

Financing Preventative HIV Services: The Case of Voluntary Medical Male Circumcision in Namibia

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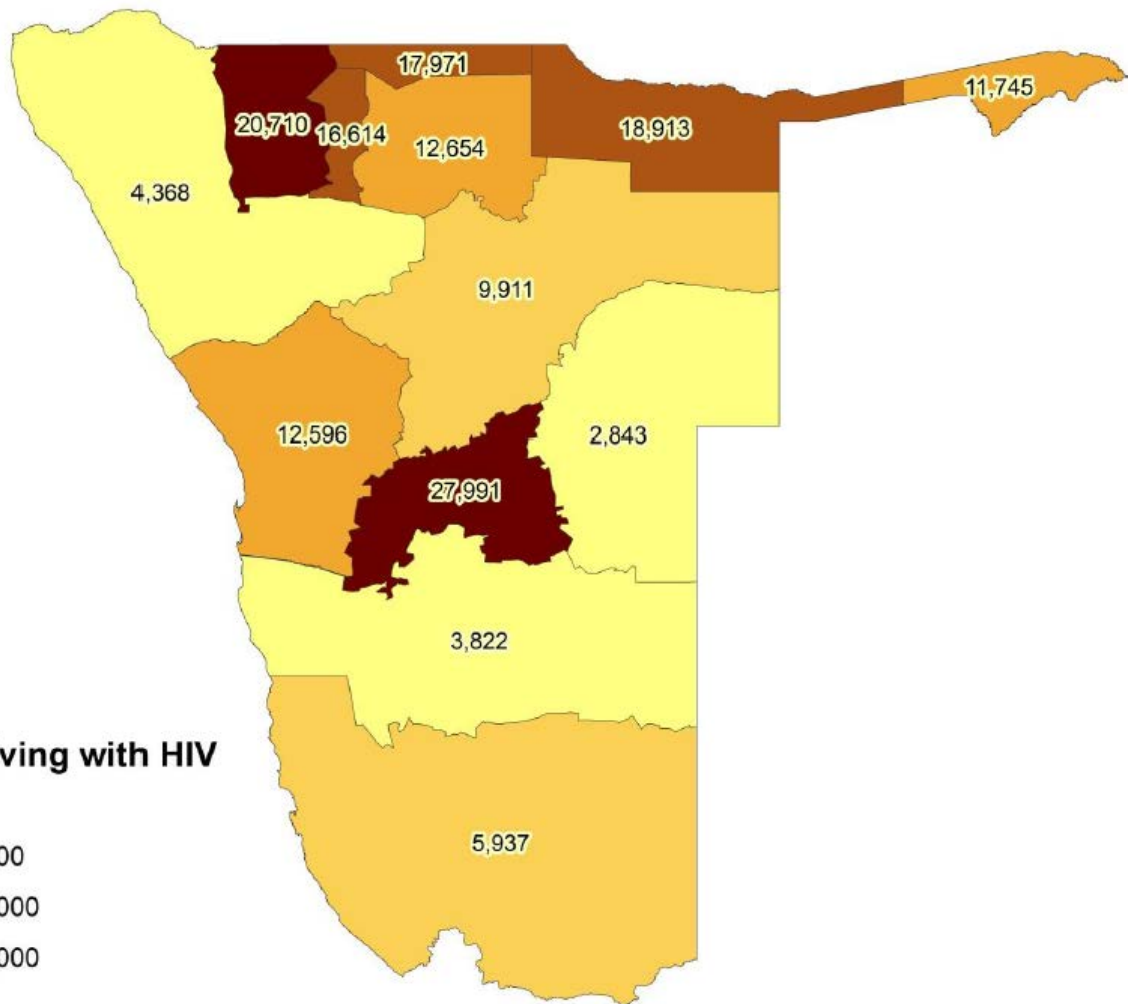
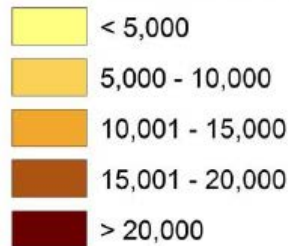
SHOPS is funded by the U.S. Agency for International Development.
Abt Associates leads the project in collaboration with:
Banyan Global
Jhpiego
Marie Stopes International
Monitor Group
O'Hanlon Health Consulting

Namibia's epidemic is concentrated in several key regions with ambitious VMMC goals

- 14% HIV prevalence
- ART coverage of all PLHIV estimated 52%
- National VMMC program started in 2009, target 330,000 males circumcised by 2015/16

Legend

No of Adults living with HIV



Scale-up of VMMC can be achieved by leveraging the private health sector

- ~70% of doctors work in the private sector
- Private sector offers more consulting rooms
- Robust medical aid industry, ~190,000 males have health insurance

Advocate with government and policy bodies to support of coverage of VMMC services

Support financing for VMMC in private sector through insurance

Increased uptake of VMMC in the private sector

SHOPS supported VMMC goals with the private sector

Key private sector VMMC issues:

- Insurance only covered VMMC procedure for treatment of infections
- Private VMMC services only delivered in hospitals
- Most private VMMCs were conducted under general anesthesia



Program objective: Develop sustainable model for delivery of VMMC through engagement with the private sector

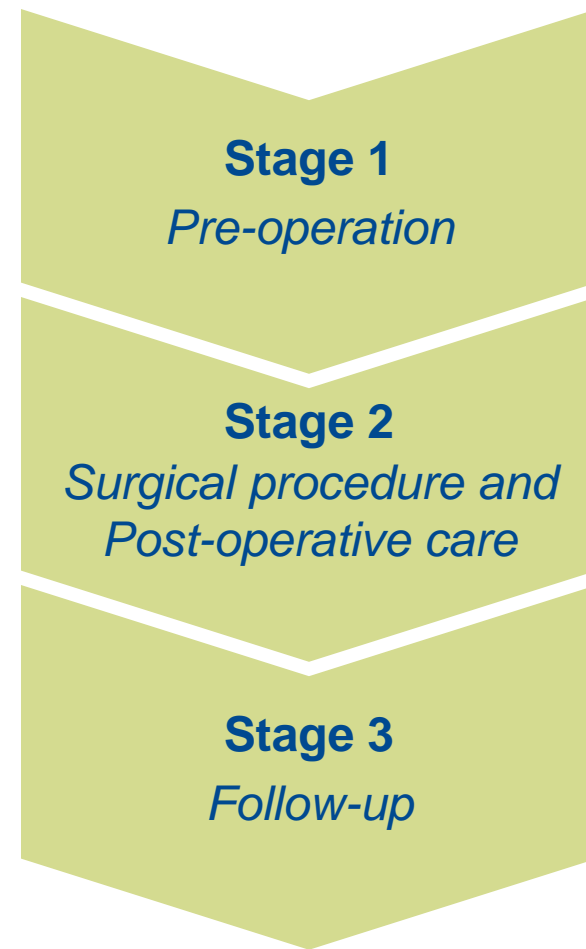
SHOPS advocated with NAMAF for VMMC to be an insurance benefit

- The Namibian Association of Medical Aid Funds (NAMAF) governs private insurers in Namibia
- In July 2011, SHOPS submitted a clinical justification and proposed insurance reimbursement rate for VMMC



SHOPS supported financing work to determine accurate costs of VMMC

- **Getting industry on board**
Investments in VMMC as preventive benefit would save costs
- **Developing the insurance benefit estimates:**
Used WHO package to identify accurate cost and reimbursement rate for high quality VMMC



Costing analysis considered three stages of the male circumcision procedure

A global first: VMMC as a prevention insurance benefit

NAMAF approved new tariff in October 2011

Since the tariff went into effect:

- VMMCs can be conducted in the private sector without donor investment
- Reporting links between private and public sectors established
- 9 out of 10 medical aid schemes have adopted the insurance reimbursement rate



SHOPS provided additional assistance to increase the insurance benefit's utility

- Adapted MoHSS VMMC training curriculum for private providers
- Utilized technology for interactive and self-directed learning
- Supported demand creation efforts to increase the number of patients in private sector



Challenges and lessons learned

- Financing and delivery of VMMC through the private health sector is possible and sustainable!
- Involve stakeholders from the early stages – it is a partnership!
- Advocacy and activity scale is an ongoing process – it doesn't end once the tariff is adopted.
- Reporting is critical – it was important for SHOPS to create and strengthen a reporting system.



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