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Emerging Trends in Private Sector Utilization and Financing of HIV/AIDS Services

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Abt

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What Do We Know About the Private Sector in Africa?

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 (OOP) spending

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

To Address Knowledge Gap and Growing Interest in the Private Sector's Role in HIV...

- PSP-*One* conducted a comprehensive scan to identify existing data that
 - Contains information on private sector role in financing, provision or utilization of HIV/AIDS services;
 - Distinguishes between for-profit and not-for-profit entities; and
 - Ideally, allows for country comparison

Data Sources Identified by the Scan

- Demographic and Health Surveys (DHS) and AIDS Indicator Surveys (AIS)
 - 12 countries – primarily in Africa
- National Health Accounts (NHA) HIV/AIDS subaccounts
 - 5 African countries (time series)
- India
 - National Family Health Survey (NFHS3)
 - UNDP survey of PLWHIV (Andhra Pradesh, Karnataka, Maharashtra, Manipur & Tamil Nadu)



Private Sector Utilization

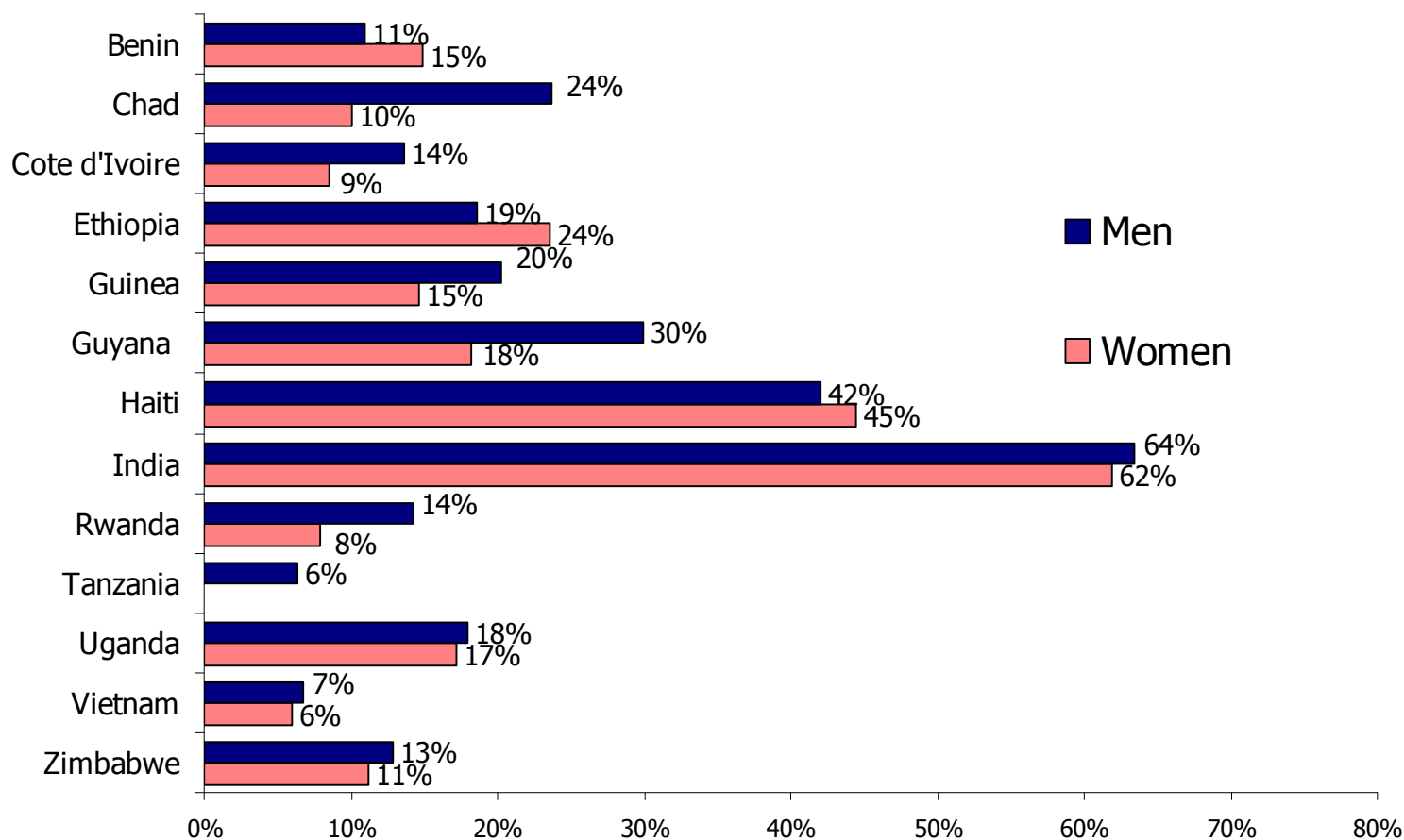
Using Household Data to Document *Utilization* of HIV and Related Services from the Private Health Sector

- Data: DHS, AIS, NFHS
- 13 countries (Africa, Asia and LAC)
- Relevant indicators:
 - ever tested for HIV
 - source of HIV test
 - source for STI care
 - demographics
- 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)	

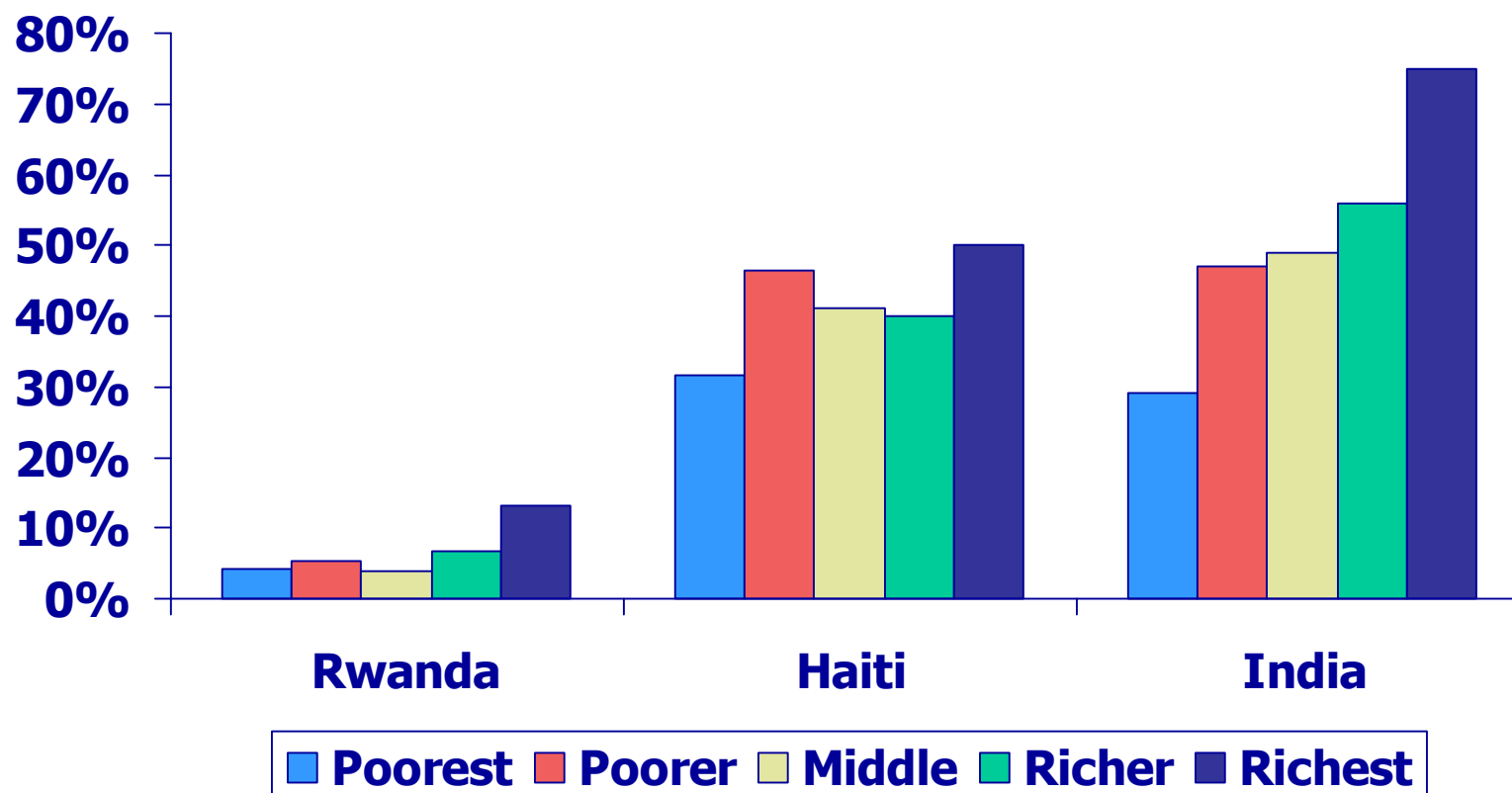
In Some Countries, the Private For-Profit Health Sector is a Significant Source of HIV Testing

Percent of respondents who received HIV test from private sector source



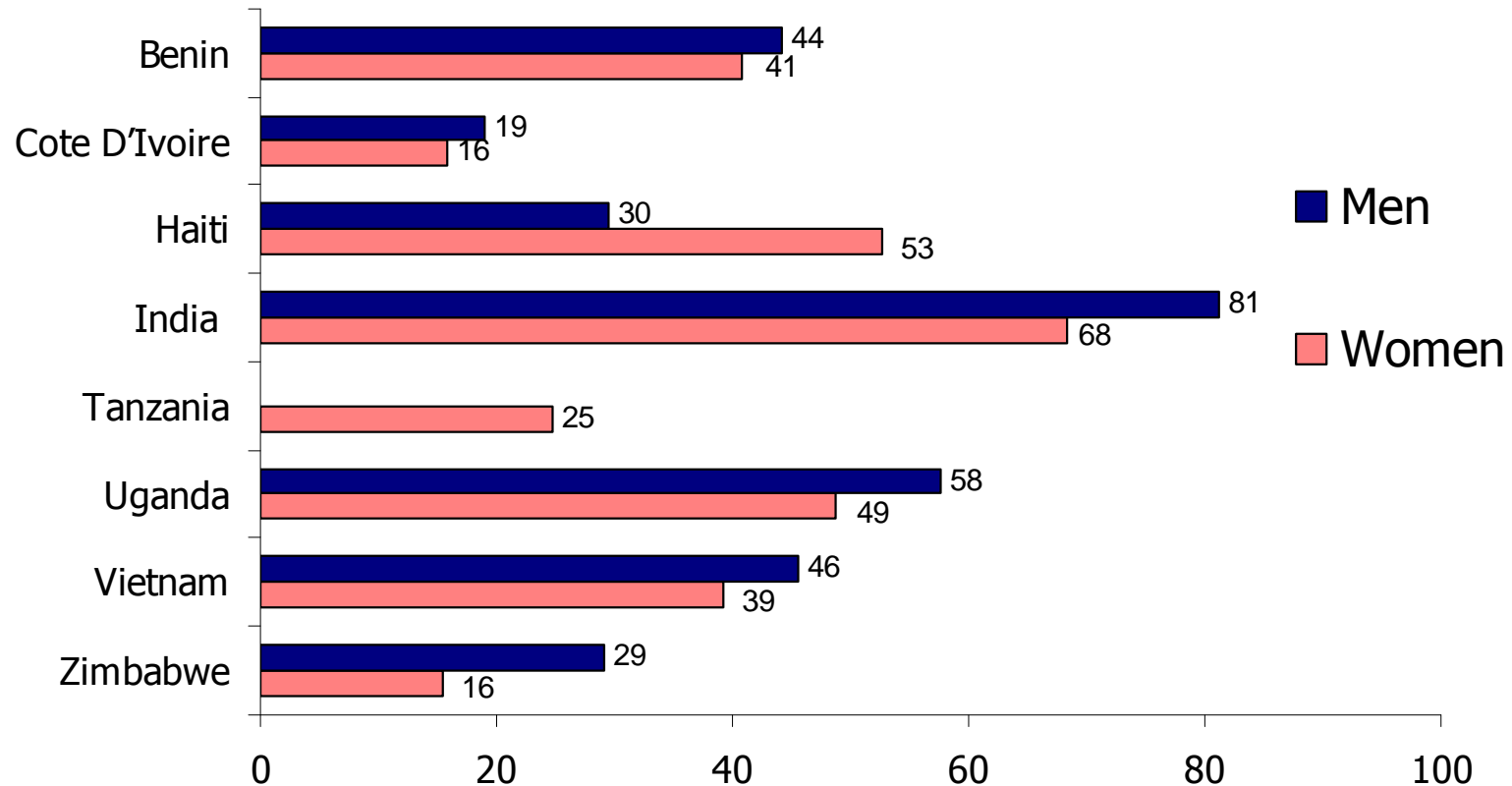
Variable Overall Use, but Generally Correlation between Wealth and Use of the Private Sector for HIV Testing

Percent of women who received HIV test from private sector source



Even Higher Reliance on Private Sector for STI Care

Percent of respondents who received STI care from private sector source



Use of Private Sector for HIV and Related Services is Considerable, Although More Data is Needed



- Study serves as a baseline in examining the role of private sector in providing HIV and related services
- Use of private sector for HIV and related services is considerable, highest in India
- More data is needed to inform programs and policies
 - As future DHS and AIS surveys are conducted, analysis can be expanded to include more countries and assess trends over time
 - National facility surveys (such as Service Provision Assessments) should include private for-profit facilities and make data available



Private Sector Financing

Using National Health Accounts (NHA) Data to Examine Private Sector *Financing* of HIV/AIDS Services

1) Financing Sources					
Financing Agents	FS.1.1.1 Central Gov. (Ministry of Finance)	FS.3. Rest of the World (Donors)	FS.2.1 Employer Funds	FS.2.2 Household Funds	TOTALS
HF.1.1.1.1 Ministry of Health	A	B			A+B
HF.1.1.1.2 Ministry of Education	C				C
HF.2.2 Private Insurance Enterprises			D	E	D+E
HF.2.3 'Private households' out-of-pocket payment				F*	F*
TOTALS					G

2) Financing Agents					
Providers	HF.1.1.1.1 Ministry of Health	HF.1.1.1.2 Ministry of Education	HF.2.2 Private Insurance Enterprises	HF.2.3 Households	TOTALS
HP.1.1.1 Public General Hospitals	W		X		
HP.1.1.2 Private General Hospitals		C		F	
HP.3.4.5.1 Public Outpatient Clinics			Y		
	W=A+B	C	X+Y= D+E	F	G

- NHA is a tool for tracking health expenditures from source to use
- *NHA HIV/AIDS subaccounts* is an untapped resource for assessing private contributions to HIV/AIDS
- Time series analysis in 5 African countries: Kenya, Malawi, Rwanda, Tanzania and Zambia
- Assess trends between 2002 and 2006

NHA Resource Tracking and Private Sector Components

Total money spent on HIV/AIDS



Where is the money from?

Ministry of Finance, Donors

Private companies, households, local foundations



Who manages the money?

Gov. Ministries and Councils (e.g. MOH, NAC, Public insurance, donors)

Priv. Insurance, private companies, Out-of-Pocket



Where and how is the money spent?

Programs and admin

Public hospitals, clinics

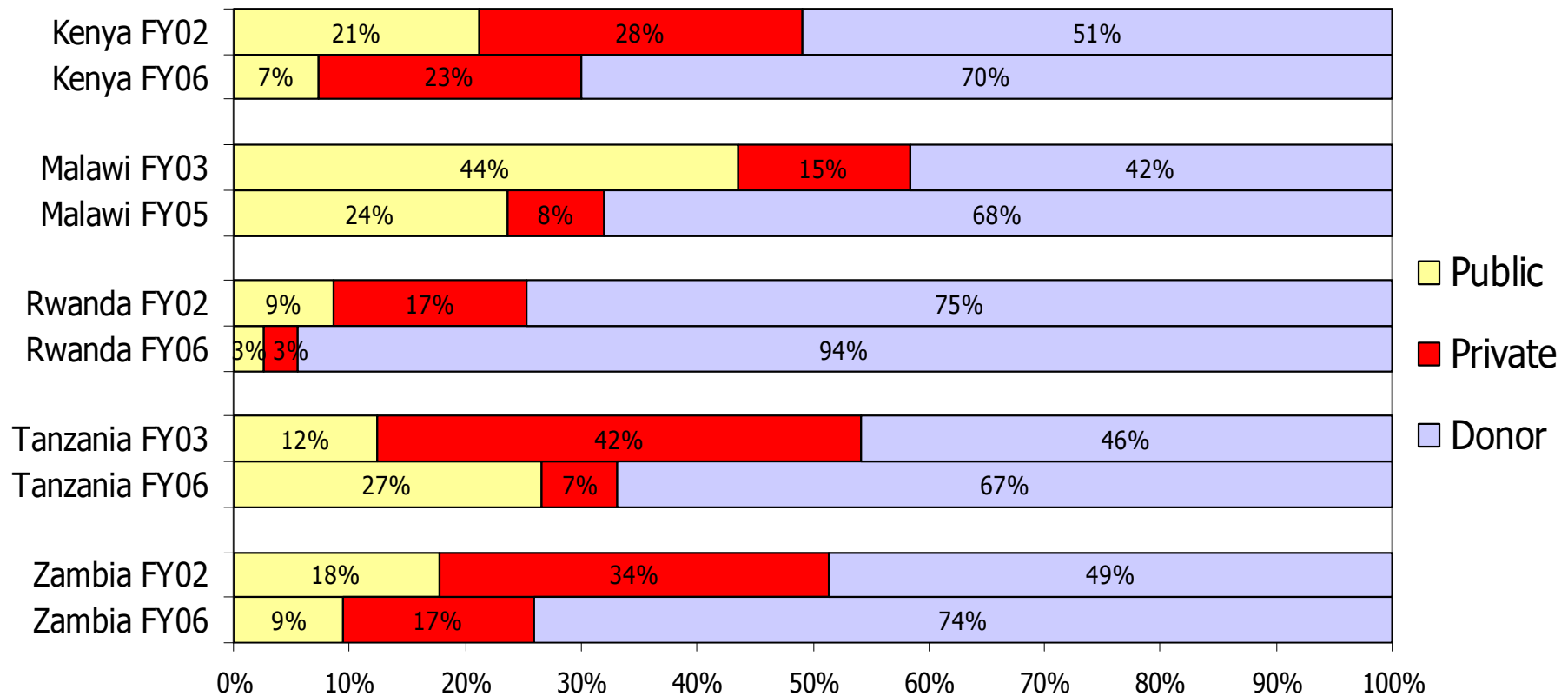
PNFP hospitals, clinics

PFP hospitals, clinics

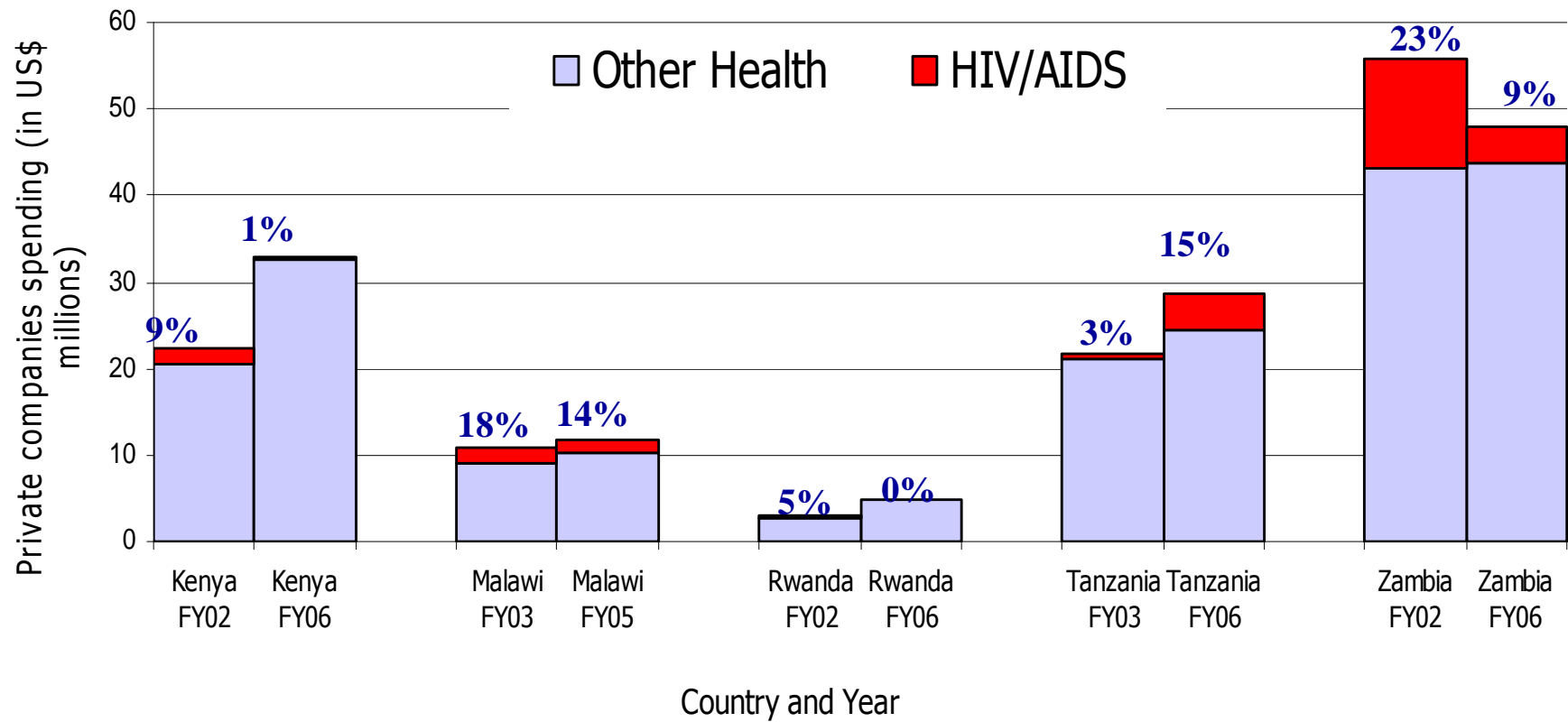
Private pharmacies/shops

Traditional healers

Source of Funds for HIV/AIDS? Private Sector Share Decreased

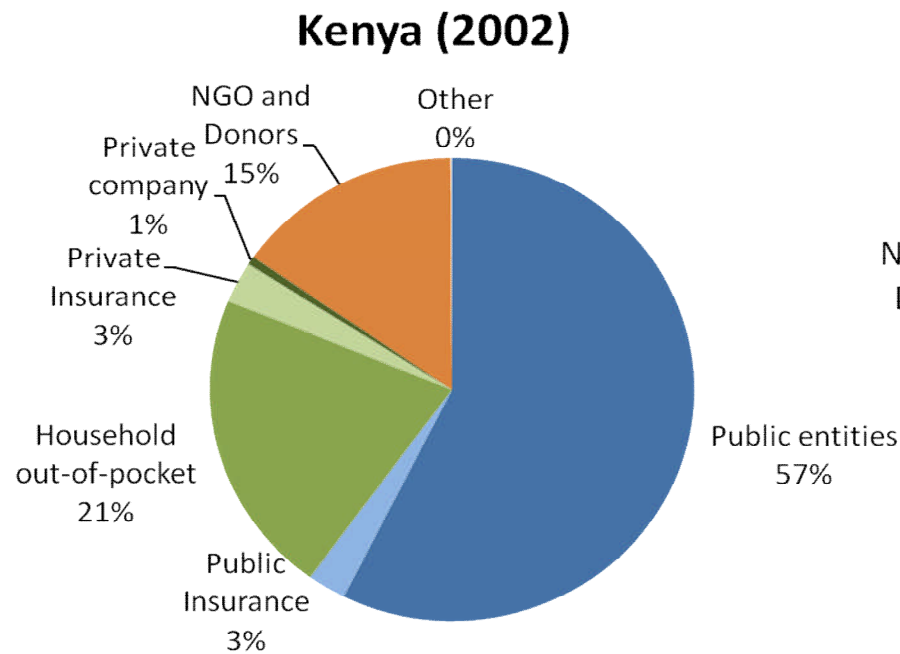


Private Company Contributions for HIV/AIDS Have Decreased in Absolute Terms

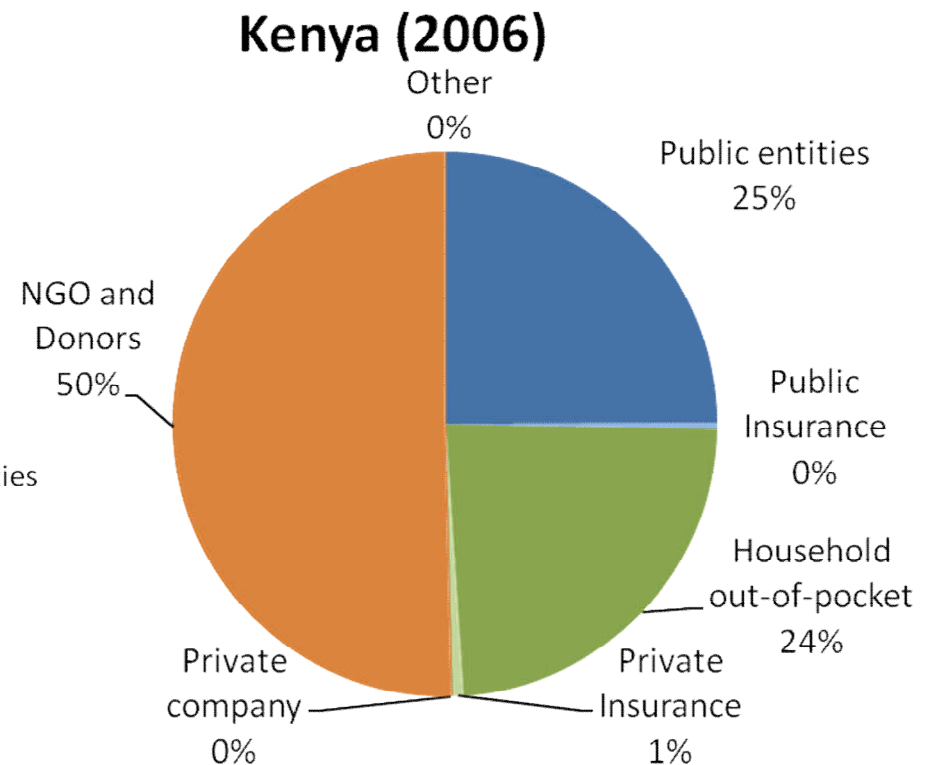


Who Manages HIV/AIDS Funds?

In Kenya, Shift from Public to NGO; Private Role Decreased Slightly



Total: \$160,873,041



Total: \$238,759,612

Private Entities Managing Fewer HIV/AIDS Resources in Absolute Terms


Percent change in absolute amount of HIV/AIDS expenditure managed by private entities since the influx of donor funds

	Kenya	Malawi	Rwanda	Tanzania	Zambia
Private insurance agents	-76%	51%	-97%	-5%	-97%
Private companies	-94%	-47%	-100%	1790 %	-49%

Note, while Private Insurance and Private Companies are "private financing agents", this does not necessarily mean that all their funds are spent in the private sector

Where is the Money Spent? Shift from Informal Care to Private Hospitals

Percent change in provider expenditure after donor influx



	Kenya	Malawi	Rwanda	Tanzania	Zambia
Private hospital	375%	86%	1395%	73%	726%
Private clinic	-64%	33%	-42%	96%	-94%
Not-for-profit hospital	189%	43%	938%	-12%	-48%
Not-for-profit clinic	57%	NA	1526%	-4%	-15%
Private pharmacies/shops	155%	14%	-4%	-12%	554%
Traditional healer	-40%	3%	0%	-12%	-67%

OOP Payments Among PLWHIV Have Largely Decreased in the 5 SSA Countries

- 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

OOPs for PLWHIV are Substantial in High Prevalence States in India

Average health expenditure by PLWHIV for last illness episode

	Public	For-profit	Non-profit	Other ⁺	Total
	All 5 states				
Outpatient care	14	31	10	14	20
Poorest third	11	26	5	9	
Inpatient care	30	140	50	26	67
Poorest third	23	99	44	33	

(amounts in US dollars)

Conclusions

- Although utilization of HIV and related services from the private sector is considerable, private investment in HIV/AIDS services appears to be declining
- Findings may be at odds with emerging emphasis on sustainability as the global AIDS response evolves, and human resource constraints in the public sector
- Broader consideration of the private sector role in HIV/AIDS, and exploration of potential partnership opportunities, may be warranted

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