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# Has the Private Sector Been Left Out of the Policy Process in HIV/AIDS? Earning a Seat at the Table in Guatemala

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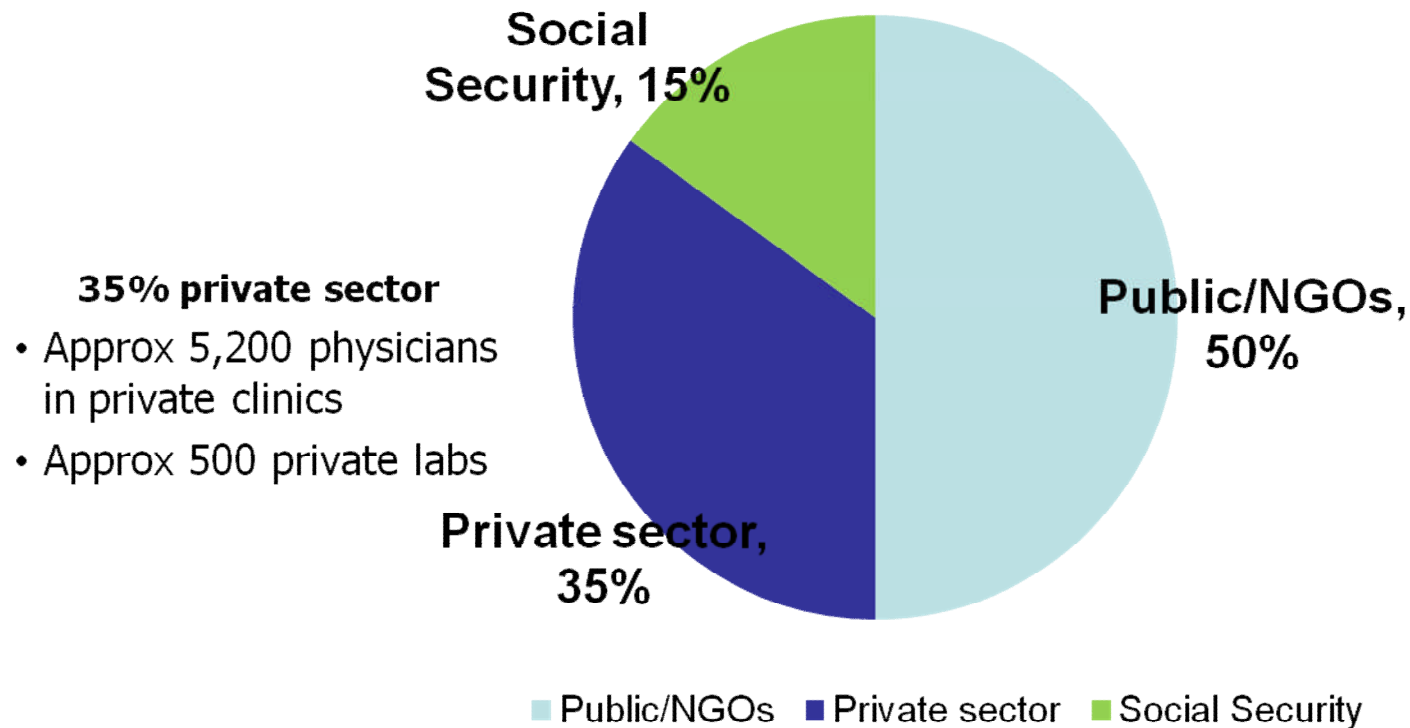
# Background on Guatemala's HIV/AIDS Epidemic



- Population: **12.7M**
- Concentrated epidemic
- Sexual Transmission: **94%**; MTC **4%**
- HIV/AIDS - adult prevalence rate: **0.8%** (2007 est.)
- HIV/AIDS - people living with HIV/AIDS: **59,000** (2007 est.)
- AIDS cases: **11,600**
- HIV/AIDS deaths: **3,900** (2007 est.)

# Private Sector Role in Guatemalan Health Services

## Source of Health Services - Guatemala



# HIV/AIDS and the Guatemalan Private Sector

## ■ **PSP-*One* conducted a rapid assessment of the private sector role in HIV/AIDS and found**

- Only 38% of private doctors and 24% of private lab biochemists provide pre-test counseling
- For HIV positive patients: 100% of private doctors, but only 58% of private biochemists provide post-test counseling
- For HIV negative patients: only 19% of private doctors and 24% of private biochemists provide post-test counseling
- Only 5% of private doctors and 38% of private biochemists know that National Counseling Norms exist

## ■ **Low compliance with existing HIV counseling requirements**

# HIV/AIDS Policy and the Guatemalan Private Health Sector

- National HIV/AIDS law in Guatemala, Decree 27-2000, establishes mandatory norms regarding HIV/AIDS testing, care, and treatment
- Article 19 of the law requires that **any and all** healthcare providers must provide counseling with any HIV testing performed at their facility
- There is significant use of private sector – including by most-at-risk-populations – for HIV counseling and testing services (CT), but PSP-*One* discovered very low compliance with counseling requirements

# HIV/AIDS Policy and the Guatemalan Private Health Sector

- **Private health sector isolated from national response to HIV/AIDS**
  - Not included in policy dialogue
  - No information regarding its current role
  - Exclusion from training on HIV/AIDS
  - Low knowledge about HIV/AIDS law, norms and protocols
  - No case reporting to public sector
  - Mistrust between public and private sectors
- **Private sector healthcare personnel felt the law did not apply to them**

# Private Sector Providers and Their Clients





# PSP-*One* Response: Create a Public-Private Commission on HIV/AIDS

- Objective: Establish a mechanism for dialogue between public and private sectors to recognize and support the private sector's role in the national response to HIV/AIDS
- Approach: Create a commission comprised of National Professional Boards and Associations representing private, public and NGO health care providers
- Factors motivating the private sector to establish a Commission:
  - Provided information that demonstrated gaps in private sector delivery of HIV/AIDS counseling
  - Appealed to professionalism to improve quality of services rendered



# Members of COSSEPP-VIH

## Founding members

- National HIV AIDS Program
- National Board of Physicians
- National Board of Clinical Biochemists
- Guatemala Clinical Biochemists Association
- Internal Medicine Association
- General Physicians Association
- Women Physicians Association
- Coatepeque Physicians Association
- Gynecologist and Obstetricians Association
- Family Physicians Association
- Marco Antonio Foundation NGO

## Recent members

- National Board of Dentists
- National Board of Psychologists

# Launch of COSSEPP-VIH in July 2007



# MoH, Private Sector and USAID at COSSEPP-VIH Launch





# COSSEPP-VIH Becomes a Legal Entity



# COSSEPP-VIH Activities

1. Analysis of policies and how they pertain to the private sector
2. Promotion of training to improve quality of counseling and testing services in the private health sector
3. Development of case reporting system for private sector
4. Establishment of reference and counter-reference systems between public and private health sectors

Web Page: [www.cossepp-vih.org](http://www.cossepp-vih.org)

org.gt/

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Página principal Fuentes (J) Impr

*Creo e trabajo al avance del VIH*



*Brinda calidad y atención integral a los pacientes.*

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# COSSEPP-VIH Achievements to Date

- Recognized entity representing private sector and fully integrated into different policy forums (Global Fund CCM, CONASIDA (National HIV/AIDS Council))
- Worked with public sector to develop a template for private sector HIV case reporting
- Established HIV training capacity within professional associations and instituted training requirements (CME, DRACES)
- Contributed to revisions in national HIV/AIDS legislation, including reviewing draft text regarding private sector role in HIV/AIDS services
- DRACES requirement on HIV Counseling under consideration for laboratory registration



# Lessons Learned from COSSEPP-VIH Experience

## **Guatemala example demonstrates .....**

- Working with professional associations is an effective strategy to organize private sector voice and integrate private sector perspective into the policy process
- Private sector wants a seat at the policy table; when given the opportunity, the private sector can make important contributions to the policy process
- Bringing together the different sectors to work together on policy issues helps overcome suspicion and build trust

# COSSEPP-VIH's Impact on HIV/AIDS Policy

- Private health sector is an active and enthusiastic player in the national response to HIV/AIDS
- Public and private sectors are constructively working together to maximize the private sector's role in HIV/AIDS services