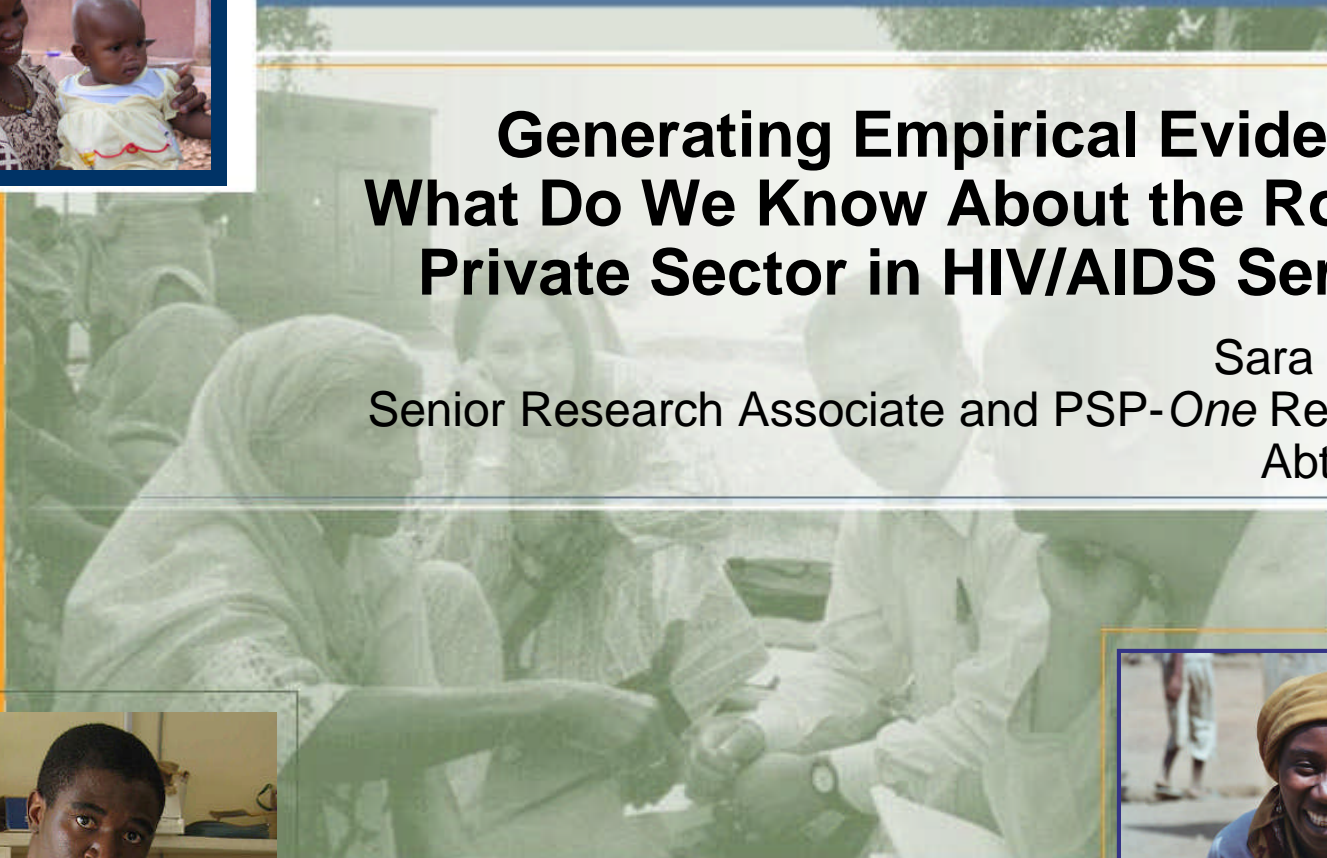




Generating Empirical Evidence: What Do We Know About the Role of the Private Sector in HIV/AIDS Services?

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Solving problems, guiding decisions – worldwide

Why is the private health sector relevant?

Overall use is considerable in Sub-Saharan Africa

- Nearly 60 percent of total health expenditures in 2005 were financed by private entities, largely through out-of-pocket spending – roughly half went to private providers

Private health sector is a major source for family planning

- Data from 17 African countries reveals that on average 32% of women obtained FP method from a private source

Even the poor use the private health sector

- Data from 10 African countries found that 44% of caregivers in the poorest wealth group sought curative child care from the private health sector

What do we know about the role of the private sector in HIV/AIDS?

- Private companies in Africa were early providers of HIV prevention and treatment
- Nature and scale of the epidemic prompted major global response: PEPFAR, GFATM, World Bank MAP
- Initial response concentrated on government and NGO programs
- Limited evidence about the role of the private sector in financing and delivering HIV/AIDS services beyond workplace programs
- As global response evolves from emergency relief to sustainable programs, important to understand current and potential private sector role in mitigating HIV/AIDS

Generating empirical knowledge to guide policies and programs

- Secondary analysis
 - Identify available data on private sector HIV/AIDS
 - Country-specific or comparative analysis
 - Cost-effective; conserves donor resources
 - Lay foundation for future research
- Primary data collection
 - Necessary when data does not exist, or does not meet required specifications
 - E.g. major gap related to private provision of HIV/AIDS services

Using household data to document *utilization* of HIV/AIDS services from the private health sector

- Source: DHS and AIS surveys
- 12 countries examined (Africa, Asia and LAC)
- Relevant indicators include ever tested for HIV, source of HIV test, source for STI care, demographic variables
- Information on source of HIV test only recently added (2004/2005)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
917 (2)	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES 1 NO 2	→ 922
918 (2)	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
919 (2)	Where was the test done? (4) PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 STAND-ALONE VCT CENTER 13 FAMILY PLANNING CLINIC 14 MOBILE CLINIC 15 FIELDWORKER 16 OTHER PUBLIC 17 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21 STAND-ALONE VCT CENTER 22 PHARMACY 23 MOBILE CLINIC 24 FIELDWORKER 25 OTHER PRIVATE MEDICAL 26 (SPECIFY) OTHER 96 (SPECIFY)	

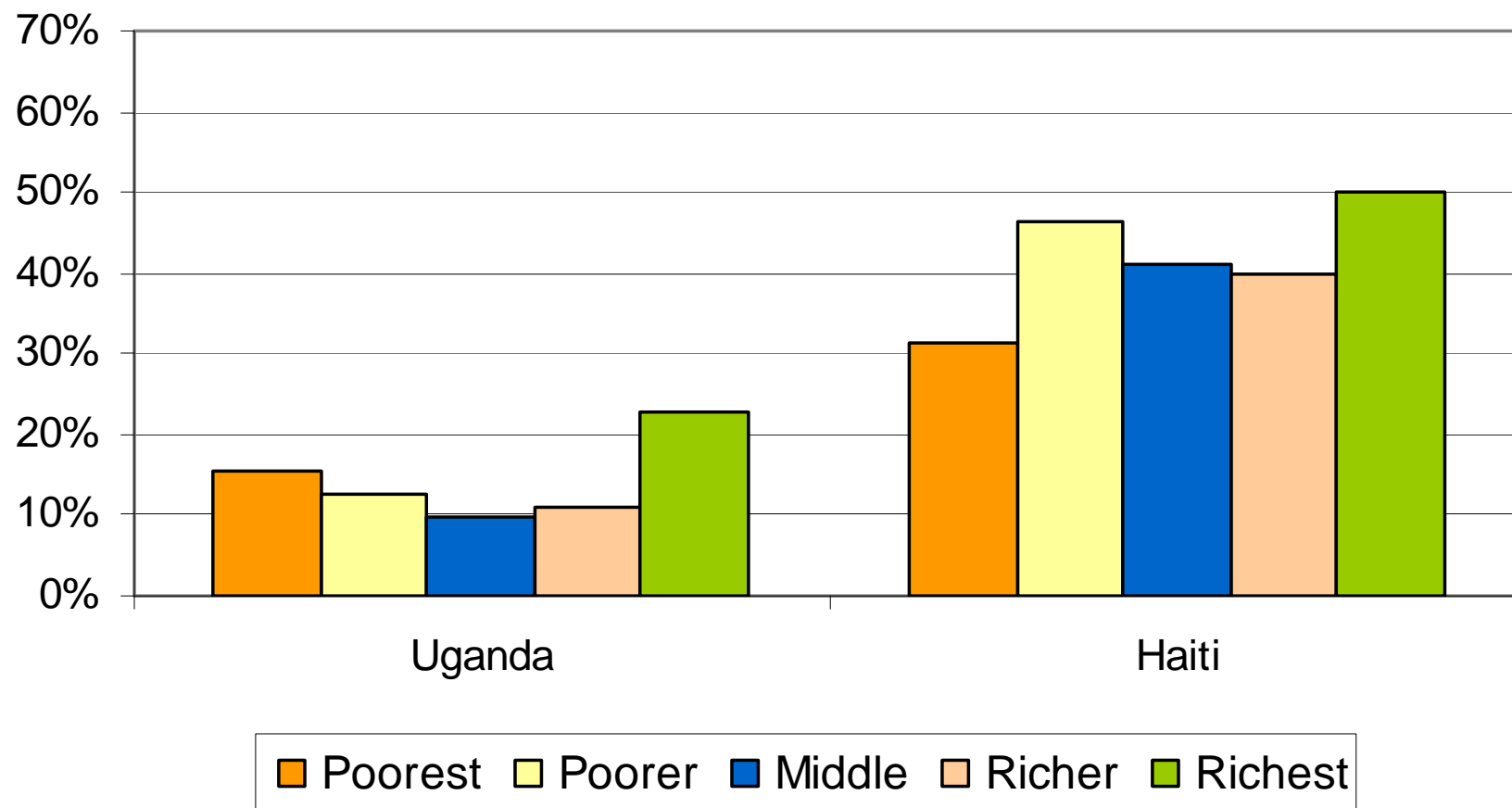
In many countries, the private for-profit health sector is a significant source of HIV testing

Country	Women			Men		
	Public sector	Private sector	NGO sector	Public sector	Private sector	NGO sector
Africa region			(%)			
Benin	82.0	14.9	0.5	87.3	11.0	0
Chad	44.7	10.0	0	64.2	23.7	0
Cote d'Ivoire	88.0	8.5	0.4	79.9	13.6	0.7
Ethiopia	67.8	23.6	5.1	71.8	18.6	6.0
Guinea	53.0	14.6	0.0	71.1	20.2	0
Rwanda	55.2	7.9	1.7	82.4	14.3	3.3
Tanzania*	--	--	--	57.0	6.4	27.8
Uganda	71.5	17.2	7.0	63.6	17.9	16.2
Zimbabwe	69.6	11.2	16.7	39.3	12.7	38.8
LAC region						
Guyana	39.4	18.2	12.2	50.8	29.9	13.7
Haiti	40.0	44.5	13.2	33.2	42.0	18.5
Asia						
Vietnam	94.0	6.0	0	92.9	6.7	0

Source: DHS and AIS Country Data; *data is not available

Correlation between highest wealth quintile and use of the private sector for HIV testing

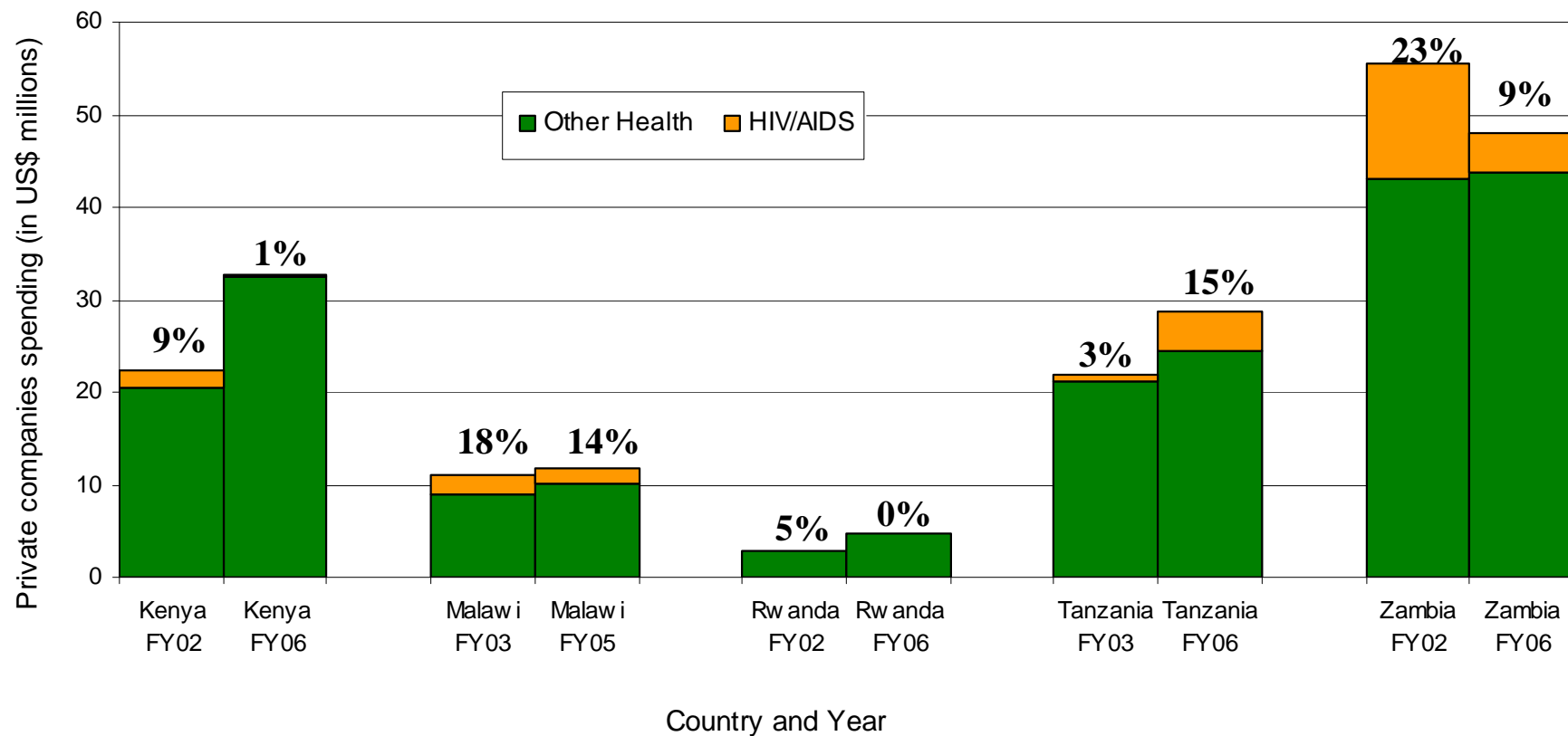
Percent of women seeking HIV test from private provider by wealth quintile



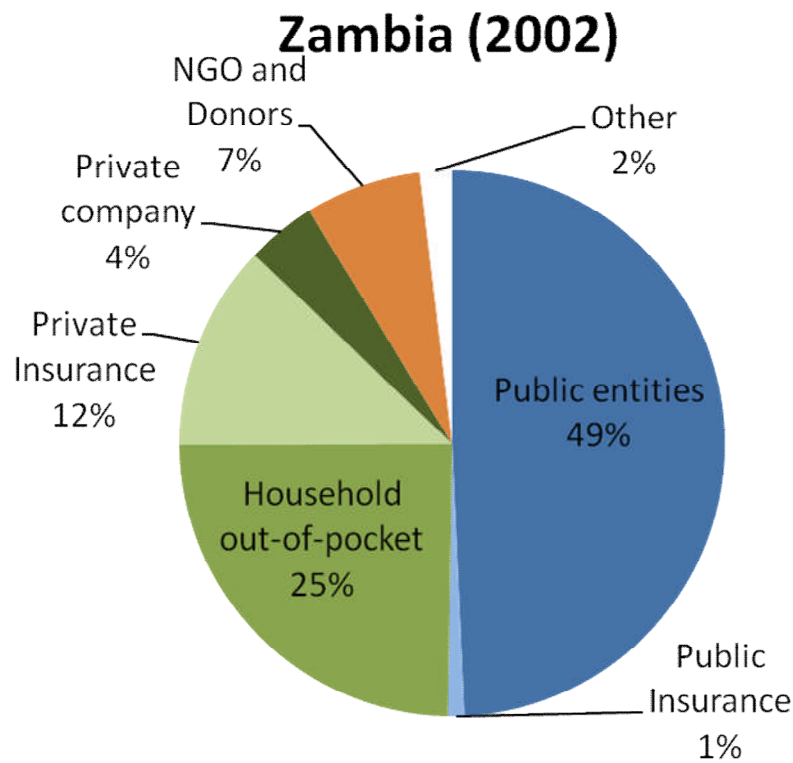
Using National Health Accounts (NHA) data to explore private sector *financing* of HIV/AIDS services

- Identified NHA HIV/AIDS subaccounts as an untapped resource for assessing private contributions to HIV/AIDS
- NHA a tool for tracking funding flows from source to use
- Abt has a long history and involvement with NHAs in multiple countries
- Time series analysis in 5 African countries; assess trends between 2002 and 2006

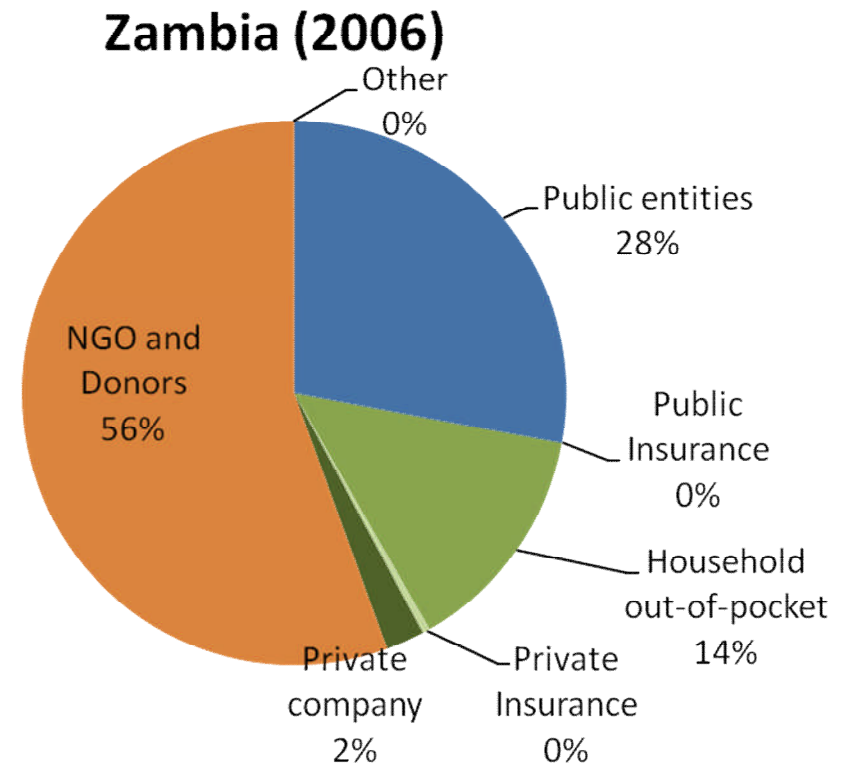
Private company contributions for HIV/AIDS have decreased, in relative and absolute terms



In Zambia, NGOs manage largest share of resources; private share decreases



Total: \$133,918,260



Total: \$164,810,839

OOP payments among PLWHIV have largely decreased

- OOP spending by PLWHIV decreased over the 4 year period, with the exception of Malawi
- Findings suggests that PLWHIV have increased access to free or heavily subsidized HIV/AIDS services, likely a direct result of increased donor funding
- While OOP payments among PLWHIV have decreased, proportion spent at private for-profit providers has increased

Assessing private sector *provision* of HIV/AIDS services in Ethiopia through a private provider survey

Why Ethiopia?

- Increasing government recognition of the potential role of the private health sector in meeting national goals, such as universal access to HIV prevention and treatment
- Documenting current practices and future potential could guide policy decisions

Study Design

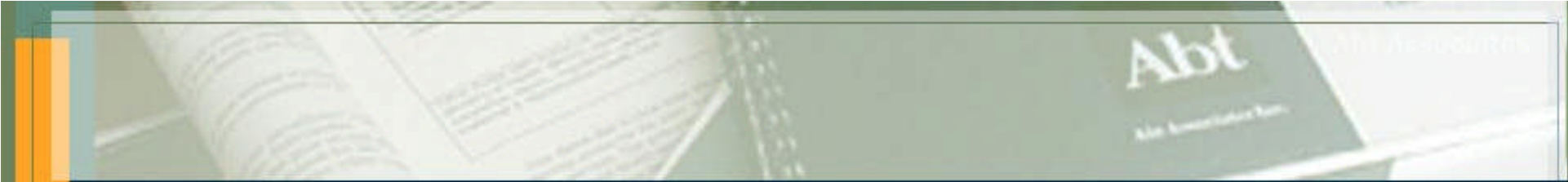
- Cross-sectional design covering three most populous regions: Amhara, Oromia, and Addis Ababa
- Representative sample of 266 private health facilities and 121 private pharmacies using a multi-stage sampling approach
- All private hospitals included (n=24)
- Data collection took place November to December 2007

Key Findings: Health Facilities

- Majority of respondents (61 percent) are solo practitioners
- Modest levels of training in HIV/AIDS and related services; training increased with level of facility
- Low levels of current service provision for majority of HIV/AIDS services; some exceptions
- HIV counseling and testing universally provided in private hospitals and in over half of higher clinics; however, multiple missed opportunities for testing
- Major challenges are *excessive government regulations* (50 percent), *patients' inability to pay* (42 percent), *lack of access to finance* (41 percent) and *difficulty obtaining continuous supplies* (38 percent)
- Strong interest in training and expansion of service provision for HIV/AIDS services

Key Findings: Private Pharmacies

- Similar to the private health facility survey, 80 percent of pharmacists owned the pharmacy
- About half of pharmacists surveyed were trained on ARV drug dispensing
- High proportion of pharmacists reported customers seeking information about HIV testing, ART, and TB treatment.
- Despite current restrictions, pharmacists expressed high interest in receiving training and dispensing ARV drugs in the future
- Greatest challenges for pharmacies were *difficulty in obtaining continuous supplies* (56 percent), *client inability to pay* (40 percent) and *excessive government regulations* (19 percent).



So, what is the empirical evidence
telling us about the private sector's
role in HIV/AIDS?

Utilization – use is considerable, although more data is needed

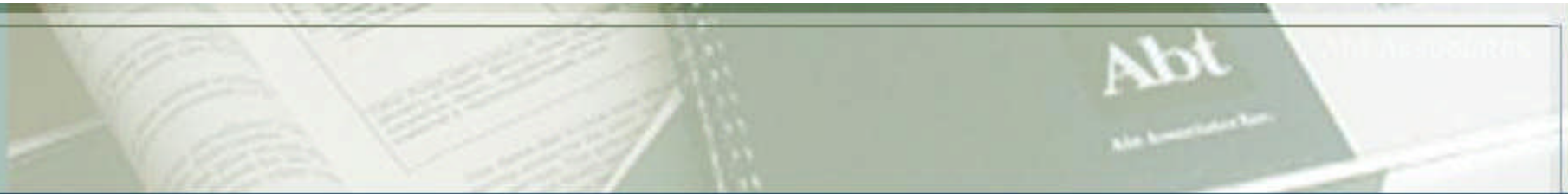
- Considerable proportion of men and women report receiving HIV test from private sector source
- Differences by gender and wealth should be further explored
- As future DHS and AIS surveys are conducted, it will be possible to expand analysis, including trends over time
- To date, source of ART treatment is not asked in household surveys

Financing – donor influx affecting private sector contributions; potential implications for sustainability

- OOP spending among PLWHIV decreased, but proportion spent at private providers increased
- Private sector contributions decreased in 4 of 5 countries studied; even government funding decreased in 2 of 5 countries
- Private for-profit entities are managing fewer HIV/AIDS resources since the donor influx
- Findings indicate reduced private sector participation; potential missed opportunity for ensuring sustainable and integrated HIV response

Service Provision – private providers in Ethiopia are poised to play a greater role in delivering HIV/AIDS services

- While current provision of HIV/AIDS services is generally low, there is substantial interest in expanding HIV/AIDS service delivery
- Barriers to greater participation in delivering HIV/AIDS services and products stem from the current legal and regulatory environment; lack of training opportunities; and infrastructure limitations
- Engaging the private sector could contribute to the goal of universal access:
 - Extending training opportunities and offering other incentives to private providers
 - Ensuring continuous supplies of medicine and equipment
- Recent policy change will allow nurses to dispense ARVs, enabling private clinics to provide ART; example of operationalizing plans to include the private sector



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