

**33<sup>rd</sup> Annual Conference on Global Health • Washington D.C. • May 30 – June 2, 2006**

# Fostering Public-Private Partnership in HIV Prevention, Care, and Treatment in Vietnam

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# Introduction

- Public-Private Partnerships: useful for responding to the HIV epidemic?
- Little is known about the private sector's capacity to respond to AIDS in Vietnam
- Pathfinder and 5 provincial government partners, with support from PEPFAR, conducted a study of current STI, HIV and AIDS services provided by the private sector
- In this country of over 80 million people, HIV prevalence rate still under 1% nationally, but is over 1% in several provinces from IDU and also cross-border sex work.

# STI/HIV/AIDS Services Assessment

- STI/HIV/AIDS growing public health concern
- The assessment's aim was to:
  - Obtain data on existing public and private STI and HIV/AIDS services activity
  - Assess potential future service capacity of private sector
  - Identify Public-Private Partnership (PPP) models to improve effective prevention, care, and treatment of STI and HIV and AIDS



# History of Private Health Sector

- Pre-1986: Free health care and medication for all. Private sector prohibited. Underground only.
- 1986: “Renovation” started – market-oriented policy
  - Decreased social safety nets
  - Government health expenditure per capita dropped dramatically
- 1989: Health reform introduced: Ordinance on private health practices (revised in 2003); user fees introduced; patients free to select services (private or public). Rapid national growth of private health sector.

# Current Situation: Public Health Sector

- Significantly higher quality care than private sector, therefore more desirable and sought after.
- Under-utilized for STI and HIV/AIDS services because of lack of privacy/confidentiality.
- Mandated to train, monitor, and supervise private sector for quality of care, but has not been done.
- Public health authorities have expressed interest in PPP.

# Current Situation: Private Health Sector

- Far more available at community level, but not preferred because of lower quality and higher cost.
- Not organized (associations/group practices)
  - Isolated, no professional representation
  - Undocumented - little data known on conditions
- Absence of government regulation means serious lack of quality control; quality varies greatly.
- Many public providers moonlight in private clinics to supplement poor salaries.



# Private Health Sector, continued

- Private providers rarely receive updates or refresher training. No official training system for private sector; CMEs not required.
- No coordination mechanisms with public sector
- Lower status resulting in lower rate of use
- Small scale:
  - 66.37% of private providers are specialized
  - 82% of medical clinics and 84.5% of traditional medicine establishments have only one room for medical practices. 22.5% of medical clinics are shared with living areas.

# Assessment Survey Methodology

- Qualitative (public/private respondents: focus groups, in-depth interviews)
  - Private providers (doctors, assistant doctors, pharmacists, drug sellers)
  - Key officials of health care sector and related agencies (central and provincial levels)
  - STI clients and PLWHA
- Quantitative sample (1,500 private provider respondents)
  - Randomly selected
  - Conducted in five of the ten provinces most affected by HIV/AIDS



# Assessment Results: Private Sector Involvement in STI and HIV/AIDS

- Provide treatment for most common STIs
- Limited role/contributions to HIV/AIDS services, focusing primarily on prevention counseling, HIV rapid test.

# Private Sector STI and HIV/AIDS Staffing

- Most private clinics have trained staff, however the number of staff capable of providing STIs and HIV/AIDS related services is limited:
  - 75% of medical clinics have insufficient capacity to provide STI-related services
  - 87% of medical clinics have no staff who can handle HIV/AIDS

# STI and HIV/AIDS Service Provision in the Private Sector

- 15.7% of private clinics surveyed provide STI services, generally covering counseling, lab tests, examination, and treatment. Most of these services are of reasonably good quality.
- 3.3% of private clinics surveyed offer limited HIV/AIDS services. Over 75% of these providers offer only counseling, IEC materials, or HIV rapid test.



# Traditional Medicine Establishments

- The traditional medicine establishments (traditional healers/practitioners) often provide treatment for STI clients based on a diagnosis made by another medical provider.
- Provide HIV/AIDS related services only through:
  - Detoxifying acupuncture for drug addicts
  - Prescribing herbal tonics to PLWHA

# Private Pharmacies

- Vast majority of private pharmacies sell various kinds of drugs for STIs and OIs, very few ARVs:
  - 100% sell drugs for OIs
  - 80.38% sell drugs for STIs
  - 1.03% sell ARVs (only legal in public facilities)

# STI and HIV/AIDS Clients in the Private Sector

- 92.25% of private providers who provide STI services see about 30 STI clients per month.
- 96.3% of private providers who provide HIV/AIDS related services see about 5 HIV/AIDS clients per month.
- The demand for HIV/AIDS services among PLWHA is high, but most cannot



# Health Providers' Attitudes Towards STI/HIV/AIDS Clients

- Less discrimination towards STI clients
- Stigmatization towards PLWHA remains high and prejudice often hidden
- Most STI and HIV/AIDS patients prefer to visit private providers to avoid stigma

# Health Providers' Attitudes Towards STI/HIV/AIDS Clients Cont'd

- Little resistance to providing STI services. The most common concern is “other patients are afraid of being treated in the same medical facilities” (21%).
- Considerable resistance to providing HIV/AIDS services. Common concerns include “risk of getting infected” (70%) or “family’s opposition to service provision” (50%).

# Health Providers' Attitudes Towards STI/HIV/AIDS Clients Cont'd

- 42.96% of current STI service providers plan to continue to provide these services, and 47.41% intend to expand to HIV/AIDS related services.
- 20% of providers not yet providing either service intend to provide counseling or education on STI and HIV/AIDS prevention only. Only 10% intend to provide diagnosis, care, and treatment.
- 51.98% of private pharmacies do not want to



# Perceptions of PPP

- Poor private sector knowledge of PPP
  - 91.99% do not know of any current forms of collaboration;
  - 1.95% know about training activities provided by public sector for private providers;
  - 1.84% know about government-supported delivery of free condoms and clean needles/syringes;
  - None of the respondents know about any contractual collaborations between the two sectors.

# Perceptions of PPP

- Attitudes and opinions limiting PPP:
  - Public stakeholders express concern about “lack of financial resources and a suitable administrative mechanism for PPP” and the private sector’s “for-profit” goals constituting an obstacle to PPP.
  - Private providers fear “complicated administrative procedures,” “being under too much management by the state,” and “time consuming” obstacles. Of particular concern was “the low income of STI and HIV/AIDS patients” which reduces the interest of private sector in providing services to them.

# Perceptions of PPP

- Attitudes and opinions limiting PPP:
  - Private sector wants as much public sector support as possible, but they do not want to be over managed and supervised by the public sector.
  - Time spent on PPP will be costly for them.

# Possible PPP Models

- Non-contractual model defined as:
  - No new legal entity is established
  - No commercial contractual arrangement between the two sides
  - Initiative is from the public sector and/or donors
    - Strategies
      1. Technical assistance for capacity building
        - Training is the most common way the public sector can support the private sector
      2. Providing tax incentives
        - Allocating or leasing land with preferential conditions for facilities
        - Creating better access to credit and loans
        - Accrediting good private health providers
        - Offering professional health insurance policies
        - Allowing private participation in social health insurance schemes
        - Promoting improved services of the private sector



# Possible PPP Models

## **Contractual models defined as:**

- Commercial contractual arrangement or contract is made between  
the public and private sectors.
- Public sector provides financial support to an existing or newly set up  
private health entity.

## **Strategies:**

1. Official referral system
  - Two way referral between public and private
2. Newly set up specialized medical establishments
  - Setting up a hospital or a health center for STI or HIV/AIDS related services
  - Joint investment and profits are shared in correspondence with the capital contribution portion previously agreed on

Thank you!