

# Smart Aid in Uganda and Kenya

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# STDs in Uganda

- **UGANDA**
- Programme in Mbarara District
- Mbarara Town has high prevalence of HIV (12%)
- High incidence of STDs
  - 7% to 15%
- Population: 1 Million
- Thriving private sector

# STDs in Uganda

- **The Condition – STDs:**
- Having an STD increases the chances of contracting HIV;
- Specific groups find it difficult, embarrassing or too expensive to get treatment;
- Treatments given are not always appropriate;
- Public facilities do not have enough drugs to treat STDs.

# STDs in Uganda

- **Health Policy in Uganda:**
- Govt. Services are free-at-the-point of service (since October 2004);
- Govt. staff are allowed to run private practices;
- Govt. has a positive policy towards working with the private sector;
- Thinking about Social Health Insurance.

# The OBA Programme

- **Conditions to be treated:**
  - Urethral Discharge Syndrome (male);
  - Abnormal Vaginal Discharge syndrome;
  - Lower Abdominal Pain Syndrome (female) or Pelvic Inflammatory Disease (PID);
  - Genital Ulcer Disease Syndrome;
  - Inguinal Swelling;
  - Genital Warts;

# The OBA Programme

- **Diagnosis, laboratory tests and treatment:**
  - Well-defined in Uganda Clinical Guidelines and by WHO
  - Limited number of lab. Investigations
  - Limited number of drugs needed

# The OBA Programme

- **Recognised as important by the population:**
  - Good disease recognition;
  - High proportion of population have had the diseases;
  - Are willing to pay up to 5000/- for treatment;

but

- Want confidentiality;
- Choice of provider;
- Quality treatment.



# The OBA Programme

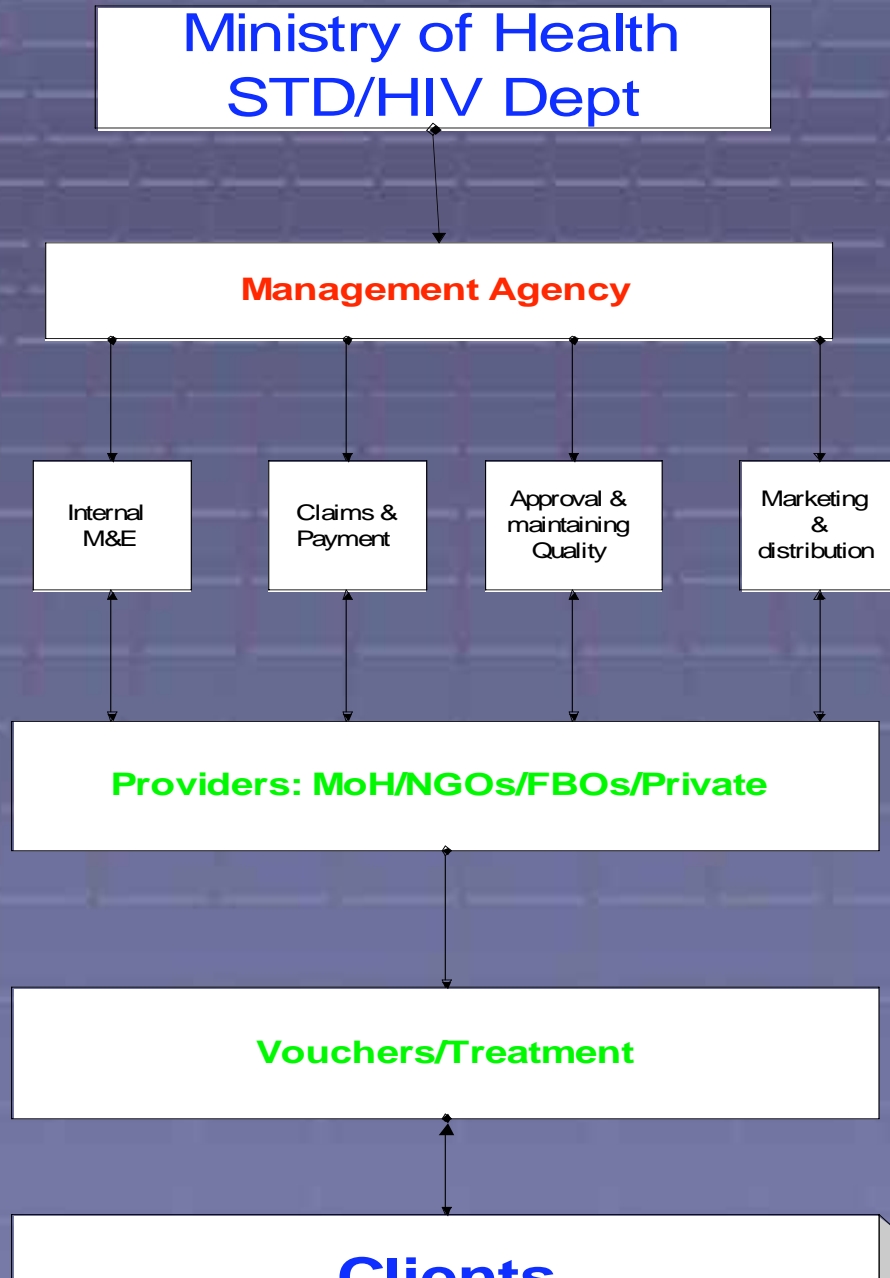
- **Provider availability:**
  - **Good coverage from Govt.** health facilities but often without drugs & reagents;
  - **30+ private providers** – mainly doctors but also clinical officers and midwives/nurses;
  - **25 have their own lab** and the others have easy access to a lab;
  - Spread through **most of the district** but some areas not covered;
  - **3 private wholesale pharmacies** have all the drugs and reagents



# The OBA Programme

- Can the programme be implemented?
- Is the disease a problem? **Yes**  
– high incidence and perceived as such by the population
- Are people willing to pay? **Yes**
- Are there enough providers?  
**Yes**
- Are drugs and reagents locally available? **Yes**
- Will the Govt. support it? **Yes**

# The OBA Programme



# The OBA Programme

- **Programme components**
  - Define and cost the conditions
  - Identify & contract providers
  - Market the programme
  - Distribute the vouchers
  - Claims and payment system
  - Monitoring and evaluation
  - Fraud control
  - Expansion

# Kenya

- In **Kenya** a programme is being started for providing :
  - Institutional Delivery;
  - Clinical Family Planning Services.

The design steps and conditions are similar to Uganda but there are less providers per district

# Kenya

## Gender Violence Recovery Voucher

This is run in a different way:  
vouchers are not sold to the  
public

# Kenya

## Conditions to be treated:

- Rape, domestic violence and sexual abuse of children

## Diagnosis, laboratory tests and treatment:

- Well defined treatment protocols

# Kenya

Recognised as important by the population

- Widely discussed and recognised as important
- Victims cannot pay

Provider availability:

- Few facilities offer the services – only 1 does it properly



# Kenya

- **Programme components**
  - Define and cost the conditions
  - Contract the provider
  - Support the Provider in publicising its Service
  - Reimburse the Provider for each case treated – not 100%
  - Monitoring and evaluation
  - Fraud control
  - Expansion – social franchising approach

**Thank you!**