

Money spent on community-based HIV prevention translates into treatment savings

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Every \$1 spent on community-based HIV prevention programs in Ontario saves \$5 in treatment costs, a new study has found.

The programs have prevented more than 16,000 people from becoming infected with HIV over 25 years and saved Ontario's [health care](#) system about \$6.5 billion, said lead author Dr. Sean Rourke of St. Michael's Hospital.

Dr. Rourke said that while there is significant evidence that community-based and behavioural interventions are effective in reducing risky behaviour and the incidence of sexually transmitted infections in high-risk populations, this is the first study in Ontario to show the programs are also cost-effective.

His results were published today in the journal *AIDS and Behaviour*.

"This is important information for health planners and policy decision-makers trying to determine whether allocating scarce resources to these programs is good value for money," said Dr. Rourke, a scientist with the hospital's Li Ka Shing Knowledge Institute.

The economic burden of HIV infection is substantial. In the United States, on average the lifetime cost to treat one person infected with HIV ranges from \$253,000 to \$402,000. A 2008 study in Alberta found the mean treatment cost per patient in that province was \$1,159 in 2005 Canadian dollars or \$13,908 a year. Assuming a person spends 19 to 32 years on antiretroviral drugs, the mean lifetime treatment cost per HIV patient in Canada was \$286,965 in 2011 dollars.

Dr. Rourke said his findings that community-based programs avert infections and save health care dollars are consistent with similar studies in other jurisdictions. He examined HIV infection rates and [health care spending](#) between 1987, when

community-based and public health care programs for HIV began, and 2011.

Community-based HIV prevention programs are those run by non-profit organizations governed by independent boards that were established specifically to provide HIV prevention, education, outreach and support services for people with HIV or who are at risk of infection (e.g. gay men, people who inject drugs, people from countries where HIV is endemic and indigenous people). They are primarily funded by the AIDS Bureau of the Ontario Ministry of Health and Long-Term Care and the AIDS Community Action Program of the Public Health Agency of Canada.

"Given that an effective vaccine for HIV is not yet available and that the HIV epidemic is far from over, continued investments in a combination of effective and evidence-based programs is essential," Dr. Rourke said.

He said that if other HIV prevention factors were taken into account, the number of HIV preventions and health care dollars saved would be even higher - 70,000 infections prevented and \$25.3 billion saved. He was referring specifically to Ontario's public health control programs for [sexually transmitted infections](#) and the introduction in 1997 of HAART (highly active antiretroviral therapy). HAART is a combination of at least three drugs that suppress the HIV, delaying or preventing the onset of symptoms or the development of AIDS.

Provided by St. Michael's Hospital

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