

COST OF INTEGRATED SERVICE MODEL FOR DRUG USING PREGNANT WOMEN IN UKRAINE REPORT

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REPORT



Kyiv – 2014

UDK 330.133:364-781.6:316.346.2-055.3:615.015.6(477-81)

Cost of Integrated Service Model for Drug Using Pregnant Women in Ukraine: Report / T. Gotsadze. – Kyiv : Foliant PC, 2014. – 40 p.

ISBN 978-966-8474-85-9

This publication is prepared in the framework of the pilot project «Prevention of Mother-to-Child Transmission and Improving Neonatal Outcomes among Drug-Dependent Pregnant Women and Children Born to Them» that has been implemented in 2011–2014 with technical and financial support from the United Nations Children' Fund (UNICEF) in Ukraine in close collaboration with State Service on HIV/AIDS and Other Socially Dangerous Diseases and International Charitable Fund «William J. Clinton Foundation». UNAIDS Ukraine has supported the research «Cost of Integrated Service Model for Drug Using Pregnant Women in Ukraine» done by international consultant Tamar Gotsadze. It contains summary of the pilot project of the integrated services and cost estimate of the model. This publication is recommended for decision-makers on HIV prevention and response in Ukraine, social and health care specialists, representatives of NGOs and local health departments, centres of social services for family, children and youth and other specialists on HIV/AIDS.

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ISBN 978-966-8474-85-9

Adopted by the 2011 UN General Assembly High Level Meeting on HIV the «Global Plan for elimination of the new infections among children by 2015 and keeping their mothers alive» is demanding from countries better coverage of women representing key populations with comprehensive HIV prevention services. Injecting drug use is the main driving force of the HIV epidemic in Ukraine and the women who use drugs are at the highest risk of acquiring and transmitting HIV. The lack of cost estimates for integrated services for this specific target group affects government's ability to calculate appropriate preventive and protective measures within the National AIDS Response.

To address this UNAIDS through Unified Budget, Results and Accountability Framework (UBRAF) mechanism supported UNICEF in introduction of integrated PMTCT services for IDU pregnant women as a contribution to the elimination of mother-to-child transmission of HIV in Ukraine and further also provided programmatic and financial assistance in elaboration of the estimation of costs of integrated services. As a result of the joint UNAIDS efforts the government of Ukraine confirmed its commitments by including the PMTCT integrated model into the Concept for the New 2014–2018 National AIDS Programme. UNAIDS is warmly welcoming UNICEF publication of the report on «Cost estimates for integrated services model for drug using pregnant women» as an important planning tool and as a part of a bigger UNAIDS effort in the efficiency of the AIDS investments in Ukraine. This will definitely impact national goal to eliminate new HIV infections among children towards AIDS free generation.

Jacek Tyszko,
UNAIDS Country Director in Ukraine

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ACRONYMS

ANC	Antenatal Clinic
ARV	Antiretroviral drug
BBPS	Basic benefit package of services
CIS	Commonwealth of Independent States
EMTCT	Elimination of mother-to-child transmission
FSW	Female Sex Workers
HAART	Highly Active Antiretroviral Treatment
HIV/AIDS	Human immunodeficiency virus infection / acquired immunodeficiency syndrome
ICM	Integrated Care Model
IDU	Injecting Drug Users
IFA	Immunoassay Analysis
MTCT	Mother-to-child transmission
NGO	Non-Governmental Organization
OST	Opioid substitution therapy
PMTCT	Prevention of mother-to-child transmission
UAH	Ukrainian Hryvna
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Children's Fund
USG	United State Government

ACKNOWLEDGEMENTS

This study was commissioned by UNAIDS and was conducted in close collaboration with UNICEF in October 2013. The author is grateful to all those people who took time from their busy schedule to interact with the consultant, provide information and answer pertinent questions that laid the groundwork for this report.

The execution of this report was made possible particularly due to the valuable support provided by staff of Clinton Foundation, Dnepropetrovsk Maternity Home and NGO «Hope Plus». In addition, in each institution studied, the physicians responsible for antenatal care, delivery and newborn care at the clinic provided invaluable assistance without which the study would have been impossible. They include: **Odintsova Galina**, Deputy Head of city health administration, ob-gyn, pilot project coordinator; **Olena Shcherbakova**, Chief of the maternity hospital; **Valentyn Kornienko**, Chief of the out-patient clinic (antenatal clinic); **Sofiya Koba**, project manager, in the pilot project; **Dr. Leonid Vlasenko**, Narcologist, Technical Assistant IHRD on OST, regional coordinator ICF «William J. Clinton»; in Dnepropetrovsk oblast, Medical Coordinator in the pilot project; **Alla Akhtyamova**, NGO «Way Life», Social worker of the project, Liaison person between clients and health facilities; **Lyudmila Kolomiets**, Senior social worker; **Lyudmila Palekhina**, psychologist; **Mikhailo Yaroshevskyy**, International HIV/AIDS Alliance in Ukraine, Regional coordinator in Dnepropetrovsk region.

This report immensely benefited from important contributions provided by **Ms. Katrina Sharapka**, an Independent Consultant who participated in the development of the Global Fund HIV/AIDS Project budget for the Phase II and provided unit costs of the most of the services.

The author extends special thanks to Ms. Tetyana Tarasova, HIV/AIDS Officer, UNICEF for technical and organizational support provided throughout the assessment process and invaluable inputs and insights of the project and ongoing reforms in health and social sectors.

It is believed that costing tool developed, will be helpful to the policy makers for scaling up the Integrated Care Model designed to serve drug dependent pregnant women in Ukraine.

SITUATION ANALYSIS

Ukraine is the country worst affected by HIV/AIDS in Europe. An estimated 440,000 people aged 15–49 are living with HIV/AIDS – 1.63 per cent of the adult population. Three regions, Kyiv, Odessa and Donetsk, have recently crossed the threshold of one per cent HIV infection among pregnant women, indicating the increasing generalization of the epidemic.

Injecting drug use (IDU) is still driving the spread of HIV but the disease is now spreading fast among the broader young population through unprotected sex and from mothers to their babies. 78% of the HIV positive population belongs to the age group 20–39 years old, the most dynamic and important part of the work force of the country. The recent sharp increase in infections outside vulnerable groups and in young women in particular suggests that the coming years will be decisive for addressing the HIV/AIDS epidemic in Ukraine.

Women are more prone to infection due to their biological and social vulnerability. Women now represent 45 per cent of all adults living with HIV in Ukraine. The absolute number of children infected with HIV through mother-to-child transmission (MTCT) continues to increase as there is yearly increase in HIV-infected pregnant women: in 2011, HIV prevalence among pregnant women was 0.47 per cent, the highest in Europe.

The UNAIDS 2010 Global Report estimated that HIV prevalence rates are three times higher among young women (15 to 24 years of age) in Ukraine than in Western and Central Europe and two times higher among young men. Unlike Western and Central Europe where HIV is concentrated among gay men, nearly half of the estimated prevalence is among women in Ukraine¹.

Women IDU of childbearing age are at particularly high risk of HIV infection²: HIV-positive pregnant IDU have exceptionally high MTCT rates HIV-positive women IDU have exceptionally poor access to preventing mother-to-child transmission (PMTCT). The vast majority of women IDU are of childbearing age, and women IDU tend to have significantly higher HIV infection rates than their male counterparts. Studies in nine European countries found that the average HIV prevalence rate was more than 50 percent higher among women IDUs than it was among men IDUs. Similarly, studies in Yunnan Province, China, found HIV prevalence to be significantly higher among women IDUs than among men, comparative analysis in Mombasa, Kenya, found that the prevalence of HIV was 50 percent among all IDUs, but 85 percent among women IDUs, and a study in Kazakhstan found that women IDU were 2.5 time more likely to be HIV positive than male IDU.

¹ Estimate for all prevalent cases in 2010 from UNAIDS Global Report. These are the official estimates for women, however, some on the USG team believe that the estimate is too high, and that the proportion of women is more likely about 35–40% of all cases.

² Delivering HIV Services to Pregnant Drug Users in Low-Resource Settings, UNODS.

According to official statistics from Ukraine's Ministry of Health, 32,504 children were born to HIV-positive mothers between 1995 and 2012. Among them, 21,916 are HIV negative, 6,735 children under the age of 18 months are awaiting confirmation of their HIV status, while 2,814 are HIV-positive, 752 have AIDS and 287 children have died of AIDS. Despite important progress in PMTCT, and pediatric AIDS services in many CIS countries including Ukraine, there are serious issues and challenges that remain unaddressed, including early infant diagnosis of HIV.

HIV-positive pregnant IDU have exceptionally high mother-to-child transmission rates compared with HIV-positive women with no history of IDU: Although few studies have compared mother-to-child transmission rates among HIV-positive IDU and non-IDU, the existing data suggests a severe disparity: Data from Ukraine found that women with a history of drug use were at a 42 percent increased risk of transmitting HIV to their babies compared to HIV-positive women with no history of drug use.

HIV-positive IDU women have exceptionally poor access to PMTCT compared with HIV-positive women with no history of drug use. Few studies have compared access to PMTCT among HIV-positive IDU and non-IDU, but the existing data suggests that IDU women are significantly less likely to access PMTCT. A study in Russia found that 46 percent of HIV-positive IDU received no PMTCT, compared to only 16 percent of HIV-positive non-IDU women.

Pregnant women who use drugs tend to access HIV testing very late in their pregnancies compared with pregnant women who are not IDU. The existing data suggests that women IDU have significantly poorer access to HIV testing during pregnancy. Study³ in Ukraine found that among women who did not know their HIV status at the start of their pregnancy, women with an IDU history were 3.5 times more likely to be diagnosed during delivery than were non-IDU women. When women are diagnosed late in the pregnancy, they are not in a position to access more effective ART regimens for PMTCT and are thus at increased risk of transmitting HIV to their babies. The same study found that IDU women diagnosed with HIV during pregnancy were significantly more likely to have symptoms of advanced HIV: 13 percent of HIV-positive pregnant women with an IDU history had severe or advanced clinical symptoms versus only 5 percent in non-IDU women.

HIV-positive IDU women are at risk of transmitting HIV to their newborns, due to lack of access to information on mother-to-child transmission, lack of infant feeding options besides breast feeding, and poor access to post-natal care. Although good guidelines exist for providing HIV services to pregnant and parenting IDU in developed countries, there is little research on good practices for delivering HIV services to pregnant IDU in low-resource settings, and no research in this area in CIS.

³ Claire Thorne, University College London, Access of IDU women to PMTCT services in Ukraine. Data from a 9 year prospective cohort study, Presentation the High-Level Consultation on Pregnancy, Drug Addiction and HIV in Eastern Europe and Central Asia: New viewpoints on service-provision for mother and child, UNICEF, UNODC, UNAIDS, WHO-Europe, 1–3 July 2009, Yalta.

BACKGROUND TO INTEGRATED CARE MODEL

In 2009, UNAIDS and WHO called for the elimination of mother to child transmission (EMTCT) of HIV. The strategy of elimination builds on on-going efforts to reduce vertical transmission of HIV in the region. The international and regional goals have been set in Ukraine and country confirmed its commitments to scale up PMTCT programme towards elimination by 2015.

Despite important progress in the coverage of PMTCT and decrease of HIV transmission to babies (MTCT of HIV rate) from 20 per cent in 2000 to 3,7 per cent in 2011, there are serious issues and challenges that remain as not addressed. In 2011, more than 5,000 pregnancies were registered among HIV-positive women in Ukraine. The absolute number of children infected with HIV through MTCT continues to increase, as there is a 20-30 per cent yearly increase in HIV-infected pregnant women.

The country has the highest coverage of PMTCT in CIS region, which includes proportion of HIV-positive pregnant women who received ARV prophylaxis (95.5% in 2011). However, coverage of especially vulnerable to HIV groups (IDUs, FSWs) is still low. This group «elevates» the national mother-to-child transmission of HIV (MTCT) rate. Many female injecting drug users trade sex for money or drugs. Pregnant women injecting drugs, who could be also infected with HIV, form a subgroup of female injecting drug users with specific needs. Street drug use during pregnancy has profound consequences for foetus and newborns health, including stillbirth, premature delivery and neonatal withdrawal syndrome. Currently, Ukraine is experiencing increasing numbers of pregnant females who are found to be HIV positive with a history of past or current drug use.

Meantime, females find it difficult to access appropriate psychosocial and medical support when identified as «HIV positive» and as «drug users». Drug using pregnant women are 2–3 times less likely to receive PMTCT interventions and also have a higher likelihood of transmitting HIV to their children. Major challenges remain when it comes to reaching most at-risk marginalized women with prevention interventions, including social support.

Female injecting drug users with children may also not seek services due to fear of hostility from practitioners or of having their children taken away from them. Many HIV/AIDS prevention and care services, including for drug dependence treatment, do not admit women clients, particularly if they are pregnant, HIV positive, or if they have children. Females may also encounter barriers in accessing services because of household responsibilities, lack of family support, lack of social networks and lack of financial resources, lack of privacy and confidentiality, and fear of being stigmatized.

Problems faces by women and families affected by HIV are partially attributed to a lack of a coordinated social service system. Services do not exist to address

or even effectively identify vulnerabilities at early stages. Social services are not sufficiently inclusive or sufficiently flexible to be able to adapt to various profiles of children or their families within their communities, and thus avoid unnecessary separation. Service provision has largely been conducted without coordination of other social support such as social benefits, which limits opportunities for synergy. Local government does not have sufficient autonomy to manage development of services and lack sufficient financial resources.

The Government has recognized the need to better respond to a range of children's vulnerabilities, strengthening social services to protect more effectively vulnerable families and in turn preventing children from being deprived of parental care. The Government with UNICEF and civil society has developed a national strategy for children, which has been passed through a presidential order in 2012.

To address these still very acute issues, UNICEF initiated a pilot project 'Prevention of Mother-to-Child Transmission and Improving Neonatal Outcomes among Drug-Dependent Pregnant Women and Children Born to Them in Three Cities in Ukraine' launched in 2011 in Kiev, Poltava and Dnepropetrovsk. The project focuses on introduction of the integrated services (*Figure 1, Table 1 & 2*) for drug addicted pregnant women through establishment of the Centres for Integrated HIV Prevention, Care and Support Services. Centres provide a range of medical and psychosocial services to drug addicted women and their children offering antenatal care, HIV testing and counseling, ARV treatment to prevent HIV transmission from mother-to-child, assisting in delivery, postnatal care, psychosocial counseling and social support to families. The main outcome of the project is to establish a gender responsive model of integrated services that address the needs of drug-dependent pregnant women and the children born to them in Kyiv, Dnipropetrovsk, and Poltava cities.

Despite integrated treatment and care services model for IDUs has gained recognition globally, the Project faced many challenges while establishing and integrating different services for pregnant drug-addicted women in three pilot cities of Ukraine. The recently undertaken administrative reforms affected the structure of the governmental institution. Overall reorganization within the national and local governments, which are the strategic counterparts within the Project, had an impact on inter-ministerial cooperation. The pressure from law enforcement agencies on OST programmes, which is an important part of the package of services within the project, affected the results achieved in 2011. This resulted in the low uptake of clients, the number of which so far is lagging behind expectations.

The results of the project and experiences from good practices of integrated medical and social services for vulnerable to HIV drug addicted pregnant women are planned to be used for future replication of the model at the national level and further national policy development.

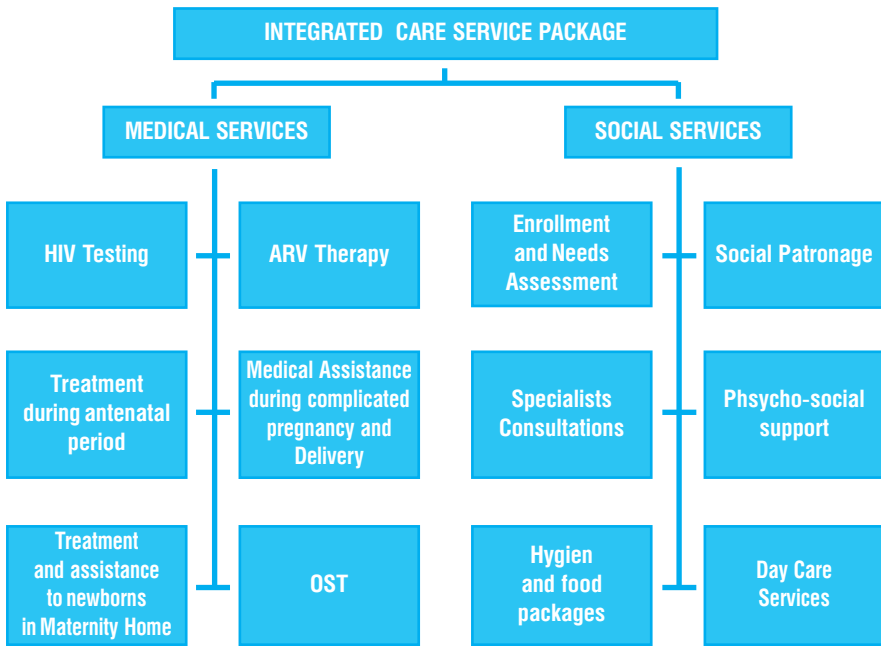


Figure 1. Services Provided Through Integrated Care Model

Table 1

**Detailed Composition of the Medical Package
of the Existing Integrated Care Delivery Model**

	Component
1	HIV Testing
1.1	HIV testing (IFA)
1.2	HIV Rapid Testing in Delivery Room
2	ARV Therapy
2.1	Option A
2.2	Option B
2.3	CD4
2.4	Viral Load
2.5	HIV resistance to ARVs
3	Treatment during antenatal period
3.1	Standard Package of medicines at ANC
4	Medical Assistance during complicated pregnancy and Delivery
4.1	Treatment of pregnant IDUs during delivery
4.2	Treatment of pregnant IDUs during postpartum
4.3	Treatment of pregnant IDUs at the pathology department of the hospital
4.4	Epidural anesthesia during delivery
4.5	Cesarean-section
5	Treatment and assistance to newborns in Maternity Home
5.1	Standard treatment for newborns
5.2	Supper Package (for premature baby treatment)
5.3	HAART + Artificial Formula (timely delivery)
5.4	HAART + Artificial Formula for premature babies
6	OST
6.1	Methadone
6.2	Buprenorphine
6.3	Logistics
6.4	Social Support

Table 2

**Detailed Composition Of The Social Package
Of The Existing Integrated Care Delivery Model**

#	Services	Pregnant IDU	IDU women	Children born to IDU women
1.	Enrollment and Needs Assessment	+	+	
2.	Social Patronage	+	+	+
3.	Specialists Consultations	+	+	+
4.	Psychosocial support	+	+	+
5.	Hygiene Packages	+	+	
6.	Food Packages	+	+	
7.	Diapers & Formula			+
8.	Day Care Services	+	+	+
9.	Shelter*	+	+	+
10.	Occupational training and orientation**	+	+	

* Supplemental Package.

** Supplemental Package.

STUDY PURPOSE

The purpose of the given costing study is to estimate a cost of a model of integrated care and treatment for drug using pregnant women. The cost estimate should result in the inclusion the cost into the budget of a new National AIDS programme for 2014–2018 for its further funding and replication at national scale.

METHODOLOGY

Costing Approach and Assumptions

Estimates of the costs of scaling up Integrated Care Model (ICM) for drug using pregnant women, which are of immediate interest to health sector planners in designing efforts to scale up care, were focused on the costs directly associated with the provision of basic benefit package of services (BBPS), including medications, laboratory tests, number of consultations, emergency room visits, days of hospitalization (ward and intensive care unit), and procedures performed, as well as social services.

Unit Costs

The study largely benefited from the unit cost estimation calculated and approved by the Government for the Global Fund financed HIV/AIDS Project (Phase II). The costs of services being unique to IDU pregnant women (medical treatment of women during pregnancy, delivery, postpartum period and newborns) were obtained from the project pilot site.

Unit Costs were calculated in local currency and converted to USD using exchange rate: 1 USD = 8 UAH.

To calculate total cost, resource volume and unit cost for each service under the service cost category were identified.

Resource Volume

The study identified the volume of resources consumed corresponding to the service cost categories by defining frequency of service provision per each service cost category and a coverage. The frequency of services (testing) per annum was mainly based on the National Guidelines, while for other services information was derived from pilot site's statistics.

Costs Not Included in the Costing Model

Capital costs: Calculation of capital costs (building, transport, furniture equipment etc.) have not been taken into account in this study due to the absence of number of required variables, such as: number of service units to be established per year, degree of physical integration of services per service unit, minimum standards for such units, assessment of capital investment needs.

Personnel costs: The personnel costs have not been accounted in the unit costs of medical service package, as being fully financed by the state. Nonetheless, the costs of the social services, being predominantly provided by NGOs in ICM model, include labor costs and comprise [labor time * labor hourly cost per each visit].

Calculation of Total Costs

Costs for each service delivery component were calculated by multiplying resource volume by unit costs. Total costs were calculated as the sum of the service delivery component.

Study Instruments and Data Collection

Data on costing practices and the cost components of antenatal, ambulatory, inpatient, and laboratory services and medications were gathered using a structured computer-based interface programmed in Microsoft Excel XP 2010. Data were gathered in the maximum degree of detail permitted by existing knowledge at pilot facility, and the source of each cost item (health subsystem price schedules or administrative databases, micro costing, prices for services subcontracted) was identified.

STUDY LIMITATIONS & RECOMMENDATIONS FOR FUTURE CONSIDERATION

This study has certain limitations that should be taken into account during the decision making process for scale-up. Specifically:

Basic Benefit Packages:

The government has not yet approved health or social service packages for pregnant IDU women to be delivered as part of integrated service provision. Thus for the purpose of the given costing exercise, the costing has been performed based on the actual service composition of health and social packages delivered within the pilot project and considered as a basic package, as well as based on the key interviews unmet needs were included as Supplemental Package mostly for social service package. Therefore, before making any decisions on the scale up it is important to finalize and legalize the composition of the integrated service package.

Costs and Volume of Services:

Costs of selected services and volumes are mainly based on the results of the one pilot site, which apparently is difficult to be extrapolated on the total target population due to the small numbers of beneficiaries.

Specifically the attention has to be paid on the composition of medical assistance packages and coverage rates.

KEY FINDINGS

A summary of the total annual costs of service categories per IDU pregnant women is provided in the *Table 3*.

Table 3

Annual Total Costs of ICM Service Categories per IDU Pregnant Women

#	Service categories	Total cost, USD
1	Cost of HIV testing per pregnant IDU	1.49
2	Cost of ARV per HIV + pregnant IDU	647.9
3	Cost of standard package of medicines at ANC per pregnant IDU	127.4
4	Cost per newborn	116.6
5	Cost of OST per pregnant IDU	257.2
6	Cost of medical assistance (normal delivery, C-section, anesthesia, postpartum and pathology department) per pregnant IDU	239.5
7	Cost of social package (basic and supplemental) per pregnant IDU	1,910.0

In the absence of the Government's plan for the scale up and targeted number of beneficiaries, the costing study estimated the coverage as given in the *Table 4*.

Table 4

Annual Budget for Scaling up of ICM for the Period of 2014–2015

Coverage targets	2014	2015	2016	2017	2018
IDU Pregnant Women Coverage Targets	10%	15%	20%	22%	25%
Services	2014	2015	2016	2017	2018
Testing for Pregnant IDUs	14,791	22,187	29,583	32,541	36,978
ARV for HIV positive Pregnant IDUs	225,757	338,635	451,513	496,665	564,392
Assistance to newborns born from HIV + pregnant IDUs	40,629	60,943	81,257	89,383	101,572
OST for pregnant IDUs	297,026	445,539	594,052	653,458	742,566
Standard package of medicines for Pregnant IDUs at ANC	989,432	1,484,149	1,978,865	2,176,751	2,473,581
Medical assistance to Pregnant IDUs at maternity homes	2,384,579	3,576,869	4,769,158	5,246,074	5,961,448
Social support to Pregnant IDUs	19,012,729	28,519,094	38,025,458	41,828,004	47,531,823
Total cost (USD)	22,964,943	34,447,415	45,929,887	50,522,875	57,412,358

ANNEXES

Annex 1. Standard Package of Medicines at ANC

#	Name	Unit	Unit number	Unit costs, UAH	Unit costs, USD*	Total cost, USD
1	Blood sampling kit	Each	4	22.00	2.75	11.00
2	Syringes 20 ml	Each	1	14.00	1.75	1.75
3	Urine-collecting bag	Each	1	20.00	2.50	2.50
4	Sorbifer	Pack	2	50.00	6.25	12.50
5	Glutargin	Pack	2	115.00	14.38	28.75
6	Rectal suppositories with Papaverine	Supp.	1	51.00	6.38	6.38
7	Canephron	Pack	1	83.00	10.38	10.38
8	Artihol № 2	Pack	2	20.00	2.50	5.00
9	Prenatal № 1	Pack	1	60.00	7.50	7.50
10	Sterile gloves	Pair	3	10.00	1.25	3.75
11	Ceftriaxone	Pack	1	40.00	5.00	5.00
12	Metronidazole	Pack	1	20.00	2.50	2.50
Total cost of the standard package, USD						97.00

* 1 USD = 8 UAH

Annex 2. Standard Package of Medicines at Delivery

List of medicines needed for delivery (International Charitable Fund / William J. Clinton Foundation in Ukraine data per one client)

#	Name	Unit	Unit number	Unit costs, UAH	Unit costs, USD*	Total cost, USD
1	Normal saline solution 400	Bottle	2.00	7.00	0.88	1.75
2	Ringer's solution 400	Bottle	1.00	8.00	1.00	1.00
3	System for i. v. infusion	Each	1.00	4.00	0.50	0.50
4	I. v. catheter	Each	1.00	5.50	0.69	0.69
5	Oxytocin	Amp	4.00	6.00	0.75	3.00
6	Surgical catgut	Each	1.00	7.00	0.88	0.88
7	Surgical silk	Each	1.00	7.00	0.88	0.88
8	Pabal	Each	1.00	420.00	52.50	52.50
9	Obstetrics kit № 20	Set	1.00	58.00	7.25	7.25
10	Anti-AIDS kit	Set	4.00	65.00	8.13	32.50
11	Sterile gloves	Pair	15.00	3.00	0.38	5.63
12	Liquid soap	Bottle	1.00	12.00	1.50	1.50
13	Towels	Each	2.00	26.00	3.25	6.50
14	Swaddling clothes (dispos.)	Each	7.00	7.00	0.88	6.13
15	Urinary catheter	Each	2.00	2.50	0.31	0.63
16	Pediatric catheter	Each	1.00	7.00	0.88	0.88
17	Ceftriaxone	Amp	2.00	6.00	0.75	1.50
18	Syringes 20 ml	Each	2.00	0.90	0.11	0.23
19	Syringes 5 ml	Each	2.00	0.75	0.09	0.19
20	Umbilical clamp	Each	1.00	1.30	0.16	0.16
21	Complete blood count	Each	1.00	42.00	5.25	5.25
22	Biochemical blood assay	Each	1.00	78.00	9.75	9.75
23	Coagulogram	Each	1.00	68.00	8.50	8.50
Total cost, USD						147.76

* 1 USD = 8 UAH

Annex 3. Standard Package of Medicines for C-Sections

**List of medicines needed for Caesarean Section
(International Charitable Fund / William J. Clinton Foundation
in Ukraine data per one client)**

Operation Room						
#	Name	Unit	Unit number	Unit costs, UAH	Unit costs, USD*	Total cost, USD
1	Surgical catgut № 5	Pack	4.00	6.08	0.76	3.04
2	Surgical silk № 6	Pack	2.00	13.40	1.68	3.35
3	Surgical silk № 4	Pack	2.00	3.80	0.48	0.48
4	Surgical blades № 23	Unit	3.00	0.60	0.08	0.23
5	Ethyl alcohol	Bottle	2.00	10.10	1.26	2.53
6	Sterile gloves (surgical) № 7,5	Pair	7.00	2.63	0.33	2.30
7	Sterile gloves (surgical) № 6,5	Pair	4.00	3.27	0.41	1.64
8	Sterile gloves (surgical) № 8	Pair	2.00	3.27	0.41	0.82
9	Surgical adhesive plaster 10 x 20 cm	Each	2.00	5.00	0.63	0.63
10	Pabal 1,0	Vial	1.00	226.00	28.25	28.25
11	Vicryl № 1, 2.5 m	Each	3.00	83.60	10.45	31.35
12	Methylergobrevin	Vial	1.00	2.00	0.25	0.25
13	Gauze fabric 10 m	Each	3.00	21.00	2.63	7.88
14	Drain tube	Each	1.00	4.40	0.55	0.55
15	Bellows	Each	1.00	15.80	1.98	1.98
16	Foley urinary catheter 14 F	Each	1.00	8.90	1.11	1.11
17	Urine-collecting bag 2000 ml	Each	1.00	4.50	0.56	0.56
Total cost of the standard package, USD						90.55

Intensive Care Unit						
		Unit	Unit number	Unit costs, UAH	Unit costs, USD	Total cost, USD
	Ketolong	Pack	1.00	41.25	5.16	5.16
	Metoclopramide in amps.	Pack	1.00	18.09	2.26	2.26
	10% glucose solution 400 ml	Bottle	4.00	5.13	0.64	2.57
	Magnesium sulfate	Amp	4.00	0.57	0.07	0.29
	Zinacef 750 mg	Bottle	16.00	7.50	0.94	15.00
	I. v. hemotransfusion (Hemoplast)	Each	2.00	4.00	0.50	1.00
	Syringes 20.0 ml	Each	10.00	0.61	0.08	0.76
	Syringes 10,0 ml	Each	20.00	0.44	0.06	1.10
	Syringes 5.0 ml	Each	30.00	0.33	0.04	1.24
	Syringes 2.0 ml	Each	30.00	0.30	0.04	1.13
	Ringer's solution 500 ml	Bottle	4.00	8.07	1.01	4.04
	Ethyl alcohol	Bottle	3.00	10.10	1.26	3.79
	Zofran 8 mg	Pack	1.00	145.00	18.13	18.13
	Enema cannula	Each	1.00	5.00	0.63	0.63
	Urine-collecting bag	Each	3.00	1.80	0.23	0.68
	Calshake	Pack	1.00	56.23	7.03	7.03
	Oxytocin 1.0	Pack	1.00	8.91	1.11	1.11
	Aminophylline 5.0	Amp	2.00	1.50	0.19	0.38
	Prozerine	Pack	1.00	2.00	0.25	0.25
Total cost, USD						66.51

Combined spinal-epidural anesthesia						
		Unit	Unit number	Unit costs, UAH	Unit costs, USD	Total cost, USD
	Combined spinal-epidural anesthesia	Each	1.00	456.96	57.12	57.12
Total cost, USD						57.12

Endotracheal anesthesia						
		Unit	Unit number	Unit costs, UAH	Unit costs, USD	Total cost, USD
	Endotracheal Anesthesia	Each	1.00	434.10	54.26	54.26
Total cost, USD						54.26

Spinal anesthesia						
		Unit	Unit number	Unit costs, UAH	Unit costs, USD*	Total cost, USD
	Spinal anesthesia	Each	1.00	445.80	55.73	55.73
Total cost, USD						55.73

Epidural anesthesia						
		Unit	Unit number	Unit costs, UAH	Unit costs, USD*	Total cost, USD
	Epidural anesthesia	Each	1.00	112.00	14.00	14.00
Total cost, USD						14.00

**List of medicines needed for 1 postpartum woman
(International Charitable Fund / William J. Clinton Foundation
in Ukraine data)**

#	Name	Unit	Unit number	Unit costs, UAH	Unit costs, USD*	Total cost, USD
1	Oxytocin	Amp	1	8.91	1.11	1.11
2	Syringes 2.0 ml	Each	10	0.26	0.03	0.33
3	Syringes 5.0 ml	Each	10	0.82	0.10	1.03
4	Ceftriaxone 1.0	Bottle	10	5.15	0.64	6.44
5	Lidocaine sol. 2% 2 ml	Bottle	40	0.72	0.09	3.60
6	Vaginal suppositories Metronidazole	Supp.	1	12.70	1.59	1.59
7	Glutargin tabs.	Tab	1	20.09	2.51	2.51
8	Sterile gloves	Pair	8	2.04	0.26	2.04
9	Non-sterile gloves	Pair	10	0.78	0.10	0.98
10	Ethyl alcohol, flask	Bottle	1	5.60	0.70	0.70
11	Ketonal in amps.	Amp	5	5.86	0.73	3.66
12	Urinary catheter	Each	1	1.73	0.22	0.22
13	Swaddling clothes (dispos.)	Each	5	20.55	2.57	12.84
14	Blood sampling kit	Set	1	22.00	2.75	2.75
15	Complete blood count	Each	1	42.00	5.25	5.25
Total cost, USD						45.04

Annex 4: Standard Package of Medicines for Inpatient Treatment of Complicated Pregnancy

#	Name	Unit	Unit number	Unit costs, UAH	Unit costs, USD*	Total cost, USD
1	Blood sampling kit	Set	1	22.00	2.75	2.75
2	Complete blood count	Each	1	42.00	5.25	5.25
3	Coagulogram	Each	1	68.00	8.50	8.50
4	Cyteal sol.	Bottle	1	101.00	12.63	12.63
5	Betadine suppositories	Pack	1	67.00	8.38	8.38
6	Normal saline solution 0.9%	Bottle	1	4.06	0.51	0.51
7	Ringer's solution	Bottle	6	7.03	0.88	5.27
8	Gynipral	Amp	2	10.40	1.30	2.60
9	Dexamethasone	Amp	8	0.98	0.12	0.98
10	Syringes 10.0 ml	Each	4	0.43	0.05	0.22
11	Syringes 5.0 ml	Each	10	0.33	0.04	0.41
12	Sterile gloves	Pair	10	2.04	0.26	2.55
13	Non-sterile gloves	Pair	10	0.78	0.10	0.98
14	System	Each	5	3.68	0.46	2.30
15	Glutargin amps.	Pack	1	83.44	10.43	10.43
16	Glutargin tabs.	Pack	1	20.09	2.51	2.51
17	Sorbifer tabs.	Pack	1	46.37	5.80	5.80
18	Heferol tabs.	Pack	1	33.77	4.22	4.22
Total cost, USD						76.27

Annex 5: Package of Medicines for Seven Day Treatment of One Newborn

List of medicines and disposable materials for a newborn (1 client)

#	Name	Unit	Unit number	Unit costs, UAH	Unit costs, USD*	Total cost, USD
1	Ethyl alcohol – 100 ml	Bottle	1.00	11.20	1.40	1.40
2	Sterilium	Bottle	1.00	45.10	5.64	5.64
3	Sterile gloves № 7 – 40 pairs	Pair	1.00	96.00	12.00	12.00
4	Non-sterile gloves	Pair	1.00	35.00	4.38	4.38
5	Aspiration catheter № 8 or № 10	Each	1.00	8.80	1.10	1.10
6	Paper towels	Each	1.00	110.60	13.83	13.83
7	Cotton 50 g	Each	1.00	4.80	0.60	0.60
8	Pampers (Pack, 42 items)	Each	1.00	497.70	62.21	62.21
9	Napkins (2 packs)	Each	1.00	59.00	7.38	7.38
10	Menadiol (Kanavit amps.)	Amp	1.00	81.84	10.23	10.23
11	Syringes 2.0 ml	Each	1.00	15.68	1.96	1.96
12	Liquid soap	Bottle	1.00	17.10	2.14	2.14
Total cost of the standard package, USD						122.85

**List of medicines needed for 1 day's nursing
of prematurely born child (International Charitable Fund /
William J. Clinton Foundation in Ukraine data)**

#	Name	Unit	Unit number	Unit costs, UAH	Unit costs, USD*	Total cost, USD
1	Endotracheal tube	Each	1.00	13.00	1.63	1.63
2	Surfactant (state budget)	Each	1.00	–	–	0.00
3	Gastric tube № 8	Each	1.00	5.00	0.63	0.63
4	Gastric tube № 6	Each	1.00	5.00	0.63	0.63
5	Peripheral i. v. catheter № 26	Each	1.00	25.00	3.13	3.13
6	Infusion pumps' extension cord	Each	1.00	12.00	1.50	1.50
7	Syringes 50.0 with shortened tips	Each	2.00	10.00	1.25	2.50
8	Glucose 10%	Bottle	2.00	9.50	1.19	2.38
9	Aminoven 1 flask	Bottle	1.00	162.00	20.25	20.25
10	Calcium gluconate 10%	Bottle	1.00	1.50	0.19	0.19
11	Amikacin	Amp	1.00	10.60	1.33	1.33
12	Unasyn	Amp	2.00	61.00	7.63	15.25
13	Sterile gloves	Pair	20.00	2.50	0.31	6.25
14	Adhesive plaster	Each	1.00	32.00	4.00	4.00
15	Total blood count	Each	1.00	25.00	3.13	3.13
16	Syringes 2.0 ml	Each	10.00	0.60	0.08	0.75
17	Syringes 5.0 ml	Each	4.00	0.82	0.10	0.41
18	Syringes 10.0 ml	Each	2.00	1.10	0.14	0.28
Total cost of the standard package, USD						64.20

Annex 6: Costing tool for Integrated Service Model for Drug Using Pregnant Women in Ukraine and Calculation

The excel based costing tool has been designed to assist key country stakeholders to calculate the costs of the different services included in the integrated package for drug using pregnant women in Ukraine. Specifically, the tool is intended to help stakeholders to recognize total financial requirements and mobilize resources necessary to support scaling up the model of integrated services piloted at the national level.

The costing tool contains four sheets:

1. **General.**
2. **Unit Costs.**
3. **Costs of Services.**
4. **Budget.**

Note: Only 2 worksheets require data entry-the others are automatically generated.

The «1. General» worksheet includes all general country information/data and assumptions used for the calculations. This is the worksheet where all general data and assumptions required for costing need to be entered. The data should be entered only in the cells that are not highlighted in blue. Blue cells contain formulas and data are automatically generated based on the information entered in the white cells.

The «2. Unit costs» worksheet consists of the unit costs that were used during the calculations. These unit costs were collected at country level through key informant interviews, record review and literature review. If the unit costs for different services are changed, according changes should be made in this worksheet. The remaining two worksheets automatically generate data based on information entered in the worksheets «1. General» and «2. Unit costs».

The «3. Costs of Services» worksheet is linked to the «1. General» and «2. Unit costs» sheets and presents the costing results in different tables for different services included in the integrated package for drug using pregnant women. In total seven tables are presented as given in the table below.

Table 1:	HIV TESTING
Table 2:	ARV
Table 3:	STANDARD PACKAGE OF MEDICINES AT ANC
Table 4:	NEWBORNS
Table 5:	OPIOID SUBSTITUTION THERAPY
Table 6:	MEDICAL ASSISTANCE AT MATERNITY HOMES
Table 7:	SOCIAL SUPPORT

The «4. Budget» worksheet automatically generates data from the worksheet «3. Costs of Services» and uses targets defined for the years 2014–2017. The targets that is included in the «4. Budget» worksheet can be changed in case they are revised.

Note: All costs are calculated in USD.

1. General

	Data	Source
Estimated # of pregnant women	553 050	MOH Data
% of IDUs among pregnant	18%	Prevention of mother-to-child transmission of human immunodeficiency virus among pregnant women using injecting drugs in Ukraine, 2000–2010. – http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3272221/
# of Pregnant IDUs	99 549	
HIV Prevalence among Pregnant IDUs	4%	MOH Data
HIV positive pregnant IDUs	3 484	
ANC attendance (%)	78%	Estimate from 'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
# of pregnant IDUs who attends ANC	77 648	
# of pregnant IDUs who do not attend ANC and receive HIV test at delivery	21 901	
% of pregnant IDUs who attend ANC and received HIV tests	100%	WHO guideline
# of pregnant IDUs who attend ANC and receive HIV tests	77 648	
% of HIV positive pregnant women who received ART	100%	WHO guideline
# of HIV positive pregnant IDUs	3 484	
% of HIV positive first time pregnant IDUs	55%	MOH Data
% of HIV positive second time pregnant IDUs	45%	MOH Data
# of HIV positive first time pregnant IDUs	1 916	
# of HIV positive second time pregnant IDUs	1 568	
# of pregnant IDUs who attend ANC, received HIV testing and are HIV positive	2 718	

	Data	Source
# of pregnant IDUs who attend ANC, received HIV testing, are HIV positive and received ART	2 718	
Expected HIV transmission rate through MTCT	11%	MOH Data
Total # of children infected with HIV through MTCT	394	
Total # of children born from HIV + pregnant IDUs	3 484	
Frequency of HIV testing during pregnancy at ANC	2	National Guideline
HIV test perform at ANC	IFA	National Guideline
HIV test perform at delivery room	Rapid	National Guideline
Frequency of CD4 test between 14weeks of pregnancy and 18 months postpartum	2	National Guideline
Frequency of testing on HIV resistance	1	National Guideline
Frequency of viral load per year	2	National Guideline
Coverage of women received 1 test	100%	National Guideline
Coverage of women received 2 test	97%	National Guideline
Coverage of HIV + women receiving CD4	100%	National Guideline
Coverage of HIV + women receiving viral load	100%	National Guideline
% of pregnant on ARV Option A from pregnant on Option A + Option B	88.5%	'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
% of pregnant IDUs on OST	11.6%	'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
# of pregnant IDUs on OST	11 548	
% of pregnant IDUs on Methadone among all pregnant IDUs received OST	43%	Clinton Foundation
% of pregnant IDUs on Buprenorphine among all pregnant IDUs received OST	57%	Clinton Foundation
# of pregnant IDUs on Methadone	4 966	
# of pregnant IDUs on Buprenorphine	6 582	

	Data	Source
# of days at the Maternity	7	Estimate from 'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
% of pregnant IDUs who delivers newborns through C-section	26%	Estimate from 'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
% of pregnant IDUs who delivers newborns normally	74%	Estimate from 'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
% of pregnant IDUs who delivers newborns through C-section with anesthesia type I (endotracheal anesthesia)	25%	Estimate from 'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
% of pregnant IDUs who delivers newborns through C-section with anesthesia type II (combined spinal epidural)	25%	Estimate from 'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
% of pregnant IDUs who delivers newborns through C-section with anesthesia type III (spinal anesthesia)	50%	Estimate from 'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
Coverage of pregnant IDUs who delivers newborns with epidural anesthesia	9%	Estimate from 'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
Coverage of pregnant IDUs who receive standard package of medicines at ANC	60%	Estimate from 'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
% of newborns receiving standard package of treatment	80%	Estimate from 'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data

	Data	Source
% of newborns receiving Supper Package (for premature baby treatment)	2%	Estimate from 'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
% of newborns receiving HAART + Artificial Formula (timely delivering)	55%	Estimate from 'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
% of premature babies receiving HAART + Artificial Formula	45%	Estimate from 'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
% of pregnant IDUs receiving treatment during delivery	80%	Estimate from 'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
% of pregnant IDUs receiving treatment during postpartum	80%	Estimate from 'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
% of pregnant IDUs receiving treatment at the pathology department of the hospital	74%	Estimate from 'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
% of pregnant IDUs who received epidural anesthesia during normal delivery	9%	Estimate from 'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
% of pregnant IDUs receiving Standard Social Package	100%	Estimate from 'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
% of pregnant IDUs who received occupational training and orientation	70%	Assumption
% of mothers who require shelters	30%	Assumption

2. Unit Costs

Services	Unit Cost	Source
HIV testing Rapid without Human resources	0.6	GF II Phase Budget
HIV testing IFA without human resources (ELIZA)	0.8	GF II Phase Budget
CD 4 test without human resource cost	16.85	GF II Phase Budget
Viral load	55	GF II Phase Budget
HIV resistance to RV	495	GF II Phase Budget
ARV option A for pregnant women	492	GF II Phase Budget
ARV option B for pregnant women	525	GF II Phase Budget
OST Methadone	87.25	GF II Phase Budget
OST Buprenorphine	122.28	GF II Phase Budget
Logistics for OST	109.00	GF II Phase Budget
Social support for pregnant IDU who receives OST	41.00	GF II Phase Budget
Standard treatment cost for newborns	122.85	'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
Supper Package (for premature baby treatment)	449.38	'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
HAART + Artificial Formula (timely delivery)	4.41	'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
HAART + Artificial Formula for premature babies	10.53	'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
Standard cost of medicines at ANC	97.00	'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data

Services	Unit Cost	Source
Treatment of pregnant IDUs during delivery	147.76	'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
Treatment of pregnant IDUs during postpartum	45.04	'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
Treatment of pregnant IDUs in the pathology department of the hospital	76.27	'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
Epidural anesthesia during delivery	14.00	'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
C-section with Anesthesia type I (Endotracheal anesthesia)	211	'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
C-section with Anesthesia type II (combined spinal-epidural anesthesia)	214	'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
C-section with Anesthesia type III (Spinal anesthesia)	213	'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
Standard Social Package	801	'Prevention of Mother to Child Transmission and Improving Neonatal Outcomes among Drug Dependent Pregnant Women and Children Born to them', Project data
Occupational training and orientation	3.4	Clinton Foundation
Shelter	3 690	Clinton Foundation

3. Costs of Services

Table 1: HIV TESTING

HIV TESTING PER PREGNANT IDU					
HIV TESTING AT ANC					
	Unit cost (USD)	Frequency per year	Coverage of women – 1 test	Coverage of women – 2 test	Total cost (USD)
IFA	0.79	2	100%	97%	1.55
HIV TESTING AT DELIVERY ROOM					
Rapid	0.65	2	100%	97%	1.27
COST OF HIV TESTING PER PREGNANT IDU					1.49

Table 2: ARV

ARV PER HIV + PREGNANT IDU				
	Unit cost (USD)	Frequency per year	Coverage of women	Total cost (USD)
Option A	492		88.5%	435.4
Option B	525		11.5%	60.4
CD4	16.9	2	100%	33.7
Viral Load	55	2	100%	110.6
HIV resistance to ARVs	495	1	1.6%	7.8
COST OF ARV PER HIV + PREGNANT IDU				647.9

Table 3: STANDARD PACKAGE OF MEDICINES AT ANC

STANDARD PACKAGE OF MEDICINES AT ANC FOR PREGNANT IDU				
	Unit cost (USD)	Frequency per year	Coverage of women	Total cost (USD)
Standard Package of medicines at ANC	97.0	1	60%	58.2
COST OF STANDARD PACKAGE OF MEDICINES AT ANC PER PREGNANT IDU				58.2

Table 4: NEWBORNS

NEWBORNS			
	Unit cost (USD)	Coverage of women	Total cost (USD)
Standard treatment for newborns	122.9	80%	98.3
Supper Package (for premature baby treatment)	449.4	2%	9.0
HAART + Artificial Formula (timely delivery)	4.4	55%	2.4
HAART + Artificial Formula for premature babies	10.5	45%	4.7
COST PER NEWBORN			114.4

Table: 5 OPIOID SUBSTITUTION THERAPY

OST			
	Unit cost (USD)	Coverage of women	Total cost (USD)
Methadone	87.25	43%	37.5
Buprenorphine	122.28	57%	69.7
Logistics	109.00	100%	109
Social Support	41.00	100%	41
COST OF OST PER PREGNANT IDU			257.2

Table 6: MEDICAL ASSISTANCE AT MATERNITY HOMES

MEDICAL ASSISTANCE FOR PREGNANT IDU AT MATERNITY HOMES			
	Unit cost (USD)	Coverage of women	Total cost (USD)
Treatment of pregnant IDUs during delivery	147.8	80%	118.2
Treatment of pregnant IDUs during postpartum	45.0	80%	36.0
Treatment of pregnant IDUs at the pathology department of the hospital	76.3	74%	56.4
Epidural anesthesia during delivery	14.0	9%	1.3
C-section with Anesthesia type I (Endotracheal anesthesia)	211.3	25%	52.8
C-section with Anesthesia type II (combined spinal-epidural anesthesia)	214.2	25%	53.5
C-section with Anesthesia type III (Spinal anesthesia)	212.8	50%	106.4
COST OF MEDICAL ASSISTANCE AT MATERNITY HOMES PER PREGNANT IDU			212.2

Table 7: SOCIAL SUPPORT

SOCIAL PACKAGE FOR PREGNANT IDU			
	Unit cost (USD)	Coverage of women	Total cost (USD)
Standard Social Package	800.5	100%	800.5
Occupational training and orientation	3.4	70%	2.4
Shelter	3,690.0	30%	1107.0
COST OF SOCIAL PACKAGE PER PREGNANT IDU			1 910

4. Budget

Item	Total
# of Pregnant IDUs	99,549
# of HIV positive pregnant IDUs	3,484
Total # of children born from HIV + pregnant IDUs	3,484
# of pregnant IDUs on OST	11,548
# of pregnant IDUs who attends ANC	77,648

COVERAGE TARGETS	2014	2015	2016	2017	2018
	10%	15%	20%	22%	25%

SERVICES	2014	2015	2016	2017	2018
Testing for Pregnant IDUs	14,791	22,187	29,583	32,541	36,978
ARV for HIV positive Pregnant IDUs	225,757	338,635	451,513	496,665	564,392
Assistance to newborns born from HIV + pregnant IDUs	39,871	59,807	79,742	87,717	99,678
OST for pregnant IDUs	297,026	445,539	594,052	653,458	742,566
Standard package of medicines for Pregnant IDUs at ANC	451,913	677,869	903,825	994,208	1,129,782
Medical assistance to Pregnant IDUs at maternity homes	2,111,966	3,167,949	4,223,932	4,646,325	5,279,915
Social support to Pregnant IDUs	19,012,729	28,519,094	38,025,458	41,828,004	47,531,823
TOTAL COST (USD)	22,154,053	33,231,079	44,308,106	48,738,916	55,385,132

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Research publication

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**Cost of Integrated Service Model
for Drug Using Pregnant Women
in Ukraine
Report**

Published by Foliant Printing Centre
04176, Kyiv, Elektrykiv Str., 26,
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