



# Moving Towards Partnership?

## The Private Sector Role in Treating AIDS in Africa

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Solving problems, guiding decisions – worldwide

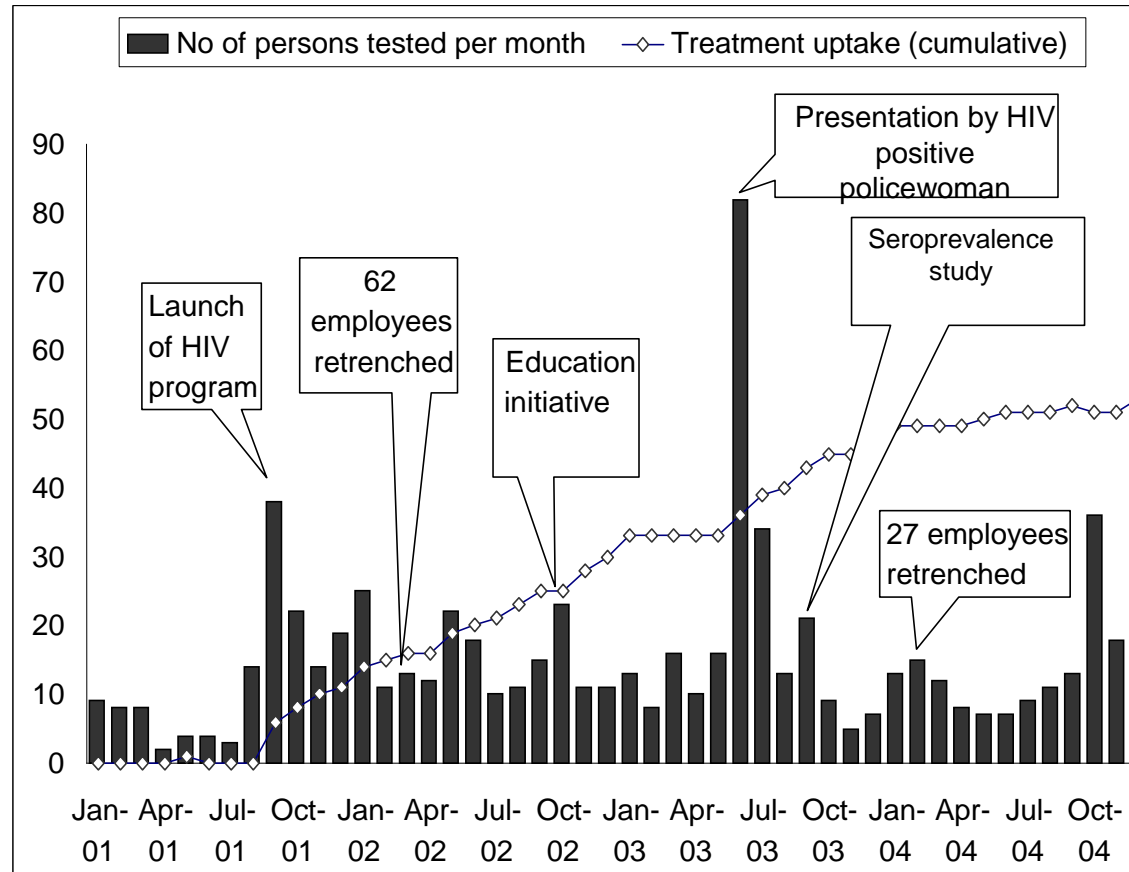
# The private sector plays a variety of roles

- Treating employees in company clinics
- Health insurance coverage for HIV/AIDS
- Approval and accreditation
- Partnerships that combine public and private resources
- Contracting for private sector care

# First steps: Companies begin employee ART

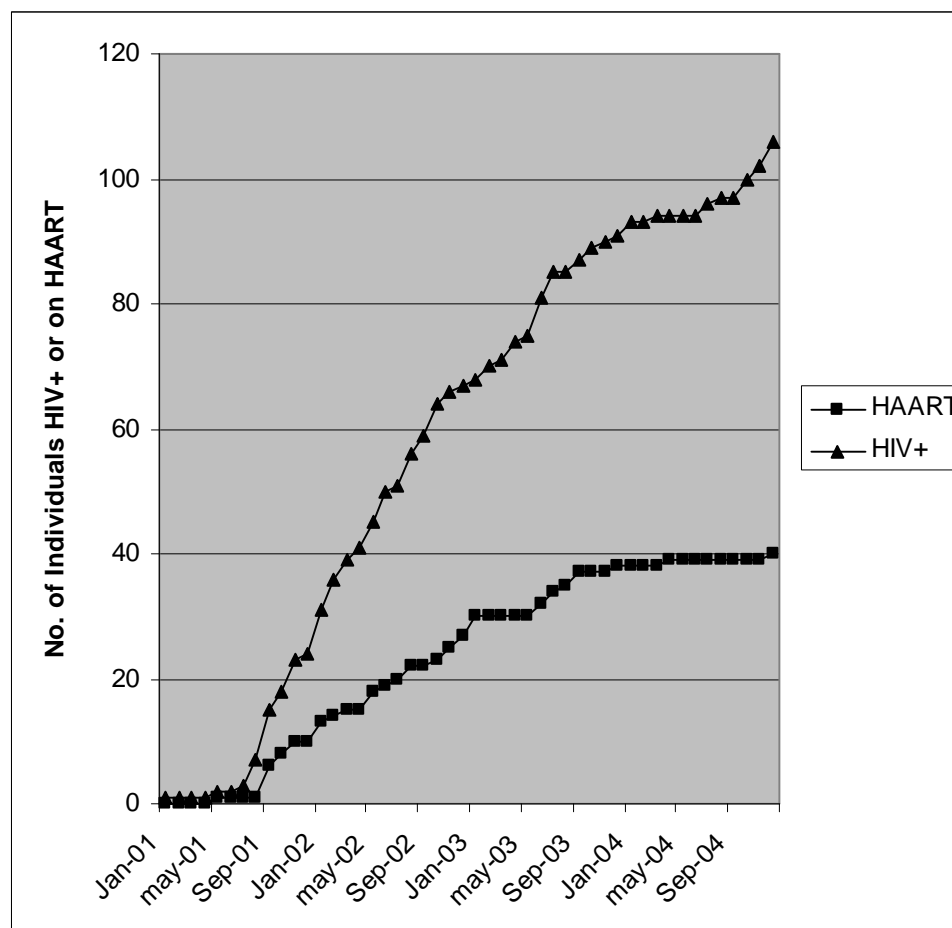
- Heineken
  - All African breweries
  - Organized by Pharmaccess
  - Three year survival on ART >85%
- Anglo American
  - Mining and the spread of HIV
  - Reported results
- De Beers
  - Debswana
    - Reported reduction in absenteeism
  - Namdeb
- Multinationals and Large Parastatals Move First
  - LaFarge
  - SAB Miller

# Corporate support and PLWHA spur enrollment



Data for Heineken Rwanda Breweries

# Over time, employees enter treatment earlier in the disease



After four years, >85% of estimated HIV positives enrolled

# AIDS treatment as a health insurance benefit

- In Southern Africa first
  - Before ARV prices dropped
  - Any physician can prescribe
  - Now part of required minimum benefit package
  - Spawns “disease management” industry
  - But only 17% of South Africans are insured
  - Namibia follows suit
    - Public employees system (PSEMAS)
- Elsewhere, insurers are cautious
  - High end private insurers unsure of exposure
  - Social health insurance in Nigeria and Ghana excludes ART
    - Leave to Government and donor sponsored programs

# Disease managers in South Africa

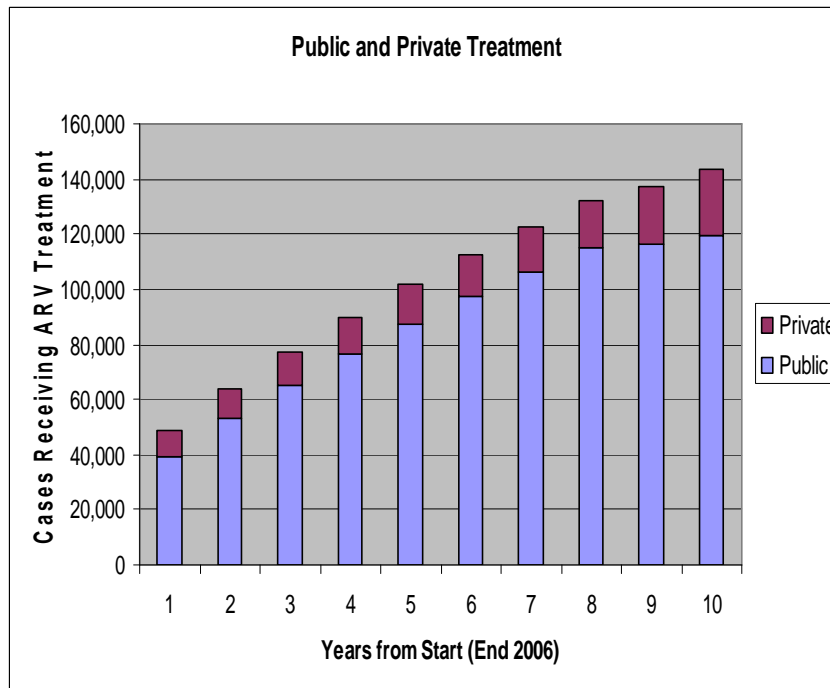
- Profit and Not for Profit
  - Right to Care
  - Aid for AIDS
  - Lifeworks
- Role in prevention and treatment
  - Workplace testing
  - Enrolling HIV Positives
  - Approving ART prescriptions
    - Data systems
    - Follow up
  - Expensive, but health insurance is expensive in South Africa

# Namibian experiment lowers cost of insurance with ART benefit

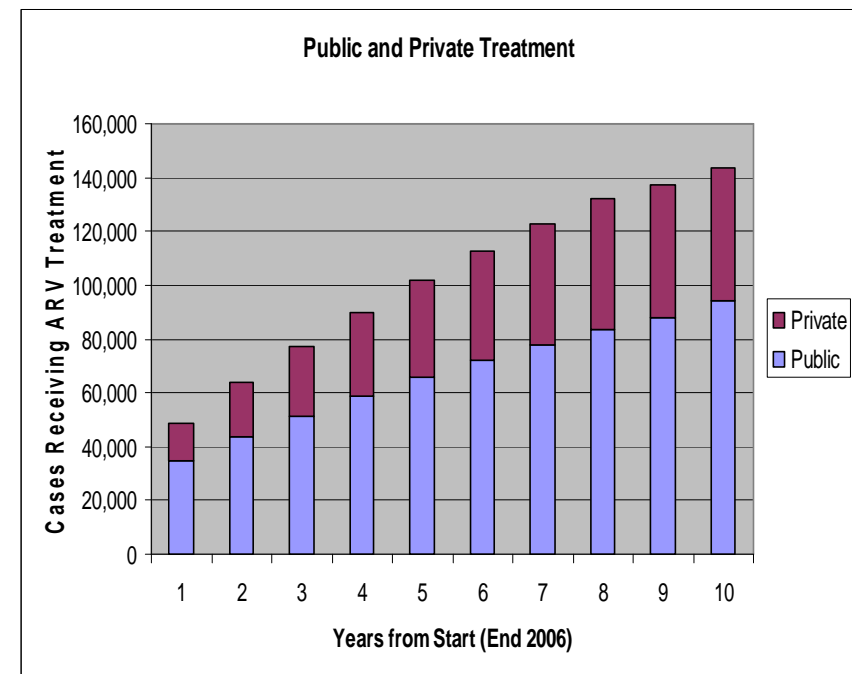
- Outpatient oriented benefit with full AIDS care
  - Four competing low cost policies
  - Hospitalization
  - Good limits for AIDS
  - First and second line ART
  - One third the cost of standard policies
  - Partial, time limited donor subsidy
- “AIDS Only” for \$N 30 per employee per month
  - Only if all uninsured are enrolled
- Modest success so far
  - 4% increase in total insureds
  - Net cost/benefit to employer?



# Full coverage of formal sector in Namibia would lower the burden on public facilities



Current coverage



100% coverage of workers and dependents

# Private insurers taking the plunge

- Stable HIV incidence
- Incurring OI costs anyway
- Confidence in cost estimates
  - AAR Uganda/Kenya
    - In Kenya, AAR still refers ARV Rx to Government
- Taking advantage of lower ARV prices
- Offer as an option OR Include in standard benefit package

# Approving and accrediting private sector providers

- South Africa
  - No special standards
- Uganda
  - Ministry of Health
    - Develops accreditation criteria
    - Performs inspections
    - Require use of national Tx protocols
  - Now getting donor funded ARV's
    - Charge regular fees for services
- Zambia
  - Accreditation starts 2007
  - Public and private facilities
    - Mission hospitals
    - ~15 private for profit facilities to date
    - \$4 dispensing fee

# Private sector accreditation/franchising

- Ghana
  - Early effort by Heineken/Pharmaccess
  - Select appropriate off site providers
  - Advertise to other businesses
- South Africa
  - Extending Broad Reach/Chrysler network to suppliers
- Malawi
  - Business Coalition serves as an intermediary
  - Contracts with selected providers
  - Offers donor funded ARV's

# Kenya Gold Star Network a private franchise?

- Identify providers that:
  - Use national protocols
  - Meet treatment standards
  - Use quality labs
  - Access to discounted ARV's
- PEPFAR funded
  - Only in four districts
  - Now
    - ~200 providers
    - >4,000 HIV+
    - ~1,900 on ARV's
  - Expanded services
    - Hotline
    - Consultations with HIV experts
    - Becoming a disease management organization
- PEPFAR ART's for poor patients since 11/08
  - ~300 in February 09

# Partnerships that combine public and private resources

- Uganda Business PART
  - USAID sponsored
  - Brokers arrangement with individual companies
  - Provides:
    - Training
    - Accreditation support
  - Expanding populations with ART access
    - Plantations that were not treating
    - Dependents
    - Surrounding community
  - Donor funded ARV's
  - Splits cost 50%/50% private public

# Contracting for private sector care with public funds

- South Africa takes the lead
  - Broad Reach network
  - Thusong (Right to Care)
- Detailed contracts with providers
- Government pays for care as well as ARV's
  - Using PEPFAR funds
- A stop gap measure?
  - Only until Government fully ramps up public treatment

# Policy and regulatory environment

- How extensive is the private sector?
- Licensing
  - Limitations on treating specific diseases
    - Nominal government monopoly on treating STD's in former communist countries
      - AIDS as an STD
      - Limit Tx to special Government centers?
        - » Re-enforce stigma
  - Limitations on prescribing certain drugs
    - Special training or certification to prescribe ARV's

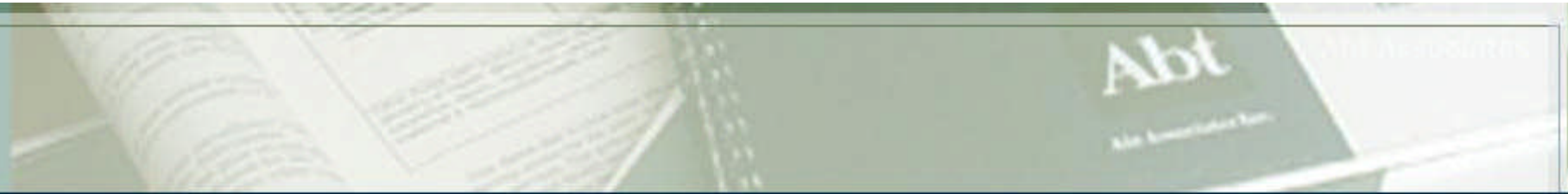


# Policy and regulatory environment

- Control through supply of ARV's
  - Expands private market
  - Impose conditions:
    - Training
    - Protocols
    - Testing
    - Charges
    - Reporting
  - Requires inspections
- Terms of a service contract
  - Fixed term
  - Defined service population

# Is partnership an answer to shortfalls in donor funding?

- If:
  - Formal employment is substantial
  - Private sector well established
  - Government well organized
- Employer/insurer pays for consults and tests
- Donor/government provides ARV's
- Direct government Tx focused on informal, rural sectors



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