



RESEARCH INSIGHTS

HIV Testing by Private Health Providers: Evidence from 18 Countries

Scant data exist on the role of the private sector in HIV testing in developing countries. This study reveals that the private sector is an important player in providing HIV testing and the magnitude of its role varies widely by country. The profile of patients that use it varies as well.

HIV counseling and testing are critical components of the overall response to the HIV pandemic in developing countries. While numerous studies have examined the role of the public health sector in providing HIV counseling and testing, less is known about the role played by private providers.

The SHOPS project analyzed the role of private commercial health providers in providing HIV testing services in 18 countries. For each country, the research team 1) estimated the overall proportion of those tested for HIV who received their test from a private provider, 2) compared use of the private sector for HIV testing with use of the private sector for other health services, 3) investigated the relationship between household wealth and use of the private sector for HIV testing, and 4) compared public and private providers on reported adherence to antenatal care HIV testing guidelines.

Methods

This study relies on data from the Demographic and Health Surveys and AIDS Indicator Surveys conducted between 2005 and 2011. These surveys introduced questions on source of HIV testing in 2004; 23 surveys with such questions have been conducted since then. The research team used datasets from 18 countries in this analysis (five were excluded because a more recent dataset was available for the country, too few respondents had received an HIV test, or the non-response rate on source of HIV testing was too high). All countries except Cambodia, the Dominican Republic, and Vietnam have HIV prevalence rates greater than one percent. Private providers are defined here as providers who are not government employees and who seek to earn a profit.



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Key Findings

- Use of the private sector for HIV testing varies widely across countries
- A greater proportion of men use the private sector for HIV testing than women in most countries
- Countries with high use of the private sector among women for HIV testing tend to have high use of the private sector for other health services
- The wealthy are more likely to use the private sector for HIV testing, but in most countries, the private sector is used by all socioeconomic groups
- Private providers and public providers perform similarly with respect to reported adherence to antenatal care (ANC) testing guidelines



Findings

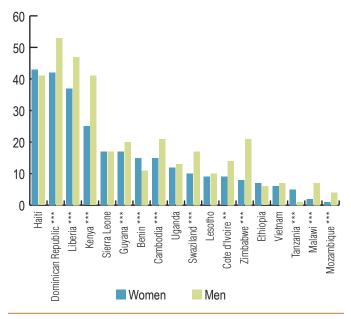
Use of the private sector for HIV testing varies widely across countries and by gender.

Among men ever tested for HIV, private sector use was highest in the Dominican Republic (53 percent) and lowest in Tanzania (1 percent). Among women ever tested, private sector use was highest in Haiti (43 percent) and lowest in Mozambique (1 percent) as shown in Figure 1. In many countries, a greater proportion of men use the private sector for HIV testing than women.

Countries with high utilization of the private sector for HIV testing tend to have high utilization of the private sector for other health services.

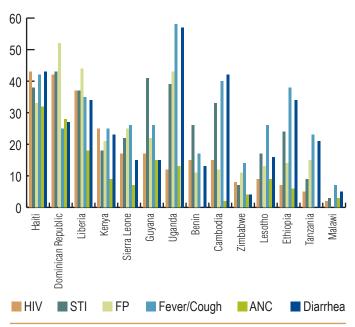
Figure 2 displays use of the private sector for a variety of basic health services by women in each country. Use of the private sector for HIV testing was strongly correlated with use of the private sector for antenatal care (correlation coefficient of 0.88, p-value of <0.01). The correlation was also high between private sector HIV testing and private sector family planning and sexually transmitted infection treatment (correlation coefficients of 0.77 and 0.69, p-value of <0.01 for both). In Cambodia, Ethiopia, Tanzania, and Uganda the private sector was used for HIV testing much less than for most other health services.

Figure 1. Proportion of Men and Women Tested for HIV by a Private Provider (%)



Note: Stars indicate statistical significance of t test of difference between men and women at the 10 percent (*), 5 percent (**) and 1 percent (***) levels.

Figure 2. Use of Private Sector for Various Health Services among Women (%)



Note: Cote d'Ivoire, Mozambique, Swaziland, and Vietnam are excluded due to lack of data. Data on provider type for ANC was missing for Benin and Tanzania.

The wealthy are more likely to use the private sector for HIV testing, but the private sector is used by all socioeconomic groups in most countries.

In 10 of the countries studied, over half of all women tested for HIV by a private provider were from the top wealth quintile (Figure 3). However, there was wide variation in the socioeconomic profile of those tested by private providers. In five of the countries, at least one-third of the patients were from one of the three lowest wealth quintiles.

No difference in quality: public and private providers perform similarly with respect to adherence to ANC testing guidelines.

In 5 out of 12 countries for which there were data, the difference between the proportion of women who reported being offered an HIV test from a private provider during an ANC visit and the proportion reporting being offered an HIV test from a public provider during an ANC visit was positive and statistically significant at the 5 percent level. While private providers appear to offer HIV tests during ANC visits at higher rates than public providers in these countries, this difference disappears once wealth of patients is accounted for.

Figure 3. Proportion of Women from Each Wealth Quintile Tested for HIV by a Private Provider (%)

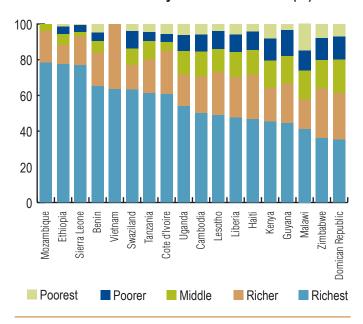
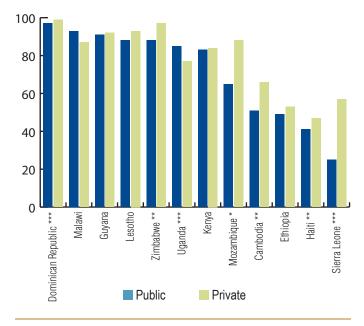


Figure 4. Proportion of Women Who Received ANC Who Were Offered HIV Test by Provider Type (%)



Note: Benin, Cote d'Ivoire, Liberia, Swaziland, Tanzania, and Vietnam are excluded due to lack of data.

Policy Implications

In an era of declining donor funding for HIV and increasing public demand for quality HIV-related services, many countries are looking to the existing local capacity of the private health sector to address urgent public health needs. A necessary first step in this process is to better understand the role of private providers in HIV testing. This study aims to shed light on the role by analyzing patterns in use of the private sector for HIV testing across 18 countries.

First, the research reveals that the private sector plays an important role in providing HIV testing in many countries. Given that a high proportion of loss to follow-up occurs between initial HIV testing and uptake of HIV and ART services, these findings reinforce the need for strong links between these services both within and between the private and public health sectors.

Second, this study suggests that the role of the private sector in HIV testing and the type of patients tested for HIV by private providers vary widely across countries. Considering this variation, strategies for supervising and engaging private providers should be country-specific and take into account local context.

Lastly, this analysis reveals two interesting differentials in patterns of use of the private sector for HIV testing. First, in several countries, use of the private sector for HIV testing is higher among men than women. Further research should be conducted to investigate the reasons for this difference. Depending on the findings from these studies, there may be a need to improve women's accessibility to private sector HIV testing, and to increase the offer of HIV testing during other key health visits for women, particularly ANC visits. Second, while use of the private sector for HIV testing is strongly correlated with use of the private sector for other health services at the country level, in several countries use of the private sector for HIV testing lags behind use

of the private sector for other health services. These differences reveal a possible window of opportunity to increase access to HIV testing among women going to the private health sector for other services. Further research at the country level examining the reasons for these differences may shed additional light on how private providers can be further leveraged to increase HIV testing rates.

This summary is based on research conducted by the SHOPS project. For more information, contact info@shopsproject.org.

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For more information about the SHOPS project, visit: www.shopsproject.org



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