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

South Africa research findings

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Introduction to this analysis

BACKGROUND

- South Africa's PrEP implementation framework outlines a **plan for rolling out oral PrEP through public channels**
- However, there has been **limited focus on the opportunity to deliver oral PrEP through the private sector**
- While oral PrEP is currently being delivered by private providers and pharmacies, and is covered by health insurance schemes, **no large scale demand generation activities or coordinated private sector roll-out plan has been initiated**
- The private sector has the **potential to expand access to oral PrEP** for women and girls at risk for HIV. As broader procurement and delivery plans are developed, the private sector could be considered in addition to the public sector.

OBJECTIVE, SCOPE, AND METHODOLOGY

FSG, as part of the OPTIONS Consortium, reviewed existing publicly available literature and conducted interviews with relevant organizations to explore **two major questions (see slides 22 and 23 for a list of interviewees and research sources)**:

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 better understanding 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, faith based organizations, commercial facilities, private doctors, and pharmacies)
- Given OPTIONS' focus on delivery of oral PrEP, **this research does not incorporate other areas of the value chain**, like financing, insurance, supply chain, and manufacturing dynamics; nor does it incorporate operational or programmatic recommendations

NEXT STEPS

- This analysis will be shared with South Africa's national oral PrEP **technical working group and other relevant organizations as necessary** to inform an approach for the private sector and a sustainable financing strategy for oral PrEP scale-up
- Research planned in 2017 and 2018 will improve understanding of **end user and provider perspectives** related to delivering oral PrEP through the private sector

Key findings

Private sector health care in South Africa

- The private sector is large and preferred over the public sector, **serving ~29% of South Africans, including ~12% without insurance**
- **The public health care system does not reach those who are covered by health insurance (~17% of South Africans)** as more than 80% of those with private insurance exclusively using private sector services
- Moreover, the **South African health system does not adequately reach young women** with sexual and reproductive health services
- South Africa's private sector is concentrated in **wealthy, urban areas** and its users are predominantly white; black populations use private sector healthcare at far lower rates
- The private sector has **high rates of utilization in some regions of high HIV incidence**, including **Gauteng and Mpumalanga**
- Despite the availability of largely free contraceptive and HIV services in the public sector**, women and girls at risk for HIV are active users of the private sector**, because of greater convenience, perceived higher quality and confidentiality compared to the public sector
- The current **retail price of oral PrEP** (~$20 - 40/month) will likely be prohibitive for anyone who is not covered by private health insurance; subsidies would be required to enable access to oral PrEP through private channels

Private sector channels with highest potential to offer oral PrEP

1. **Private doctors** offer the greatest potential to deliver oral PrEP. They are the **most common source of private sector care**, serving **women with and without insurance from both urban and rural areas**. Many **belong to practitioner networks** through which current training efforts in oral PrEP provision can be expanded to reach more private doctors.
2. **NGO clinics and social franchises** present an **opportunity to reach uninsured populations**, as they are affordable and **experienced in delivering integrated SRH** services to women. However, **limited scale, HCW capacity and funding sustainability** constrain their potential.
3. **Higher education institutions** offer an opportunity to **disseminate information and generate demand for oral PrEP among young women**. Universities already have **strong SRH capacity** and **HCT coverage** through on-site health centers, and, along with TVET* colleges, are a focus of HIV prevention campaigns such as HEAIDS and SheConquers.

* Technical and vocational education and training

This analysis aims to answer two major questions

To what extent does private sector health care reach women and girls at risk for HIV?

What can be done to leverage the opportunity to deliver oral PrEP through the private sector?

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To what extent does private sector health care reach women and girls at risk for HIV?

What can be done to leverage the opportunity to deliver oral PrEP through the private sector?

Further detail on this question is included in the following section

South Africa's private sector is highly utilized, delivering quality care primarily to those with insurance

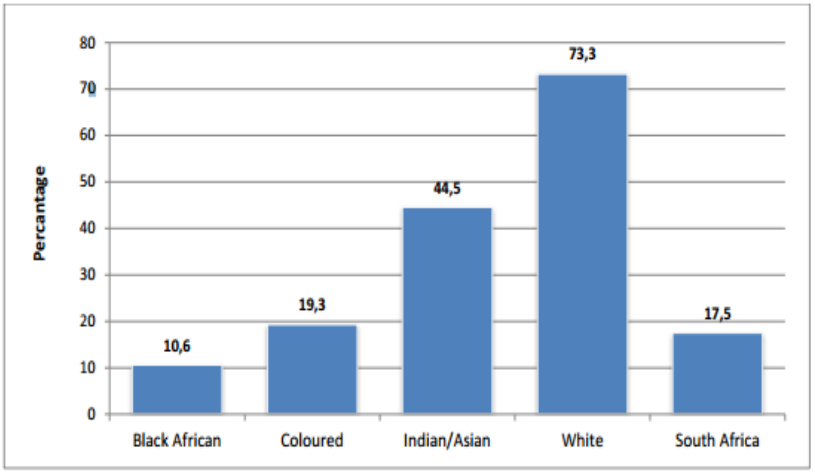
Overview of current South African private health sector and expected growth

- The South African private **healthcare sector is robust**, with up to 3,500 facilities nationwide serving **~29% of the population**
- There are many important hospital groups and practitioner networks that coordinate care among these facilities, with **3 hospital groups comprising 70% of the private hospital market**
- However the **vast majority of private facilities are independent,** including private practices, clinics within pharmacies, worksite clinics, etc.
- While most South Africans continue to access health care through the public sector, **private sector health care spending comprises more than half of total health expenditure**
- Private **spending is increasingly dominated by insurance**, which has grown by ~20% since 1995 to account for **83% of all private health expenditure**
- While **health insurance schemes cover oral PrEP**, out of pocket health expenditure per capita is declining and remains low relative to the cost of oral PrEP, making it **unlikely that those without insurance could purchase PrEP without subsidization**
- The two-tiered nature of the health care system, divided along economic lines, is a well known challenge, which the **government is currently seeking to address through the National Health Insurance Act**

Private sector access is common among women with health insurance, who are disproportionately white

- Insurance coverage is directly linked to private sector utilization: those who have insurance almost exclusively use private sector services, with **80% of those with insurance consulting private facilities**
- Women are **slightly more likely than men to have insurance**, with young women aged 20-24 least likely to be covered
- White individuals are significantly more likely to be insured and to utilize the private sector, with **88% of whites using private health** facilities compared to **17% of black Africans**
- While the majority of private sector users are insured, an additional **~12% of South Africans access private services by paying out-of-pocket**

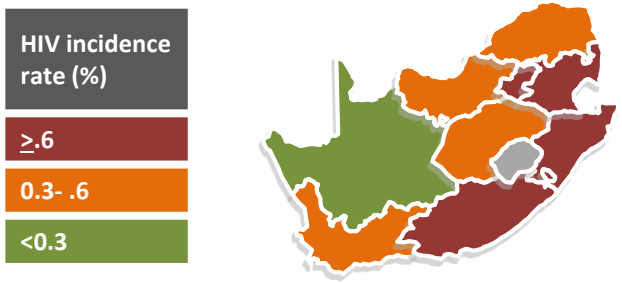
Percentage of individuals who are members of medical aid schemes by population group, 2015



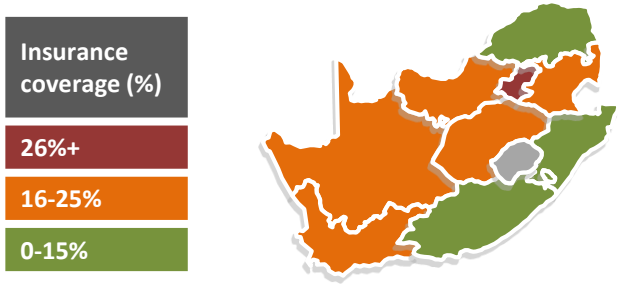
Sources: The South African National AIDs Council, HIV Incidence, 2016 (http://vizard.org/sanac/); FSG interviews and analysis, South Africa General Household Survey, 2015, Council for Medical Schemes, Annual Report, 2015

Private facilities are concentrated in wealthy, urban areas, delivering care in some areas of high HIV incidence

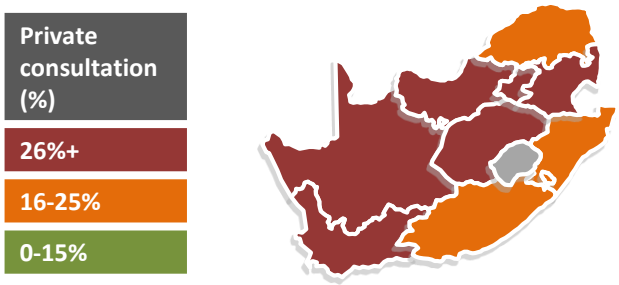
HIV Incidence, SANAC, 2016



Insurance coverage by province, CMS, 2015



% of households that normally consult the private sector, MOH, 2015



- The distribution of private clinics and hospitals in South Africa is uneven with the **majority of facilities located in wealthy regions*:** Gauteng (41%), Western Cape (19%) and Kwazulu-Natal (13%)
- The distribution of **health insurance beneficiaries aligns directly with private facilities:** around one quarter of residents of **Gauteng (28%)** and **Western Cape (24%)** are insured, even though nationwide **insurance coverage remains low at ~17.4%** of the population
- However **utilization of the private sector frequently occurs without insurance coverage**, with private consultation rates exceeding insurance coverage levels in every province
- **Rates of private consultation are significant in many areas of high HIV incidence**, and account for more than a quarter of health facility consultations in **Gauteng and Mpumalanga**
- Therefore, efforts to deliver oral PrEP that target uninsured populations in **regions of high private consultation and HIV incidence**, **like Mpumalanga**, and insured individuals in **Gauteng** and **Western Cape**, could reach people who do not use the public sector

*Wealthy regions are defined as those provinces with greater than R 100,000 average household income per year

Sources: The South African National AIDs Council, HIV Incidence, 2016 (http://ivizard.org/sanac/); FSG interviews and analysis, South Africa General Household Survey, 2015, Council for Medical Schemes, Annual Report, 2015

Women and girls at risk for HIV are active users of the private sector

Many adolescent women do not use public sector healthcare services, leaving a gap that could be filled by private providers who meet adolescents' needs for privacy and confidentiality

- Even though young women experience disproportionately high rates of HIV infection, **youth aged 15-24 living with HIV have the lowest proportion of ART utilization (14.3%)** and are significantly **more likely to face barriers to reproductive health care access** due to negative provider attitudes
- **Young women are willing to spend money out of pocket** on private healthcare, especially for family planning services and when delivered through channels that reduce stigma

Existing female utilization of private family planning and HIV services is significant

- While there is no recent data available on where women are accessing contraception, the 2003 Demographic Health Survey reported that **20% of women accessed oral contraceptive pills and 50% accessed IUDs** from the private health sector
- The majority of women receive HIV testing from public facilities; however, **17% of South Africans receive HCT from a private facility** and 13% use specialty centres, such as youth centres
- Moreover, **17% of condoms, which are also free in the public sector, are distributed through private sector channels,** indicating some preference for private sector family planning services

This demand for private family planning and HIV services, despite free offerings of the same services in the public sector, indicates a strong perception of higher quality or accessibility in the private sector

- While proximity remains the primary driver of healthcare utilization, many **women travel significant distance to access private health facilities** because they prefer them over the closer public facility
- Moreover, **South Africans who are covered by insurance almost exclusively use private sector services**: 99% of medical scheme expenditure now occurs in the private sector: a steep increase from 73% of medical scheme expenditure in 1989

Sources: FSG interviews and analysis; South Africa General Household Survey, 2015; South Africa Demographic Health Survey, 2003; UNFPA, PSI, "South Africa: A Total Market Approach for Male Condoms, November 2013; Human Sciences Research Council. South African National HIV Prevalence, Incidence and Behaviour Survey, 2012

Women and girls at risk for HIV use the private sector for convenience, confidentiality, and quality of care

Convenience

- **Easy facility access**
- **Short wait times**
- **Long opening hours**
- **Multiple service offerings**
- **Proximate to home or workplace**

"Women tend to access the private sector because it is **easier and often more affordable**, especially for GP services. The **opportunity costs are much less** for women that access the private sector."
– Private practitioner

Confidentiality

- **Positive provider attitude and behaviors**
- **Ability to access SRH and HCT services in a safe and discreet way**
- **Ability to build a strong and ongoing relationship with individual private provider**

"**Key populations** try to get services in the private sector **because of confidentiality.**"
– NGO manager

Quality

- **Consistent availability of equipment and medicines**
- **Consistent provider availability**
- **Highly trained HCWs**

"While 17% of patients are covered by insurance, about a quarter of patients access the private sector. **Patients would rather pay for quality services, and they find a way.**"
– Private Hospital Administrator

Sources: FSG interviews and analysis

Key Findings: To what extent does the private health care sector reach women and girls at risk for HIV?

Key Findings

1. The **private health sector is preferred** over the public sector, with the **majority of insured individuals exclusively accessing private** health facilities
2. **Private sector coverage is strong in some areas of high HIV incidence**: utilization rates in urban areas are well beyond insurance coverage rates, indicating that the **market for private health care in urban settings is much larger than the insured** population alone
3. Women and girls **prefer private health sector services** because they are more **convenient, confidential, and of higher quality** compared to public sector services

There is an opportunity to deliver PrEP through the private sector

- The private sector may **reduce costs** to the public sector of rolling out oral PrEP more broadly by using tiered-pricing and **targeting those with insurance for whom the drug is covered**
- The high utilization of private health services in regions with high HIV incidence suggests that the **private sector can play an important role** in enabling access to oral PrEP for women and girls at risk of HIV
- Delivery of oral PrEP through the private sector could **expand access for insured women**, who would be missed through public efforts**, as well as young women,** who are least likely to access public health services

The following section provides an initial analysis on the opportunities and considerations for delivering PrEP through specific private sector channels

Sources: The South African National AIDs Council, HIV Incidence, 2016 (http://avac.org/sanac/); FSG interviews and analysis, South Africa General Household Survey, 2015, Council for Medical Schemes, Annual Report, 2015; South Africa Demographic Health Survey, 1998; UNFPA, PSI, "South Africa: A Total Market Approach for Male Condoms, November 2013.

This analysis aims to answer two major questions

To what extent does private sector health care reach women and girls at risk for HIV?

What can be done to leverage the opportunity to deliver oral PrEP through the private sector?

Further detail on this question is included in the following section

There are five major delivery channels in the private health sector

	Description	Key organizations	Current PrEP Efforts
Commercial facilities	• Private for-profit facilities including clinics and private hospitals • While the majority of commercial facilities are small and independent, private hospitals are largely part of three hospital groups that account for ~75% of the market	• Hospitals Association of South Africa • Three largest hospital groups: Netcare, Life Healthcare, Mediclinic	PrEP is prescribed by doctors and supplied through on-site hospital pharmacies.
NGO clinics/ social franchises	• Private not-for-profit facilities owned/funded by local organizations or international donors, including clinics owned by NGOs and social franchises • Several major social franchise networks dedicated to SRH (PSI, Marie Stopes, and Society for Family Health)	• PSI • Society for Family Health • Marie Stopes • Broadreach Healthcare • Unjani Clinics	PSI Private Sector PrEP Program is an open label demo project to create demand for PrEP and explore scalable delivery models for implementation.
Private doctors	• For-profit doctors who manage independent practices, or practice in either public or private hospitals • While 70% of doctors practice in the private sector, they are mostly self-employed and clinics and hospitals have little oversight over them	• South African Medical Association • South African Private Practitioners Forum • Southern African HIV Clinicians Society • Pulse Health Solutions	• Some private doctors already prescribe PrEP. There is significant interest among private doctors to deliver comprehensive HIV services, including PrEP. • The Southern African HIV Clinicians Society has begun to train doctors on PrEP.
Pharmacies	• Private facilities in which individuals can purchase medicine, which may or may not be managed by a trained health care worker • Approximately 20% of pharmacies have on-site clinics in which health care workers can administer care	• SA Pharmacy Council • SA Pharmaceutical Association • Dis-chem	The majority of retail pharmacies in South Africa stock both oral PrEP and HIV self-testing kits.
Higher education institutions	• Health facilities and services at universities and TVET colleges managed by non-governmental or non-healthcare institutions • National strategic plan for HIV recognizes schools and universities as critical environments to reach AGYW	• HEAIDs • SheConquers Campaign • APPETD	None. Higher education institutions are awaiting further results from demo projects before introducing oral PrEP. However, pilot activities on 12 campus clinics and many TVET colleges are planned for the winter of 2017.

Sources: FSG interview and analysis; Oxera. Private healthcare market in South Africa: Input for the forthcoming Competition Commission inquiry, 2012; PSI. A Total Market Approach for Male Condoms, November 2013.

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 Can women and girls at high-risk for HIV effectively 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 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

For profit facilities have significant reach and acceptability, but suffer from affordability challenges

1 Can women at high-risk for HIV access this channel?

Channel	***Acceptability:*** *Women are comfortable with accessing SRH/FP services*	***Affordability:*** *Women can afford services*	***Proximity:*** *Sufficient number of facilities located in regions with high HIV incidence*
Commercial facilities	**Attractive delivery point** due to perception of high quality care and range of service offerings	**Unaffordable** for the 83% of the population without insurance, due to high cost of products and services	• **Limited access but located in areas of HIV incidence** • 188 urban and 50 rural hospitals • 46% of private hospitals are in Gauteng
NGO clinics/ social franchises	**Attractive delivery point due to deep experience in SRH and FP services** for women and girls at risk for HIV; however **focus on key populations might stigmatize** services for AGYW	**Affordable to low and middle income people,** as social franchises provide subsidized or free services to key populations	• **High access in some areas of HIV incidence** • There are a few networks, which are limited in scale: ○ **GP Referral Programme**: 2,764 clients served ○ **New Start**: 160,979 client visits (87% rural) ○ **Unjani Clinics**: 20,359 served across 10 rural locations
Private doctors	**Attractive delivery point**, with highest private sector utilization rates; however, general practitioners do not always offer an integrated package of SRH and FP services	**Variable affordability:** due to lower consultation costs of GPs than commercial facilities, **women with insurance or who can afford to pay out of pocket** access services	• **High access in areas of HIV incidence** • 70% of ~40,000 medical practitioners work in the private sector • ~84% of people who use private services visit private doctors • Significant utilization in both urban and rural areas
Pharmacies	**Attractive delivery point** for family planning and HIV self-testing in a **confidential, convenient manner;** however private doctors must prescribe oral contraceptive pills	**Variable affordability:** Low cost generics and social marketing brands are available but oral PrEP is currently **too expensive for women who are uninsured**	• **High access in areas of HIV incidence** • 3,000 retail and 230 hospital pharmacies • ~20% of independent pharmacies operate on-site clinics
Higher education institutions	**Low-stigma delivery point** for FP and SRH; **peer to peer education increases demand** for SRH among young women on campus	**High affordability:** Provide free education, demand generation and HIV services, and serve a **majority of low income and black African students**	• **High access but not in many areas of HIV incidence** • While reach of universities is limited to ~4% of South Africans aged 18-29 that are enrolled in universities, it is a good channel to reach a population at high risk • While there are only 450+ university health sites nationwide, TVET colleges are present in every district

Sources: FSG interview and analysis; Oxera. Private healthcare market in South Africa: Input for the forthcoming Competition Commission inquiry, 2012; PSI. A Total Market Approach for Male Condoms, November 2013; Council for Medical Schemes. Annual Report 2015/2016. 2016; The Global Health Group. Clinical Social Franchising Compendium. An annual survey of programs: findings from 2014. 2015

While HCW capacity is generally high, limited coordination constrains referral capacity and consistency of HCT services

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

Channel	***HIV Counseling and Testing (HCT) Services:*** *Currently offers HCT services*	***Healthcare Workers (HCW):*** *Channel has HCW who can prescribe and support adherence to oral PrEP*	***Ability to provide necessary follow-up:*** *Enables PrEP users to easily follow-up for prescription pick-up and ongoing testing*
Commercial facilities	**Limited HCT capacity** due to lack of standardized HIV care; doctors are rarely employed by the hospital, preventing enforcement of standards	**High capacity,** as commercial facilities are multispecialty centers in which women can receive a wide range of services	**High referral and continued care capacity:** private hospitals have **advanced structures to follow-up** and can manage care in between on-site specialists and pharmacists
NGO clinics/ social franchises	**Significant HCT capacity**: social franchises, such as PSI, have deep expertise and experience in providing HCT services as part of a comprehensive SRH package	**Strong capacity** within SRH networks where private practitioners adhere to high standards of SRH care; however, capacity/ availability of trained HCWs can vary with changes in donor funding	**Variable referral capacity**: some franchisees and public health facilities have agreements to refer patients to each other
Private doctors	**Variable HCT capacity: GPs often fail to initiate HCT services**, but HIV training is becoming more common, and there is demand among private doctors to deliver full SRH packages	**Variable capacity**: PrEP trainings have already been initiated by the Southern African HIV Clinicians Society, but level of training of private providers varies	**Limited follow-up capacity:** variable availability of onsite resources to conduct necessary follow up tests and limited referral mechanisms to facilities where patients might need to receive ongoing testing and care
Pharmacies	**Variable HCT capacity**: While **most offer HIV self-testing, only ~20% have onsite clinics staffed with HCWs** who can provide HCT	**Limited to no capacity:** the majority lack HCWs capable of prescribing or supporting adherence	**Limited to no follow-up capacity:** no resources to conduct follow up tests, monitor or refer patients to facilities where patients would receive prescriptions, ongoing testing, and care
Higher education institutions	**Significant HCT capacity**: universities have onsite health centers that provide FP and HCT services to many at-risk populations**;** University **campaigns test ~200,000 people** a year for HIV	**Strong capacity** of HCWs at university health centers to deliver education and integrated SRH; however, on-site HCWs do not prescribe ART, which may also be a challenge for oral PrEP delivery	**High follow up capacity** with high referral rates after testing; **however** ~90% of linkages are made to public facilities

Sources: FSG interview and analysis; Oxera. Private healthcare market in South Africa: Input for the forthcoming Competition Commission inquiry, 2012; PSI. A Total Market Approach for Male Condoms, November 2013; Council for Medical Schemes. Annual Report 2015/2016, 2016; The Global Health Group. Clinical Social Franchising Compendium. An annual survey of programs: findings from 2014, 2015

Assessing across these factors helps to highlight opportunities to deliver 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?		
	Acceptability	Affordability	Proximity	HCT	HCW	Follow-up
Commercial facilities	Limited current use for SRH and FP	Not affordable without insurance	Reach limited to urban areas	Limited provider initiated HCT	High HCW capacity to deliver care	High capacity to follow-up with prescription and ongoing testing
NGO clinics/ social franchises	Experience delivering SRH to key populations	Serve low income women with free or subsidized care	Low scale and reach with few networks	Deliver integrated HIV and SRH services	Low HCW capacity due to funding constraints	Advanced ability to refer to public facilities for ongoing testing
Private doctors	Most common source of private care	Serve women with and without insurance	Present in urban and rural areas	Many are trained by networks, but little oversight of practices	High HCW capacity to deliver care	Limited ability to deliver or refer to other facilities for testing
Pharmacies	Service setting aligned with women's needs	Target some low income populations with generics	Present in urban and high incidence areas	Currently offer HIV self-testing and oral PrEP, but lack counselling services	Few have on site HCWs to prescribe and monitor	Limited patient testing, tracking and referral mechanisms
Higher education institutions	Deliver SRH, FP and HCT services without stigma	Offer many services for free	Low scale, focused in urban areas	On site health centers provide HCT	Limited HCW capacity to prescribe or deliver ART	High capacity to follow-up with prescription and ongoing testing

Key	Highly accessible to most women	Accessible to some women	Inaccessible to most women	Strong capacity	Moderate capacity	Low capacity

Two channels offer the most opportunity to reach women with 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	
Commercial facilities							**LOW OPPORTUNITY** • Unaffordable prices and urban concentration limit accessibility beyond wealthy populations • Strong capacity to deliver oral PrEP
NGO clinics/ social franchises							**MEDIUM OPPORTUNITY** • Social franchises effectively deliver affordable, integrated HIV and SRH services without stigma • Small number restricts delivery of PrEP at scale
Private doctors							**HIGH OPPORTUNITY** • Highly accessible, as the most common private sector entry point nationwide • Limited capacity for ongoing testing and follow-up
Pharmacies							**MEDIUM OPPORTUNITY** • Highly accessible due to privacy and proximity • Most will not be able to prescribe oral PrEP, but could be an information dissemination point
Higher education institutions							**HIGH OPPORTUNITY** • On site health centers deliver HCT to at-risk AGYW and have high referral rates • Important avenue to deliver information on PrEP in conjunction with HCT

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

*A portfolio approach includes **a mix of channels** that reach populations of different income levels and geographies with oral PrEP delivery and information dissemination. A strategic implementation plan can **prioritize those channels that serve different market segments** (i.e., private doctors and universities) to create a comprehensive strategy that expands oral PrEP coverage **in regions of high HIV incidence.***

Delivery channel	Near-term opportunity to deliver PrEP	Market segment	Recommended action steps
Commercial facilities	**LOW OPPORTUNITY**	Older, urban women with insurance, who can afford to pay	• Initiate conversations with the three largest hospitals groups to **explore public private partnership models** • Ensure clinical networks have **access to guidelines and trainings**
NGO clinics/ social franchises	**MEDIUM OPPORTUNITY**	Young, low income, women in rural and urban areas	• Initiate conversations with **MSI** and **PSI** to **assess demand and capacity to deliver PrEP** • Ensure clinical networks have **access to guidelines and trainings**
Private doctors	**HIGH OPPORTUNITY**	Married and older, low to middle income women	*Details for action steps on following slides*
Pharmacies	**MEDIUM OPPORTUNITY**	Low to middle income urban women	• Initiate conversations with **SAAHIP**, identify **sites serving key populations to provide with information**, as well as, **pharmacies with on site clinics to deliver HCW training** • Explore opportunities to **link oral PrEP to self-testing projects**
Higher education institutions	**HIGH OPPORTUNITY**	Young, low income urban women	*Details for action steps on following slides*

Private doctors: *Implementation considerations*

Current capacity and gaps

Can women/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**
Most common source of private care	Serve women with and without insurance	Present in urban and high incidence areas	Many are trained by networks, but little oversight of practices	High HCW capacity to deliver care	Limited ability to deliver or refer to other facilities for testing

Potential next steps

1. Explore models for **subsidized oral PrEP** via independent private doctors (e.g., patient vouchers, reduced cost PrEP)
2. **Provide training** to improve standard of HIV / oral PrEP services outside of hospital groups and social franchises
3. **Establish mechanisms** to facilitate referrals for testing and tracking patient uptake to minimize loss to follow-up and improve adherence

Potential partners

- **South African Medical Association (SAMA):** representative association for public and private medical practitioners. Support private practitioners by fighting for a fair and equitable remuneration for members that they in turn can afford to give freely of their time to help those who cannot afford to pay for healthcare. Can be a primary partner in raising awareness, training, and monitoring implementation of oral PrEP delivery among private doctors
- **Southern African HIV Clinicians Society:** membership organization of over 3,000 health care workers with an interest in HIV. The Society's mission is to promote evidence-based, quality HIV healthcare in Southern Africa through meetings, practices guidelines, policy and advocacy, and has already begun training providers on oral PrEP. Can be a primary partner in raising awareness, and training of oral PrEP delivery among private doctors
- **Pulse Health Solutions** is an emerging alliance of general practitioners dedicated to providing HIV care. Can be a primary partner in raising awareness, training, and deploying oral PrEP pilots among private providers
- **Metropolitan Health** is the largest administrator of health insurance in South Africa, with incentive to promote oral PrEP as a cost-saving method
- **Mylan**, a generic oral PrEP manufacturer, has a significant presence in South Africa to conduct marketing and training activities

Considerations

- A phased approach could prioritize high-incidence regions where many women are covered by insurance schemes like **Gauteng**. The next phase could extend to regions with high incidence and significant rates of private sector consultation like **Mpumalanga** and **KwaZulu-Natal**
- Private doctors have **incentives to deliver oral PrEP** in addition to reducing HIV infections, including: **(1)** Increasing traffic, sales volumes and developing long-term customer relationships as patients return for PrEP and related services and **(2)** Improving reputation amongst the general public and government stakeholders

Sources: FSG interviews and analysis

Higher education institutions: *Implementation considerations*

Current capacity and gaps

Can women 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**
Deliver SRH, FP and HCT services without stigma	Offer many services for free	Low scale, focused in urban areas	On site health centers provide HCT	Limited HCW capacity to prescribe or deliver ART	High capacity to follow-up with prescription and ongoing testing

Potential next steps

1. Identify models for universities to provide oral PrEP at **no cost or subsidized cost**; engage donors to support delivery of oral PrEP
2. Identify models for higher education institutions to serve as **community hubs for information on oral PrEP to expand their reach** beyond currently enrolled students and employees
3. **Explore opportunities to integrate oral PrEP into onsite health centers** by training providers on prescription and adherence procedures

Potential partners

- **Higher Education and Training HIV/AIDS programme (HEAIDS)** is a national facility addressing the HIV epidemic by developing and supporting programmes at public higher education institutions. The program provides support to 26 public universities in the planning and management of their HIV programmes, which resulted in a 60% increase in HIV testing at universities served. Can be a primary partner to integrate oral PrEP into existing HIV prevention campaigns at universities and inform strategies to create awareness at TVET colleges.
- **SheConquers Campaign** is a multi-sectoral approach to improving the lives of AGYW, which is engaging universities and supporting women to complete school. Can leverage learnings on adolescent user preferences to inform public and private university strategies.
- **Association of Private Providers of Education, Training & Development (APPETD)** is a membership organization that supports advocacy, capacity building, and training. While the higher education sector is mostly public, private higher education institutions account for 15% of enrollment. The APPETD could be a critical partner in raising awareness and training private educators on HIV education.

Considerations

- **This strategy will necessarily focus on urban youth,** as the majority of universities are in urban areas. A phased approach might prioritize those **high incidence regions with similarly high rates of enrollment in universities**, such as **Gauteng and Mpumalanga**
- Leveraging learnings from HEAIDS work, a **long-term strategy might expand to TVET colleges** which are more numerous than universities and collectively have a presence in every district of South Africa; however they do not have dedicated health clinics and health personnel on site
- Higher education institutions have **incentives to deliver oral PrEP** in addition to reducing HIV infections, including: (1) Improve **health outcomes** among students and staff (2) Improve **educational outcomes,** including lower drop-out rates and improved academic achievement **(3)** increase **student satisfaction** after the widespread university protests in 2015 **through investment in student health**

Sources: FSG interviews and analysis; Higher Education and Training HIV/AIDS Programme. Annual Review of the Higher Education and Training HIV/AIDS programme, 2015, April 2016.

APPENDIX

Interview List

Organization	Name and Title
Pulse Health Solutions	Cephas Chikanda *Managing Partner*
PATH South Africa	Yolanda Moyo *Project Officer*
Hospitals Association of South Africa	Sharon Slabbert *Executive Officer – Health Service Delivery*
The Higher Education and Training HIV/AIDS Programme	Ramneek Ahluwalia *Country Director*
Southern African HIV Clinicians Association	Siraaj Adams *Board Member*
Wits Reproductive Health & HIV Institute	Saiqa Mullick *Director of Implementation Science*
Wits Reproductive Health & HIV Institute	Sinead *Director of Research*
FHI360	Doris Macharia *Country Director*
Clinix Health Group	Dr. Brenda Kubheka *Chief Medical Officer*

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