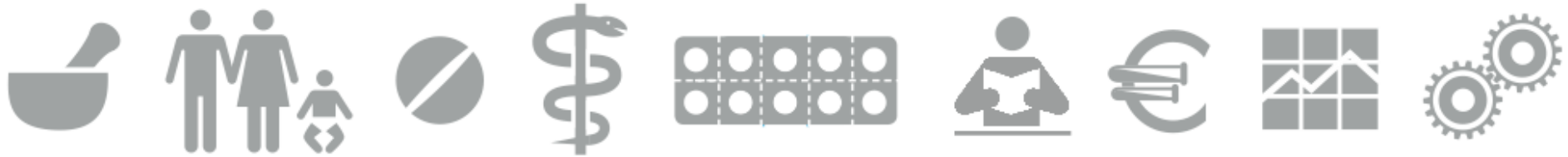




Public-Private Interactions: Successes, Failures and Cautions

Colleen Daniels



What is a PPI?

- Covers a wide variety of ventures involving a diversity of arrangements with regard to participants, legal status, governance, management, policy-setting prerogatives, contributions and operational roles
- Range from small, single-product collaborations with industry, large entities hosted in UN agencies or private not for profit organizations
- Some PPIs can be more accurately described as public sector programs with private sector participation – Roll Back Malaria
- Some are legally independent ‘public interest’ – but are actually private sector entities such as GFATM

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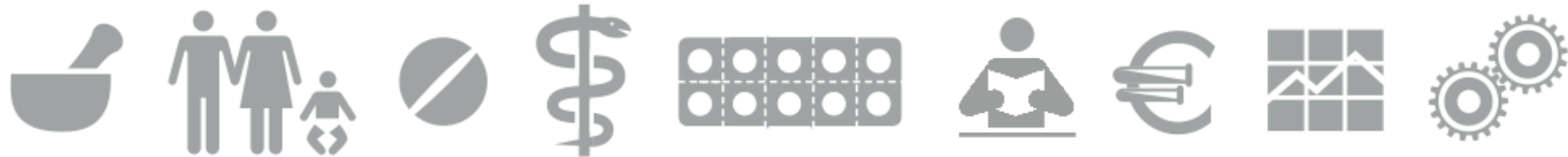
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Categories PPIs:

- Product development
- Improving access to healthcare products
- Global coordination mechanisms
- Strengthening health services
- Public advocacy and education
- Regulation and quality assurance

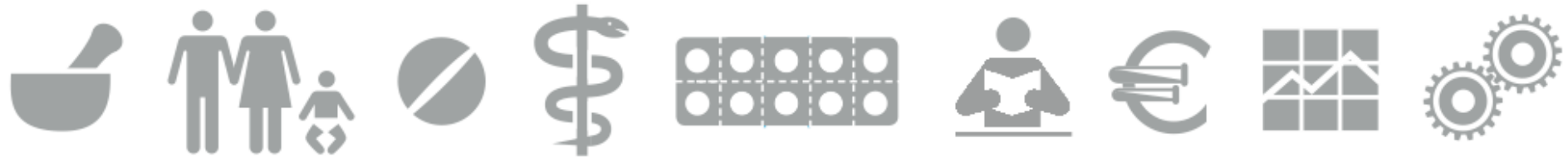
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Context

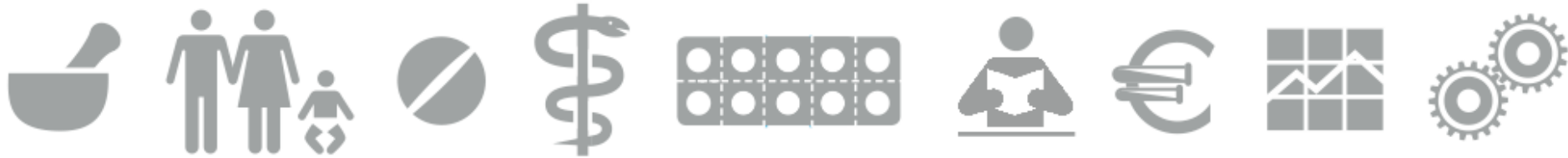
44 million people living with HIV/AIDS
14,000 new infections daily

Of the 6 million people who need ARV
therapy in developing countries,
only 8% are receiving it



PPIs proposed as a win-win solution to the AIDS pandemic

- Outcome orientation
- Efficient lean governance structure
- Expected to move fast in making medicines and care available to people living with HIV and AIDS
- As of December 2005, 1.3 million people in need of ART were actually receiving it

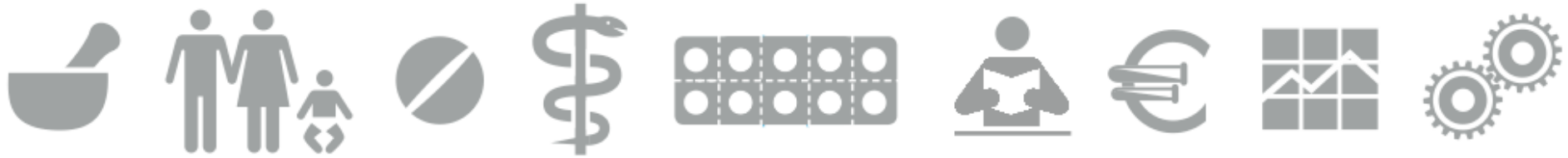


In practice fast and effective action is proving to be difficult

Growing recognition of risks involved

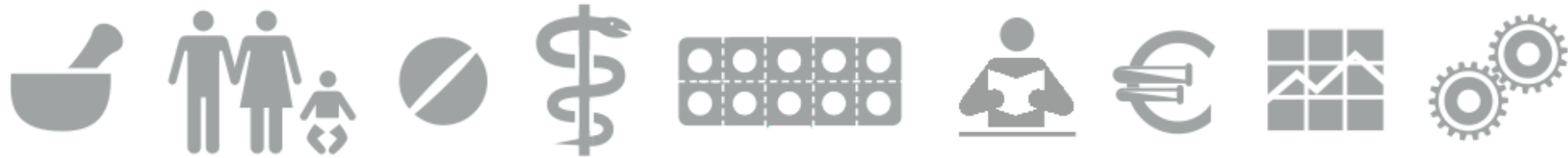
Risks

- Undermine existing national level structures for decentralized health policy making and program implementation, and for drug distribution and procurement (some of the ART programs set up parallel drug distribution systems undermining existing essential drugs programs)
- Curative rather than preventive approach to health care
- No emphasis on health systems; non-sustainable
- Contribute to inequities in access to medicines (inclusion/exclusion criteria)
- Are not accountable to end beneficiaries



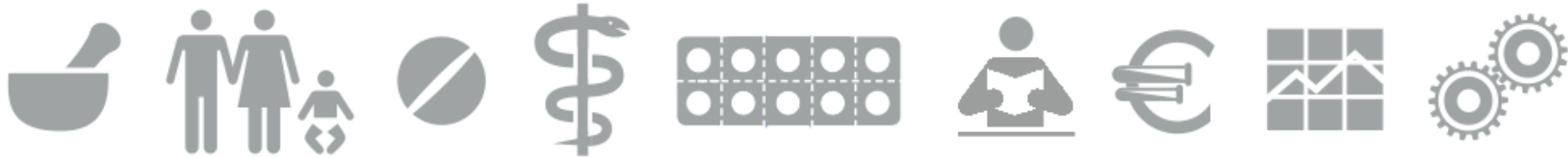
HAI Europe Project

- Examine and compare governance processes, accountability mechanisms and legitimacy of PPIs
- Assess their effectiveness in improving equitable access to HIV and AIDS care and support in six countries (Ghana, Kenya, Peru, Vietnam, Thailand and Moldova)
- Assess effects of increased access to medicines on existing care arrangements and quality of life of PLWHA
- Strengthen capacity of NGO health workers and health researchers in recipient countries for more effective participation in national level policy formulation and implementation



PPIs and HAI

- Since 2000 HAI has been vocal about concerns of private sector encroachment into public sector health service provision.
- Much of the previous work around PPIs has been on ethical and procedural issues. For this project HAI realized it was clearly placed to look at the impact from a consumer perspective. At a HAI/BUKO seminar in 2000, it was agreed that too little attention was given to assessment of how PPIs affect the health and conditions of those they are meant to help.



Kenya

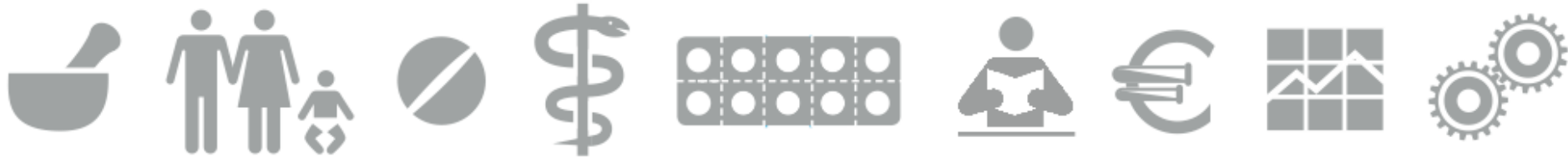
Achievement Gap

- 280,000 Kenyans need ARVs
- 18,000 are on ARV therapy
- Programs vary in their use of national guidelines, prescribed regimens, management of donor funding conditions, levels of community involvement, and medicines procurement strategy
- For example, the national clinical manual for ARV providers recommends the use of Fixed Dose Combinations. However there is no monitoring in the non-governmental sectors to ensure that the national protocols are being followed.

Largest ARVs programs: PEPFAR, MSF, Mission Hospitals

PEPFAR – launched February 2004

- Great pressure from US State Department to get 15,000 Kenyans onto ARVs in first 12 months of launch.
- A PEPFAR employee voiced concern that because there is intense pressure to meet this year's targets, PEPFAR may focus on a more accessible population of PLWHAs, neglecting those who are most vulnerable, and hardest to reach populations.



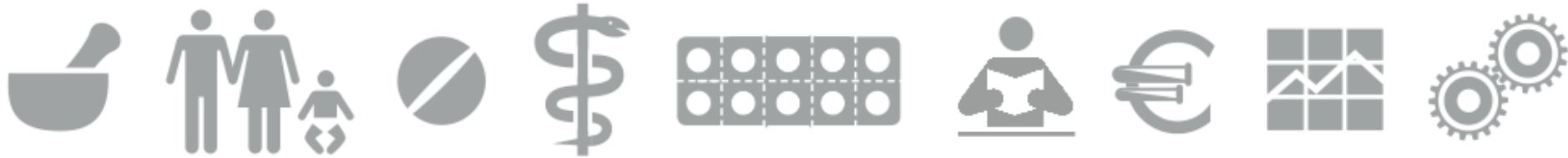
Vietnam

Currently 7 different PPI programs all being implemented at the same time in Vietnam

- PEPFAR Clinton Foundation
- CDC Life Gap DfID
- WHO project Preventing HIV in Vietnam WHO 3 by 5 Initiative
- World Bank HIV/AIDS Prevention Project

Some Emerging Challenges

- health systems – cannot cope with the implementation of so many different programs, different reporting criteria, lack of skilled staff, quality of care
- adherence – costs for tests, ARVs, transport, stigma, drug resistance, confidentiality
- equity and accessibility – access to health care and ARVs for IDUs (intravenous drug users) and CSWs (commercial sex workers)
- ethical issues – quality of work and quality of care, doctors and patients selling drugs
- community involvement – lack of involvement of PLWHA in care and treatment
- drug policy and patent issues – compulsory licensing, registration of relevant ARV drugs in the first and second line, review and amend existing patent law and existing drug registration regulations



Universal Access by 2010: 10 Challenges on the way

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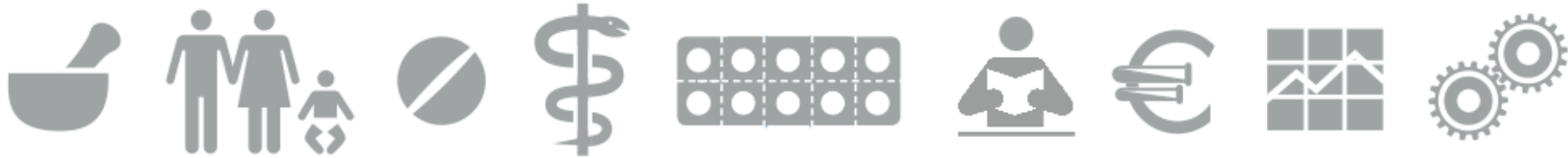
1. **Inequities in ART coverage**, both between and within countries.
2. **Procurement problems**, due to a lack of coordination between both donors and actors at a national level.
3. **Treatment interruptions due to stock-outs** of both first and second-line drugs, and paediatric formulas.
4. **Inaccessible diagnostic tests**, which means that not enough people are aware of their HIV status and monitoring of treatment needs and efficacy is suboptimal.
5. **Recurrent transport costs, and user-fees**, which challenge continued access and adherence to ART.
6. **Overburdened health workers**, due to a lack of investment in health services and the rapid scale-up of ART.
7. **Continuing stigma and discrimination** of people in need of treatment, especially affecting intravenous drug users and other vulnerable groups.
8. **Lack of adherence and nutritional support for ART users**
9. **Uncoordinated action** at all levels of planning and implementation, resulting in missed opportunities for a better continuum of HIV and AIDS care.
10. **Planning for sustainability** of ART programmes, including future needs for second line treatments.

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Ten challenges that need to be addressed to ensure that universal access becomes a reality by 2010 and positive health outcomes for people living with HIV and AIDS (PLWHA) are guaranteed. Health workers, policymakers and ART users put forward these challenges in the course of rapid appraisals.

colleen, 24/10/2006

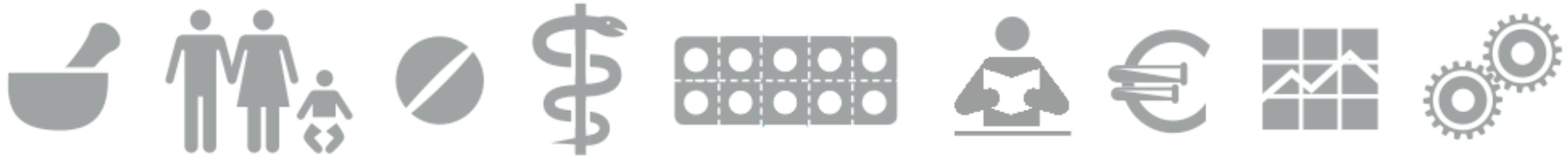


Recurrent transport costs, and user-fees, which challenge continued access and adherence to ART.

“I came from very far over 50 kilometres from here. Before I come to the hospital I have to plan the money for a journey fare to the clinic. In fact my extra drugs got finished yesterday.” (Male ARV user).

“I once missed my appointment for refill because there were no vehicles coming here. I was in the stop from early morning and by noon I went back home. Fortunately I still had some medications.” (Male ARV user).

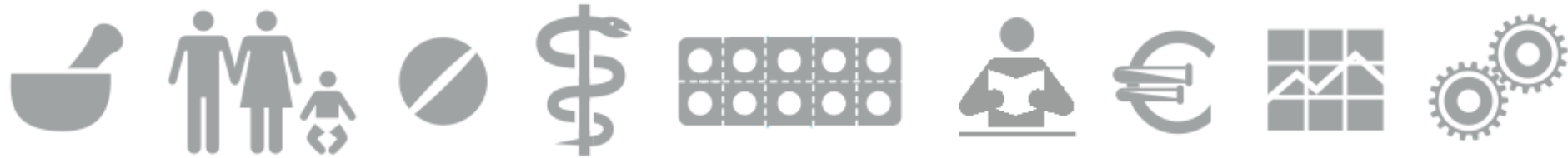
“Sometimes I do not have bus fare to come here for my drugs so I miss out while others get them (Kenyan ART user)



Continuing stigma and discrimination of people in need of treatment, especially affecting intravenous drug users and other vulnerable groups.

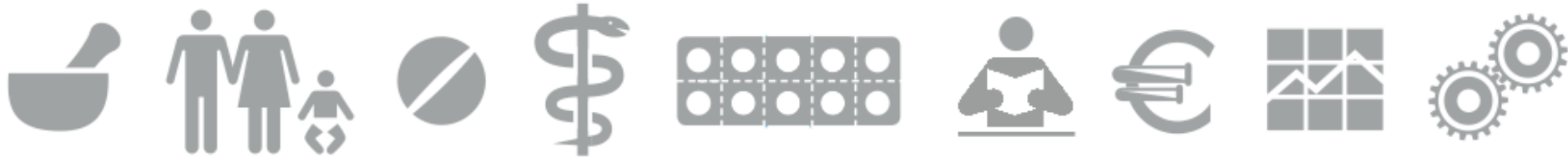
“ Once I revealed I was HIV-positive, no one wanted to assist me at delivery” (Kenyan woman)

“ Young girls like me have not accessed treatment because we are afraid of what people like nurses will say, and we are scared of being recognized as HIV positive.” (Kenyan woman)



Dramatic increases in access to treatment and extremely high levels of adherence (at least 95%) are essential to ensure positive treatment outcomes for PLWHA.

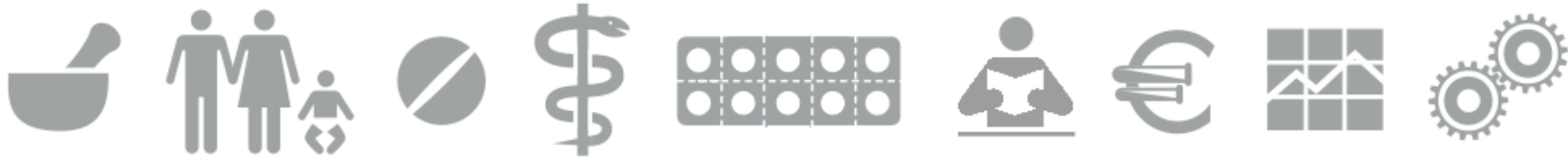
However, this is hard to achieve because health systems tend to be weak in countries hardest hit by the pandemic. We must move beyond the focus on ART supply and confront the social and economic conditions which pose obstacles to access and optimal health outcomes.



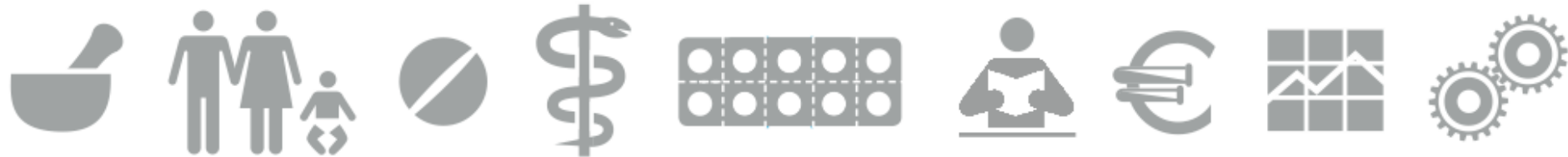
Universal Access by 2010: 10 Challenges on the Way

Recommendations for action

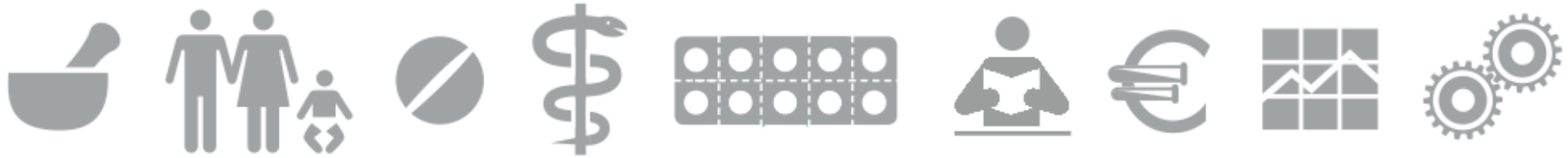
- **Advocacy for Universal Access:** all stakeholders must join forces to advocate universal access at the country level and work more with civil society in doing so. Specific access targets need to be set for children and vulnerable populations.
- **Reducing obstacles to equitable access to ART:** national governments and international donors should aim to reduce recurrent costs for users by eliminating user-fees for AIDS treatment, the costs of diagnostic tests and second line treatments should be reduced substantially, and transport and food support provided to PLWHA, especially during the early stages of treatment.
- **Strengthen AIDS treatment and care:** Governments, UN-agencies, civil society, private healthcare providers and international donors need to collaborate



- Ensuring sustainable resource flows
- There is international consensus that the resource base for ART programmes must be expanded dramatically in order to achieve universal access by 2010. Specific recommendations resulting from the appraisals are:
 - Governments and international donors should diminish bureaucratic delays in applying for, transmitting and managing external resources for their ART programmes.
 - Governments and international donors should allocate sufficient resources to treatment scale-up, taking into consideration current and future treatment needs, including needs for second line treatments. Budgets tend to be based on ART targets, rather than adequately forecasted needs. National governments should ensure affordability of second line treatments and diagnostics by negotiating for price-reductions, by using the flexibilities of the World Trade Organization, Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS agreements) including the use of voluntary and compulsory licensing and local production.
- Investments are needed in the development of paediatric ARVs.



It is now known that ART can be delivered in all environments. The challenge is to learn by confronting obstacles and building on successes, to ensure that health care systems worldwide deliver optimal care to all who need ART. This will require coordinated action in countries, between countries, and between donor organizations.



- Governments must integrate ART in a continuum of AIDS-related healthcare and to improve community participation.
- Treatment targets should be accompanied by detailed implementation plans and ongoing monitoring and evaluation to ensure that program activities are suitably adjusted when problems occur.
- The stakes are high. If effective treatment programs are not achieved, drug resistance may well become a major obstacle to the success of future ART programs