

A public-private partnership approach to expand VMMC uptake in Khomas Region, Namibia

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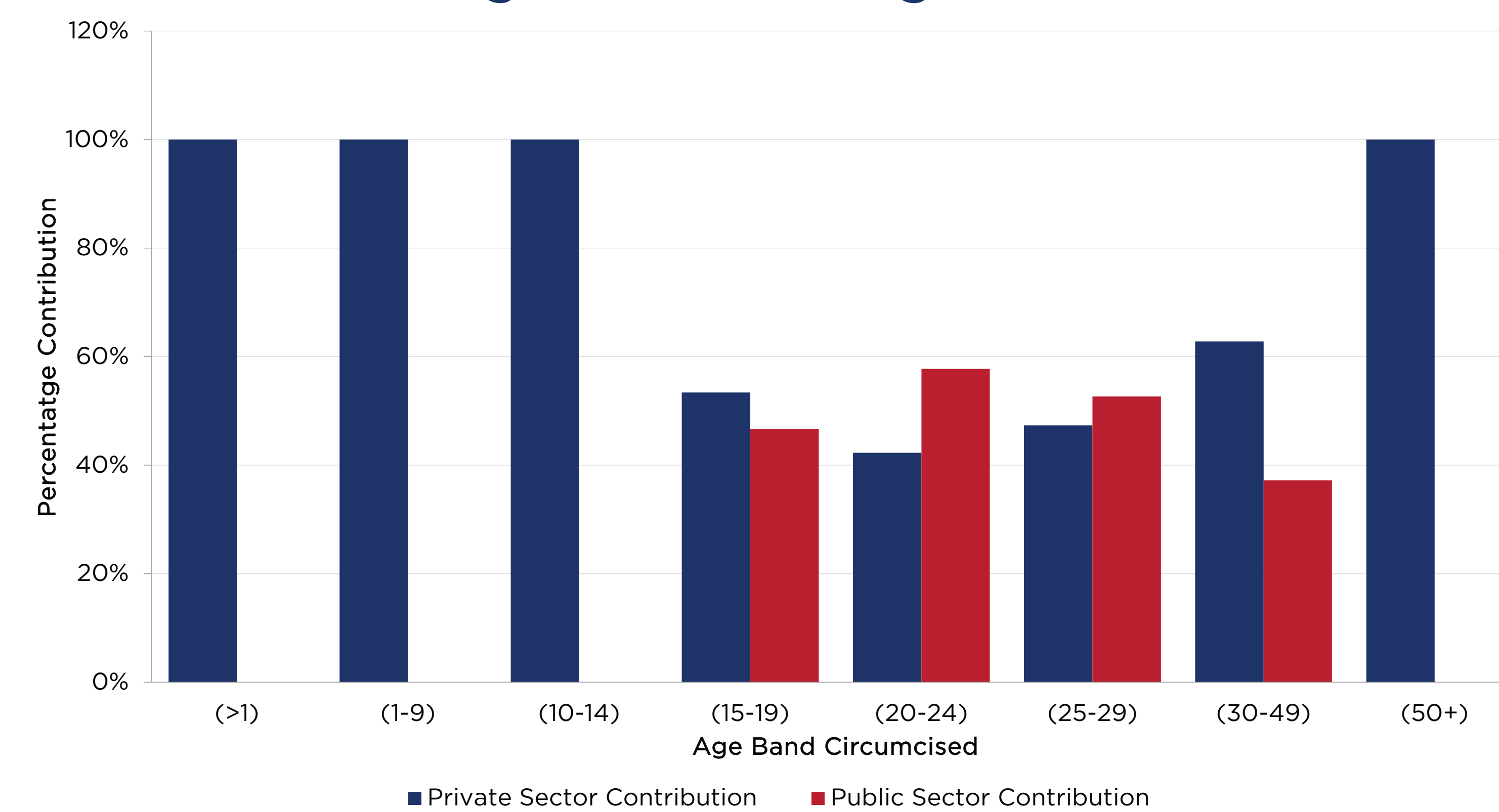
Introduction

- Population: 2.46 million
- Area: 823,290 sq km
- Upper middle income country
- HIV prevalence: 13.3%
- VMMC is part of Namibia's combination prevention strategy
- VMMC target: 330,210 males by 2021
- Current estimated VMMC coverage: 26%
- Dichotomous healthcare system
- Big and vibrant private sector
- Well established health insurance industry
- Private facilities provide high quality services
- 72% of doctors practice in private sector
- 557 consulting rooms

Focus on Khomas Region

- Windhoek is the capital
 - Population = 386,000
 - 35% of all insured are in Windhoek
 - VMMC target of 45,000 (3rd highest)
 - Only 1 state VMMC facility
 - 2,782 MCs done (2015/2016)
- Private Sector engagement
 - Network of 32 private clinics
 - Provide VMMC services primarily to insured clients
 - A few clients (<1%) pay out of pocket for VMMC
 - MC's conducted 2015/2016 = 3,932
 - Clinics are spread across the city, thus facilitating easy access to services
 - Longer operating hours than public facilities including weekends

MC Coverage in Khomas Region - 2015-2016

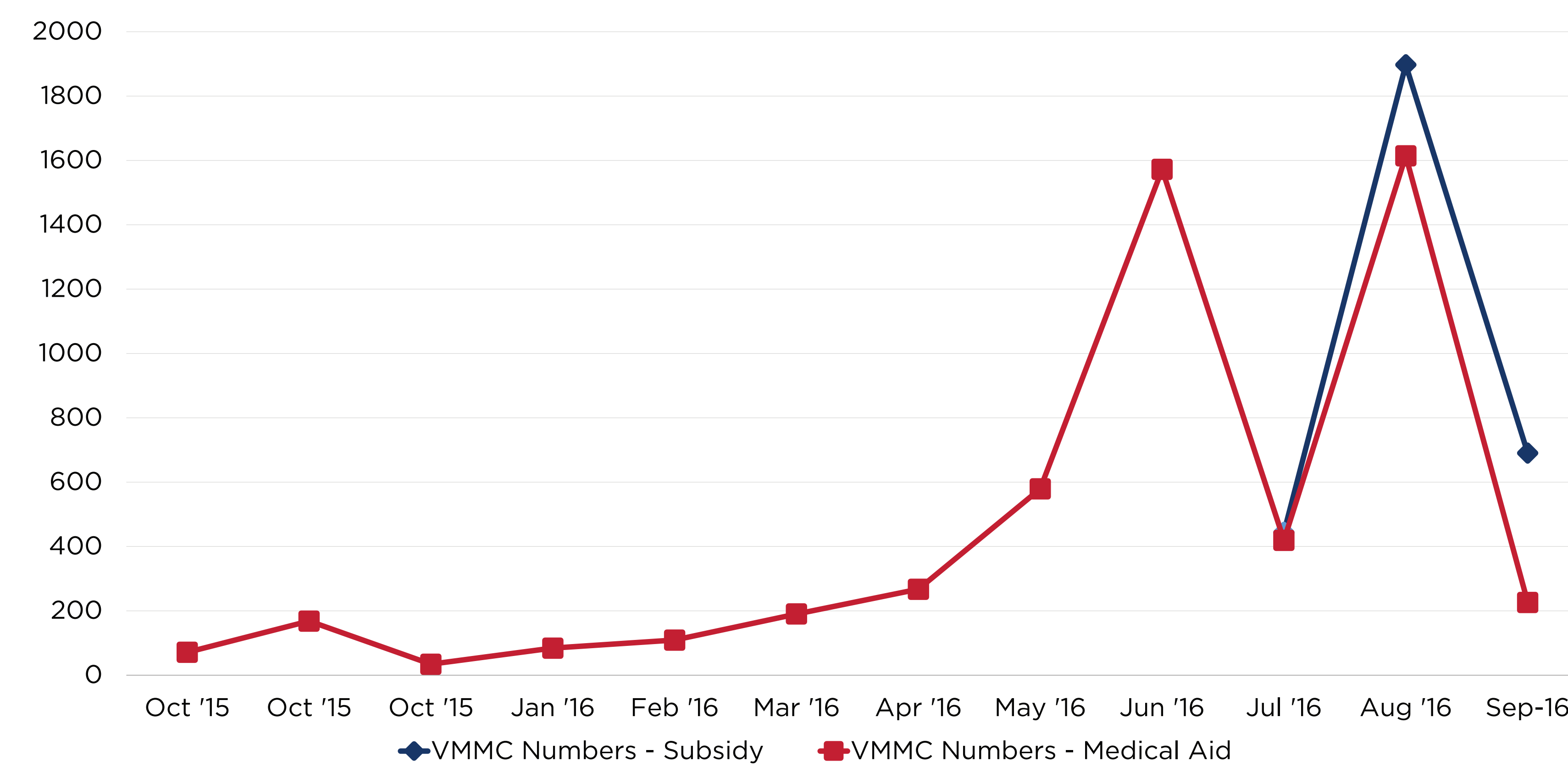


Engaging private sector beyond insured clients

- Free VMMC services through the private sector for uninsured clients
 - funded through USAID
 - were piloted from July to September 2016 and
 - fully introduced in October 2016
- Service level agreement for the reimbursement of the VMMC package was reached with each participating private clinic
 - 32 facilities in Windhoek engaged to participate in the programme
- Between October 2016 and September 2017
 - 8,846 circumcisions were reported
 - 81% (7,172) were from private facilities

Increase in VMMCs during the July – September 2016 pilot period

Influence of Subsidised VMMC on overall FY16 Performance



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Roles and responsibilities for the partnership

- Private providers**
 - Provide VMMC package as per national WHO and PEPFAR standards
 - Create demand for VMMC services
 - Keep complete records of all clients on the program (paper and electronic)
 - Report monthly (and as needed) required data to MoHSS and program
 - Participate in routine quality improvement activities
 - Participate in peer learning activities
- MoHSS
 - Provide overall guidance and oversight to the network
 - Provide routine quality monitoring
 - Conduct joint demand creation efforts with the AIDSFree project

AIDSFree support to strengthen the partnership

- AIDSFree Project Technical Assistance to Private Clinics**
 - Conduct facility readiness Assessments
 - Provide Training & Mentorships
 - Provide tools for recordkeeping and reporting
 - Conduct continuous quality improvement
 - Provide commodities
 - Support communication and demand creation efforts
- AIDSFree Technical Assistance to MoHSS**
 - Facilitate partnership with private clinics
 - Ensure timely reporting
 - Provide direct oversight of private sector VMMC programme

Lessons learnt

- Partnering with private clinics increased accessed to VMMC services
- All the private clinics recorded higher VMMC numbers on the free programme compared to the numbers on medical aid
- The free VMMC program currently meets the needs of uninsured males
- Engaging private sector through a free VMMC program accelerates the achievement of national targets

Conclusions

- Namibia has a well-developed and robust private health sector whose potential is not fully utilised.
- Private facilities are well positioned to partner with the government to provide VMMC services beyond their regular health insurance clients



Facility demand creation – outdoor branding

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