



USAID
FROM THE AMERICAN PEOPLE



Expanding Coverage of Voluntary Medical Male Circumcision through the Private Sector in Namibia: Financing and Training

Dineo Dawn Pereko¹, Epafras Anyolo², Els Sweeney-Bindels³, Ingrid de Beer³, Rich Feeley⁴, Tigistu Adamu⁵, Ilana Ron Levey¹, Thierry Uwamahoro¹, Kelly Curran⁵
¹Abt Associates, ²Ministry of Health and Social Services, ³PharmAccess Foundation, ⁴Boston University, ⁵Jhpiego.



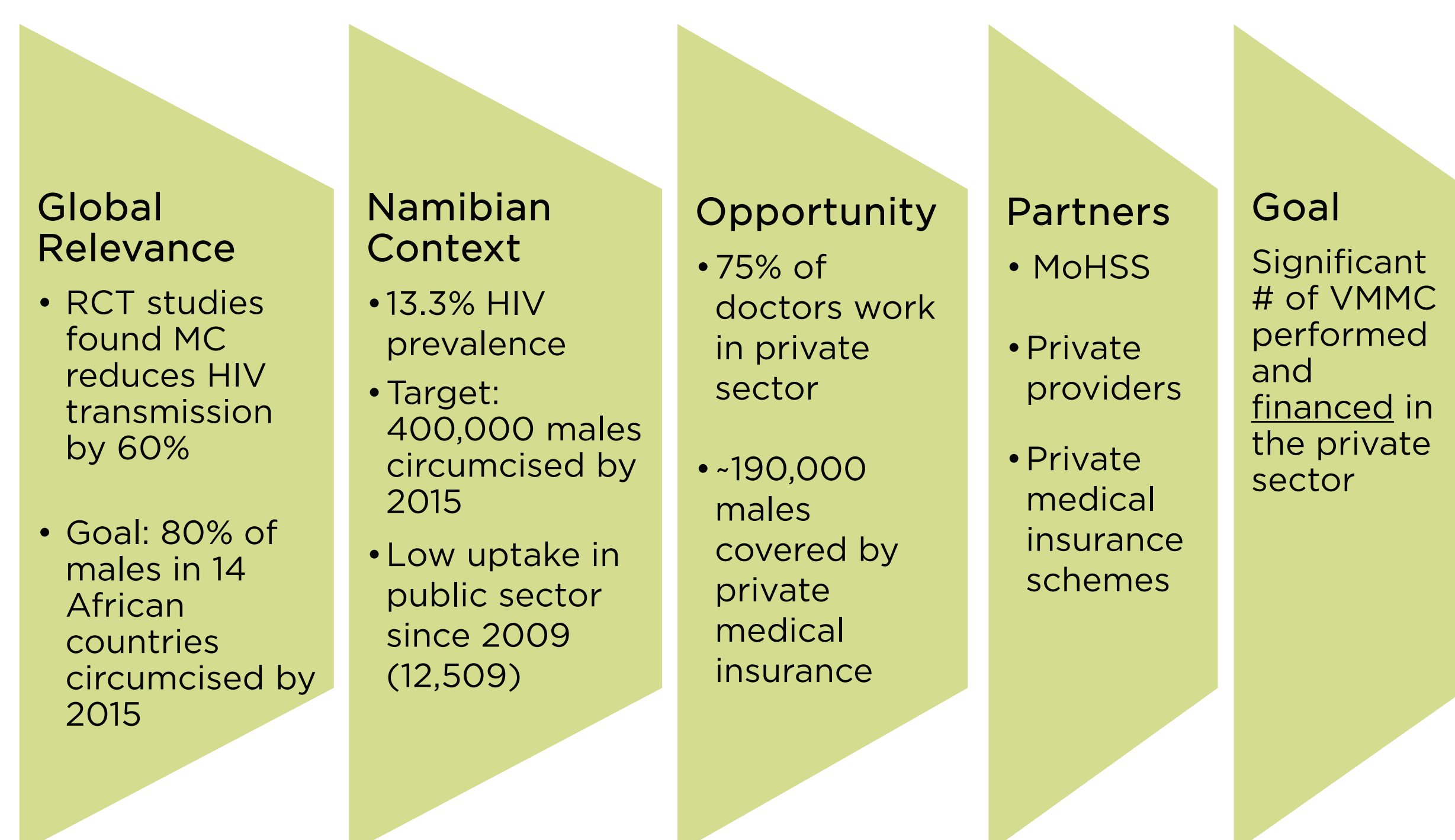
Background

- **October 2011:** The USAID-funded SHOPS project prepared and submitted an uniform insurance rate (tariff) for VMMC as a HIV preventative benefit
- **January 2012:** The Namibian health insurance regulatory body (NAMAF) approved the SHOPS-proposed VMMC insurance rate
- Following the approval, the SHOPS project proceeded with strengthening private provider quality assurance and reporting on VMMC

Key Issues to Achieving Goals

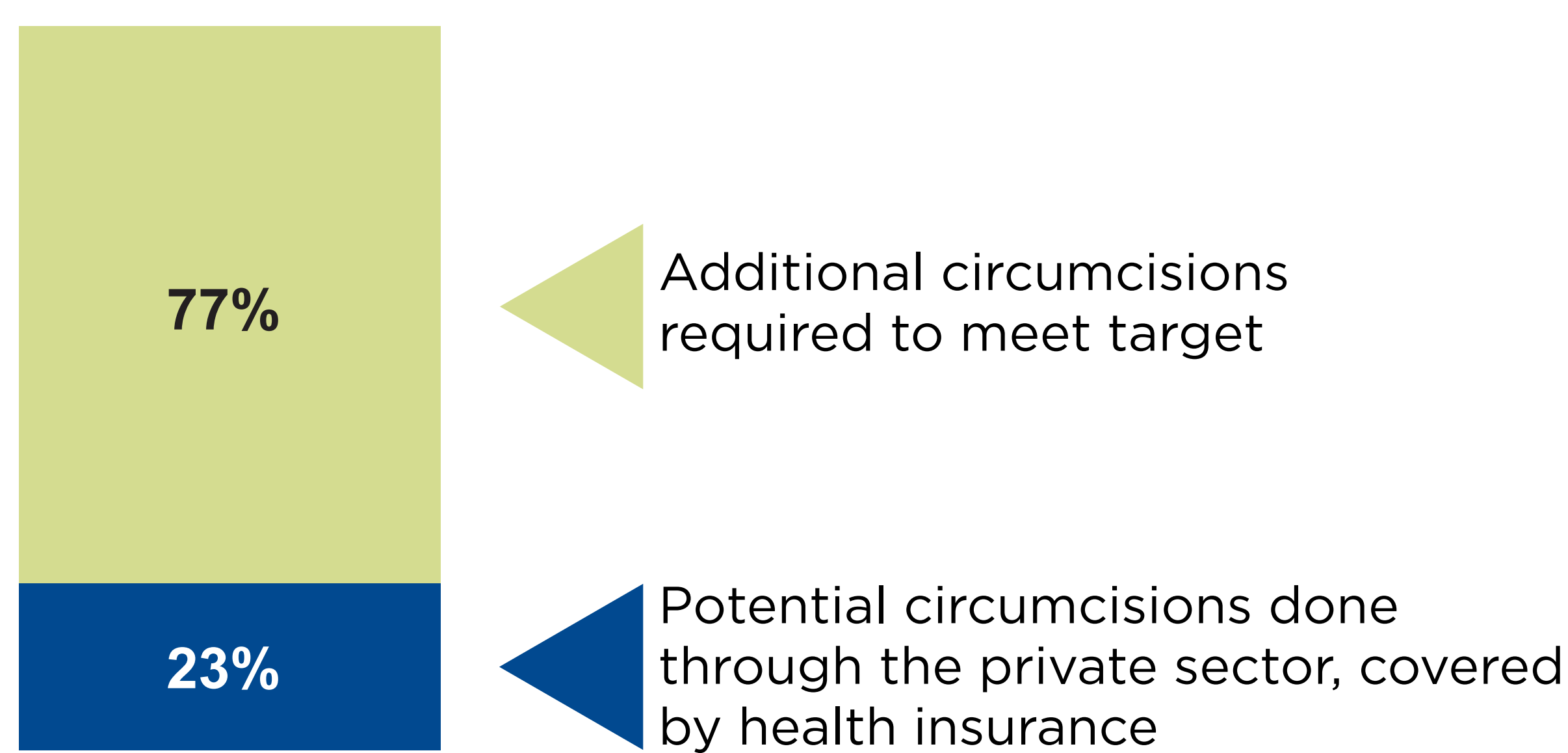
- From medical reason to prevention
 - With VMMC as prevention, private sector could finance 23% of the 400,000 target
- Reduce cost of VMMC in the private sector
 - Under general anesthesia, average cost: \$1,200
 - A disincentive for insurance companies to increase coverage
- Train private providers
 - Public sector training modalities are too long
 - How do you enroll private providers in the national VMMC effort?

Why Partner with the Private Sector to Increase Access to VMMC?



Private Sector's Potential Contribution Toward 2015 Target

2015 Target: 400,000 Male Circumcisions



Note: This model was developed by Frank F. Feeley, Boston University School of Public Health, using conservative estimates for future workforce growth and insurance levels.

Aligning Private Incentives with Public Health Goals

- Facilitate the inclusion of VMMC as an explicit preventative medical insurance benefit
 - Use activity-based-costing methodology to calculate and set the insurance coverage rate
 - VMMC insurance coverage rate based on: WHO guidelines, actuarial estimates, cost-reduction considerations
- Adapt the training package in VMMC for private providers
 - Shorter duration than standard training
 - Convenient mode of delivery for private providers
- Link reporting of privately conducted MCs to MoHSS
- Support VMMC campaigns

Achievements

- Through introduction of tariff, reduced VMMC cost from \$1,200 to \$200
 - Namibia is the first country in the world to uniformly finance the provision of VMMC through the private health sector
- 90 percent of health insurance schemes providing VMMC as benefit
- Strengthened private sector reporting - private sector reporting VMMC to MoHSS annually

Lessons Learned and Key Takeaways

- In addition to financing, also need to focus on:
 - Quality improvement
 - Demand creation
- Involve stakeholders from the early stages - it is a partnership!
 - Ministry of Health - ownership and guidance
 - Health insurance industry, regulatory body (NAMAF)
 - Private providers - approach should accommodate needs of private practitioners
- Align reporting requirements:
 - Flexibility in reporting variables to accommodate private sector while providing essential data
 - Identifying available reporting parameters in private sector

For more information, please contact:

Dineo Dawn Pereko at DineoDawn_Pereko@abtassoc.com
Ilana Ron Levey at Ilana_Ron@abtassoc.com
Tigistu Adamu Ashengo Tigi.Adamu@jhpiego.org

