



# Increasing Access to Voluntary Medical Male Circumcision through the Private Sector in Namibia

Dineo Dawn Pereko  
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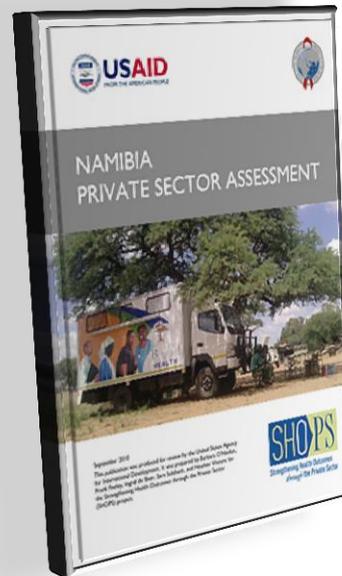
# The SHOPS Project in Namibia



**Strengthening Health Outcomes through the Private Sector (SHOPS), a 5 year leader with associates through USAID**

**Goal in Namibia: Leveraging private sector resources to achieve national health goals including goals for combating HIV and AIDS.**

- Builds on USAID-funded Private Sector Assessment (2010)
- Field-funded project implementation began April 2011
- Funding to date: \$ 4.55 million
- Mission contact: Melissa Jones, Director, Health and HIV and AIDS Office



## **Key activities:**

- Low-cost health services and insurance
- Knowledge about private sector health services provision
- **Private sector role delivering and financing VMMC**
- NGO Sustainability
- PPPs monitoring and facilitation
- Increasing access to priority health services through the private sector

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



## Global Relevance

- RCT studies found MC reduces HIV transmission by 60%
- Goal: 80% of males in 14 African countries circumcised by 2015

## Namibian Context

- 13.3% HIV prevalence
- Target: 400,000 males circumcised by 2015
- Low uptake in public sector since 2009 (12,509)

## Opportunity

- ~70% of doctors work in private sector
- ~190,000 males covered by private medical insurance

## Partners

- MoHSS
- Private providers
- Private medical insurance schemes

## Goal

Significant # of VMMC performed and financed in the private sector

# Key Issues to Achieving Goals



- From medical reason to prevention
  - With VMMC as prevention, private sector *could* finance 32% of the 400,000 target
- Reduce cost of MC 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?

# Aligning Private Incentives with Public Health Goals



- Facilitate the inclusion of VMMC as an explicit preventative medical insurance benefit
  - Develop VMMC insurance coverage rate based on: WHO guidelines for service delivery, actuarial estimates, cost-reduction considerations
- Adapt the training package in VMMC for private providers
  - Duration
  - Mode of delivery
- Link reporting of privately conducted MCs to MoHSS
- Support VMMC campaigns
  - Target male dominated sectors (mining, fishing, etc.)
  - Bring large employers on board

# Achievements



- Reduced VMMC cost from \$1200 to \$200
- 9/10 health insurance schemes providing VMMC as benefit
- Strengthened private sector reporting
- Improved value for money

# USG VMMC Investments in Namibia



	<b>Public sector</b>	<b>Private Sector</b>
Duration	3 years	1.5 years
USG Total Investment	\$6,600,000	\$327,000
MCs Provided	12,509	1,839*
VFM	\$527/MC	\$178/MC**

\* Figures achieved without demand creation

\*\* MC provision in the private sector is funded by health insurance schemes

# Lessons Learned and Key Takeaways



- Financing VMMC through the private health sector is only one component of increasing provision in the private sector. Need to focus on:
  - Quality improvement
  - Demand Creation
- Involve stakeholders from the early stages
  - MoHSS
  - Health insurance industry, regulatory body (NAMAF)
  - Private providers
- Application to other high-priority HIV services:
  - Focus on what works
  - Capitalize on what is already covered
  - Example: HCT

# Thank You



For more information, please contact:

Dineo Dawn Pereko at  
[DineoDawn\\_Pereko@Abtassoc.com](mailto:DineoDawn_Pereko@Abtassoc.com)

Ilana Ron Levey at  
[Ilana\\_Ron@abtassoc.com](mailto:Ilana_Ron@abtassoc.com)