



Private sector opportunities to deliver oral PrEP to women

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**OPTIONS refers to PrEP as the product category (inclusive of all formulations of ARV-based HIV prevention), and refers to specific products by formulation designation and/or name (e.g. oral PrEP/TDF-FTC, topical PrEP/dapivirine ring, injectable PrEP/cabotegravir, etc.).*

BACKGROUND

The Important Role of the Private Sector

- Introduction of oral PrEP in Africa has primarily focused on public sector delivery channels. However, a significant number of women and girls at-risk for HIV access health services through the private sector seeking confidentiality, convenience, and/or consistency of care.
- 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.

Research Objectives

- The objective of this research was to explore potential opportunities to improve access and uptake of oral PrEP for women and adolescent girls by making PrEP available through private sector channels.
- This research was designed to inform planning by national governments, international donors, and implementing agencies by providing an overview of the opportunities and considerations for delivering oral PrEP through private sector channels.
- Our aim was also to develop a consistent framework that could be used in other countries, based on the work conducted in our three focus countries (Kenya, South Africa, and Zimbabwe)

RESULTS

1. We assessed six private sector healthcare channels in South Africa, Kenya and Zimbabwe



2. Six factors were identified by experts as relevant to assess a healthcare channel for oral PrEP delivery

ACCESSIBILITY FACTORS Can women and girls at risk for HIV access this channel?	CAPACITY FACTORS Does this channel have the capacity to deliver oral PrEP?
Acceptability Women and girls at risk for HIV are comfortable with accessing family planning and other sexual and reproductive health services through this channel	HIV counselling and testing services Channel currently offers HIV counselling and testing services
Affordability Services are affordable for women and girls at risk for HIV with a range of income levels	Healthcare workers Channel has healthcare workers who can prescribe oral PrEP and support adherence
Proximity Sufficient number of facilities located in regions with high HIV incidence for women and girls	Ability to provide necessary follow-up Channel enables oral PrEP users to easily follow-up for prescription pick-up and ongoing testing

3. Each of the channels we assessed had different strengths and weaknesses (Kenya example)

Delivery channel	Can women and girls at high-risk for HIV access this channel?			Does this channel have the capacity to deliver oral PrEP?		
	Acceptability	Affordability	Proximity	HCT	HCW	Follow-up
NGO Clinics / Social Franchises	Strong Expertise Providing SRH/FP Services	Target low income with low cost/free services	Medium access / High alignment with HIV incidence	Regularly offers HCT services on-site	HCW can prescribe/support adherence	High capacity patient testing, tracking and referral mechanisms
Commercial Facilities	High current use for SRH/FP	High cost; only affordable for wealthy populations	Medium access / High alignment with HIV incidence	Regularly offers HCT services on-site	HCW use privacy/support adherence	High on-site capacity patient testing, tracking and referral mechanisms
Private Doctors	High current use for SRH/FP	Mid-high cost; economy offers tiered pricing	High access / High alignment with HIV incidence	Regularly offers HCT on-site, at times limited HIV specialization	Limited HCW capacity related to HIV specialization	High capacity to follow up limited referral for testing
Pharmacies	High current use for SRH/FP	Affordable to a range of income levels	High access / High alignment with HIV incidence	Provide self-testing kits but no on-site HCT services	Often do not have HCW services on-site	Limited patient testing, tracking and referral mechanisms
FBOs	Low current use for SRH	Offer many services for free; focused on rural low-income	Medium access / Not aligned with HIV incidence	Recent expansion of HCT services	Limited HCW capacity due to heavy volume	High capacity patient testing, tracking and referral mechanisms

Key: High accessible to most women, Accessible to some women, Inaccessible to most women, Strong capacity, Moderate capacity, Low capacity

4. Considering these factors, some private sector channels present stronger opportunities for oral PrEP

Delivery channel	1. Can women at high-risk for HIV access this channel?			2. Does this channel have the capacity to deliver oral PrEP?			Opportunity to deliver PrEP
	Acceptability	Affordability	Proximity	HCT	HCW	Follow-up	
NGO Clinics / Social Franchises	High	High	High	High	High	High	HIGH OPPORTUNITY • Effectively deliver affordable HIV/SRH services without stigma • Strong capacity to deliver PrEP
Commercial Facilities	High	Low	High	High	High	High	MEDIUM OPPORTUNITY • Unaffordable prices/urban focus limit accessibility beyond wealthy populations • Strong capacity to deliver PrEP
Private Doctors	High	High	High	High	High	High	HIGH OPPORTUNITY • High reach and acceptability; more affordable than commercial facilities • Limited capacity for follow up
Pharmacies	High	High	High	Low	Low	Low	MEDIUM OPPORTUNITY • High reach, acceptable to end users • Lack of trained HCWs with Rx capability, but could be an effective information dissemination point
FBOs	Low	High	Low	High	Low	Low	MEDIUM OPPORTUNITY • Limited acceptability but critical service point in rural areas/informal settlements • Strong HIV care and HCT services; high capacity to reach sero-discordant

5. Channels also differ by the populations that they serve, which vary by age, geography, and income

Delivery channel	Near-term opportunity to deliver PrEP	Market segment
NGO Clinics/ Social Franchises	HIGH OPPORTUNITY	Younger low-income urban women without insurance who are likely only able to afford to pay a small amount of money out of pocket
Commercial facilities	MEDIUM OPPORTUNITY	Older high-income urban women with insurance (2-3% of population) or who are able to pay full cost out of pocket
Private Doctors	HIGH OPPORTUNITY	A broad spectrum of low to middle income urban women with or without insurance who are able to pay some money out of pocket
Pharmacies	MEDIUM OPPORTUNITY	Younger low to middle income urban women without insurance who are unlikely to seek out healthcare services from a facility; could be an information dissemination point
FBOs	MEDIUM OPPORTUNITY	Older low-income women living in rural areas and informal settlements who are likely only able to afford to pay a small amount of money out of pocket

6. Results varied across South Africa, Kenya and Zimbabwe

Channel	Kenya	South Africa	Zimbabwe
Private doctors	High	High	High
NGO clinics/ Social franchises	High	Moderate	Moderate
Faith-based organizations	Low	Not considered in analysis	High
Higher education institutions	Not considered in analysis	High	Not considered in analysis
Commercial facilities	Moderate	Low	Low
Pharmacies	Moderate	Moderate	Moderate

Key: High opportunity, Moderate opportunity, Low opportunity

METHODS

Research Methodology

- Our team analyzed existing publications, HIV incidence and health services utilization and expenditure data and conducted 30 interviews with implementers, donors and policy experts in Kenya, South Africa and Zimbabwe.
- Based on this input, we assessed six delivery channels (commercial facilities, private doctors, NGO clinics and social franchises, pharmacies, faith-based organizations, and university clinics) against a six-factor framework.
- The framework included 3 factors related to the accessibility of these channels for women and adolescent girls at high-risk of HIV and 3 factors related to the capability of these channels to deliver oral PrEP to women and adolescent girls.

CONCLUSIONS

There is an opportunity to reach women and girls with oral PrEP through private channels

- Assessments of Kenya, South Africa and Zimbabwe found that many women access, prefer and can afford subsidized private healthcare services.
- Four private channels were identified for potential delivery of oral PrEP in at least one country:
 1. Private Doctors due to affordability, reach and capacity to deliver confidential, quality care consistently over time with the same individual.
 2. NGO Clinics/ Social Franchises due to their ability to reach lower-income women with high-quality, subsidized care.
 3. Faith Based Organizations due to their ability to reach rural populations in some countries.
 4. Higher Education Institutions due to extensive HIV testing and family planning services for difficult-to-reach populations.
- While commercial facilities have the reputation for delivering high quality care, they are often unaffordable. Prescription and testing requirements for oral PrEP likely limit near-term efforts in pharmacies to information dissemination in most settings.

Public-private partnerships will be needed to realize these opportunities

- Potential challenges to private sector delivery of oral PrEP include limited ability to track and follow up patients, affordability of services and products for the majority of women, and lack of HIV specialization among providers.
- These challenges could be addressed through public-private partnerships that invest in subsidization of oral PrEP, shared patient monitoring systems, adherence and retention systems, and adaptation of public sector HIV training for private sector providers.
- In the near-term, some channels could be considered as effective ways to distribute information about oral PrEP even if they are not providing oral PrEP services – this is especially true for pharmacies and university clinics.



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