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Lessons from Implementing TB and HIV/AIDS Services through the Private Health Sector in Ethiopia

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Solving problems, guiding decisions – worldwide

Background

- Private health sector is an integral part of expanding coverage in Ethiopia
  - 49 hospitals, 570 medium and higher clinics and 1,155 specialized clinics
- TB is fourth leading cause of hospital admission
  - Prevalence per 100,000: 579
  - Annual incidence (all cases) per 100,000: 378 (WHO 2009)
  - Incident target for 2015: 156 per 100,000
- Adult HIV 2.3% (2009) according to FHAPCO (PLWHA = 1,116,216)
- 290,000 PLWHA are in need of ART (FMOH, December 2008)
- 128,000 are receiving ART (FMOH, December 2008)

Private providers are motivated to implement "public" services

- Social or moral responsibility to help their clients and community
  - *"It is our responsibility. TB is a big problem in Ethiopia and it is a moral obligation to share the burden with the government." (Clinic owner)*
  - *"There is a moral advantage for me to provide a service for society and to help my government. By handling our patients in our clinic, we are not forcing them to run here or there." (Clinic owner)*
- Business/financial sense
  - *"Since the patient is attending the clinic, they are familiar with clinic – our facility, our capacity. If any member of their family undergoes illness, they will bring them. The program is upgrading the popularity of the clinic." (Clinic owner)*
- Build better relationships with public officials
  - *"The government understands the private sector has the capacity to share the government program. The government understands not only is the advantage by the private sector, but the advantage is with the government too."*

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Rationale for engaging the private sector in TB and HIV/AIDS services

- Private (commercial) sector is a major provider of health services in Ethiopia
  - 25% of Ethiopia's 2,085 physicians and 23% of specialists (in Addis Ababa, Harar and Dire Dawa) work in the private sector
- Private clinics are already contributing to prevention, diagnosis, and treatment services for other infectious diseases
  - Clients perceive and value the quality of services in private sector
- Public sector cannot meet the TB and HIV/AIDS needs alone (already overstretched)
  - National Strategy to engage private facilities for TB/DOTS services (WHO recommendation)

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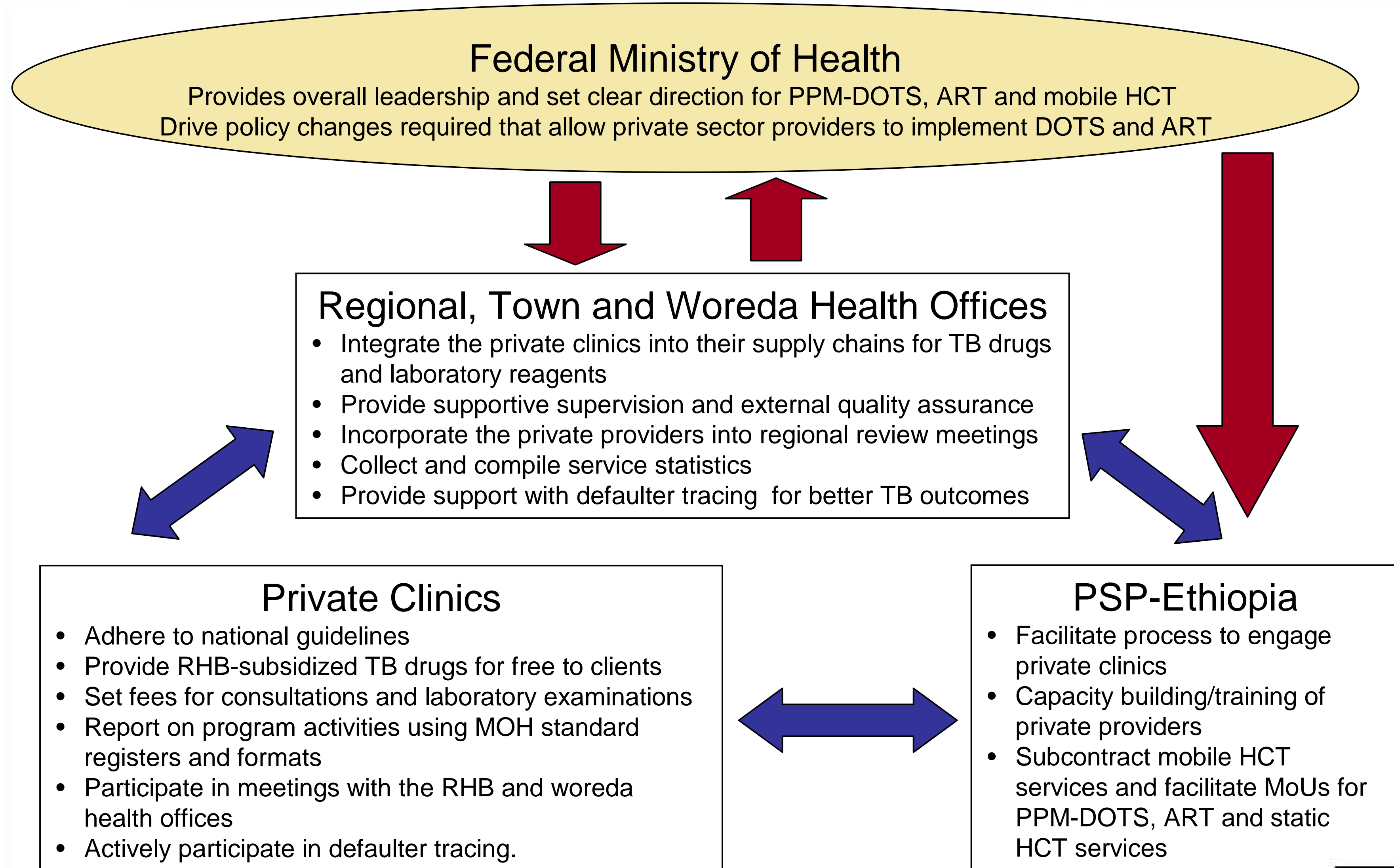
What does the Private Sector Program-Ethiopia do?

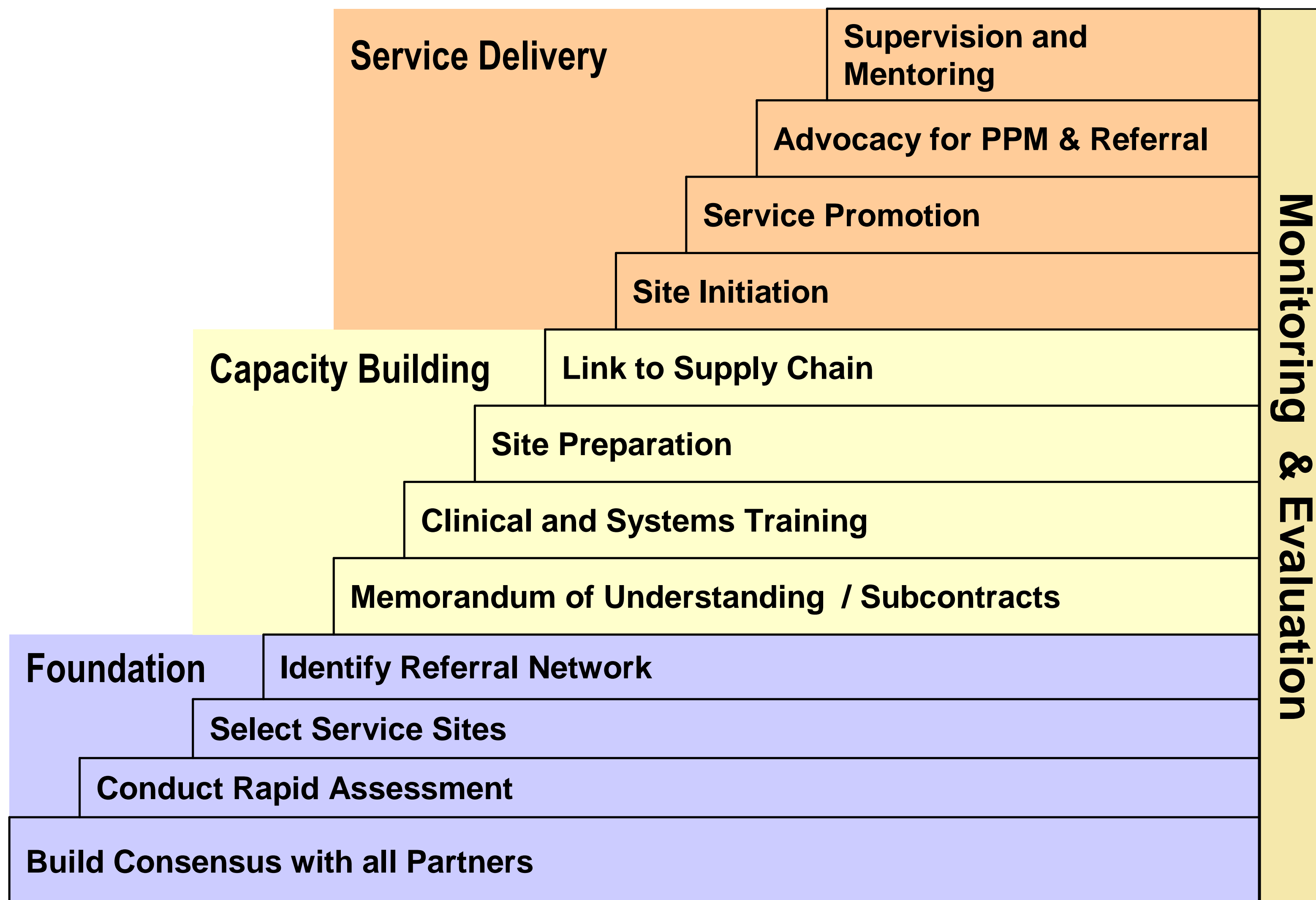
- HIV counseling and testing
  - Mobile HCT implemented by four private service providers through subcontracts since July 2007 in Addis Ababa, Amhara, SNNPR, Afar and Oromia regions
  - Mobile HCT targets MARPS – mobile services have an advantage to reaching these groups
  - HCT at 157 private (commercial) clinics
- PPM-DOTS
  - 90 private clinics and 18 workplace clinics in Addis Ababa, Amhara and Oromia regions
- Antiretroviral therapy
  - Initiating services at approximately 20 higher clinics in Addis Ababa

Using a partnership model to effectively engage the private health sector



BO1

Private sector approach: implementation process



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Slide 7

BO1 The emphasis of this slide is the need to develop a new implementation process that takes into the consideration the added steps to bring a new player - the private sector - into the national program The way you described the steps was perfect and did in fact stress the new approach. I have highlighted the special/added steps. You can remove if they are not correct or too much going on.

Barbara O'Hanlon , 5/7/2009

Increased access to mobile HCT services through private channels

As of March 2009:

- A total of 84,141 clients received mobile HCT services in 59 towns along major transport corridors
- 36.7% of clients were females
- HIV prevalence among clients: 5.1% (3.4% among males and 8.0% among females)
- 58.4% of HIV+ accepted referral to ART services
- 11% of HIV-positive clients that refused referral to ART accepted referral to further counseling

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Private sector flexible and responsive to client needs and preferences

Coffee ceremony to educate and mobilize FSWs for mobile HCT

Taking services "off the beaten path"

Innovative strategies - "moonlight" services to reach at-risk groups

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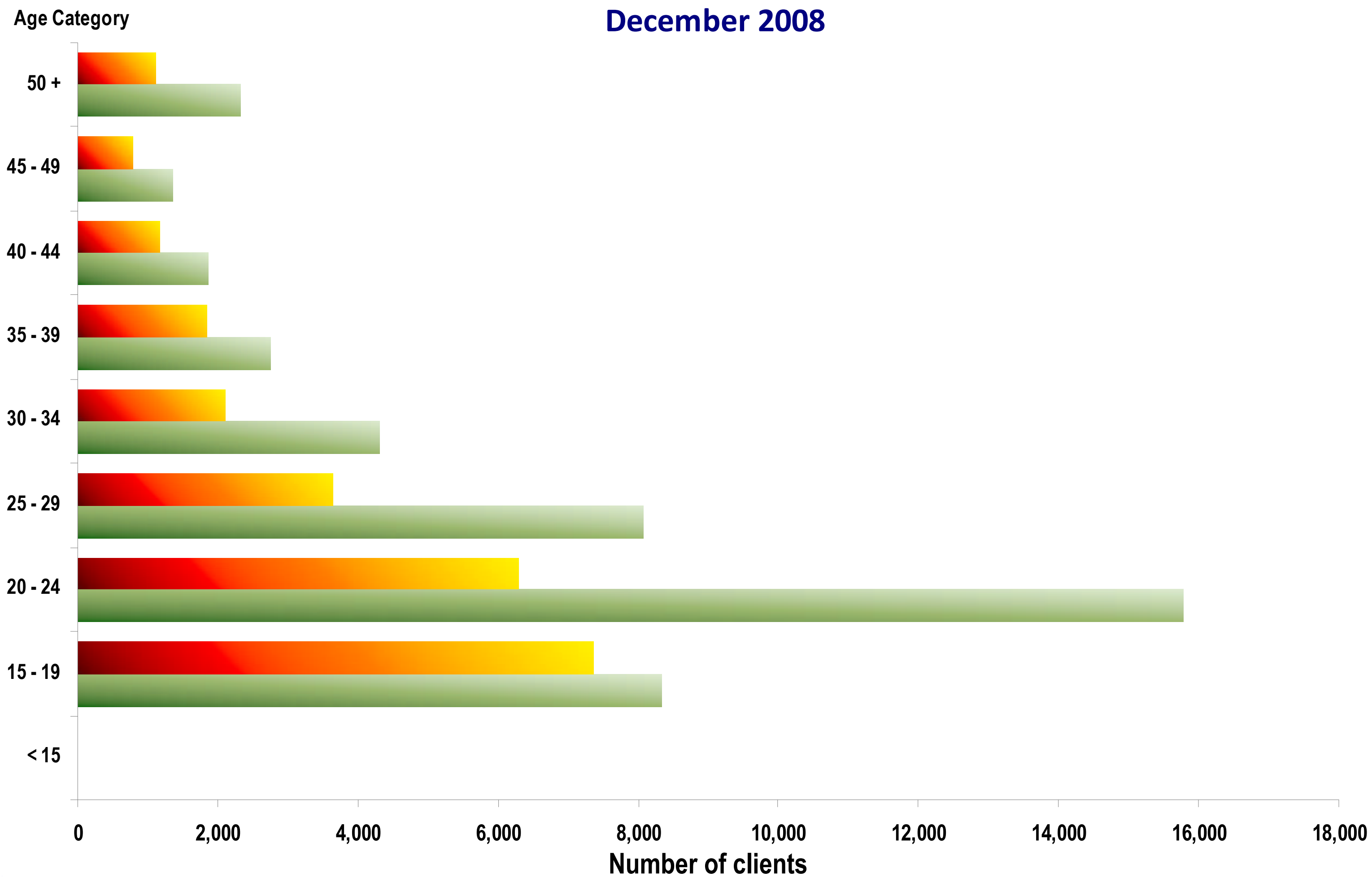
Age distribution of mobile HCT clients



Private sector now a significant contributor to national PPM-DOTS & HCT goals

As of March 2009:

- 5,874 TB patients enrolled in PPM-TB sites since October 2006
- 1,412 TB clients accepted HCT in the quarter they were enrolled since October 2008 (33.4% were HIV-positive)
- Over the first 12-month period, 11 new PPM-DOTS sites contributed **15.2%** of Addis Ababa's annual case detection
- 144,197 clients received HCT in private sites (PPM-DOTS plus CT-only sites)

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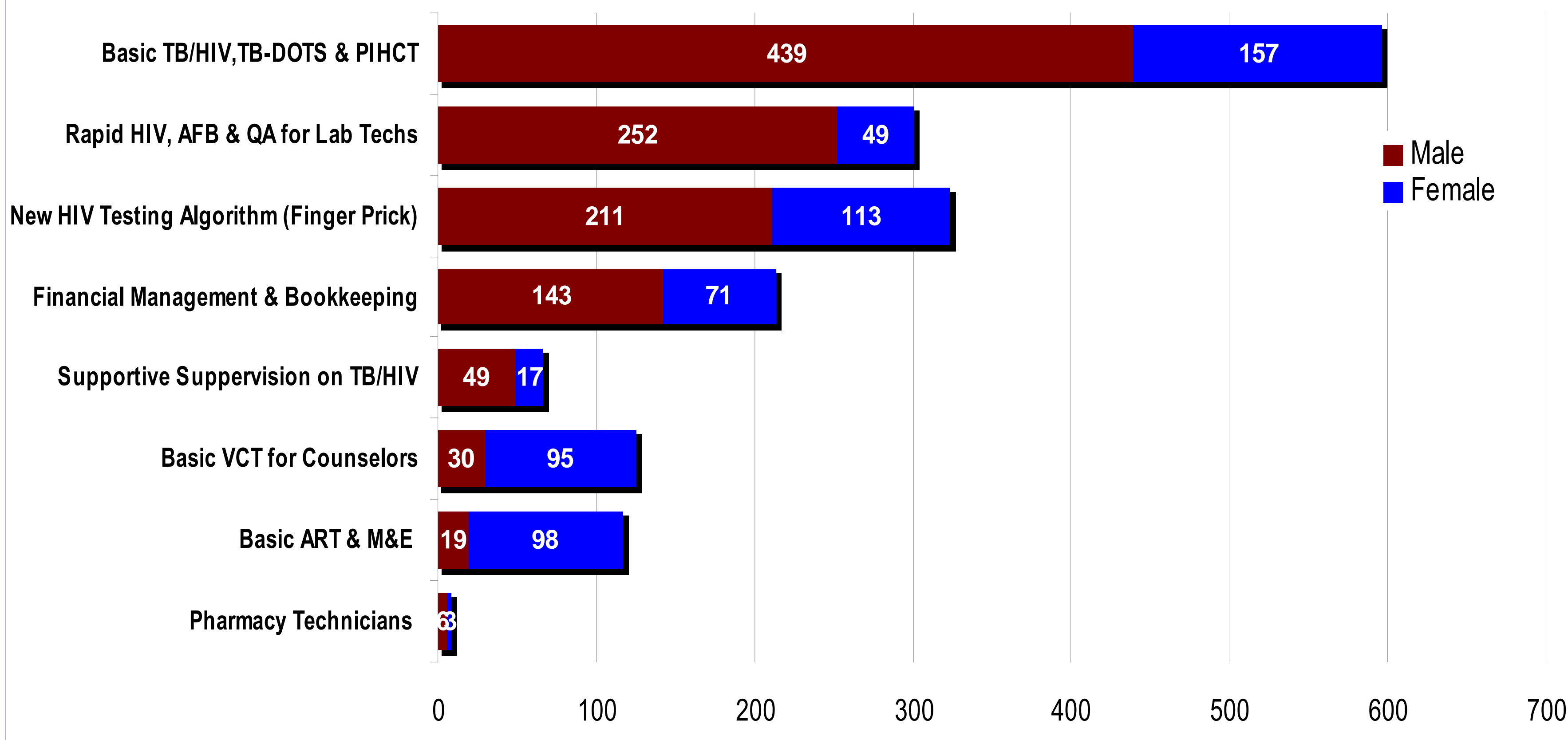
Building private sector capacity to help address public sector goals



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Private sector plays an important role in TB case detection

Year	Quarter	Total Facilities	Reporting Facilities	All TB Cases	Pulmonary TB Cases	Extra Pulmonary	Sputum Smear + PTB	% of SS+ve from PTB
Year 3 (10/06 to 9/07)	Q1	11	9	157	102	55	31	30.4%
	Q2	16	17	464	341	123	105	30.8%
	Q3	20	19	623	426	196	129	30.3%
	Q4	20	19	485	325	160	89	27.4%
Year 4 (10/07 to 9/08)	Q1	17	16	405	249	156	70	28.1%
	Q2	17	15	371	233	138	73	31.3%
	Q3	61	46	543	337	207	139	41.2%
	Q4	90	61	715	363	217	182	50.1%
Year 5 (10/08 to 3/09)	Q1	90	67	592	295	147	145	49.2%
	Q2	90	62	823	491	218	214	43.6%
Total (10/06 to 3/09)	**All**	**N/A**	**N/A**	**5,178**	**3,162**	**1,617**	**1,177**	**37.2%**

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Private sector services compare favorably with public sector: treatment outcomes

Year	Quarter	Total Facilities	Reporting Facilities	Treatment Outcome					
				Cure Rate	Tx Complete Rate	Death Rate	Failure Rate	Defaulter Rate	Transfer-out Rate
Year 4 (10/07 to 9/08)	Q1	17	9	86.2%	0.0%	3.4%	0.0%	3.4%	6.9%
	Q2	17	12	68.9%	5.7%	9.4%	0.0%	6.6%	9.4%
	Q3	17	17	66.4%	2.7%	4.5%	0.0%	6.4%	20.0%
	Q4	17	15	68.8%	5.2%	6.3%	0.0%	9.4%	10.4%
Year 5 (10/08 to 3/09)	Q1	17	15	83.1%	10.2%	1.7%	0.0%	0.0%	5.1%
	Q2	17	8	73.8%	7.7%	6.2%	1.5%	0.0%	10.8%
Total (10/07 to 3/09)	**All**	**17**	**N/A**	**71.8%**	**5.4%**	**5.8%**	**0.2%**	**5.2%**	**11.6%**

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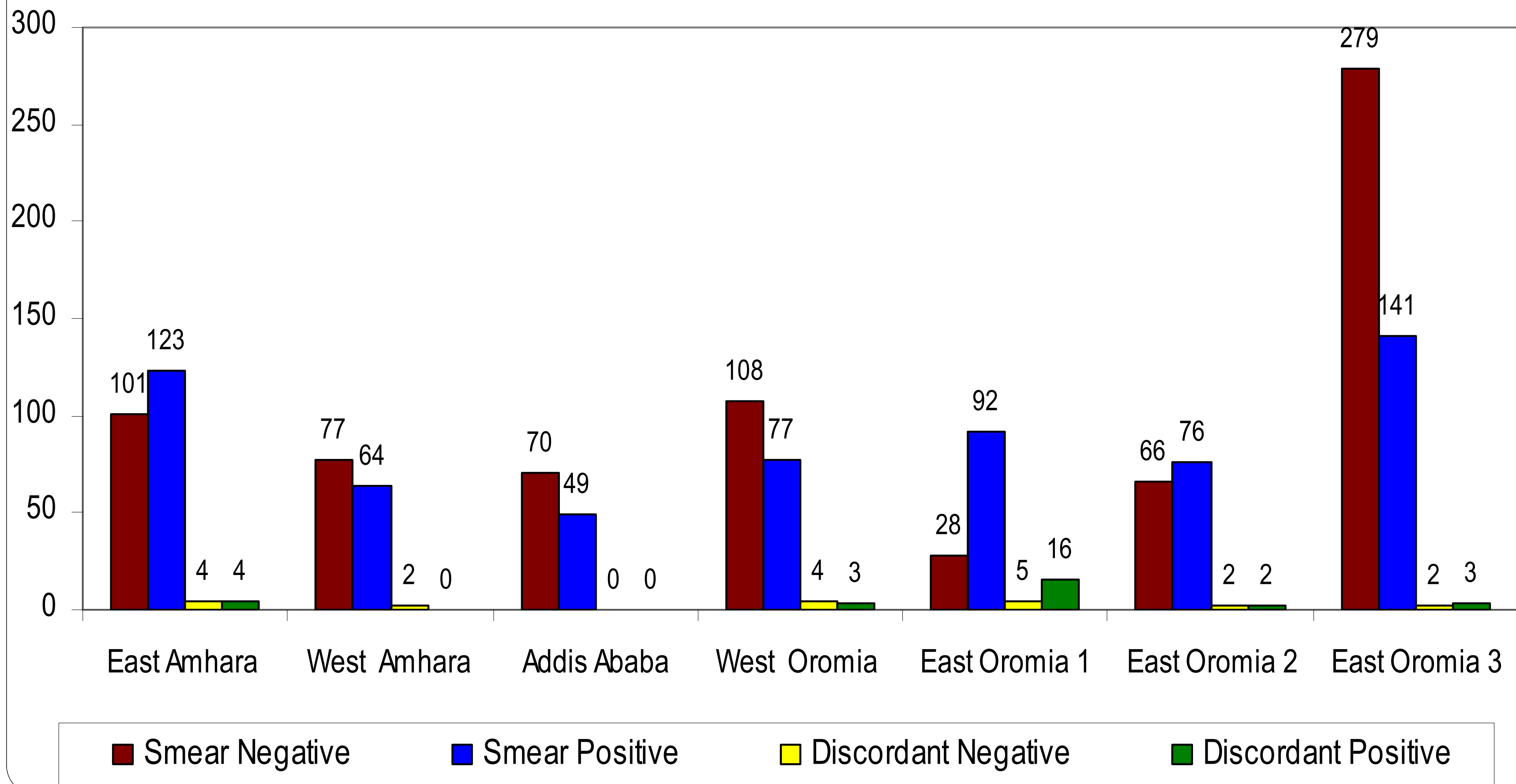
Quality of services is high in private facilities



Quality of mobile HCT services is high

Region	# of samples collected for EQA	HIV Test Blind Re-checking EQA Results	
		Concordant	Discordant
Amhara East	1,443	1,443	0
Amhara West	1,006	1,000	6
Oromiya South	677	677	0
Total	**3,126**	**3,120**	**6**
Percentage		**99.8%**	**0.2%**

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Lessons learned in working with the private sector (1)

- Building strong partnerships from the outset essential to success
  - Coordination and clearly defined roles & responsibilities for the public and private sector in a partnership produces results
  - Need for honest broker to establish partnership - PSP-E played critical role as a broker that established trust between public and private sectors in a transparent manner
- Both public and private sectors need technical support in working together and how to integrate private sector into day-to-day operations
  - Full participation and capacity building of government and private sector at all levels is key to success and sustainability
  - Joint supportive supervision strengthens collaboration
  - Advocacy workshops strengthen public-private referral linkages and collaboration on defaulter tracing
  - PPM sites integrated in region's TB program review meetings

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Lessons learned in working with the private sector (2)

- PPM establishes a reporting link from the private sector to the public sector – this enables public sector to better understand private sector contribution to service delivery

- Working with the private sector produces results
  - Private sector willing to become engaged – entrepreneurship is alive and well
  - Private service providers are effective in reaching MARPs with HCT services
  - Regional lab EQA indicates that private sector lab results meet national standards
  - PPM is a critical strategy of scaling-up TB and HIV/AIDS services in Ethiopia

- But there remains challenges in working with the private sector
  - Retention (beyond monetary compensation) need to be addressed in the private sector

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Parting thoughts on going forward with the private sector in Ethiopia

- There is an opportunity to expand public health services into the private sector building on the PPM-DOTS experience
- Quality of services in the private sector is high
- Staff attrition is also an issue in the private sector and needs to be addressed

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