AUGUST
2017

Assessment of opportunities to deliver oral PrEP for women through private sector health care

Summary of research findings

USAID
FROM THE AMERICAN PEOPLE

PEPFAR

OPTIONS
OPTIMIZING PREVENTION TECHNOLOGY INTRODUCTION ON SCHEDULE

Introduction to this analysis

OBJECTIVE, SCOPE, AND METHODOLOGY

- While the majority of oral PrEP delivery in African countries will be through the public sector, a significant number of women and girls at risk for HIV **access health services through the private sector**
- As OPTIONS continues to support public sector oral PrEP introduction in Kenya, South Africa, and Zimbabwe, **it also seeks to understand opportunities** for a comprehensive oral PrEP rollout across public and private sectors
- For this analysis, FSG, as part of the OPTIONS Consortium, reviewed publicly available literature and conducted interviews with relevant organizations to explore **two questions** for the **OPTIONS focus countries:**
  1. To what extent does **private sector health care reach** women and girls at risk for HIV?
  2. If so, what can be done to **leverage the opportunity** to deliver oral PrEP through the private sector?
- The **objective of this research** is to support planning by country governments, international donors, and implementing agencies by providing an overview of the opportunities and considerations for delivering oral PrEP through the private sector
- This research **defines the private sector as all non-public channels** (e.g., NGO clinics/social franchises, private doctors, commercial facilities, pharmacies, faith based organizations, and higher education institutions)
- This analysis is focused on the **delivery of oral PrEP** and does not include other areas of potential private sector engagement like financing, supply chain or manufacturing

NEXT STEPS

- This analysis will be shared with Ministries of Health and national oral PrEP **technical working groups** in each OPTIONS country to inform an approach for engaging the private sector and building a sustainable market for PrEP products
- Research planned for later in 2017 and 2018 will improve understanding of **end user and provider perspectives** related to delivering PrEP through the private sector

Sources: FSG Interviews and Analysis

Private sector health care can expand access to oral PrEP

Four attributes of the private sector may expand access to oral PrEP for women and girls at risk for HIV

Private sector health care is **widely used by women and girls**. Factors that drive this use include convenience, quality, confidentiality and the ability to consistently see a single provider. Currently, 20-40% of women and girls in Kenya, Zimbabwe and South Africa use the private sector for HIV counseling and testing and 62% of unmarried young women across sub-Saharan Africa utilize the private sector for family planning. Use of the private sector is lower in countries with strong public health systems (e.g., South Africa) and higher in countries with more limited public health capacity (e.g., Zimbabwe).

Private sector health facilities are **present in some areas of high HIV incidence** and new infections, especially in urban centers, where they will be most relevant for oral PrEP delivery

Private sector health care **reaches those who can pay some amount for oral PrEP**, which allows public sector resources to be focused on those who cannot pay. Based on the current price of contraceptives in Kenya and Zimbabwe, private sector health care clients may be able to afford oral PrEP at a price of ~$5.50/month (current average price of the contraceptive pill). In South Africa, the current price of contraceptives ranges from $7 – 26 for those without insurance. In addition, oral PrEP is covered by insurance, so those with coverage will receive oral PrEP for free. However, for the uninsured, oral PrEP will be unaffordable at current retail prices, which are estimated to be ~$20 - 40/month in South Africa and Kenya – **subsidizing oral PrEP** for uninsured PrEP users will need to be a part of the solution.

With a sufficient user base, there is a **clear business case for private health providers** to deliver oral PrEP as it can increase revenue of associated services, establish long-term relationships with patients who will likely return for many visits over time, and enable providers to establish a unique competitive advantage over other health providers.

Sources: FSG Interviews and Analysis

This analysis includes six private sector delivery channels that could potentially provide PrEP services or information

Commercial facilities	Private for-profit hospitals and clinics	**Faith-based organizations (FBOs)**	Private facilities affiliated with religious institutions, including church-related networks and individual mission hospitals
Private doctors	For-profit doctors who either work in small private clinics or manage their own independent practice	**Pharmacies**	Private facilities in which individuals can purchase medicine, some of which are managed by trained health care workers or pharmacists
NGO clinics / Social franchises	Private not for profit facilities funded by donors and for- or not-for-profit clinics participating in social franchise network	**Higher education institutions**	Health facilities and services at universities and technical schools managed by non-governmental or non-healthcare institutions

Sources: FSG Interviews and Analysis

We assessed each channel by its ability to effectively provide oral PrEP to women and girls at risk for HIV

Private sector channel assessment framework

1 ACCESSIBILITY: Can women and girls at risk for HIV access this channel?

Factor	Definition
Acceptability	Women and girls at risk for HIV are comfortable with accessing family planning and other sexual and reproductive health services through this channel
Affordability	Services are affordable for women and girls at risk for HIV with a range of income levels
Proximity	Sufficient number of facilities located in regions with high HIV incidence for women and girls

2 CAPACITY: Does this channel have the capacity to deliver oral PrEP?

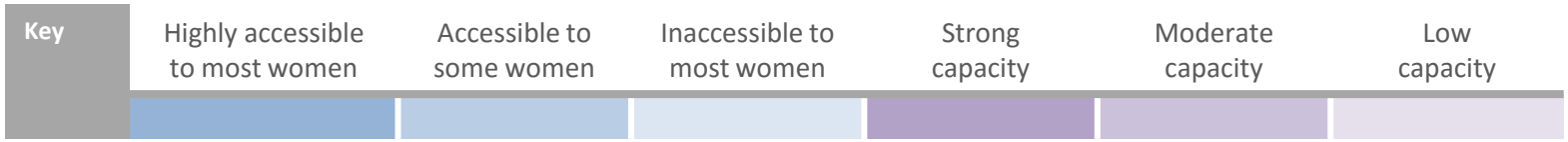
Factor	Definition
HIV counselling and testing services (HCT)	Channel currently offers HIV counselling and testing services
Healthcare workers (HCW)	Channel has healthcare workers on staff who can prescribe and support adherence to oral PrEP
Ability to provide necessary follow-up	Channel enables oral PrEP users to easily follow-up for prescription pick-up and ongoing testing

The following slides will assess the delivery channels along these two dimensions

Sources: FSG Interviews and Analysis

Assessments of these channels across South Africa, Kenya and Zimbabwe raised common themes

	Accessibility	Capacity
Commercial facilities	• **Unaffordable** for many without insurance • Concentration in urban areas; **limited accessibility** for non-urban or rural populations • Women commonly use for IUDs and injectables	• Has the **highest capacity to test, deliver, and follow-up** with oral PrEP management of any type of delivery channel
Private doctors	• Highly **accessible delivery point**, offering more affordable services than commercial facilities but less likely to reach at-risk unmarried women than social franchises • Women commonly use for IUDs and injectables	• The lack of coordination between private doctors and the larger health system, poses a **challenge to standardized HCT service delivery** and **continued follow-up**
NGO clinics/ Social franchises	• Offers **low-cost services** and is a common delivery channel for family planning • High acceptability among at-risk women and girls • Limited **scale** results in low-reach	• Deliver **integrated / quality** standardized SRH services • Reliance on donor funding creates **sustainability challenges**
Pharmacies	• **Highly utilized** by many women for pills and condoms due to their convenience and acceptability	• **Lack HCW capacity** to prescribe PrEP and conduct ongoing testing; good point to disseminate information and link patient to delivery points in the short-term (especially for unmarried young women who regularly use pharm. for FP)
Faith based organizations	• Offer **affordable care in largely rural** areas • Face **challenges in acceptability** due to provider attitudes and capacity • Except for Zimbabwe, women rarely use for FP services	• Low service prices, relative high demand compared to public facilities, and lack of funding **strain health care worker capacity**
Higher education institutions	• Offer a unique **opportunity to reach at-risk young women** in countries with high college attendance • Women commonly use for HCT and family planning	• While on-site health centers **deliver HCT**, most refer to public center for ART; is a good point to **disseminate information** on oral PrEP in short-term



Sources: FSG Interviews and Analysis

As each channel reaches different people, a portfolio approach can expand oral PrEP coverage across populations

What is a portfolio approach? A delivery strategy that uses both private (and public) channels that reach different populations and/or integrates delivery with information dissemination. For example, including social franchises that target low-income populations and private doctors that target higher-income populations can expand coverage across income levels. Similarly, including private doctors that reach urban populations with FBOs that reach rural populations can expand coverage across geographies. Finally, combining information dissemination points (e.g., universities, pharmacies) with service delivery points (e.g., private doctors, social franchises) can reach more women that might not normally access any health facility and increase number of patients served. Below is an example of the different types of populations reached by the delivery channels surveyed.

Illustrative portfolio approach based on a high-level market segmentation across OPTIONS countries

Delivery Channel	Activity	Geography	Income Level	Age	Market segment
Commercial facility	 Oral PrEP delivery	 Urban	$$$ High income only	 Older women	Older, urban women with insurance, who can afford to pay
Private doctors	 Oral PrEP delivery	 Urban	$$ Low to middle income	 Married and older women	Married and older, low to middle income urban women
NGO clinics/ social franchises	 Oral PrEP delivery	 Urban	$ Low income	 Young women	Young, low income, urban women
Pharmacies	 Information dissemination	 Urban	$$ Low to middle income	 Women of all ages	Low to middle income urban women
Faith based organizations	 Oral PrEP delivery	 Rural	$ Low income	 Older women	Older, low income rural women
Universities	 Information dissemination	 Urban	$$ Low to middle income	 Young women	Young, low income urban women

Four delivery channels were identified as high priority opportunities for oral PrEP in at least one country

Channel	Kenya	South Africa	Zimbabwe	Overview
Commercial facilities	↔	↓	↓	While commercial facilities consistently deliver high quality care, they are often unaffordable to those without insurance.
Private doctors	↑	↑	↑	Private doctors are a high priority channels across countries due to their relative affordability, significant reach, and capacity to deliver confidential, quality care consistently over time to the same individual.
NGO clinics/ Social franchises	↑	↔	↔	Social franchises are high priority channels across countries due to their ability to reach lower-income women with high-quality, subsidized care.
FBOs	↓	*Not considered in analysis**	↑	FBOs play a critical role in rural health delivery, making them a high priority channel in countries like Zimbabwe where ~70% of the population is rural.
Pharmacies	↔	↔	↔	Pharmacies are key delivery points for family planning, offering convenient, confidential, low-cost services. Prescription requirements for PrEP limit near-term efforts to information dissemination and linkage to channels that could provide quality HIV testing and prescribe oral PrEP.
Higher education institutions	*Not considered in analysis**	↑	*Not considered in analysis**	University clinics offer extensive HCT and family planning services to often difficult to reach populations (e.g., younger women, high risk males), making them a high priority channel in countries with significant college attendance, like South Africa**

Key

High opportunity	Moderate opportunity	Low opportunity
↑	↔	↓

**Delivery channels surveyed in each country were selected after a literature review and interviews with key experts. Those channels that did not reach a critical number of women, nor achieve a significant scale were not considered in this analysis.*

*** Note that vocational training centers or technical schools do not have clinics on site and would therefore face additional limitations related to oral PrEP delivery.*

Sources: FSG Interviews and Analysis

These channels do have limitations that would need to be addressed to ensure near-term delivery is safe and effective

Challenges	Action Steps
Common across private and public sectors	
Limited demand for oral PrEP among potential users	**Develop demand generation messaging** *MOHs could partner with private sector provider networks (e.g., PSI-Zim, Pulse Health Solutions, PSK-Tunza Network, etc.), who have incentives to attract new regular patients and already engage in some advertising, to adapt current demand generation messaging to needs of private sector providers*
Lack of knowledge of oral PrEP guidelines among providers	**Adapt public sector oral PrEP HCW training** *MOH could partner with private sector associations and networks (e.g., Southern African HIV Clinicians Society) to adapt public sector HCW training on oral PrEP to needs of private sector providers.*
Unique to private sector	
Unaffordability of oral PrEP for lower-income end users	**Invest in private sector subsidization** *International donors and national governments could provide targeted subsidies to reduce the market price of oral PrEP, enabling greater affordability to the end user. This should be differentiated by end user income and delivery channel; many private sector providers already use tiered pricing to make services affordable but likely are not applying tiered pricing to drugs.*
Limited patient tracking and resistance monitoring capacity among private sector providers	**Invest in shared monitoring systems** *MOH could partner with private sector associations and networks (e.g., Kenya Medical Association) to invest in shared monitoring systems for effective resistance monitoring and tracking of patients on oral PrEP*
Lack of specialization on HIV prevention and treatment among private providers	**Adapt public sector HIV HCW training curricula** *MOH could partner with private sector associations and networks (e.g., Zimbabwe Medical Association) to adapt public sector HIV training curricula and guidelines to needs of private sector providers*

APPENDIX

Interview List

Kenya		South Africa		Zimbabwe		Global	
Organization	**Name, Title**	**Organization**	**Name, Title**	**Organization**	**Name, Title**	**Organization**	**Name, Title**
Private Sector Program for Health (PSP4H) *DFID*	Ron Ashkin *Strategy Advisor*	Wits Reproductive Health & HIV Institute	Saiqa Mullick *Director, Implementation Science*	Population Services Zimbabwe	Pester Siraha *Program Director*	Population Council	Sanyukta Mathur *Project Director, DREAMS Implementation Science*
Strengthening Health Outcomes Through the Private Sector (SHOPS) *USAID*	Mbogo Bunyi *ABT Associates*	Hospitals Association of South Africa	Sharon Slabbert *Executive Officer, Health Service Delivery*	Zimbabwe Medical Association	Shingi Bopoto *Secretary General*	Population Council	Nanlesta Pilgrim *Associate*
PSK/JHPIEGO *Bridge to Scale*	Eunice Mutisya, *Project Manager*	Metropolitan Health Group and Southern African HIV Clinicians Society	Siraaj Adams *Executive Manager*	Pangaea Zimbabwe Aids Trust	Imelda Mahaka *Project Director*	Population Council	John Townsend *Program Director, Reproductive Health*
FHI360, Kenya & FHI360 Goldstar *FHI360*	Peter Mworgoro *Country Director*	Wits Reproductive Health & HIV Institute	Sinead Delany-Moretlwe *Director, Research*	Pangaea Zimbabwe Aids Trust	Definate Nhamo *Project Manager*	Population Council	Saumya Ramarao *Senior Associate*
Kenya Healthcare Federation (KHF)	Dr. Amit Thakker *Chair*	The Higher Education & Training HIV/AIDS Programme	Dr. Ramneek Ahluwalia *Country Director*	Population Services International	Victor Mutoma *GIS Expert*	Mylan Laboratories Limited (Bangalore)	Kedar Madhekar *General Manager*
GoodLife Pharmacies	Robert Kimbui *Chief Pharmacist*	Anova Health Institute	Dr Cephas Chikanda *Chief of Party*	Population Services International	Roy Dhlamini *Male Circumcision Manager*		
Pharmaceutical Society of Kenya (PSK)	Laban Kariuki *CEO*	Pulse Health Solutions	Cephas Chikanda *Managing Partner*				
Kenya Medical Association (KMA)	Dr. Stella Boisre *Executive Director*	FHI360, South Africa	Doris Macharia *Country Director*				
PSK-Tunza	Sylvia Wamuhu *Franchises and partnerships direct*	FHI360, South Africa	Doris Macharia *Country Director*				
LVCT Health	Dr. Michael Kiragu *Technical advisor for HIV prevention*						

Country Data (latest available)

Indicator	Kenya	South Africa	Zimbabwe
Per capita expenditure on private sector	$31.2*	$295.2	$35.6
% private expenditure / total health expenditure	39%* *(2004-2014 average = 54%)*	52%	56%
% out of pocket / private expenditure	67%* *(2004-2014 average = 75%)*	13%	58%
% private insurance / private expenditure	22%* *(204-2014 average = 12%)*	83%	16%
% private insurance coverage / total pop.	~<5%	18%	~11%
% of women accessing all services via private sector	29%	Unknown (data disaggregated by gender unavailable)	Unknown (data disaggregated by gender unavailable)
% of women accessing SRH services via private sector	20-25%	Unknown (data disaggregated by gender unavailable)	Unknown (data disaggregated by gender unavailable)
% of women accessing FP services via private sector	20-25%	Unknown (data disaggregated by gender unavailable)	22%
% of women accessing HCT services via private sector	25% (50% of facilities offer)	17%	30%

** Kenya expenditure data has fluctuated recently due to a measurement change; therefore the 10 year average may be more indicative of actual expenditure levels*

Sources: WHO Global Health Expenditures Database; CSIS, 2015; Kenya MOH, 2013/15; CHMI, 2015; USAID, 2015; PS4PH, 2015

Research Sources (1 of 3)

KENYA

- Kenya Healthcare Federation. Kenya Healthcare Sector: Opportunities for the Dutch Life Sciences & Health Sector, 2016.
- USAID. Kenya Demographic Health Survey, 2014.
- MOH/Government of Kenya. Kenya Household Health Expenditure and Utilization Study, 2013.
- MOH/Government of Kenya. Master Health Facilities List, 2015.
- MOH/NASCOP. Master Health Facilities List, 2015.
- WHO. Global Health Expenditures Database, 2014.
- UCSF. Haduma Poa Health Network/Kisumu Medical and Education Trust, 2010.
- UCSF. Tunza Health Network/Clinical Social Franchise Case Study Seroies. 2010.
- CSIS. Family Planning and Women's Health in Kenya: The Impacts of U.S. Investments, 2015.
- USAID/SHOPS/PEPFAR-Kenya. Kenya Program Profile, 2015.
- USAID/SHOPS/PEPFAR-Kenya. Private Sector Perspectives in Kenya, 2015.
- USAID/PEPFAR- Kenya/Health Policy Project/MOH. Exploring 10 Years of Health Service Cost and Use in Kenya, 2015.
- USAID/Abt Associates. Reaching the Urban Poor and Middle Class in Kenya with Quality Care-LiveWell Case Study, 2014.
- Leapfrog Investments. Goodlife Pharmacy- Redefining Healthcare in East Africa, 2017.
- Private Sector Innovation Programme for Health (PS4PH). A Formative Survey of the Private Health Sector in the Context of the Working Poor, 2014.
- Open Capital Advisors. The Next 33M: How the Private Sector is Reforming Care for Kenya's Mass Market, 2012.
- Center for Health Market Innovations (CHMI). Translating Lessons from the Kenyan Healthcare Landscape, 2015.
- Corroon, et al. Key Role of Drug Shops and Pharmarcies for Family Planning in Urban Kenya and Nigeria, 2016.
- Chakraborty et.al. Evaluating the Impact of Social Franchising on Family Planning Use in Kenya, Journal of Health, Population and Nutrition, PlosOne, 2016.
- Barden-O'Fallon, Janine. Availability of family planning services and quality of counseling by faith-based organizations: a three country comparative analysis, Reproductive Health, BioMed, 2017.
- Johnson et.al. The role of private health providers in HIV testing: analysis of data from 18 countries, International Journal for Equity in Health, BioMed, 2014.

Research Sources (2 of 3)

SOUTH AFRICA

- Department of Health South Africa. *National Health Insurance for South Africa: Towards Universal Health Coverage,* 2015.
- Department of Health South Africa. *Health Sector HIV Prevention,* 2016.
- Department of Health South Africa. *National Contraception and Fertility Planning Policy and Service Delivery Guidelines: A Companion to the National Contraception Clinical Guidelines,* 2012.
- Statistics South Africa. *General Household Survey*, 2015.
- Human Sciences Research Council. *South African National HIV Prevalence, Incidence and Behaviour Survey*, 2012.
- Council for Medical Schemes. *Annual Report 2015/2016*, 2016.
- Higher Education and Training HIV/AIDS Programme. *Annual Review of the Higher Education and Training HIV/AIDS programme, 2015,* April 2016.
- World Health Organization. *Evolution of the national Adolescent-Friendly Clinic Initiative in South Africa*, 2009.
- Oxera. *Private healthcare market in South Africa: Input for the forthcoming Competition Commission inquiry*, 2012.
- Econex. *The South African Private Healthcare Sector: Role and Contribution to the Economy*, 2013.
- USAID, PEPFAR, SHOPS. *South Africa: Private Health Sector Assessment*, 2015.
- Bertha Centre for Social Innovation & Entrepreneurship. *Country Profile: South Africa*, 2013.
- Path. *Introducing V Condom to South Africa: Expanding the female condom market*, 2016.
- UNFPA. *Sexual and Reproductive Health Services and Peer Education at Mnambithi TVET College: A Rapid Assessment*, 2015.
- Knoema. *National Health Accounts, 1995-2014: South Africa.*
- The Global Health Group. *Clinical Social Franchising Compendium, An annual survey of programs: findings from 201*4, 2015.
- Brady et al. *Planning Guide for a Total Market Approach to Increase Access to Family Planning*, January 2016.
- PSI. *A Total Market Approach for Male Condoms,* November 2013.
- Andy Gray. “Health Care and Pharmacy Practice in South Africa,” *The Canadian Journal of Hospital Pharmacy*, Jan-Feb, 2016.

Research Sources (1 of 3)

ZIMBABWE

- Government of Zimbabwe. *Strategic Framework For Public-Private Partnership For TB and HIV Prevention, Treatment, Care, and Support*: 2014-2016, August 2014
- Government of Zimbabwe. *Zimbabwe Demographic and Health Survey 2015: Final Report*, 2016.
- Government of Zimbabwe. *The National Health Strategy for Zimbabwe*, 2016-2020.
- Government of Zimbabwe. Final National Integrate Health Facility Assessment Report, Dec 2011 – Jan 2012, October 2012.
- Ministry of Health & Child Care. *Zimbabwe National Health Profile*, 2014.
- Government of Zimbabwe. *Zimbabwe National Family Planning Strategy 2016-2020*, 2016.
- Mugwagwa, et al. *Private Sector Participation in Health Care in Zimbabwe: What's the Value-Added?,* 2017.
- Munyuki, et al. *Capital flows in the health care sector in Zimbabwe: Trends and implications for the health system,* 2009.
- *The Zimbabwe Association of Church-related Hospitals (ZACH) profile*, 2010.
- Knoema. *National Health Accounts, 1995-2014: Zimbabwe.*
- The Global Health Group. *Clinical Social Franchising Compendium, An annual survey of programs: findings from 201*4, 2015.
- MOHCC Zimbabwe*. Zimbabwe Service Availability and Readiness Assessment*, 2015.
- Zimbabwe Association of Church Related Hospitals. *Narrative Report July-December 2016*.
- Brady et al. *Planning Guide for a Total Market Approach to Increase Access to Family Planning*, January 2016.
- USAID. *Zimbabwe Health Assessment 2*010, January 2011.