



**USAID**  
FROM THE AMERICAN PEOPLE



**PEPFAR**  
U.S. President's Emergency Plan for AIDS Relief

**AIDS Free**  
Strengthening High Impact Interventions  
for an AIDS-free Generation

# VMMC Additional Financing Options

## Involvement of Private Sector and Health Insurance Schemes in Namibia

Dawn Dineo Pereko  
Chief of Party  
SHOPS/Namibia



This presentation is made possible by the generous support of the American people through PEPFAR with USAID under the Cooperative Agreement Strengthening High Impact Interventions for an AIDS-free Generation, number AID-OAA-A-14-00046. The information provided does not necessarily reflect the views of USAID, PEPFAR, or the U.S. Government.



# Agenda

**Introduction to Namibia**

**Namibia Private Sector - Overview**

**Rationale for Partnering with Private Sector**

**Medical Insurance: Additional Funding Option**

**Aligning Incentives for Private Sector Involvement**

**Formalizing Partnerships - PPP**



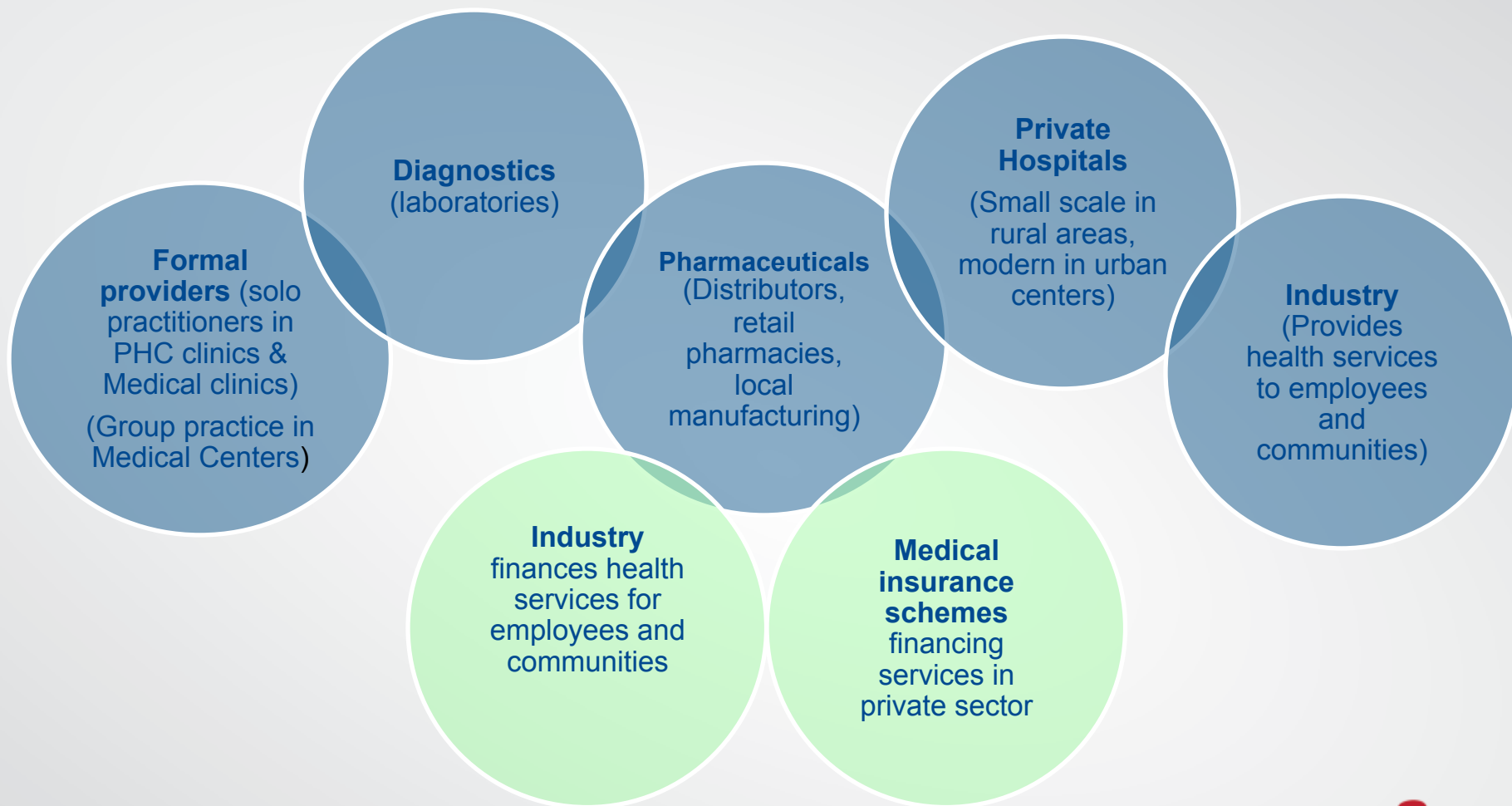
# Introduction to Namibia



- Population: 2.3 million
- Adult HIV Prevalence: 14%
- Upper middle-income status
- Big and vibrant private sector
- Well established health insurance industry
- Private facilities with high level of standard



# Who is the Private Sector?



Focus on *for-profit* actors only



# Health Facility Distribution by Ownership

Facility type	Public (#)	Private (#)
Hospitals	35	13
Primary care clinics	256	75
Health centers	42	8
Private provider consulting room	N/A	557
Total	333	769

Source: MOHSS 2008b



# Health Insurance Industry – Fact and Figures

- 10 insurance schemes
  - 6 closed (open only to employee or sector groups)
  - 4 open (can be purchased by anyone)
- Contribute ~12% of the THE (2008/9 NHA)
- Covers 47% of employed population
- Total insured= 388,000
  - Males =~190,000
  - 70% of males >15 years



# Why Partner with the Private Sector?

- High MC targets will need all hands on deck – cannot be achieved by government alone
- Already conducting and paying for MC
- Has facilities and human resources
- Can complement public sector efforts
  - Catch population that cannot be reached through public facilities
  - Reduce waiting time
  - Provide privacy especially in older men
- Leverages domestic resources



# Health Worker Distribution by Sector

Category	# Registered 2006/07	Public Sector		Private Sector	
		#	%	#	%
Doctors	774	216	28	558	72
Registered Nurses	2989	1626	54	1363	46
Enrolled Nurses	2761	1884	68	877	32
Social Workers	250	76	30	174	70

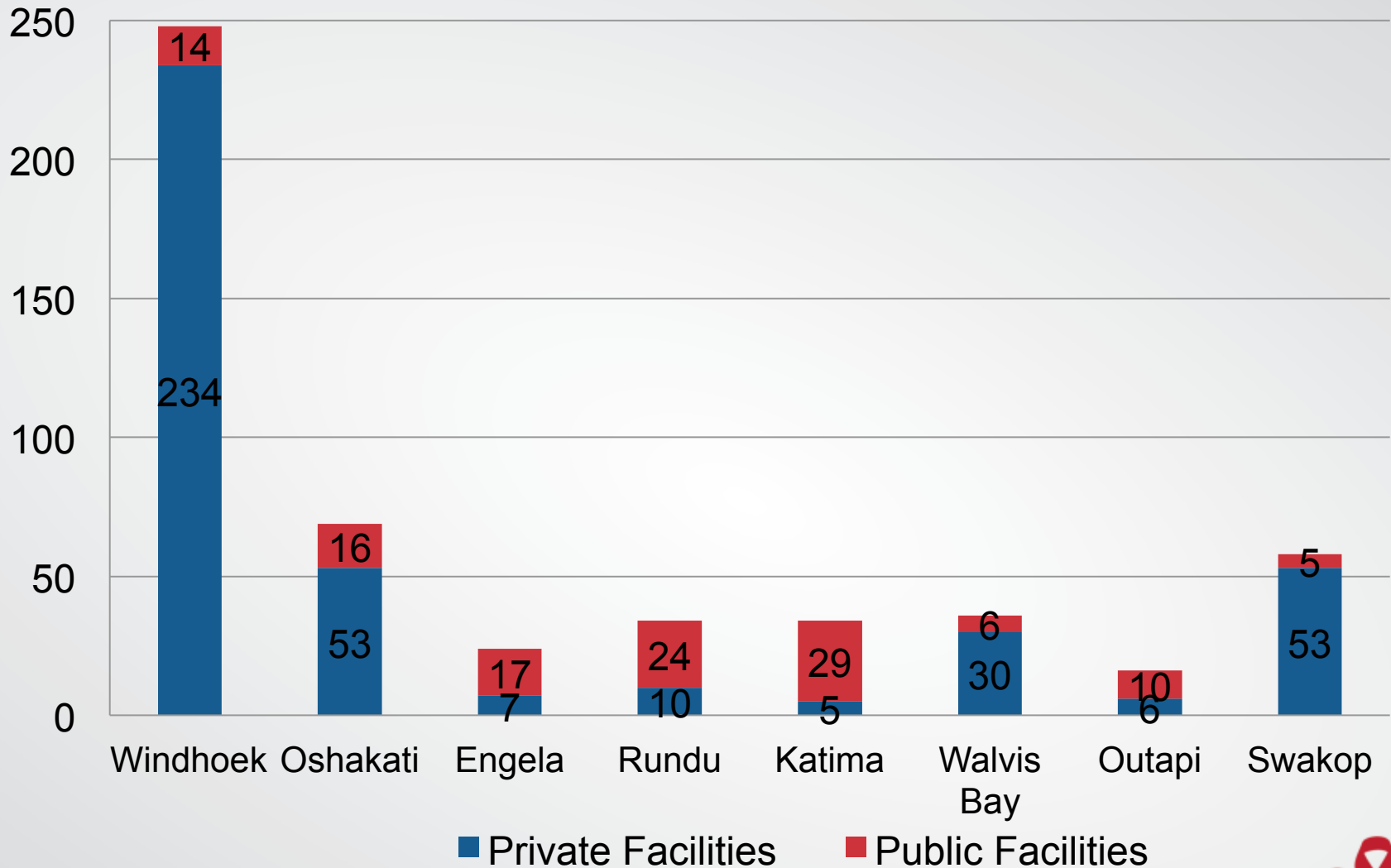
Sources: MOHSS 2008b, MOHSS website 2010





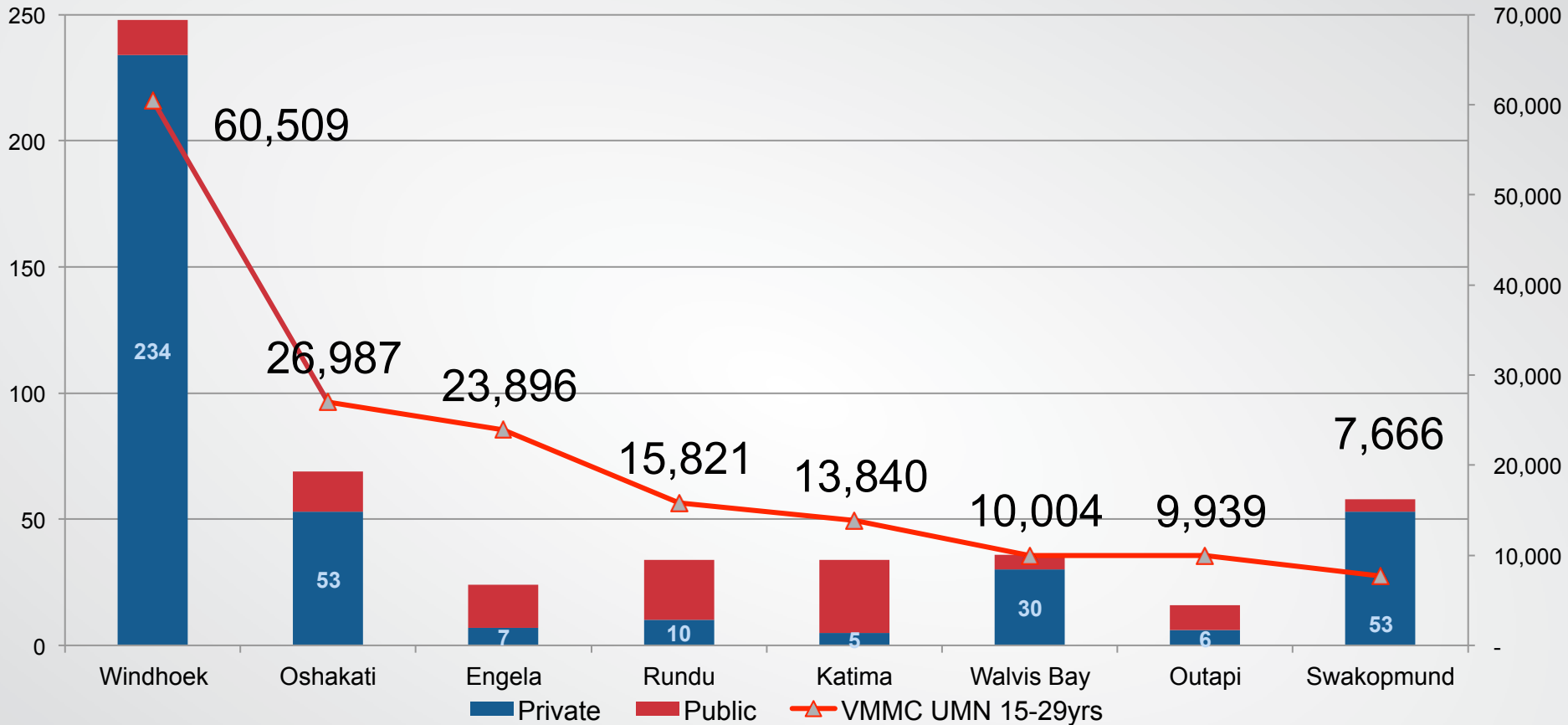
# Where to Partner with Private Sector

-Number of facilities in different towns



# Partnering with Private Sector: Meeting Unmet Need

Private and Public Clinics in Namibia/Unmet Need for VMMC 15-29 Years Old



# Partnering to Meet National Goals

- Previously paying for MC for medical reasons only
- 2011 – accepted a reimbursement rate for VMMC
- 2012 – introduced VMMC as a service offering for beneficiaries
- Provide statistics on MC to count towards national targets

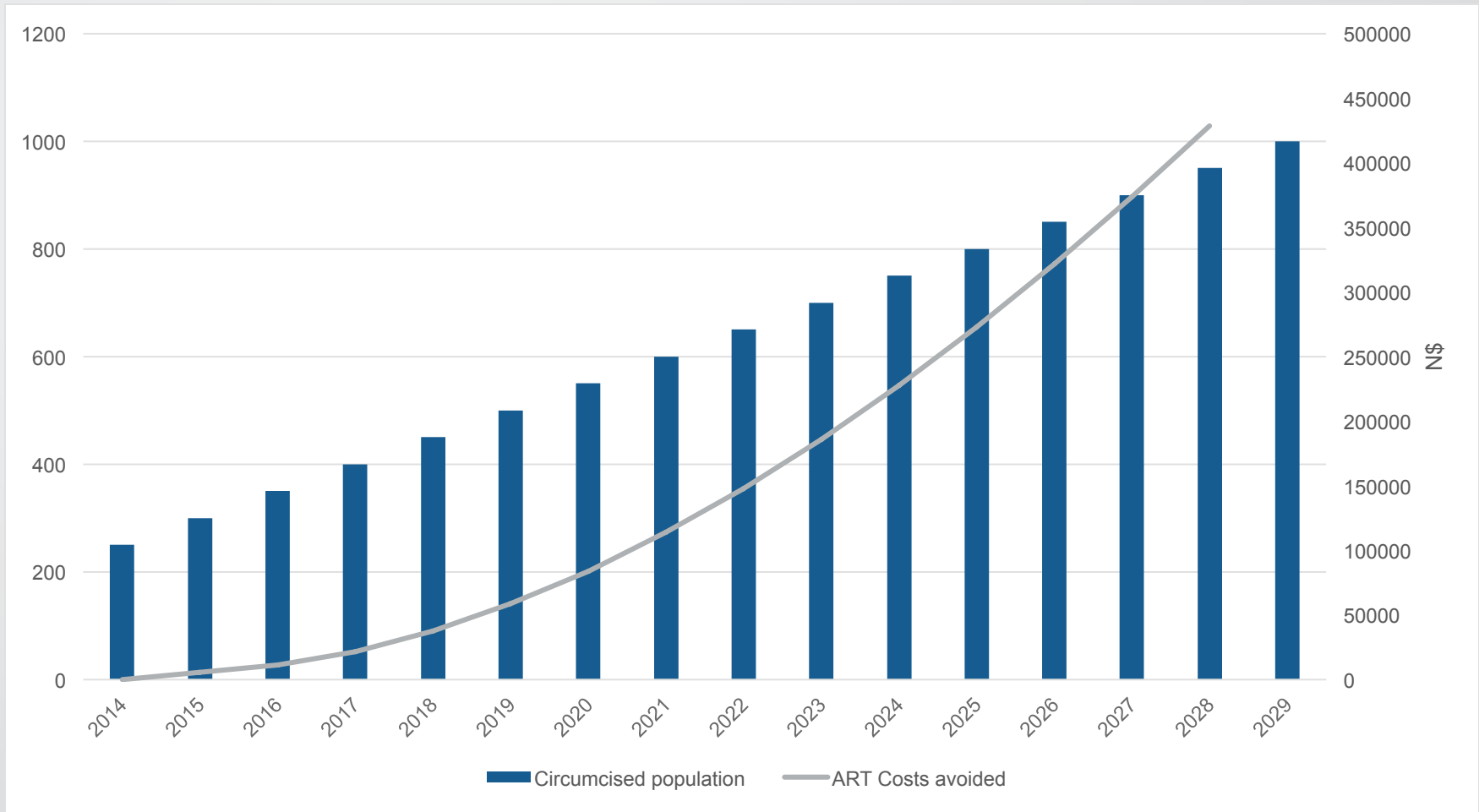


# Why Finance VMMC?

- Immediate savings
  - Moving from GA to LA has immediate savings
- Cost benefit long term
  - There is a net saving through averted new HIV infections
  - Estimated at \$400/circumcised male in 2011
- Supports national program
- It is a once off event therefore room for abuse is limited



# Cost of ARV savings due to averted infections



# Intervention: Aligning Private Incentives with Public Health Goals

## Advocate for VMMC tariff (MC prevention tariff)

- Value proposition statement for insurance
- Costing analysis for savings due to MC
- Partnership with health insurance industry

## Activity Based Costing for tariff

- Based on WHO package
- Based on services
- Actuarial costing to determine reimbursement

## TA to providers

- Value proposition - diversification of business offerings
- Adapt training package
- Support quality (CQI and M&E)
- Support demand creation



**Uptake of MC to support national goals**





**USAID**  
FROM THE AMERICAN PEOPLE



**PEPFAR**  
U.S. President's Emergency Plan for AIDS Relief

**AIDS Free**

Strengthening High Impact Interventions  
for an AIDS-free Generation



International  
HIV/AIDS  
**Alliance**  
Together to end AIDS



**ELIZABETH GLASER  
PEDIATRIC AIDS  
FOUNDATION**



**Thank You!**



 **IMA**WorldHealth

innovating to save lives

 **Jhpiego**

an affiliate of Johns Hopkins University

 **PATH**

