Out-of-Pocket Payments in Accessing Antiretroviral Treatment among People Living with HIV in Indonesia

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Introduction

Within Indonesia's National Health Insurance Program, the package for HIV services is limited in achieving the 95-95-95 targets set by the Ministry of Health's (MoH) National HIV Program. Despite comprehensive coverage, out-of-pocket payments (OOP) remain high when accessing care. While the National Health Account reported a decrease in OOP from 32.2% in 2019 (pre-pandemic) to 25.1% in 2021 (during the pandemic), the National Socioeconomic Survey 2018-2022 revealed an increase of 10% in OOP. However, data on OOP paid by Persons Living with HIV (PLHIV) when accessing antiretroviral (ARV) treatment is limited. This study aims to identify factors associated with OOP when obtaining ARV via health care providers to inform the MoH on the achievement of the triple 95 targets.

Methodology

Between April-August 2022, we surveyed 561 PLHIV in 16 municipalities in Indonesia. The sampling was drawn by a convenient sample undertaken by HIV volunteers in each municipality. Participants filled out a Google Form-based questionnaire. The sampling employed a Lemeshow and proportional stratified cluster random sampling technique. We applied multivariate logistic regression to identify the factors associated with OOP in accessing ARV treatment.

Results: OOP Costs

Figure 1. Percent of PLHIV paying OOP when accessing ARV treatment via health care providers (n=561)

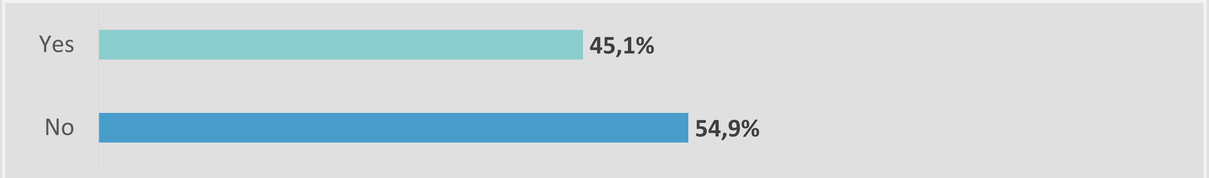
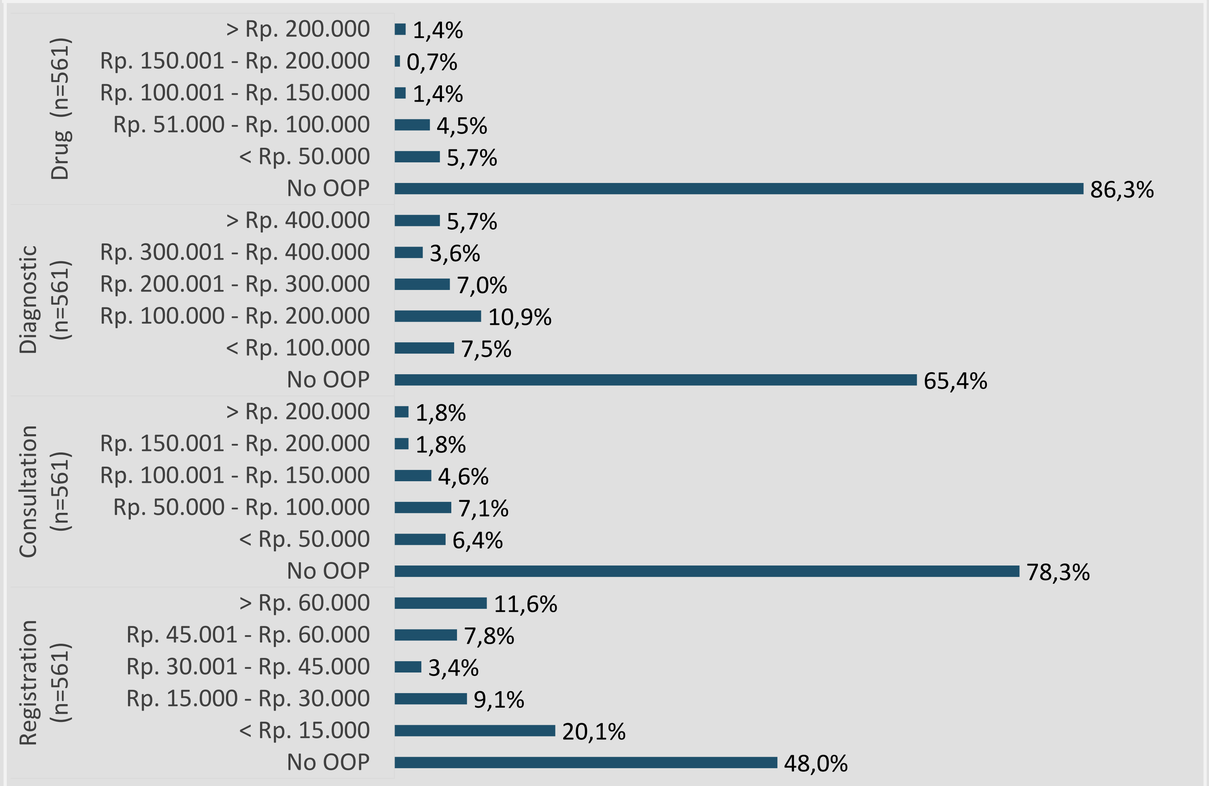


Figure 2. Amount of OOP paid when obtaining ARV by the level of service



Results: Factors Affecting OOP Costs

Figure 3. Percent of PLHIV facing Internalized stigma (n=561)

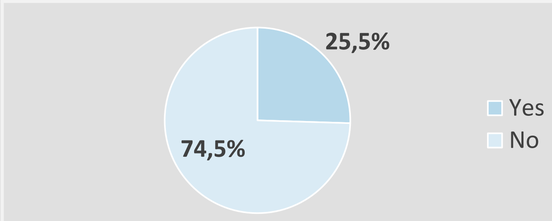


Figure 4. Location of health providers providing ARV treatment (n=561)

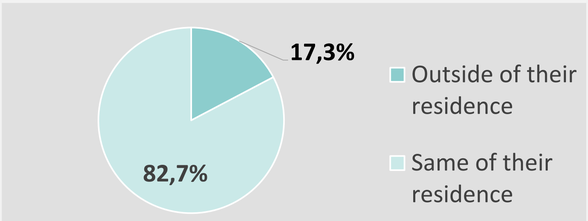


Figure 5. Travel time to health care providers (n=561)

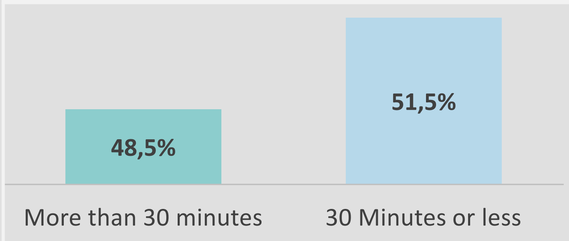


Figure 6. Type of health care providers used to access ARV treatment (n=561)

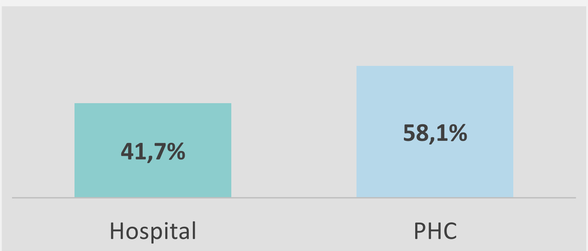
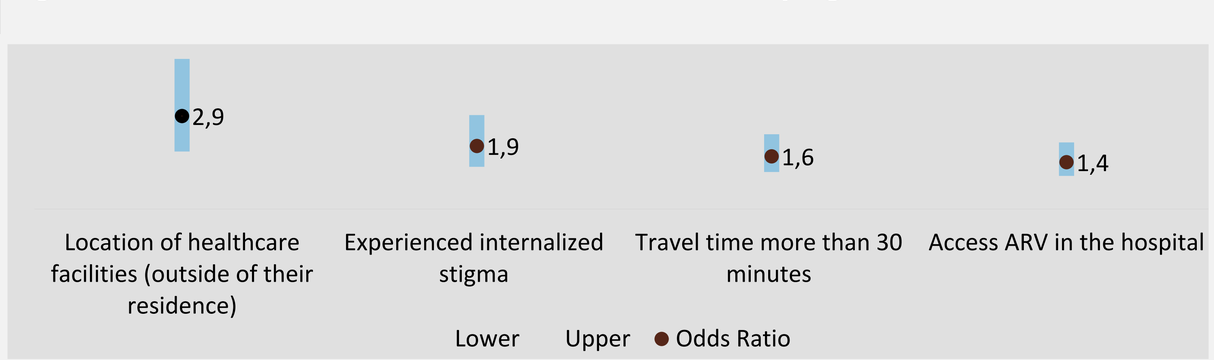


Figure 7. Odds ratios and confident intervals of OOP by significant factors



Key Findings

1. 45% of PLHIV reported paying OOP when accessing ARV at health care providers. These included registration, consultation, diagnostic, and drug fees as demonstrated in Figure 3.
2. More than a quarter of the respondents experienced internalized stigma (25.5%)
3. About 17% of respondents obtained ARV outside of their residential area and almost half of the respondents reported travelling over 30 minutes to reach their health care providers.
4. While most respondents received ARV treatments in primary health care (PHC), more than 40% of respondents visited hospitals to access ARV treatments.
5. PLHIV who obtained ARV medication outside their residential area were almost three times more likely to pay OOP as compared to those who obtained ARV within their residential area (OR=2.9; 95% CI= 1.8-4.6).
6. PLHIV who reported travelling over 30 minutes to reach their health care providers were more likely to pay OOP than those who travelled less (OR=1.6; 95% CI = 1.1-2.3).
7. Individuals who felt stigma in accessing ARV treatment were twice as likely to pay OOP as those who did not (OR=1.9; 95% CI = 1.3-2.9).
8. Patients visiting hospitals were 1.4 times more likely to pay OOP compared to those visiting PHC (OR=1.4; 95% CI = 1.0-2.1)

Conclusion

Nearly half of the surveyed PLHIV reported OOP expenses when visiting health care providers. These included registration, consultation, diagnostic, and drug fees. Factors associated with these payments include location, travel time, and experiencing internalized stigma (self-stigma), and type of health care provider (p-value < 0.05).

Recommendations

To address the incidence of OOP payments, the MoH might consider implementing back referral policies that encourage PLHIV to access ARV treatments at PHC facilities and refer those who regularly receive ARVs at hospitals back to these facilities. In addition, different payment mechanisms should also be considered, such as non-capitation and performance-based capitation for HIV services. Health care providers could also adopt multi-month dispensing of ARVs to reduce the frequency of travel for PLHIV to health care providers. Furthermore, health care providers should offer counseling services to address feelings of powerlessness, guilt, anger, and reactions from others when PLHIV access HIV care. This support is especially crucial for those newly diagnosed and initiating HIV.

Acknowledgments

This poster is made possible by the generous support of the American people through the United States Agency for International Development (USAID). It was produced by the USAID Health Financing Activity (HFA) under Contract No. 72049719C00002, which is implemented by ThinkWell. The authors' views expressed in this publication do not necessarily reflect the views of USAID or the United States Government.