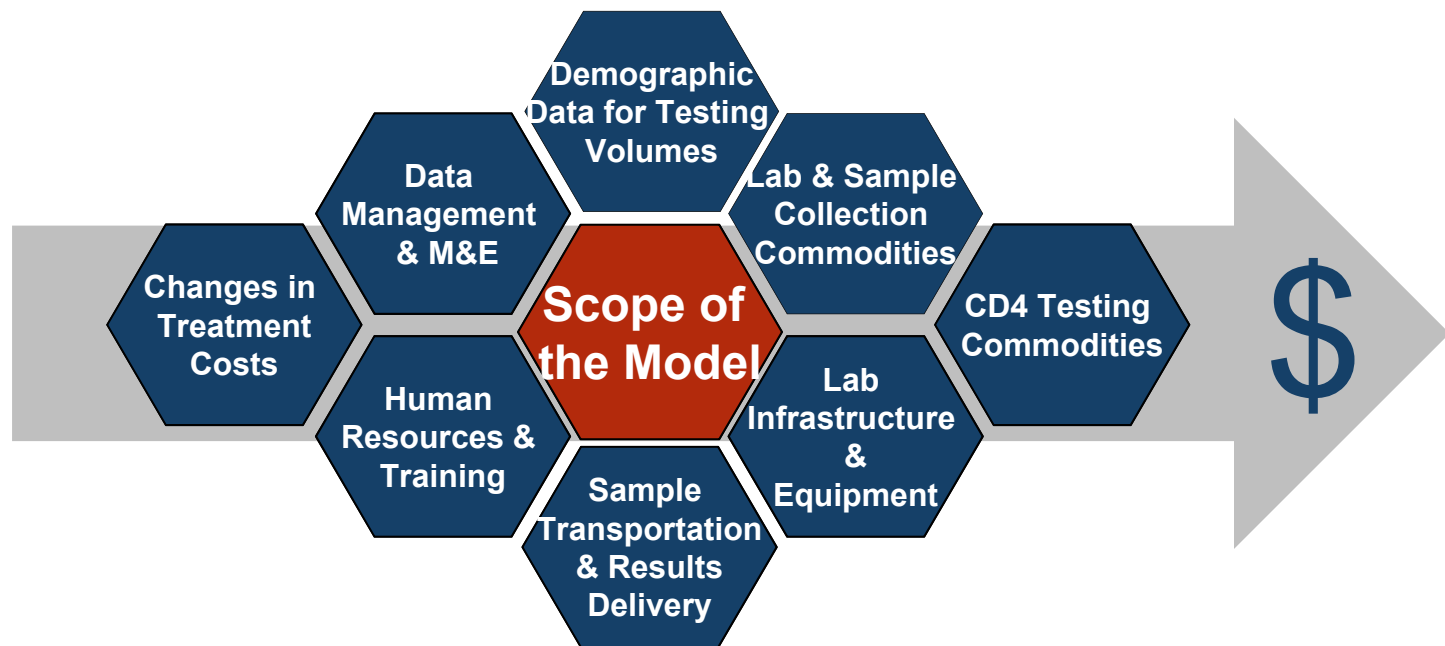
- Define their scale-up plans
- Apply for donor funding
- Calculate their funding gap to reach global goals such as UNAIDS 90-90-90
- Budget for CD4 testing despite the uptake of VL
- Inform supplier negotiations for lower costs based on testing volumes

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Scope & Concept



Model Overview



Excel-based



3 Year Scale-up



User-guided scenario building



VL scale-up for ART monitoring
Maintains CD4 for other purposes

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What this tool does and does not do

The tool measures:	The tool does not measure:
<ul style="list-style-type: none"> ✓ Viral load costs, including commodities, equipment, drugs, sample transport, results delivery, human resources, training, and data management 	<ul style="list-style-type: none"> × Potential decreases in commodity costs associated with global scale-up of VL × Secondary/literature research on manufacturer barriers and decisions
<ul style="list-style-type: none"> ✓ CD4 commodity costs only ✓ CD4 testing volumes following VL scale-up 	<ul style="list-style-type: none"> × Comprehensive CD4 costs, including equipment, drugs, sample transport, results delivery, human resources, training, and data management × Impact of test-and-treat model on CD4
<ul style="list-style-type: none"> ✓ Changes in 1st/2nd line distribution and associated treatment costs 	<ul style="list-style-type: none"> × The full costs of treatment × Change in patient population due to 90-90-90 or test-and-treat implementation
<ul style="list-style-type: none"> ✓ Instrument capacity and need 	<ul style="list-style-type: none"> × Staff need and capacity (in version 1.0) × Transport network requirements

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Model Logic Flow

Testing Need

Calculation of total demand and targets in terms of # Patients to cover and # Tests to be performed

Commodity Costs

Calculation of total # of product packs to procure and associated costs to fulfill demand

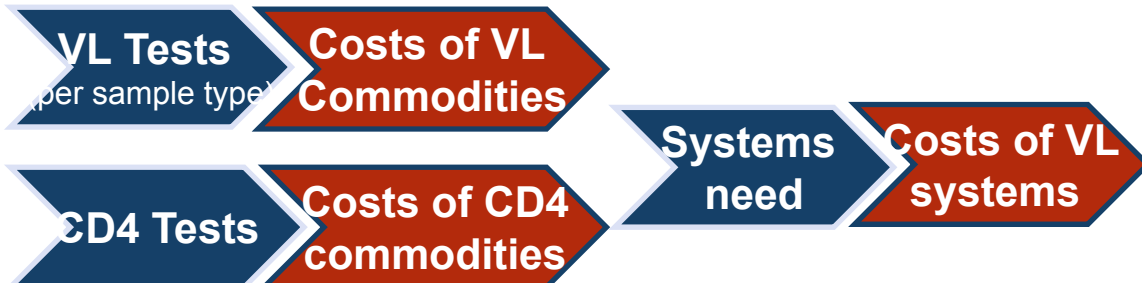
&

Systems Costs

Calculation of total systems need and associated costs to fulfill demand

OUTPUTS

Patients → Tests



INPUTS

- ART and pre-ART targets
- CD4/VL testing algorithms
- Coverage rates
- ART migration
- LTFU
- Treatment failure and switch rates

- Testing platforms
- Ratio of controls
- Sample rejection rate
- Wastage rate
- Commodities used for training and EQA
- Sample collection type
- Costs per platform type

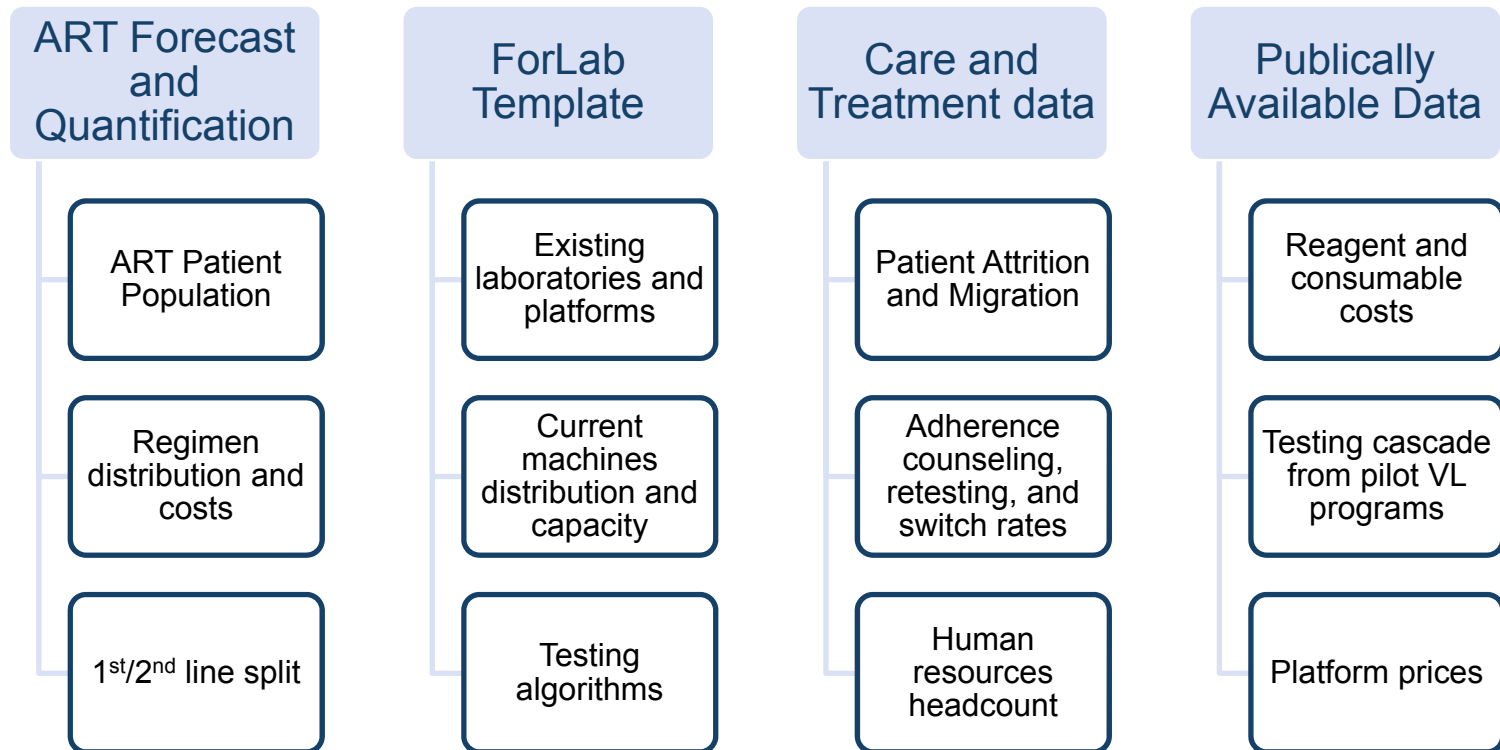
- Distribution and costs of testing platforms and S&M
- Lab processes
- Costs of lab renovations and overheads
- Cost of ST and results delivery
- Training and HR salaries
- Costs of M&E
- ART regimen distribution

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Sources of Necessary Data



Tool Demo

Costing Model for CD4 and Viral Load Transition

Date: May 2015

Version Control: 1.0



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Patient Population

1. Patient Data

	Year	Timeframe for Scale-Up			
		Baseline	Expected		
		2014	2015	2016	2017
Total Patients in Pre-ART		790,020	958,161	1,206,064	1,329,068
Total Patients on ART		596,622	763,902	956,458	1,202,996
<i>Pre-ART</i>					
Specific Groups	Adults	762,853	910,253	1,145,761	1,262,614
	Children	27,167	47,908	60,303	66,453
<i>ART</i>					
Specific Groups	Adults	476,783	610,282	781,162	999,887
	Pregnant Women	97,200	126,000	141,600	162,000
	Children	22,639	27,620	33,696	41,109
<i>Total Patients on 2° line</i>		21,337			
Specific Groups	Adults	20,430			
	Children	907			

Pre-ART Patient Flows

2. Assumptions patients on Pre-ART & ART Testing Flow

Pre-ART

Guidance:

Adults Pre-ART to ART Migration Rate	20%	
Children Pre-ART to ART Migration Rate	10%	
Attrition Rate Adult patients in Pre-ART	10%	
Attrition Rate Children patients in Pre-ART	10%	
Additional Pre-ART Adults CD4 Provider-Initiated Testing	5%	5%
Additional Pre-ART Children CD4 Provider-Initiated Testing	5%	5%



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ART Patient Flows & Testing Cascade

2. Assumptions patients on Pre-ART & ART Testing Flow

ART

Guidance:

2° line Adult switch rate with CD4 monitoring only	0.90%	
2° line Adult switch rate with VL monitoring of suspected failure	2.88%	
2° line Adult switch rate with routine VL monitoring	3.78%	
Suspected Failure Testing		
Patients on 1° line suspected to be failing (1st VL test)	12%	10-14%
Patients retested after adherence and counseling (2nd VL test)	60%	60%
Patients virologically failed (2 VL > 1000 copies) switched to 2°line	40%	
Patients on 2° line suspected to be failing (3rd VL test)	27%	27-38%
Patients on 2° line retested after adherence and counseling (4th VL test)	35%	
Patients switched to 2°line after only 1 VL test > 1000 copies	10%	
Routine Monitoring		
Virological Failure on 1°line because VL > 1000 copies	18%	10-20%
Patients retested after adherence and counseling (2nd VL test)	60%	23%
Patients virologically failed (2 VL > 1000 copies) switched to 2°line	35%	17-53%
Virological Failure on 2°line because VL > 1000 copies (3rd VL test)	15%	
Patients on 2° line retested after adherence and counseling (4th VL test)	30%	
Patients switched to 2°line after only 1 VL test > 1000 copies	5%	
Attrition		
Attrition rate Adult patients on 1°line (%)	6%	13
Attrition rate Adult patients on 2° line (%)	12%	

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VL Testing Algorithm

3. Testing Algorithms

VL Testing Algorithm

Does the country follow the WHO recommended testing algorithm (as per the 2013 consolidated guidelines)?

No

WHO recommended testing algorithm	- Year 1 -	- Following Years -	
	# tests First year	# tests per year - on-going	# tests - on-going for patients on 2 ^o line
<i>Adults - # VL Tests per year</i>	1	2	2
<i>Pregnant Women - # VL Test per year</i>	1	-	n/a
<i>Children - # VL Tests per year</i>	1	2	2

CD4 Testing Algorithm

	# tests First year	# tests per year – on-going
<i>ART Adults</i>	1	2
<i>ART Pregnant Women</i>	1	-
<i>ART Children</i>	1	2

	# tests at Diagnosis	# tests First year	# tests per year on-going
<i>Pre-ART Adults</i>	1	1	1
<i>Pre-ART PW</i>	-	n/a	n/a
<i>Pre-ART Children</i>	1	1	1

Scenario Building 1

4. Scenario Parameters

a) VL used to confirm suspected failure for patients not receiving VL routine monitoring?

Yes

Target population

Only specific groups

	Adults	Pregnant Women	Children
Groups	Yes	No	No

Scale-Up Targets for VL suspected failure testing (% of target population)

	2015	2016	2017
Adults	25%	50%	75%
Pregnant Women	25%	50%	75%
Children	25%	50%	75%

b) VL used also/only for routine monitoring?

Yes

Target population

All patients on ART

	Adults	Pregnant Women	Children
Groups	No	Yes	Yes

Scale-Up Targets for routine VL testing (% of target population)

	2015	2016	2017
Adults	0%	0%	25%
Pregnant Women	50%	75%	90%
Children	25%	40%	60%



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Scenario Building 2

4. Scenario Parameters

c) CD4 used for **routine Pre-ART monitoring** in addition to provider-initiated testing?

Yes

Target population

All patients in Pre-ART

Groups	Adults	Children
	Yes	Yes

Coverage Targets for routine CD4 testing for Pre-ART (% of target population)

Adults
Children

	2015	2016	2017
Adults	20%	20%	20%
Children	5%	5%	5%

d) CD4 used for **routine monitoring of those receiving VL?**

No

Target population

All patients on ART

Groups	Adults	Pregnant Women	Children
	No	Yes	Yes

Scale-Up Targets for routine VL testing (% of target population)	2015	2016	2017
Adults	0%	0%	25%
Pregnant Women	50%	75%	90%
Children	25%	40%	50%

Scenario Building 3

4. Scenario Parameters

e) CD4 used for **routine ART monitoring** of those **not receiving VL?**

Yes
Only specific groups

Target population

	Adults	Pregnant Women	Children
Groups	Yes	Yes	No

Coverage Targets for routine CD4 testing for ART (% of target population)

	2015	2016	2017
Adults	10%	10%	10%
Pregnant Women	10%	10%	10%
Children			



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Additional Testing Requirements

5. Testing in Lab

	% Total Test	Guidance
Training and EQA	1%	1%
Sample Rejection Rate (%)	10%	10%
Wastage	5%	5%

6. Sample Collection

VL Sample Collection Types

	2015	2016	2017
% Samples collected through DBS	0%	15%	30%
% Samples collected through PPT Tubes			
% Samples collected through EDTA	100%	85%	70%
	100%	100%	100%



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Machine Distribution

7. VL PCR machines and CD4 machines

VL PCR machine Types (% Tests):	2015	2016	2017	Ratio of controls	
Roche 48	58%	60%	80%	1	controls out of 28 tests
Abbott m2000	0%	5%	10%	1	controls out of 96 tests
Roche 96	41%	35%	10%	1	controls out of 58 tests
Siemens Versant					controls out of 1 tests
Biocentric					controls out of 1 tests
Cepheid GeneXpert					controls out of 1 tests
Alere Q					controls out of 1 tests
	100%	100%	100%		

CD4 machine Types	2015	2016	2017	Ratio of controls	
FACSCount	35%	35%	35%	2	controls out of 75 tests
FACSCalibur					controls out of 90 tests
Partec	64%	64%	64%	1	controls out of 90 tests
Guava					controls out of 1 tests
PIMA	1%	1%	1%	1	controls out of 10 tests
BD FACSPresto					controls out of 1 tests
Other					controls out of 1 tests
	100%	100%	100%		

Error: the sum must be 100%

Commodity Costs

8. Diagnostic products for costing

Item	Cost per Test	Guidance
Sample Collection		
DBS Bundles	\$2.20	\$2.20
EDTA Tubes	\$0.50	\$0.50
PPT Tubes	\$1.75	\$1.75
Labs VL		
Reagents and Consumables Roche 48	\$9.40	\$9.40
Reagents and Consumables Abbott m2000	\$11.50	
Reagents and Consumables Roche 96	\$9.40	
Reagents and Consumables Siemens Versant		
Reagents and Consumables Biocentric		
Reagents and Consumables Cepheid GeneXpert		
Reagents and Consumables Alere Q		
Labs CD4		
Reagents and Consumables FACSCount	\$6.94	\$6.94
Reagents and Consumables FACSCalibur	\$7.51	\$7.51
Reagents and Consumables Partec	\$4.71	\$4.71
Reagents and Consumables Guava	\$15.28	\$15.28
Reagents and Consumables PIMA	\$12.30	\$12.30
Reagents and Consumables BD FACSPresto		
Reagents and Consumables Other		



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ARV Costs

1. Drug Costs and Distribution

Annual Costs

Adult 1st Line

	2015	2016	2017
TDF / 3TC / EFV	\$125.80	\$115.58	\$109.50
TDF / 3TC / NVP			
ABC / 3TC / EFV	\$198.32	\$198.32	\$198.32
AZT / 3TC / EFV			
AZT / 3TC / NVP	\$98.67	\$98.67	\$98.67
Other			
Weighted cost:	\$112.31	\$111.25	\$107.09

Distribution

	2015	2016	2017
	49%	72%	75%
	1%	1%	1%
	50%	27%	25%
Sum:	100%	100%	100%

Adult 2nd Line

	2015	2016	2017
TDF / 3TC / LPV/r	\$282.63	\$282.63	\$282.63
TDF / 3TC / ATV/r	\$299.18	\$287.01	\$274.85
AZT / 3TC / ATV/r	\$322.66	\$310.49	\$298.33
ABC / 3TC / LPV/r	\$386.29	\$386.29	\$386.29
TDF/3TC/AZT+ATV/r	\$364.03	\$351.86	\$339.69
Weighted cost:	\$280.14	\$254.14	\$246.02

	2015	2016	2017
	40%	34%	29%
	19%	22%	22%
	18%	26%	34%
	14%	4%	0%
	9%	14%	14%
Sum:	100%	100%	100%

ARV Costs – 1st/2nd Line

Comparison

	ART Population		
	2015	2016	2017
Original 1st Line Prevalence Rate:	95.72%	95.72%	95.72%
Original 2nd Line Prevalence Rate:	4.28%	4.28%	4.28%
Updated 1st Line Prevalence Rate:	95.62%	94.79%	93.35%
Updated 2nd Line Prevalence Rate:	4.38%	5.21%	6.65%

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Equipment & Lab Costs

2. Lab and VL Equipment Costs

Lab Name	Testing Platform	2014 2015 2016 2017				Reagent Rental	Daily throughput	Cost of the platform	Annual S&M /platform	2015 2016 2017		
		# of Platforms								Lab Upgrade Costs		
Facility A1	Roche 48	4	4	4	4	No	84	\$113,000	\$3,000			
Facility A2	Roche 96	2	2	2	2	No	168	\$113,000	\$3,000			
Facility B	Roche 48	2	2	2	2	No	84	\$113,000	\$3,000			
Facility C	Roche 48	1	1	1	1	No	84	\$113,000	\$3,000			
Facility D	Roche 48	1	1	1	1	No	84	\$113,000	\$3,000			
Facility E1	Roche 96	3	3	3	3	No	168	\$113,000	\$3,000			
Facility E2	Roche 48	3	3	4	4	No	84	\$113,000	\$3,000		\$2000	
Facility F1	Roche 48	5	5	5	5	No	84	\$113,000	\$3,000			
Facility F3	Abbott m2000	2	2	2	2	No	184	\$160,000	\$3,000			
Facility G	Abbott m2000	0	0	1	1	No	184	\$160,000	\$3,000		\$10,000	

Transport & Data Management

3. Sample Transportation and Results Delivery

Cost per Sample	2015	2016	2017	Distribution	2015	2016	2017
DBS / Paper							
DBS / Electronic		\$ 0.10	\$ 0.10			15%	30%
PPT / Paper							
PPT / Electronic							
Plasma (EDTA) / Paper							
Plasma (EDTA) / Electronic	\$ 1.20	\$ 1.20	\$ 1.20		100%	85%	70%
Weighted cost:	\$1.20	\$1.04	\$0.87	Sum:	100%	100%	100%

4. Data Management Costs

	Cost per VL Test		
	2015	2016	2017
Reporting Activities	\$0.05	\$0.04	\$0.03
M&E Activities	\$0.10	\$0.08	\$0.07



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Personnel

5. Human Resource and Training Costs

Lab Technicians	Monthly Salary	Headcount in Country			% allocated to VL			Annual Training
		2015	2016	2017	2015	2016	2017	
Senior laboratory technician	\$100	20	35	40	20%	30%	40%	\$200.00
Junior laboratory technician	\$80	30	50	60	10%	20%	50%	\$100.00

Clinicians & Other Health Workers	Monthly Salary	Headcount in Country (dedicated to VL)			Time Spent per VL test	Intro Training	Refresher Training
		2015	2016	2017			
Doctor							
Nurse							
Primary counselor							
Receptionist							



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Summary

VL Scale-Up and CD4 Transition Costing Summary

Key Assumptions

VL Testing Algorithm follows WHO 2013 guidelines

No

Adults

Pregnant Women

Children

VL testing used to confirm suspected treatment failures for patients not on VL routine monitoring

Yes

No

No

Adults

Pregnant Women

Children

VL testing used for routine monitoring

Yes

Yes

Yes

Adults

Pregnant Women

Children

CD4 testing used for routine monitoring of patients on ART

Yes

Yes

No

Adults

Pregnant Women

Children

CD4 testing used for routine monitoring of pre-ART patients

Yes

Yes

Yes

Summary Outputs

Summary Outputs

Testing volumes

	2015	2016	2017	TOTAL
Total ART Patients	763,902	956,458	1,202,996	2,923,356
Total Pre-ART Patients	958,161	1,206,064	1,329,068	3,493,292
Total VL Tests	105,705	198,198	715,342	1,019,245
Total CD4 Tests	730,248	936,571	922,911	2,589,730

VL Testing Capacity

Sufficient

Sufficient

Insufficient

Equipment Capacity

Note: If VL testing capacity is insufficient, additional platforms need to be placed to meet the testing need.

Total VL Costs

Total VL Costs	\$ 1,518,986	\$ 4,310,081	\$ 13,798,095	\$ 19,627,162
Diagnostic commodities Costs	\$ 1,142,404	\$ 2,204,029	\$ 8,251,951	\$ 11,598,384
Change in Treatment Costs	\$ 127,173	\$ 1,454,163	\$ 4,615,910	\$ 6,197,247
Lab and VL Equipment	\$ 73,000	\$ 358,000	\$ 81,000	\$ 512,000
Sample Transportation and Results Delivery	\$ 145,873	\$ 235,905	\$ 715,700	\$ 1,097,478
Human Resource and Training	\$ 14,680	\$ 34,200	\$ 62,000	\$ 110,880
Data Management	\$ 15,856	\$ 23,784	\$ 71,534	\$ 111,174
Total CD4 Commodity Costs	\$ 4,790,154	\$ 6,143,556	\$ 6,053,953	\$ 16,987,664

CD4 commodity costs only

Cost of VL Testing per ART Patient

\$18.00

\$27.42

\$30.58

Cost per VL Test

\$14.37

\$21.75

\$19.29

Comprehensive Cost per Test



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Adding New Equipment

2. Lab and VL Equipment Costs

Lab Name	Testing Platform	2014 2015 2016 2017				Reagent Rental	Daily throughput	Cost of the platform	Annual S&M /platform	2015 2016 2017		
		# of Platforms								Lab Upgrade Costs		
Facility A1	Roche 48	4	4	4	4	No	84	\$113,000	\$3,000			
Facility A2	Roche 96	2	2	2	2	No	168	\$113,000	\$3,000			
Facility B	Roche 48	2	2	2	2	No	84	\$113,000	\$3,000			
Facility C	Roche 48	1	1	1	1	No	84	\$113,000	\$3,000			
Facility D	Roche 48	1	1	1	1	No	84	\$113,000	\$3,000			
Facility E1	Roche 96	3	3	3	3	No	168	\$113,000	\$3,000			
Facility E2	Roche 48	3	3	4	4	No	84	\$113,000	\$3,000		\$2000	
Facility F1	Roche 48	5	5	5	5	No	84	\$113,000	\$3,000			
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Facility E1	Roche 96	3	3	3	3	No	168	\$113,000	\$3,000			
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Summary Outputs

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VL Testing Capacity	Sufficient	Sufficient	Sufficient
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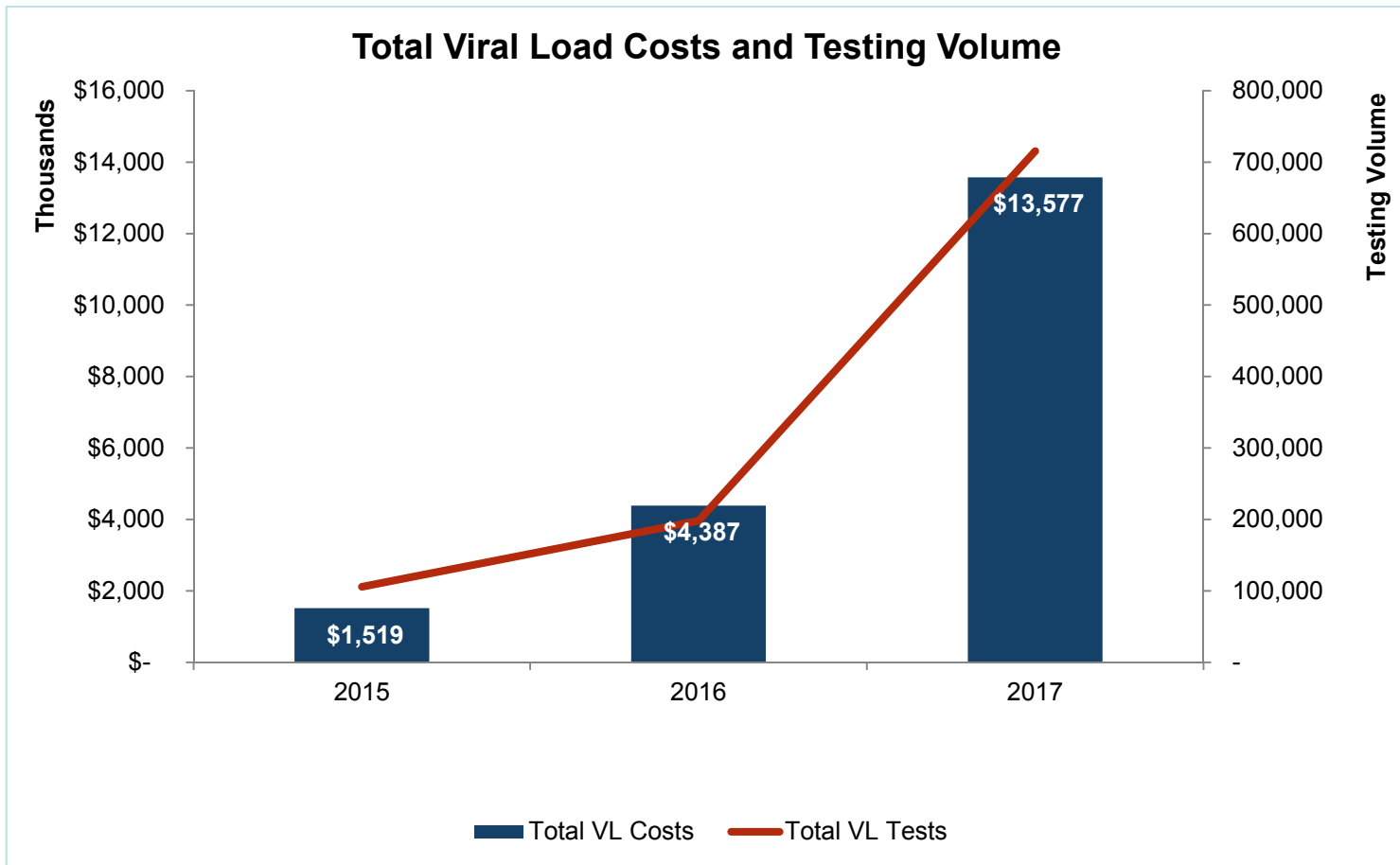
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Human Resource and Training	\$ 14,680	\$ 34,200	\$ 62,000	\$ 110,880
Data Management	\$ 15,856	\$ 23,784	\$ 71,534	\$ 111,174
Total CD4 Commodity Costs	\$ 4,790,154	\$ 6,143,556	\$ 6,053,953	\$ 16,987,664
Cost of VL Testing per ART Patient	\$18.00	\$28.15	\$30.59	
Cost per VL Test	\$14.37	\$22.33	\$19.29	

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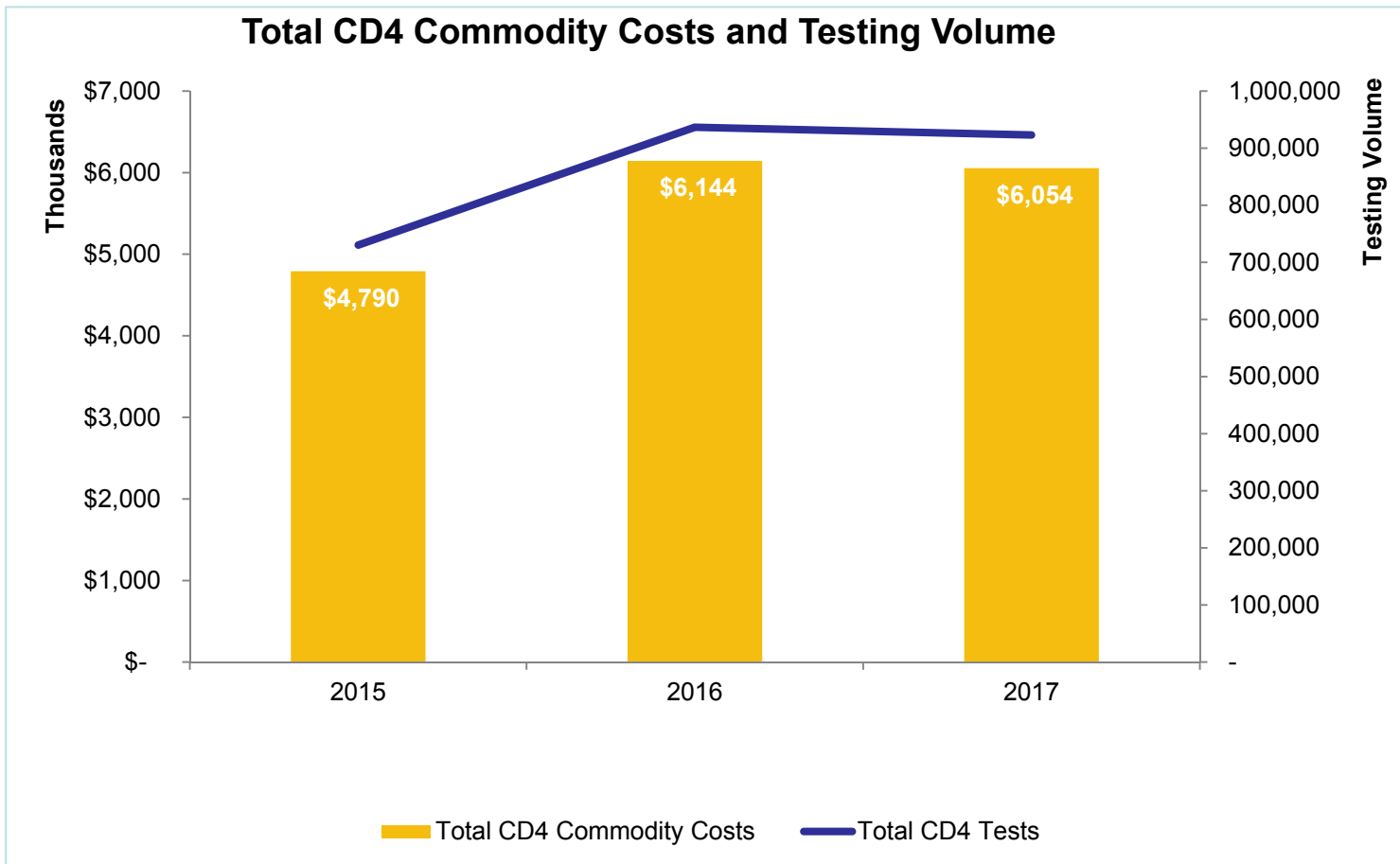
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Output Graphs 1 - VL



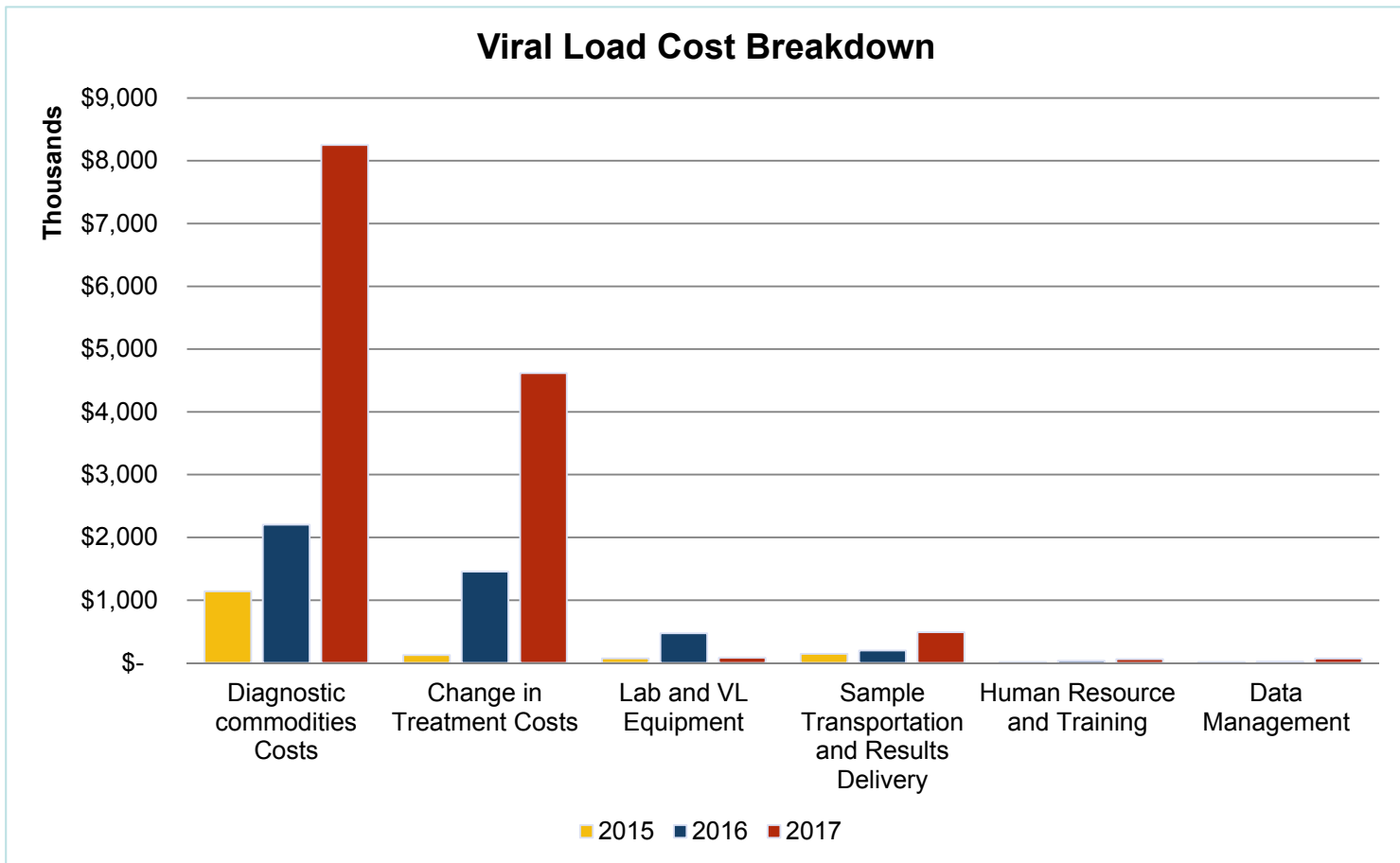
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Output Graphs 2 – CD4



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Output Graphs 3



Questions?

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Next Steps

- Pilot tool with existing program data to ensure accuracy

Test

- Disseminate to countries to assist country plans and provide technical assistance for use

Utilize

- Continuously refine tool to ensure user-friendliness and usefulness of outputs

Refine

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Thank you!

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