

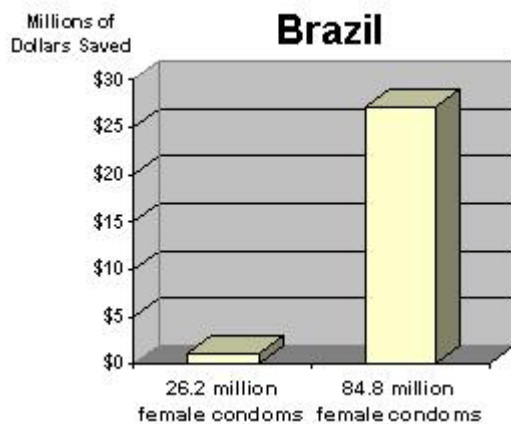
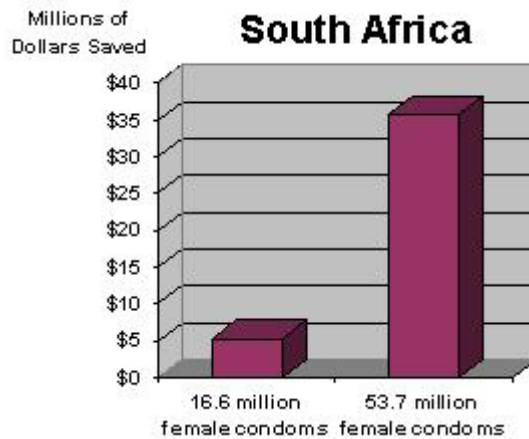
Are Female Condoms Cost-Effective?



Research suggests that the FC female condoms are a cost-effective method of HIV prevention even at low levels of use. Further the data show that the cost-effectiveness would increase significantly at higher levels of use.

A study conducted in 2005 by Dr. David Holtgrave, Chair of the Department of Health, Behavior and Society at Johns Hopkins University's Bloomberg School of Public Health, examined the projected public health impact that the FC2 female condom would have at different levels of use in two developing countries: South Africa and Brazil. The study concluded that FC2 use would generate significant cost savings at all levels of implementation by preventing thousands of HIV infections and saving millions of dollars in health care costs.

The Holtgrave study found that if approximately 17 million FC2 female condoms were distributed in South Africa, almost 10,000 HIV infections would be prevented. If approximately 54 million FC2 female condoms were distributed, 32,000 HIV infections would be prevented. Comparing the dollar value of health care costs averted with the cost of distributing FC2 the total cost savings would be between \$5 million and \$36 million.



Similarly, in Brazil the cost savings could range from \$1. million to \$27 million if the units distributed were between 26 million and 85 million.

The Holtgrave study did not include in its analysis other positive economic benefits that would result from averted HIV infections, including higher levels of income and productivity.

Country-Wide Distribution of the Nitrile Female Condom (FC2) in Brazil and South Africa: A Cost-Effectiveness Analysis

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Abstract

Objective: To evaluate the cost-effectiveness and potential impact of expanded female condom distribution

Design: Cost-effectiveness analysis

Setting: Brazil and South Africa

Subjects/participants: All sexually-active individuals, ages 15 to 49, with access to publicly-distributed condoms

Intervention: Country-wide distribution of the nitrile female condom (FC2)

Main Outcome Measures: HIV infections averted annually; incremental cost to a government or donor agency, per HIV infection averted

Results: In Brazil, expansion of FC2 distribution to a volume corresponding to 10% of current male condom use would avert an estimated 604 (90% of model simulations between 412-831) HIV infections at an incremental cost of \$20,683 (\$13,497-\$29,521) per infection averted. In South Africa, 9,577 (6,539-13,270) infections could be averted, at \$985 (\$633-\$1,412) per infection averted. The estimated cost of treating one HIV-infected individual is \$21,970 (\$18,369-\$25,719) in Brazil and \$1,503 (\$1,245-\$1,769) in South Africa, indicating potential cost-savings. The incremental cost of expanded distribution could be further reduced to \$8,930 (\$5,864-\$13,163) per infection averted in Brazil and \$374 (\$237-\$553) in South Africa by acquiring FC2s through a global purchasing mechanism and increasing distribution threefold. Sensitivity analyses show model estimates to be most sensitive to the estimated prevalence of sexually transmitted infections, total sexual activity, and fraction of FC2s that are properly used.

Conclusions: Expanded distribution of the nitrile female condom in Brazil and South Africa could avert substantial numbers of HIV infections at little or no net cost to donor or government agencies. FC2 may be a useful and cost-effective supplement to the male condom for preventing HIV.