

Cost-effectiveness of youth-friendly SRH programs: Example of Estonia

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Why health economics?

- Limited resources
- Demonstrate and communicate economic value of SRH programs
- Increasingly important
- Support clinical messages
- Influence policy makers
- Fundraising

Why Estonia?

- Starting point
 - Poor youth SRH outcomes 1990s
 - HIV epidemic 2000s
- Response

Two national SRH programs

 1. School-based sexuality education program
 2. Youth clinic network

Implemented simultaneously
Fully scaled up

Why Estonia?

- Success story
 - Scale-up
 - Sustainability
 - Well-documented improvement of youth SRH outcomes

Sexuality education program

- Compulsory topic in all basic schools
 - Grades 5-7
 - Since 1996
- Human Studies curriculum, which includes sexuality education topics
- Comprehensive

Sexuality education program

Duration	3 years 35 lessons / year
Coverage per year	28,000 students
Cost per student	€ 36
Budget (1997-2009)	€ 3.85 million

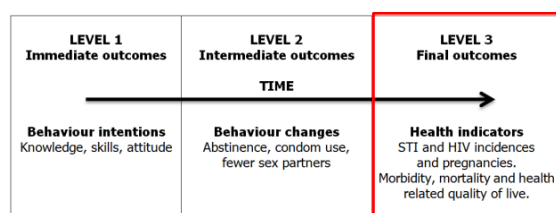
Youth clinic network

- Fully scaled up national network
 - From 1 youth clinic in 1991 to 19 youth clinics in 2007
- NGO, hospital and private owned
- Free youth-friendly SRH services:
 - STI consultations
 - Contraceptive consultations
 - SRH counselling
 - Sexuality education and internet counselling

Youth clinic network

Coverage	33,000 visits / year
Cost per patient	€ 28
Budget (2002-2012)	€ 8.38 million
Estonian Health Insurance Fund	95%

Outcome measurement



Kempers J. *Economic Analysis of Youth Sexual and Reproductive Health Programmes - a Multi-Country Study*. 2015. ISBN: 978-94-6259-771-6. <http://www.Qalys.eu/PhD-Jari-Kempers>

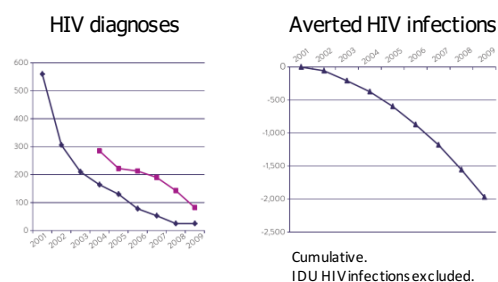
Level 3: SRH data

- Good national data
- Age group specific
15-19 and 20-24 years
- Abortions, STIs and HIV diagnoses
- Entire program period

SRH outcomes



HIV diagnoses



Was this caused by two programs?

Challenge with attribution

- Correlation – causality
- No control groups or comparator

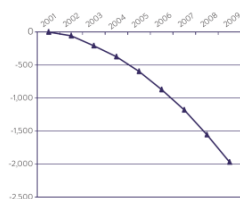
- Solution: Threshold analyses
Program costs vs. cost savings
=> break-even point

Threshold analysis HIV

Program	Program costs (Euro)	Lifetime treatment costs per HIV infection (Euro)	Break-even point: Averted HIV infections
School-based sexuality education (1996-2009)	3,850,000	46,500	83
Youth Clinic Network (2002-2009)	4,380,000	46,500	94

Threshold analysis HIV

Program	Break-even point: Averted HIV infections	% of the improvements
School-based sexuality education (1996-2009)	83	4%
Youth Clinic Network (2002-2009)	94	5%



Limitations

- Hypothetical analysis
- Not an impact assessment
- Attribution
- Other outcomes
- Transferability

Conclusion

- The combination of school-based sexuality education and youth-friendly SRH services
- Improved SRH outcomes
- Cost saving
- Cost-effectiveness analysis vs. Budget impact analysis

Why the SRH programs were successful?

Which factors contributed to it?

Success factors

1. Favorable social and political environment
2. Clearly demonstrated need for sexuality education and youth SRH services
3. Acceptance by healthcare- and education professionals

Success factors

4. Professional coordination:
Estonian Sexual Health Association
5. Advocacy
6. Sustainable national funding
7. Recognition of the success

Thank you!

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References

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