

The contribution of private hospitals and clinics as part of sustainable financing of the HIV epidemic

Decentralized Drug Distribution (DDD) Learning Collaborative

August 27, 2020



Introduction: Private sector DDD ART models

Private Hospitals and Clinics

- Trained clinicians provide comprehensive care
- Well-established
- Often enjoy support from donor/government
- Clients may contribute, reducing costs to government
- Can manage both stable and non-stable clients

Private Pharmacy

- Patients pick drugs from an approved pharmacy
- Widely available
- Flexible pick up points and hours
- May include home delivery
- Can be linked to public or private clinics
- Low set up and maintenance cost
- Clients may pay for services
- Allows for pharmacovigilance

Automated models

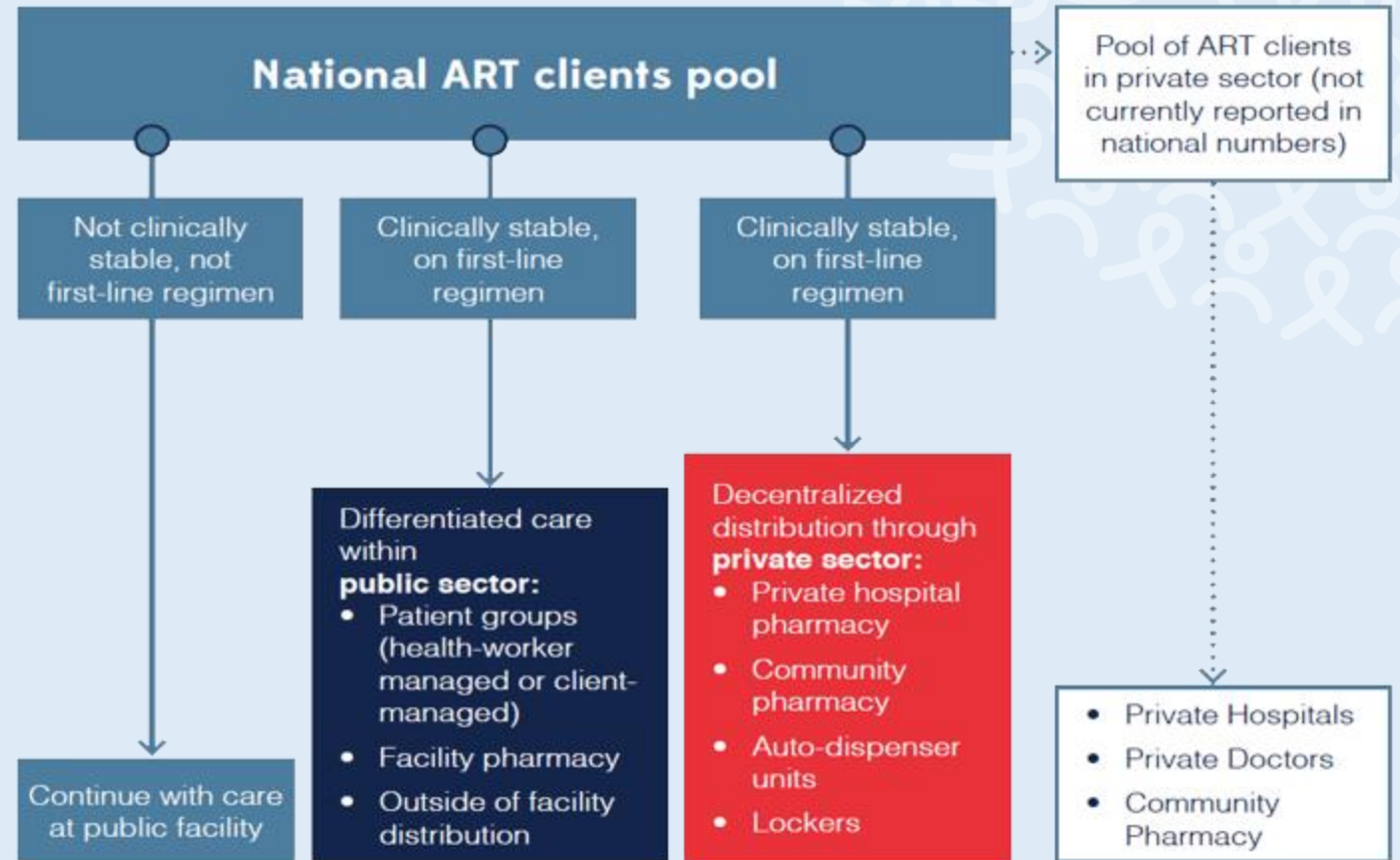
- Patients pick drugs from lockers or machines
- Flexible locations and hours
- Requires good “last mile management”
- Can be combined with other chronic diseases medicines
- Requires reverse logistics in case patients do not show up
- Automated models require good infrastructure and may be costly

Benefits:

- Economic: Potential cost savings for funders (Govt/donors) and patients (e.g. reduced transportation and opportunity costs)
- Social: reduced stigma
- Epidemiologic: Reduced LTFU, improved adherence VL suppression

Private Hospitals and clinics

- Private providers can be leveraged along the HIV clinical cascade to increase client choices, convenience and for sustainability
- Private sector hospitals need to be encouraged to invest resources to support the scale-up of HIV-related service delivery
- There is need to increase the health insurance coverage for PLHIV in order avoid out of pocket payment when they go to the private sector.
- There is a need for governments and donors strengthen the private sector in the areas of training, reporting and other capacity building to enable them play a role



Private Sector: Already provide ART but numbers not be reported to MOH; can serve more patients especially those who are able and willing to pay

Session 3: Learning Collaborative Agenda (7-8:30 am EST)

- **Fee Paying fast track clinics for HIV Service Provision**
Olusola Sanwo | Director Prevention care and Treatment,
Strengthening Integrated Delivery of HIV/AIDS Services FHI 360
Nigeria
- **Private sector clinics in dispensing ART drugs collaborative with the National Program**
Moh Moh Lwin | National Director of Sun Community Health,
PSI Myanmar
- **Scale up ART through private maternity homes**
Farhan Yusuf | Senior Program Officer, Pharmacy and Supply Chain
SHOPS Plus, Tanzania
- **An overview of providing care to PLHIV under either out of pocket or insurance payment scheme, successes, challenges and innovations**
Nixjoen Mapesa | Director Managed Healthcare Services,
Premier Service Medical Aid Society PSMAS, Zimbabwe

DECENTRALIZED DRUG DISTRIBUTION (DDD) LEARNING COLLABORATIVE

About the Learning Collaborative

Several countries in sub-Saharan Africa are implementing decentralized drug distribution (DDD) models to make HIV treatment services more convenient for patients while reducing the burden on health systems. To support these efforts, the USAID- and PEPFAR-supported Meeting Targets and Maintaining Epidemic Control (EpiC) project published [Decentralized Distribution of Antiretroviral Therapy through the Private Sector: A Strategic Guide for Scale-Up](#). As countries proceed with rollout of DDD models, it is important to create a platform for knowledge exchange and cross-learning among implementers. To that end, EpiC is hosting a series of collaborative learning sessions to share the latest evidence and lessons learned from the decentralized delivery of ART, discuss challenges and identify solutions, and catalyze more widespread implementation of promising models.

Schedule and Topics

- **Session 1: July 30, 2020**
DDD 101: Community pharmacy ART distribution models
- **Session 2: August 13, 2020**
DDD 101: Taking the digital step: Using automated dispensing to improve patient experiences
- **Session 3: August 27, 2020**
DDD 101: The role of private hospitals and clinics for sustainable financing of the HIV response
- **Session 4: September 10, 2020**
Modifications of DDD models in the context of COVID-19
- **Session 5: September 24, 2020**
Supply chain and last-mile delivery considerations critical to DDD

All sessions will take place from 7:00 - 8:30 a.m. EST
(2:00 - 3:30 p.m. Nairobi).

Who Should Participate?

This learning collaborative is intended primarily for stakeholders directly involved in implementing or supporting DDD models, including representatives from local implementing partners, ministries of health, and funding agencies. However, anyone interested in learning more about DDD models and how to introduce and scale them up is welcome to participate.



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Fee Paying “fast track” clinics for HIV Service Provision

The SFI Experience



Overview of Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS)



Goal:

To sustain **cross sectional integration** of HIV/AIDS and TB services by building Nigerian capacity to deliver sustainable high quality, comprehensive, prevention, treatment, care and related services.

Supported **Comprehensive** HIV and TB/HIV integrated programs implemented across 12 states in Nigeria but now in only 2 states

TYPE OF FACILITY	PUBLIC	PRIVATE
Primary	259	58
Secondary	137	104
Tertiary	17	-
TOTAL	413	162
Community Pharmacy		252

August 2020

Sustainable Financing Initiative

Key Activities and Coverage

Goal

To deliver an AIDS-free generation with shared financial responsibility with host country governments

USAID deployed the SFI to increase service coverage, strengthen financial protection, and improve access to vulnerable populations

1

Private Sector Strengthening

Providing technical assistance to private for-profit health facilities to expand access to high quality or “premium,” comprehensive HIV services

73 SFI Hospitals

2

Leveraging the Role of Licensed Pharmacists for Test and Start:

Technical assistance to private community pharmacists to provide ARV refill services to stable ART clients for a fixed service fee

230 SFI CPs

3

Support Proliferation of Public Private Partnerships (PPPs):

Facilitate partnerships between private laboratories and lab equipment manufacturers for the provision of premium private diagnostic (viral load, EID) services for PLHIV and other clients

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The Problem

“Large population of patients already on ART receive care from public facilities and are unwilling to move to private facilities to access care though they can afford the prices in the private sector” despite

- ❖ “Inflexible appointment dates and times
- ❖ “Diminished privacy on clinic days” “Long waiting times during clinic visits”
- ❖ Perceived shorten consultation times”
- ❖ “Long queues at service delivery points e.g. pharmacy, laboratory etc.”

The Goal

“Increase domestic funding for the HIV response through increased involvement of the private sector.”

“Client satisfaction at no expense to quality of care.”

HIV positive clients willing and able to pay for perceived better quality care, greater discretion and shorter wait times



Willingness to Pay Study

In July 2019, data were collected from 1,775 PLHIV across 98 SIDHAS-supported facilities (Public and Private) in 3 states in Nigeria (Akwa-Ibom, Cross River and Lagos states).

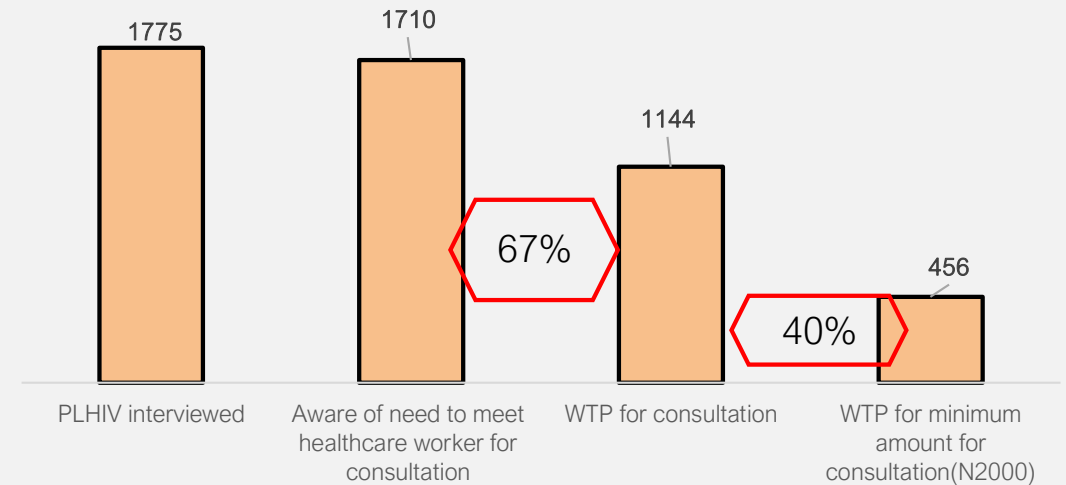
Structured questionnaires was used to elicit:

- Socio-demographics
- WTP for HIV care and treatment services
- Maximum amount WTP (Contingent valuation method)
- Direct and indirect costs incurred

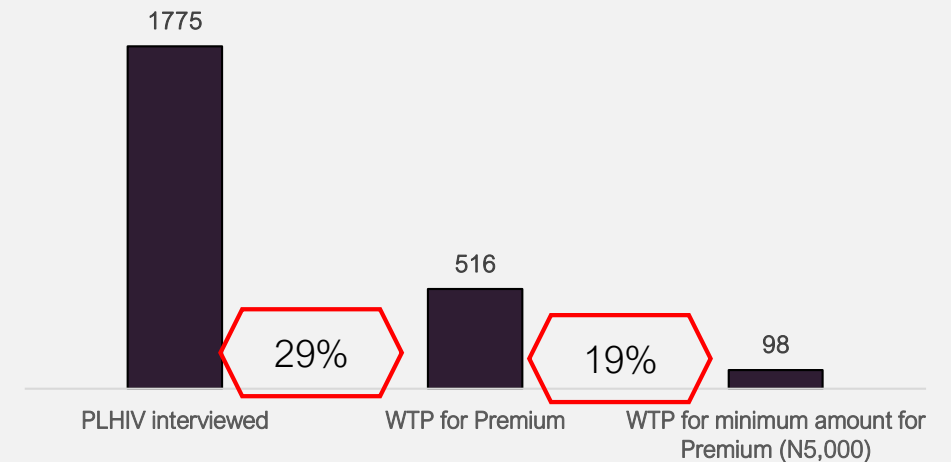
Findings showed that

- Majority of respondents were willing to pay for consultations, ARV refills, and viral load services
- As socio-economic status increases, WTP also increases

WTP FOR CONSULTATION



WTP FOR PREMIUM SERVICES



Rationale



- 01 | 97% of patients currently on ART receive care from the public facilities.
- 02 | Some clients **can afford** the fees in the private facilities but are unwilling to move
- 03 | One strategy to addressing this was the creation of Fast Track Clinics in supported public health facilities to provide **premium care** to willing clients who can afford
- 04 | Leverages on the **existing** infrastructure in the facility
- 05 | Premium care entails the provision of expedited care, premium access to pharmacy and laboratory services and a **more conducive waiting** environment
- 06 | It involves provision of medical services to patients on a **fee-for-service basis**, in public hospitals and health centers

About Fast Track

1

Private wings/VIP Clinics/fast track services

refers to an official arrangement in which “premium” comprehensive, and integrated medical services are provided to patients on a fee-for-service basis in public hospitals.

2

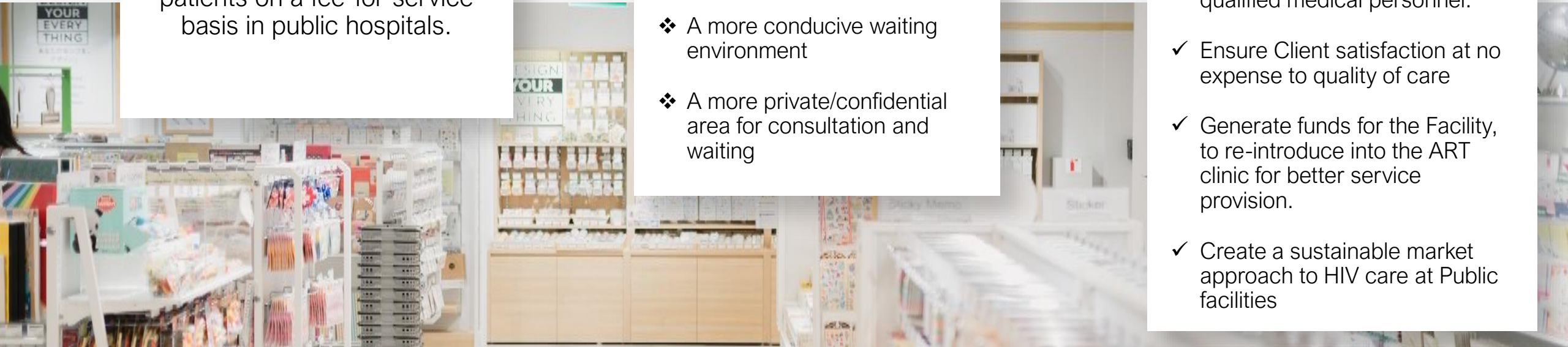
Premium care is

- ❖ Expedited care
- ❖ Longer consultative time
- ❖ Premium access to pharmacy and laboratory services
- ❖ A more conducive waiting environment
- ❖ A more private/confidential area for consultation and waiting

3

The main purpose is to

- ✓ Mobilize additional resources
- ✓ Increase health workers' motivation
- ✓ Reduce attrition of highly qualified medical personnel.
- ✓ Ensure Client satisfaction at no expense to quality of care
- ✓ Generate funds for the Facility, to re-introduce into the ART clinic for better service provision.
- ✓ Create a sustainable market approach to HIV care at Public facilities



Why Fast Track Services

Model/Services Covered

- High and increasing client load at the facility.
- Bulk of working class individuals who are willing and able to pay for faster services
- The demand for more flexible days and time for drug refills.
- High unofficial demand for fast track services.
- Survey results, has shown the acceptance of such model.

Fast track model of services delivery will cover only HIV services namely:

- Clinical consultations
- Laboratory investigations
- Drug pickup
- Drug refills



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Sample Operation/Infrastructure Model

- The fast track service model will be flexible, accommodating clients everyday within working hours.
- The fast track model will entail movement of clients from one service delivery point (SDPs) to the next. This movement will be aided by an “escort” service. These SDPs include the
 - ❖ Records department: For card pick-up
 - ❖ ART clinic; for clinical consultation
 - ❖ Pharmacy; for drug refills
 - ❖ Laboratory; for slated tests
 - ❖ Cash point; for payment
- A folder tagging system which will also serve as a unique identifier.
- Costing was arrived after deliberation with support group members and management at N5,000 (\$13.88) using existing payment structure
- For cost effectiveness and integration, the fast track services will leverage of the existing staff of each service deliver point.



Fast Track Expected Outcomes

i

1

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4

5

Reduce the burden on the public wings with an expected.

Improvement in the quality of care for those receiving care

New resource stream for the public facilities

Sustainable alternative to the currently donor funded public HIV services

Profits to support the provision of HIV services for free to other clients in the facility

Implementation Process

Fast Track Approach

1. **Stakeholder Engagement:** With the respective Government structures such as state ministry of health and finance, the hospital Management Board, Facility management.
2. **Establishment of the FTC Management Committee:** Should include the hospital management, Staff from relevant departments/units and a representative of the PLHIV to reflect their views.

3. Implementation plan:

Each public facility developed detailed plans on the establishment of the private wing. However, basic criteria to be addressed in the plan include:

- Suitable space for the private wing
- A fast-track clinic Management Committee
- Source of funding of the required renovations for the private wing
- Staffing of the FTC
- Financial Management of the FTC
- Demand Creation for the private wing.



Facility Perspective

- Increased Internal Generated Revenue (IGR)
- Funding for support staff currently supported by Donors
- Additional Staff
- Access to private HMOs
- Improved Quality of Care in the facility.

Client's Perspective

- Premium service provision
- Expedited care (< 30 mins)
- Longer consultative time
- Rapid access to pharmacy and laboratory services
- A more conducive waiting environment.
- Integrated/comprehensive services...

Achievements



States	Names of Facilities	Clients Accessing Services (June 2019)
Akwa Ibom	Oron General Hospital (Iquita)	67
Cross River	University of Calabar Teaching Hospital (UCTH)	34
Lagos	General Hospital Badagry	358
Rivers	University of Port Harcourt Teaching Hospital (UPTH)	26*
	Rivers State University Teaching Hospital (formerly BMSH)	20*
TOTAL		505



SFI stopped services in Rivers state in 2019

Learnings

- There is a market for client funded comprehensive HIV services
- Clients are willing to pay for premium services
- Ensuring accountability and transparency of the funds realized is key
- There is a potential for over-subscription if the cost to access the services is too low



THANK YOU



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PSI Myanmar: A successful model of publicly-supported ART in the private sector

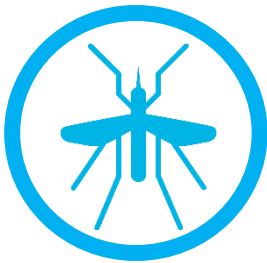
Dr. Moh Moh Lwin
National Director
Sun Community Health
PSI/Myanmar



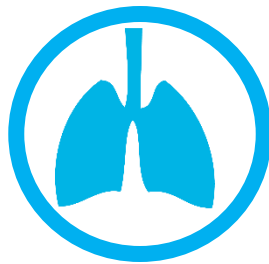
Introduction

Population Services International/Myanmar

More than 25 years journey in Myanmar



MALARIA



TUBERCULOSIS



REPRODUCTIVE
HEALTH



MATERNAL &
CHILD SURVIVAL



HIV/AIDS



The Sun Quality Health Network



- Fractional Franchise of private family doctors
- 1,292 doctors in 200 townships
- Efficiency and Sustainability

Historical HIV program implementation at Sun Network

Social Franchising with Private Sector Providers Started with RH Program in 2001 and Launched STI in 2003



2001

2003

Launched TB (PPM-DOTS) in 2004



2004

Launched VCCT centers in 2005 ART provision to 50 PLHIV with 7 Sun doctors



2005

Started PITC program Launched ART At cost program with 17 Sun doctors



2010

Change "At cost" to "Free" with increasing donor funding



2015

Launched Satellite ART program with government



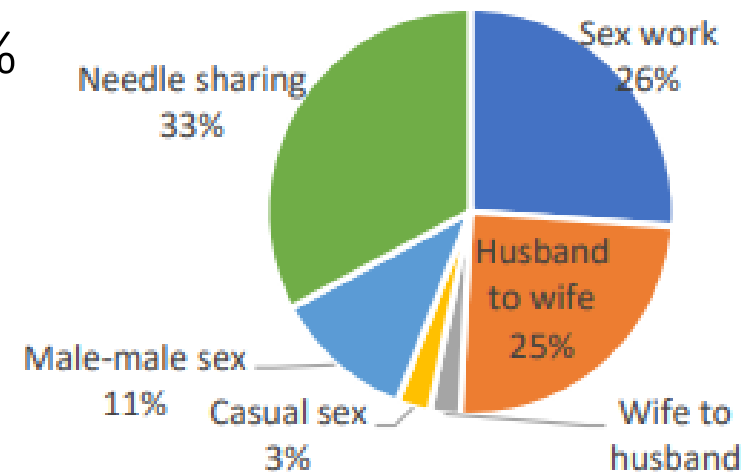
2016

GP could access to confirmatory test, and initiate ART by themselves

GP has to refer to confirmation center for result and initiate with Government

HIV epidemic at a glance

- In 2018, 240,000 PLHIV in country with 11,000 new infection and 7,800 HIV related deaths
- Although low HIV prevalence in general population, high burden among Key Pop: 5.6% in FSW, 6.4% in MSM, 19% PWID.
- Myanmar has **OVP significant higher risk:**
Clients/Partners of FSW, Female partner of MSM, Partners of PWID, PWUD, Mobile/Migrants, Prisoners/in close settings
- 10.4% of all PLHIV newly enrolled were detected active TB



National AIDS Program estimates and projections, 2018

PSI HIV service coverage with Private Sector Clinics

Targeted to high risk individuals and hidden key populations through the Sun Quality Health Network

PITC Clinics



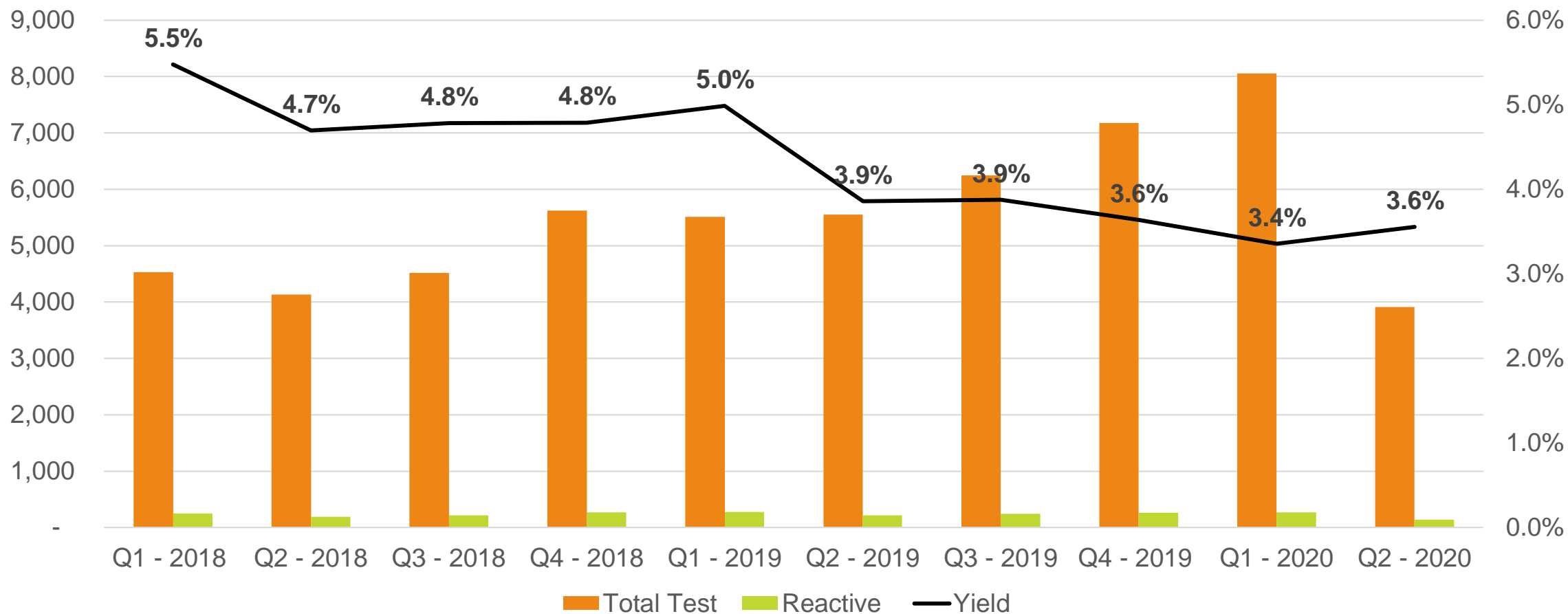
145 Townships
361 Clinics

ART Clinics



26 Townships
30 Sun Clinics

HIV Positive Yield at SUN by quarter, 2018 – June 2020



Service linkage and yield results vary with types of service provision (Jan – June 2020)

Type of clinics	Total Tested	Total Reactive	Tx New	Yield	Link to Care
PITC clinics	7,406	199	0	2.6%	0%
ART clinics	4,549	210	127	5%	60%
	11,955	409	127		

	Yield	
Risk Group	PITC	ART
FSW	2%	3%
MSM	4%	5%
PWID	18%	7%
TB	2%	3%
OVP + Low Risk	3%	6%

Patient Flow (Own initiated vs Initiated at ART Centers)

Private Clinic –
Screening, Confirmation

Confirmation center –
Confirmation of result

Investigation centers –
baseline investigation

Private Clinic – Initiate
and follow up care

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Private Clinic – Screening

Confirmation center –
Confirmation of result

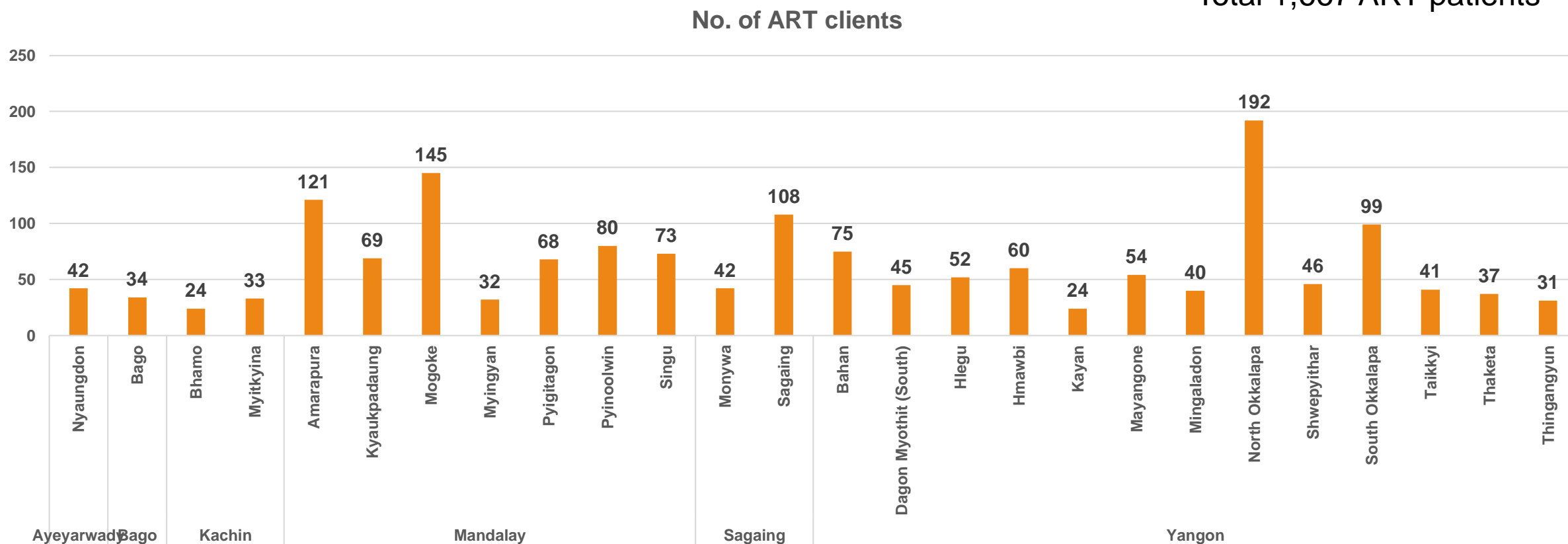
Investigation centers –
Baseline investigation

ART center – Initiate ART

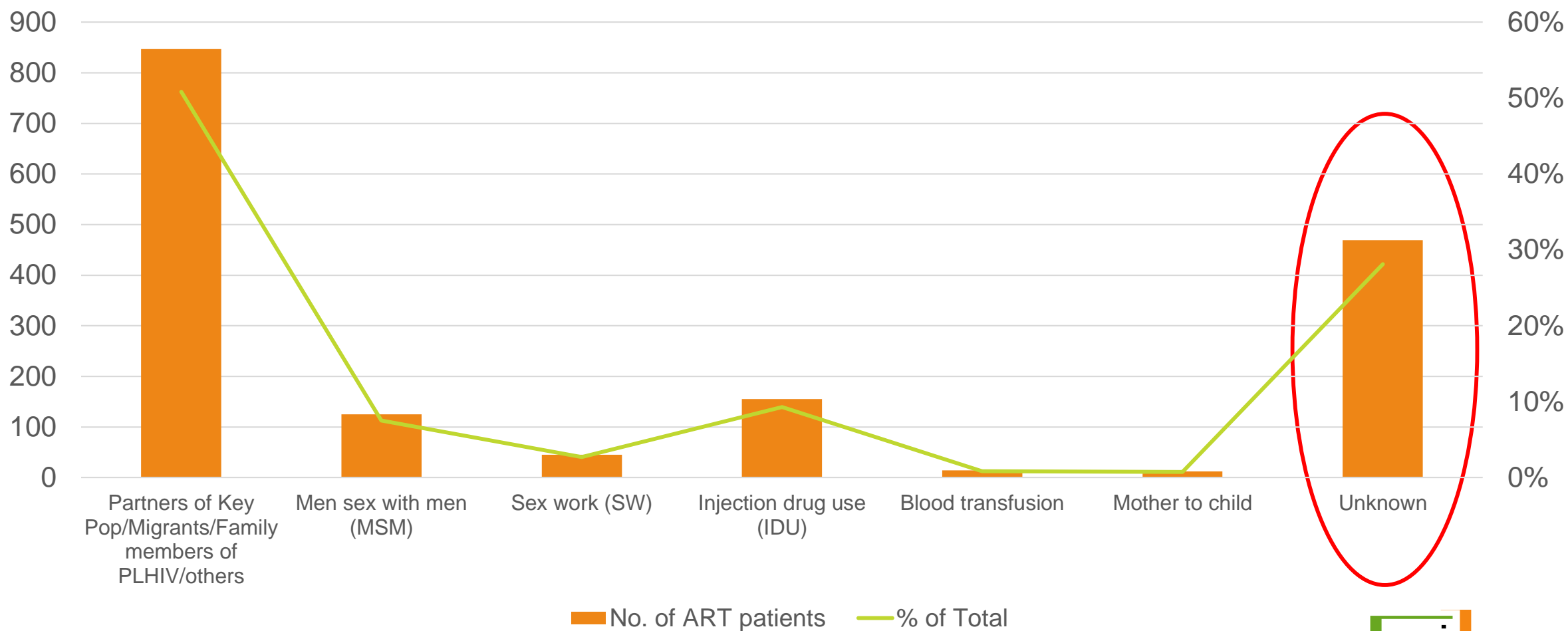
Private Clinic – Dispensing
ART and follow up care

No. of ART clients dispensed at Sun clinic by township

30 doctors in 26 townships
Total 1,667 ART patients

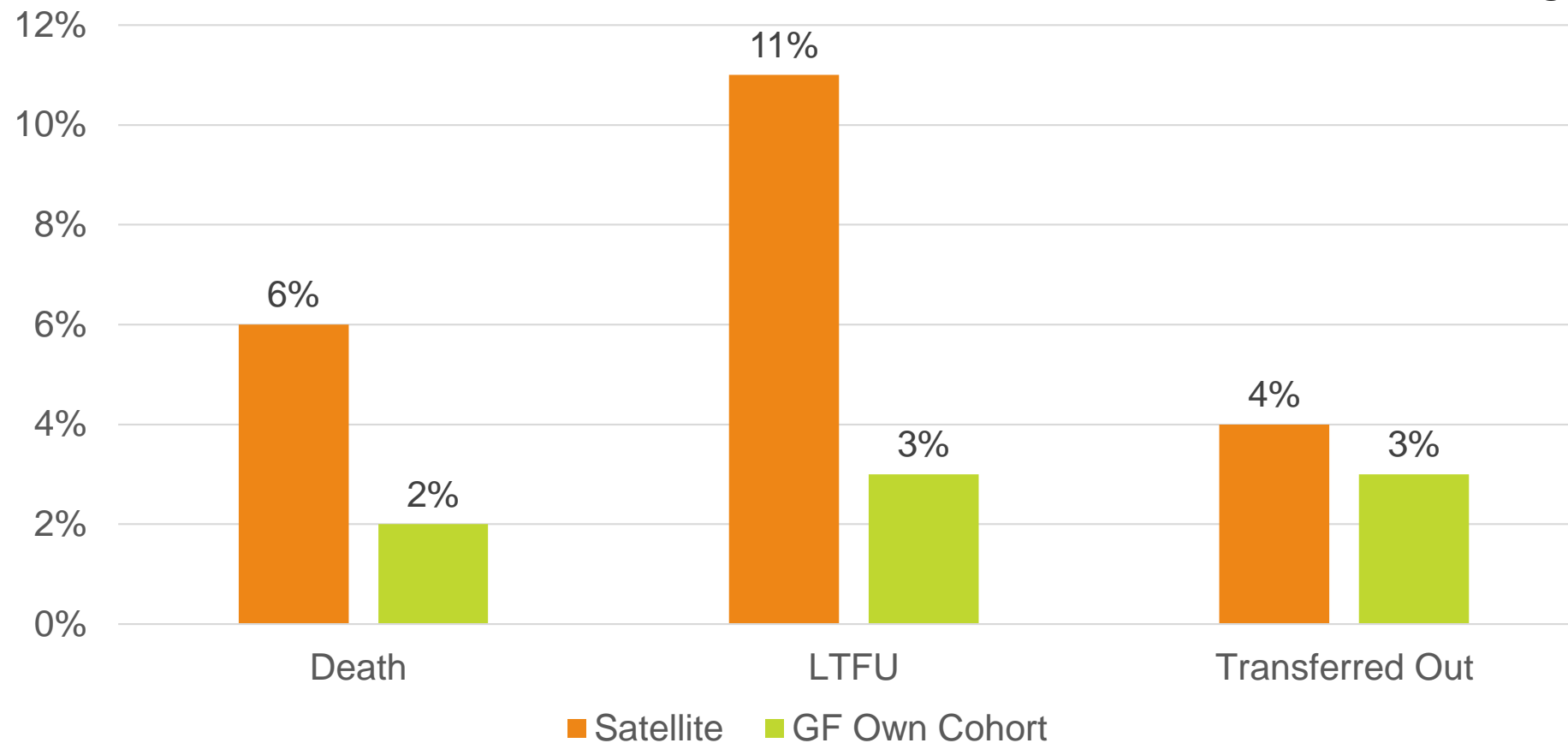


ART clients by risk factors/category

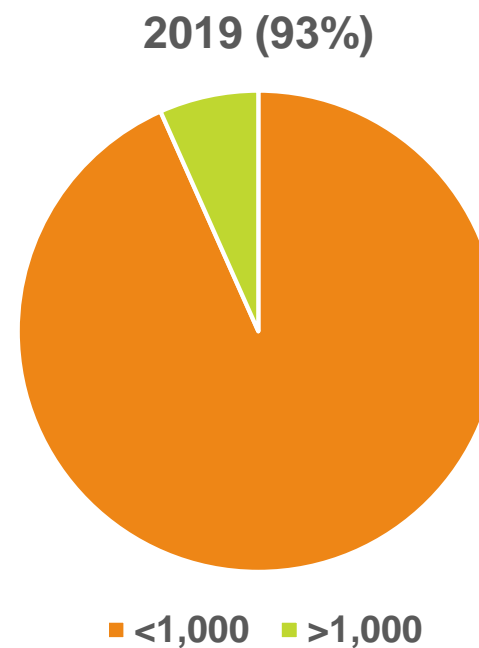
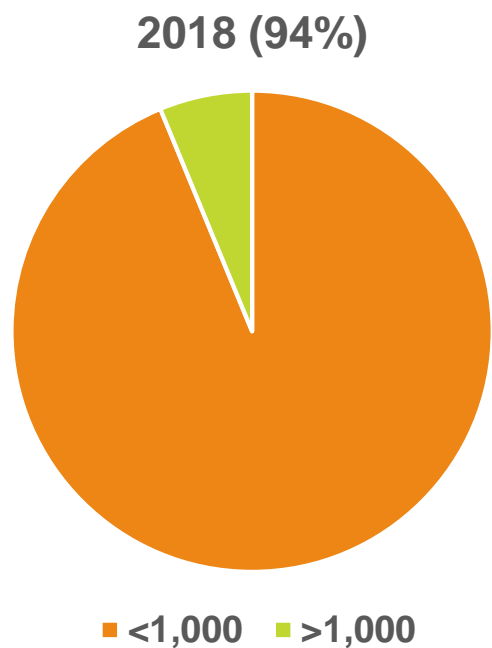


Patient Outcome Own Cohort Vs Satellite (2019)

Own cohort based – 542
Satellite based – 1,427



High viral suppression at Sun sites in both 2018 and 2019



Viral Load at Sun Clinics

- 610 tested in 2018, 728 tested in 2019

Challenges

- Ownership by and motivation of service providers
- Patients have to go to different centres for confirmation and care
- Anonymous entity - preferred site for clients (hidden population) so take time to explore their status
- Lack of Unique ID code (Currently using interlinked form with codes to link the services)
- Reporting cut-off date, reporting challenges

Future work aim for contribution towards Myanmar HIV epidemic by Private Sector Clinics

- Case detection and finding of New HIV infected Patients and linkage to Confirmation and care through nationwide Provider Initiated Counselling and Testing Private sector clinics
- Transform and setting up Key Population Friendly Private sector clinics in which some portion of hidden key population prefer to get ART and provide services where there is no proper KPSC dedicated for Key populations.
- By setting up and proof on quality of care at private sector clinics, those clinics will hopefully can become dispensing centres for OVP at later days.



Thank You

Encouraging increased private sector participation in provision of HIV services in Tanzania

Farhan Yusuf
26th August 2020





Sustaining Health Outcomes through the Private Sector - SHOPS Plus

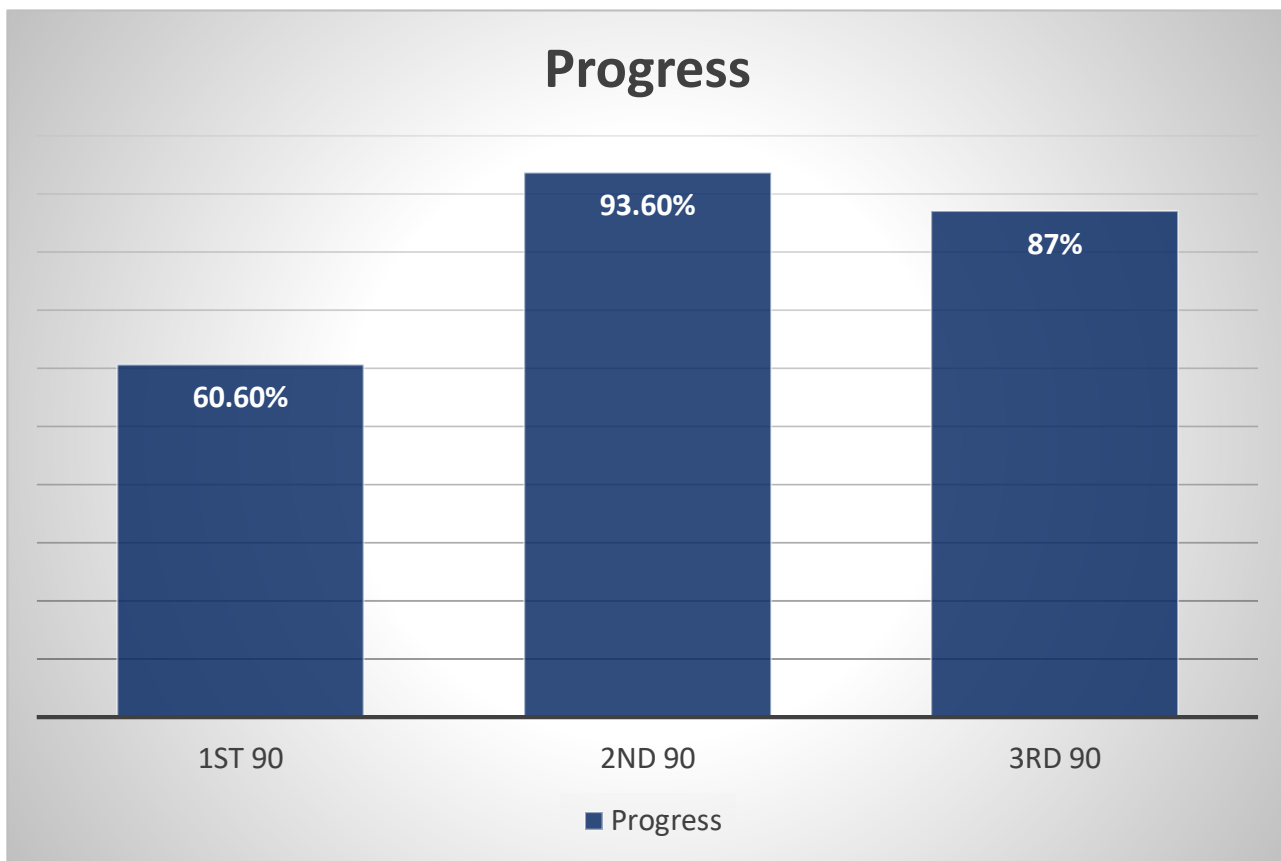
Leverages private sector to increase access to and use of priority health services, improving the equity and effectiveness of the total health system



- USAID's flagship global project on private sector health
- Catalyze public-private engagement to improve health outcomes for Malaria, MCH and HIV/AIDS through technical assistance.
- Focus on global health goals such as FP 2020, Ending Preventable Maternal Child Deaths, An AIDS Free Generation
- In Tanzania, SHOPS Plus takes a systems approach to engaging private sector platforms in contributing to health outcomes in Family Planning, Malaria and HIV.



Tanzania continues to progress towards achieving the 90-90-90 goals



Tanzania HIV Impact Survey (2016-2017)



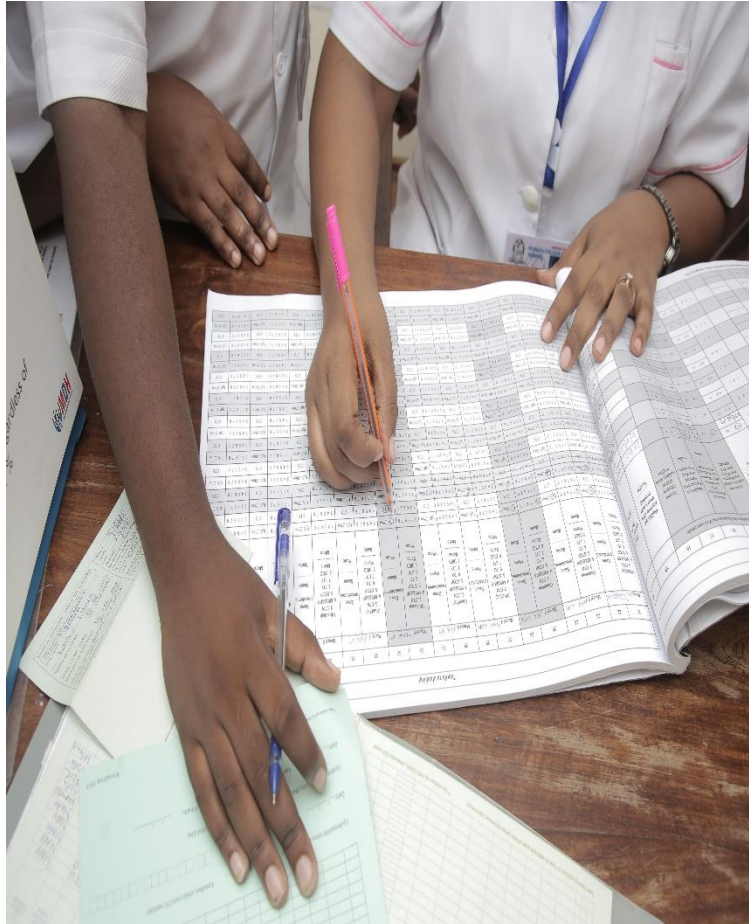
Tanzania adopted “test and treat all” policy in 2018

- **Goal:** Increase the number of PLHIV who are on ART
- Successful implementation requires more staff, supplies, and diagnostics than exist in current CTC facilities
- Potential opportunities in the private sector:
 - Task-sharing ART initiation and management
 - Potential to reach men and other KPs with testing, other HIV services





Existing challenges to private sector HIV service delivery are well documented



- Perceived low demand for private HIV services
- High costs to procuring ARVs and other drugs outside of donor-subsidized systems
 - Limited commercial availability of ARVs
- Policy barriers to covering costs of service delivery
- Lack of well-established private-private, public-private referral networks for HIV



SHOPS Plus has facilitated introduction of private providers in HIV service delivery

Clinical Skills

- Assessed potential private providers
- Organized trainings for providers at 20 private clinics in 5 regions
- Facilitated supportive supervision

Commodity Access

- Linked trained facilities to Council Health Management Teams, PEPFAR IPs for commodity access
- Supported data sharing and reporting for commodity access



SHOPS Plus support has helped private facilities expand their HIV services

**7
facilities**

Expanded from ANC to offer test and treat for pregnant and breastfeeding women

**8
facilities**

Expanded from test and treat for pregnant women to full adult ART

**3
facilities**

Expanded from basic to advanced ART (e.g., 2nd line regimens, pediatric ART)



Lessons Learned & Promising Developments

- Private sector is willing to engage in the HIV response – but need better defined incentives
- Support and stewardship from the public sector is key
- Commodity partnerships with governments are effective strategies to make HIV services affordable & accessible through the private sector
- The private sector shows potential to better reach underserved populations





Looking forward to other opportunities in the private sector

In Year 6, SHOPS Plus intends to build on success by:

- Exploring use of community pharmacies as ARV pick-up points
- Supporting National AIDS Control Program to introduce HIV self-test kits through Accredited Drug Dispensing Outlets
- Continuing to share learnings and advocate for private sector in key policy discussions and strategy developments



www.shopsplusproject.org

Farhan_Yusuf@abtassoc.com

**An overview of providing care to PLHIV under
either out of pocket or insurance payment
scheme, successes, challenges and innovations**



Dr. Nixjoen Mapesa
Director Managed Healthcare Services
Premier Service Medical Aid Society
Zimbabwe

The PSMAS - PSMI Experience

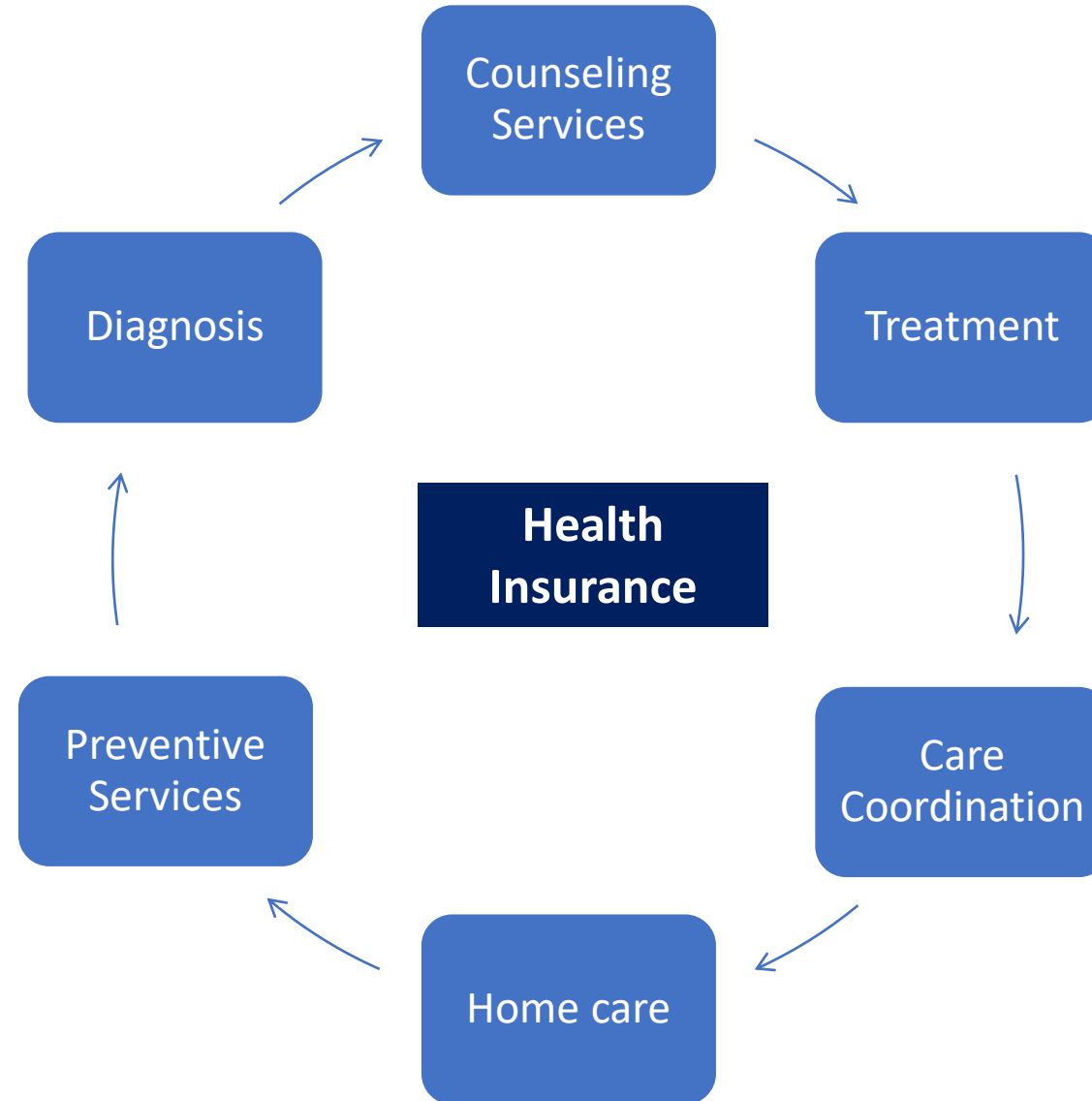


- Premier Service Medical Aid Society (PSMAS) – largest health insurance provider in Zimbabwe
- Premier Service Medical Investments (PSMI) – PSMAS service provider arm, and the largest **private** healthcare provider.
- 92% of PSMAS members are civil servants
- PSMI provides access to more than 70% of PSMAS member
- Over 150000 PLHIV serviced annually through the PSMAS PSMI network

PSMAS – The Funder

- Over 930000 insured members on different plans which define the benefits
- All plans provide access to HIV care and treatment services through a stand alone fund dubbed the prudent fund
- Access to PSMI facilities is subsidised, while service at other private entities comes at a premium
- Managed care initiatives through active disease risk management ensure optimal utilisation of funds
- HIV care contributes at least 10% to claims costs
- Over 100000 PLHIV are active PSMAS members

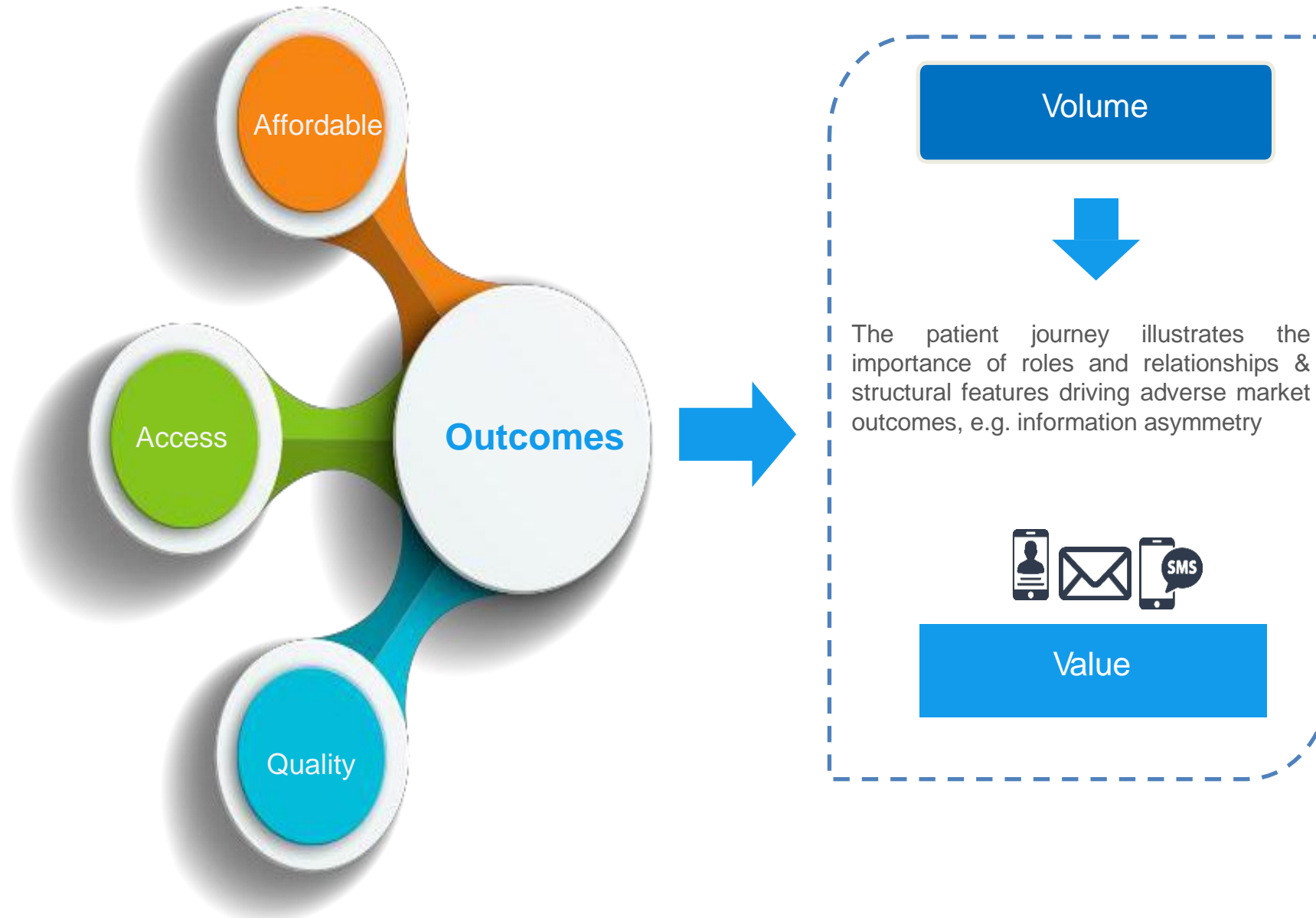
Health Insurance Role



PSMI - The Service Provider

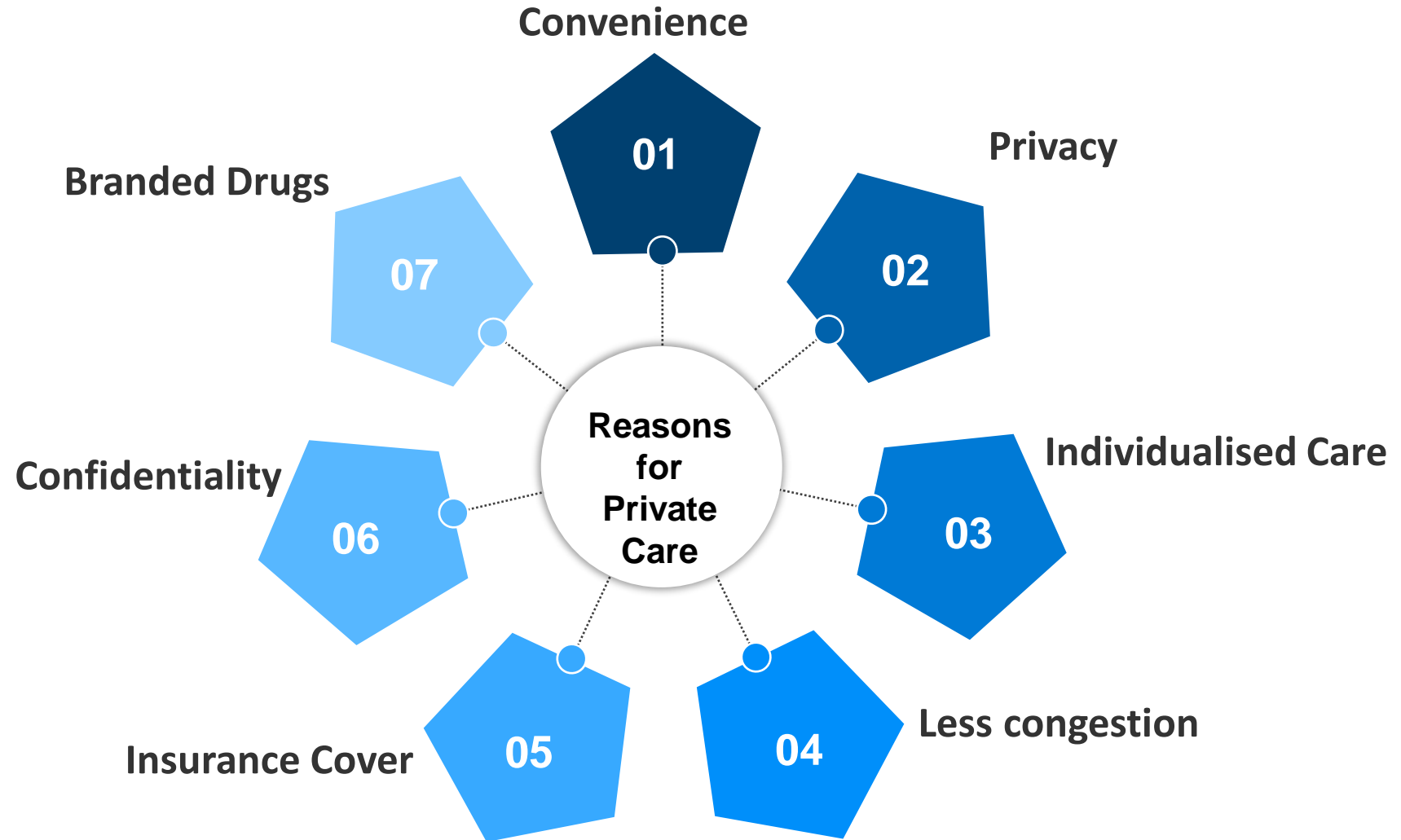
- Countrywide network of healthcare facilities
 - Hospitals
 - Integrated Family Healthcare Centres
 - Medical Clinics
 - Pharmacies
 - Laboratories
- HIV services provided to all patients at all levels of care
 - Primary care providers – diagnosis, counselling and treatment
 - Laboratory – testing services
- MOU with government of supply of ARVS for the vulnerable, not covered by medical aid
- Support of PMTCT drugs in hospitals
 - Pharmacies – ART available to medical aid clients at a subsidised rate

Value to the Patient



Reasons for Private Care

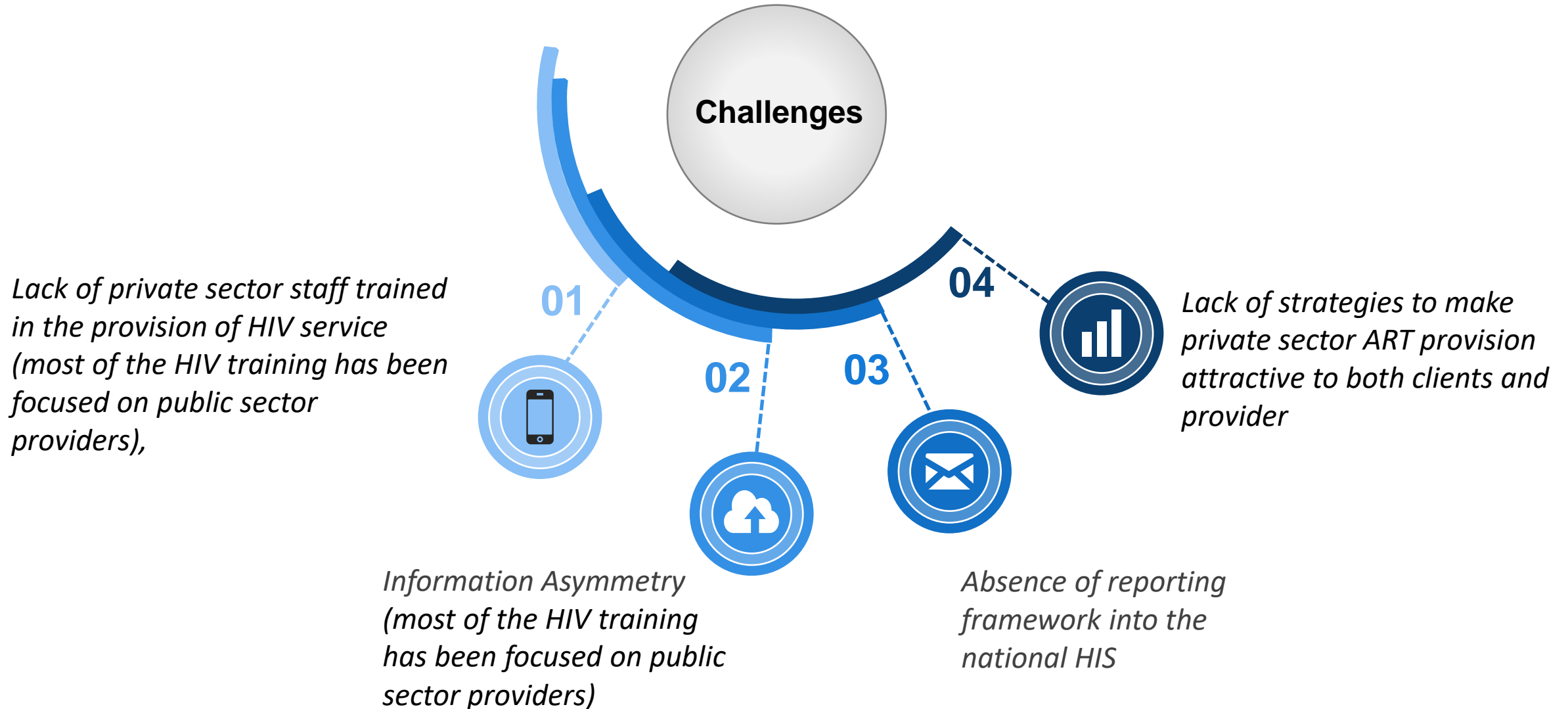
The private sector is popular with those that are on insurance due to the costs related to care. As a result the uptake of the private sector model is limited to less than 10% of the PLHIV.



Benefits of the Private Sector Services

- More choices to accommodate client preferences
 - Convenience and confidentiality
 - Reduced case load at the public health facilities
- Reduction in the average patient waiting time at the public health facilities
 - Improved adherence to appointments
- Private sector staff capacity building and quality assurance
 - Increased client satisfaction with services
- Potential cost savings for clients because of proximity of services
 - Improved access to care for clients
 - Reduced stigma associated with hospital visits
- Strengthened referral system between public and private sector
 - Cost savings to the public sector from reduced client load

Challenges with Model



Recommendations & Conclusion

- Need for supportive policies and guidelines on private sector role in HIV management
- Strengthen synergies between the public and private sector on issues of training and capacitation on HIV management and care
- Develop framework on data management and reporting into the national health information management system
- Introduce robust monitoring and evaluation procedures to ensure standardisation of care
- Management of PLHIV requires a multispectral approach, and the private sector has a key role to play.



Thank You



Q+A

Upcoming Session

Community Distribution of ART

Thursday, September 10, 2020

7:00 AM-8:30 AM EST | 13:00-14:30 CAT | 14:00-15:30 EAT

[Register Here](#)

