Network for Africa's Online Chat Transcript: "Challenges in Delivering Antiretroviral Therapy through the Private Health Sector"

Moderated by Dr. Francis Siganga

March 29, 2012

**This transcript has been modified (questions and answers grouped by topic) to improve readability.*

Assistant Moderator: Welcome everyone to the Abt Associates-led SHOPS Project's Network for Africa Live Chat "Challenges in Delivering Antiretroviral Therapy through the Private Health Sector" with Dr. Francis Siganga. The chat is text-based, so there is no audio. The chat is moderated, which means that once you post a question, it will go into a queue. It may take several minutes for your question to be posted to the main chat window, so don't worry if you don't see it immediately.

We will being at 9:05 AM EST -- Please have your questions ready

Francis Waudo Siganga: This is Francis from the Gold Star Network.

James White: Hello Dr. Siganga - thank you for joining us today. Can you please give us a brief background on the services Gold Star provides? For instance, do you provide the full spectrum of prevention and treatment interventions?

Francis Waudo Siganga: It's treatment -- specifically HIV care & treatment, TB, PMTCT and RH/FP and Malaria

Payal Hathi: I have just started working on issues of private sector involvement in delivering ARTs. Dr. Siganga, I wondered if you could talk about what you think the biggest barriers are to private sector involvement and whether you have seen any particularly promising models that you could describe to us. Thank you.

Francis Waudo Siganga: Capacity of providers, lack of affordable lab access and lack of a policy to enable PPP or where we can leverage some of these commodities and services.

Francis Waudo Siganga: GSN has adopted the national curriculum for training and training providers, this includes a hands-on practicum at a public hospital, we have also distributed job aids and guidelines as well provided on-support and mentorship.

James White: SHOPS is currently looking at various models of contracting out for private sector delivery. For instance, NGOS/FBOS/and commercial sector actors have often provided services under loose agreements such as MOU or service agreements. Contracting models in several countries are starting to look at formal mechanisms to either down-refer patients and/or scale up involvement in this sector.

James White: contracting helps address the barriers mentioned by Dr.Siganga because it is a mutual agreement between public and private actors, involves public sector resources, and leverages commodities and services through formal agreements.

Assistant Moderator: Hello Payal Hathi -- are these responses helping you address your question?

Payal Hathi: Yes, this is helpful, thank you. What are ways in which lab capacity can be increased? Is it a matter of private actors not having access to public labs, or are more labs with particular capabilities for HIV testing needed?

Francis Waudo Siganga: This is more of the diagnostic tests for monitoring patients. Supporting reagents supply, increase capacity of labs available to provide these specialized tests. The networking of the labs is across the public and private labs.

Francis Waudo Siganga: Lab: We actually have a lot of capacity in the private sector to do the lab tests but what we are currently working on is to increase the volumes so that the prices of these tests go down.

James White: Re: lab capacities. Does GSN provide viral load testing and other high-level diagnostics? Does the public sector utilize private lab facilities?

Francis Waudo Siganga: Yes GSN does have a lab network and has negotiated for the reduction of costs to members specifically the viral load, CD4/CD8 and resistance testing.

Francis Waudo Siganga: In some instances, the public sector does utilize these services.

James White: re:lab capacities. Does the GOK also have the capacity for viral loads and resistance testing? If not, has there been any discussion of contracting private lab facilities to provide those services?

Francis Waudo Siganga: The public sector has one facility available for viral load in the private sector so access has only been restricted to specific patients such as those with failing regimes. No discussions as yet for the public facilities to contract private labs.

DINEO PEREKO: Hi Dr. Siganga. Thank you for the opportunity. I am particularly interested in the training for private providers. How do you get providers to participate in the trainings?

Francis Waudo Siganga: We send out the invites in good time, we have been able to provide weekend and evening classes to the providers as long as the modules are covered.

Francis Waudo Siganga: We also identify reputable facilitators for the trainings.

Bernadette Lee: Hi Dr. Siganga, going back to the trainings, how do you identify the providers you work with? Is there a network of providers you collaborate with?

DINEO PEREKO: Training again: So most of your trainings are face to face. Have you tried other modes of training such as web-based and mobile phones? We are thinking of going this route in Namibia so we are keen on experiences from others...

Francis Waudo Siganga: Providers are identified and signed into the GSN through professional associations. Yes, most of our trainings have been face to face but we are now exploring the e-learning with other partners, no mobile phones.

DINEO PEREKO: Still on training: How do you address the issue of quality assurance and mentorship for private providers?

Francis Waudo Siganga: Addressing the issues of quality: use of national guidelines and currently exploring the accreditation of private providers to assure the quality of service.

DINEO PEREKO: Follow-on to accreditation - so your providers are accredited annually? Do you do any supervisory support visits to private providers? If so, how is the reception and what has been your challenges so far?

Vero Musembi: Dr Waudo, please expound a bit more on the accreditation of private providers to assure service quality. Who would do it and what criteria would they use?

Francis Waudo Siganga: Accreditation is based on the national guidelines, basic care package and the international best practice. GSN has just started this process and it will be done on an annual basis. Supervision is done on a quarterly basis with the MOH teams. The reception is good as these are terms stipulated in the MOU with them. Our challenge is the waiting time as patients still come in for the services.

Emily Sanders: Hello Dr. Siganga. Can you tell me roughly how many of your providers are accredited to deliver ART? Thanks!

Francis Waudo Siganga: 137 -- refer to presentation page 11 for the active members.

Francis Waudo Siganga: Access to ARVs: GSN has negotiated with pharmaceutical companies for access prices for those patients that can afford to pay for their drugs, for those that can't afford, GSN has now been able to access the PEPFAR/GOK drugs at no cost to the patient, this includes drugs for OIs as well.

James White: Dr. Siganga - what does GSN plan to do in regards to subsidized ART provision if PEPFAR and/or GOK funding is reduced?

Francis Waudo Siganga: GSN is identifying sustainable mechanisms e.g. engaging further with local manufacturers of the drugs currently WHO pre-qualified and also engaging with insurance companies to pick up the costs of treatment in private sector.

DINEO PEREKO: Access to ARVs: Is the price reduction for all private patients who can afford or is it only for specific patients? Secondly, what are your plans of sustainability with donor funded drugs.

Francis Waudo Siganga: The price reduction is for the patients who can afford to pay for their drugs. For sustainability see previous answer.

Aisha Talib: Can you speak further about where you are with your discussions with insurance companies and the national health insurance scheme to get the cost of ART covered for your clients?

Adole Agada-Amade: Considering challenges in financing; most health insurance scheme do not offer antiretroviral as part of their benefit package. What is the place of health insurance in the delivery of antiretroviral in the private sector?

Francis Waudo Siganga: Most of the insurance companies already cover the HIV services but unfortunately due to stigma issues these clients prefer to access the services out of pocket or in the public sector, we are currently working on getting the insurance to use the GSN accredited panel of providers for their HIV clients ensuring that they access the discounted and quality services that are on offer.

James White: Hi Adole - where have you worked / seen that ART is not covered in insurance packages?

Adole Agada-Amade: Dr. Francis already answered my question. Schemes in some countries do not cover ART. Nigeria for one. There should be collaboration to ensure this is done.

James White: Hi Adole - totally agree. SHOPS is definitely working towards ensuring ART as a minimum is covered in insurance schemes and workplace programs. Beyond that of course supportive diagnostics must be covered and in the case of uninsured patients we're looking at voucher schemes and ways to leverage national health insurance for ART, etc.

Francis Waudo Siganga: In Kenya insurance companies cover costs of ART and OI drugs.

DINEO PEREKO: Medical insurance coverage- in Namibia, medical aids as we call them cover ART services including ARVs. Recently, we worked with them to also include medical male circumcision. So indeed there is a role for medical insurance in ART delivery.

Adole Agada-Amade: Thanks Dineo, we can take a lot from here.

Emily Sanders: Do you believe there is any under-utilized capacity to deliver clinical services in private facilities such as yours? For example, is it possible that your staff could see more patients than they currently see if there was sufficient demand?

Francis Waudo Siganga: Yes there is underutilization of services and GSN is also tasked to create demand for the services we offer by talking to medical schemes and insurance companies as well as through workplace programs. Also through the professional associations.

Francis Waudo Siganga: GSN also has its own branding that is used to identify and market the program as well as brochures, leaflets and IEC materials.

James White: Re: capacity in the private sector. One consideration is the stage of illness at which the private sector is engaged. For instance, stable patients down-referred from public facilities won't place undue demands on private capacity but in referring new patients for ART initiation etc. that requires significant time, consistent follow-up and supportive diagnostics. The WAY in which private capacity is leveraged and the patient profiles they see largely dictate their ability to provide additional capacity to national HIV responses.

Payal Hathi: Can you talk a bit more about what the process was for GSN to gain access to PEPFAR ARVs? And what proportion of GSN's drugs currently come from GOK [Government of Kenya] versus local manufacturers?

Francis Waudo Siganga: Engaged with the Kenya Pharma which is the PEPFAR supply chain and we identified a satellite site which would service GSN prescriptions. The proportions are in the presentation for those accessing the subsidized drugs, the rest buy from the pharmacies distributed by the pharma companies.

Francis Waudo Siganga: All ARVs are currently imported though we now have local capacity to manufacture awaiting likening by the regulatory authority.

Francis Waudo Siganga: challenges: All prescriptions have to come through GSN for onward transmission to the pharmacy and drugs are delivered to GSN so the preferred choice is GSN having many satellites so that patients access the drugs directly.

James White: are your drugs procured through a pooled mechanism with GOK?

Francis Waudo Siganga: The satellite pharmacy does the forecast for GSN to Kenya Pharma, the supply chain for PEPFAR.

Padmini Srinivasan: Could you tell me how you manage distribution of drugs to the facilities in the remote area? How often are they being distributed and how do you get feedback on their stock levels? Thanks.

Francis Waudo Siganga: We supply based on prescriptions only so the facilities do not keep the drugs. We distribute these drugs through an outsourced courier company. The drugs are delivered twice a week.

Bernadette Lee: Dr. Siganga, what is the geographical reach of GSN, in terms of urban, peri-urban, and rural populations, especially in regards to GSN satellites and access to drugs?

Francis Waudo Siganga: Urban and Peri urban and our reach is currently based on current funding for the USAID's APHIA plus program specifically Nairobi, Coast and Rift Valley, page 7 on presentation. Nairobi is mostly urban while the others are peri-urban. GSN doesn't have rural sites as all our patients must be able to pay for the consultation costs charged by the provider.

DINEO PEREKO: Integrated reporting - we are having challenges in getting private for profit providers reporting any HIV (or TB) stats to the MoH. You mention in your presentation that this is best practice for PPP, how did you get private sector to report?

Francis Waudo Siganga: Through training, reinforcing the MOU and continuous engagement and rapport building. It is now also part of the proposed health act in Kenya for all facilities whether private or public, to report.

Adole Agada-Amade: The issue of supply of ART to rural remote areas bothers me. How do you monitor compliance and other monitoring and evaluation challenges?

Francis Waudo Siganga: Adole, please re-phrase your question regarding compliance.

Francis Waudo Siganga: We do not have clinics in the rural areas.

Francis Waudo Siganga: We do not have clinics in the rural areas so it's not a problem yet.

Adole Agada-Amade: Thanks. How do you ensure that patients are complying with the ART you send through courier services?

Francis Waudo Siganga: The drugs go to the provider who interacts with the patient. In the event the patient doesn't come back GSN has a call center where we follow-up defaulters and return them to care.

Francis Waudo Siganga: Thank you all for the excellent and exciting interactions and we look forward to interacting more and sharing more experiences together. Good bye from Nairobi, Dr. Siganga and Susan Kimani.

James White: Thank you Dr. Siganga...all of us here at SHOPS were very interested to hear about the GSN experience. For all the participants, for more information about pooled procurement, insurance schemes and other issues discussed today don't forget to view the materials provided at shopsproject.org.

Assistant Moderator: Many thanks to you Dr. Siganga for leading today's chat.

Thank you for your very active participations. This session has come to an end. We will continue the discussion in the Network for Africa's Community of Practice. Dr. Siganga will be answering questions that he did not get to today as well as any additional new questions. To sign up for the Network for Africa's community of practice, visit http://shopsproject.org/network4africa and look for Members' Corner. You can also email Assistant Moderator if you need help registering.