

## CHAPTER 1

### INTRODUCTION



#### 1.1 Rationale

Many people have been infected with the Human Immuno-deficiency Virus (HIV), the causal agent of AIDS. HIV spreads rapidly throughout the world and the epidemic is especially serious in Thailand. Phayao, a province in northern Thailand had the highest rate of AIDS cases reported in Asia but later achieved the best reducing in HIV/AIDS prevalence in the world since 1993 (UNAIDS et al, 1998). The number of HIV/AIDS patients in Phayao still increases every year and growth rate of HIV/AIDS cases in Phayao also increase further (Lertchayantee, 1998). HIV/AIDS is a major burden on health facilities. A large number of organizations conduct HIV/AIDS projects and support people in this area, especially patients and their families. A needed project is an analysis of the integrated core package of HIV/AIDS activities, a set or group of essential health services associated with AIDS and appropriately provided in a health center. An integrated health care package is one way to achieve equity in a health care financing, efficacy, effectiveness, and efficiency.

The study conducted by Phayao AIDS Action Center (PAAC) and Health Care Reform Project (HCR) in Phayao in 1998 found that women with HIV/AIDS were on average only slightly younger than men. The majority of cases in each sex occur in the 25–34 age group. By 1994, AIDS had become the leading cause of mortality in the province. It represented 11.3% of all deaths, and 18.2% of all deaths if one includes those cases when AIDS was the suspected cause of death but was not medically confirmed.

AIDS made its economic impact deeply felt. The economic situation of households with patients with AIDS (PWA) appears to be severe, particularly for children and orphans. It is observed that the cycle of low education - landless - migration - infection - unemployment leads to lower income and a difficult financial situation to cope with HIV/AIDS. Both prevention and care of HIV/AIDS could help break this cycle.

In Thailand, many studies have been conducted to measure the costs of care for HIV/AIDS patients. The studies concluded that care-providers, government and hospitals had to face enormous financial burden in order to provide needed care for HIV/AIDS patients (Prommool, 1995).

Hospital-based care is an important venue of care for HIV/AIDS patients at this moment in Thailand. However, the costs of providing care and treatment for HIV/AIDS patients in a hospital setting are high and consume a large portion of resources. Furthermore, the number of hospital beds is not sufficient to cope with this increasing number of HIV/AIDS patients, many of which needs to receive care at inpatient wards. Hospital-based care for HIV/AIDS patients incurred large costs, especially inpatients. The cost of HIV/AIDS treatment, equipment, and medicine is about 4–5 times higher than normal disease, due to longer lengths of stay (lengths of HIV/AIDS patients around 10 days) than average inpatients (Takeuchi, 1998; interview with Indaratna, Sept. 29, 1998).

Unnecessary hospitalization of HIV/AIDS patients should be reduced and reconsidered. Since resources are limited, particularly high constraints of available resources in the health sector, utilization, and mobilization of resources should be reconsidered and restructured (Masaki, 1998).

The costs of secondary and tertiary care are more expensive than the costs of primary care, even though primary care is more accessible. Most people seek secondary and tertiary care due to the fact that there are equipment and staffs. In reality, all people need technical quality and perceivable quality from health services that is nearest to their home. If the health center develops a health care package meeting local needs, then the health center will become the first choice of people in the local area. This should reduce the cost of hospital or secondary and tertiary care.

In order to utilize the limited resources effectively and efficiently, providing care of primary health center level should be considered as a new approach to care, which focuses on availability and accessibility. Increasing attention is paid to primary health care because it has been promoted and has been implemented through government support as well as support from Non-government Organization (NGO).

## 1.2 Research Questions

1) What is the existing package of HIV/AIDS activities at the sub-district health center and the cost of the existing package?

2) What is the integrated core package of HIV/AIDS activities and the cost of the integrated core package?

## 1.3 Research Objectives

1) To identify the components of the existing package and the integrated core package of HIV/AIDS activities.

2) To estimate and compare the cost of the existing package and the integrated core package of HIV/AIDS activities.

## 1.4 Scope of the Study

This is a case study of one primary sub-district health center- Tombon Lor Health Center which provides health care services for the local outpatients in Phayao province, Thailand. The study only focuses on the provider's perspective cost of the existing package and the integrated core package of HIV/AIDS activities for HIV/AIDS patients and community. The research analyzes cost components including capital cost and recurrent cost that are divided into material cost and labor cost. This study calculated total cost, unit cost of HIV/AIDS package, calculated total cost and unit cost of specific activities of HIV/AIDS package. This study divides HIV/AIDS activities into 5 categories as follows: palliative care; mother and child health; home health care or home visitation; management information system and paper work; health education and health promotion. Most information of the cost components of the HIV/AIDS package is collected within the fiscal year 1998 (Oct. 1, 1997 to Sept. 30, 1998), during except survey and observe the personnel working time for 2 weeks are collected within Feb. 22-26 and Mar. 8-12, 1999.

## 1.5 Hypothesis

The cost of an integrated core package of HIV/AIDS activities is less than the existing package of HIV/AIDS activities.

## 1.6 Definition

- Existing package of HIV/AIDS activities

A set or group of health services that includes palliative care, prevention and promotion associated with AIDS that presently provided for HIV/AIDS patients in Tambon Lor Health Center and their community.

- Integrated core package of HIV/AIDS activities

A set or group of essential health services that includes palliative care, prevention and promotion associated with AIDS provided to HIV/AIDS patients at sub-district health center and their community due to achieve human right and equity in health care financing, quality, efficacy, and efficiency.

- HIV/AIDS patients

HIV/AIDS patient or patient with AIDS (PWA) is defined as the symptomatic, or asymptomatic-HIV positive patients and AIDS patients in the service area who received health care services at the Tambon Lor Health Center.

- Health center

Health center or primary health care center is a small health facility near the community. The health center provides primary health care service for people covering 4 categories as mentions below:

- 1) curative care and palliative care,
- 2) health promotion,
- 3) health protection and communicable disease control depend on the policy of Ministry of Public Health (MOPH),
- 4) rehabilitation.

- Palliative care

Palliative care or supportive care is an action taken to make a bad situation seem better but which does not solve the problem or it is a medical treatment that will not cure a problem but will reduce the pain and problems.

- Mother and child health

Mother and child health specifies only health services at health center including 4 activities as follows.

1) Antenatal care (ANC) includes ANC counselling, practical examination, urine pregnancy test, immunization and nourishing medicine for pregnant women until post-delivery care.

2) Family planning (FP) is counselling concerning family problems, premarital counselling, counselling during family planning, including contraception and condom distribution.

3) Expanded program on immunization (EPI) is the health services that provided for children at health center and in the responsibility area.

4) The well baby program is provided for children 0–5 years and is concerned with growth and development.

- Home health care service

Home health care service (HHC) or home visitation is an activity that provided medicine, treatment, advice, suggestion, and the helpful support as present kit which is a set of clothes, medicine, medical supplies from health center and other donors to patients at their home.

- Health promotion

Health promotion is an activity intended to increase health awareness. It includes the promotion of HIV blood test of premarital, promotion of participatory rural appraisal, community meeting, training health volunteer, promotion of care for HIV/AIDS patients in family and society, etc.

### 1.7 Expected Benefits

1) The cost information obtained in this study will be useful to estimate the cost of HIV/AIDS activities and the integrated essential activities in HIV/AIDS package at health center level for health care provider.

2) The study will be also useful for projecting future needs or resource requirements for HIV/AIDS patients in a health sector to respond effectively to HIV/AIDS. This means effective management of resource allocation, utilization, and mobilization for HIV/AIDS patients in Thailand.