



Direct Costs of HIV/AIDS Care in Estonia

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OBJECTIVE

Estonia - highest HIV incidence in EU (23 cases per 100,000 in 2014)
Literature scarce concerning costs of HIV care in Eastern Europe

METHODS

- Costs of medical care:
Data from Estonian Health Insurance Fund's database
Included: all costs of out- and inpatient care
Excluded: ART, obstetrics and paediatric (<13y) care
AIDS: ICD-10 diagnoses B20–B24 (excl. B23.0 and B23.1)
No AIDS: ICD-10 diagnosis Z21, B23.0 or B23.1
- Cost of ART:
Data from Ministry of Social Affairs' report (finances ART directly)

RESULTS

Cost of care:

- 2.9 times higher for PLHIV vs. general population (Figure 1)
- ART most expensive component of care (Figure 1)
- 3 times higher for patient with AIDS vs. without AIDS (Figure 2)
- Costs increase in time (Figure 2)

CONCLUSIONS

In order to

- decrease mortality,
- improve quality of life, and
- reduce costs for medical care

Estonia should set HIV non-progression to AIDS a priority.

This could be achieved by

- more vigorous implementation of earlier testing and linkage to care,
- universal coverage of ART,
- providing appropriate support for all PLHIV.

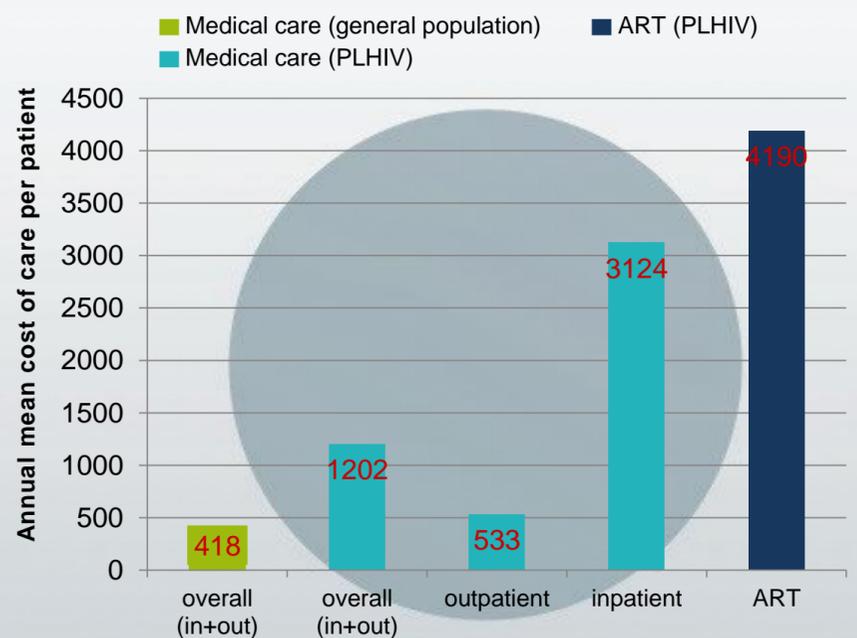


Figure 1. Direct costs of care per patient (in Euros) in 2014 in Estonia among PLHIV and in the general population in a similar age range (20 – 59) as PLHIV.



Figure 2. Mean costs of medical care per HIV patient per year (incl. cost of death, excl. ART) in Euros and number of PLHIV receiving care in 2010–2014 in Estonia.

OptTEST PARTNERS



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