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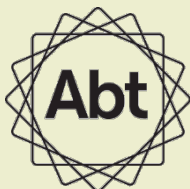


Unraveling the Quality and Utilization of HIV Counseling and Testing Services Offered by the Private Sector in Zambia

IHEA Pre-Congress Symposium: The Role of the Private Sector in Health Systems

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Banyan Global

Jhpiego

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HIV/AIDS Epidemic in Zambia

- HIV prevalence in Zambia (2007 DHS): **14.3%** with higher prevalence in urban areas (19.7%) than in rural (10.3%)
- Through PEPFAR, Zambia received approximately \$1.2 billion to support HIV/AIDS prevention, treatment and care programs from FY04 to FY09
- 1,877,800 individuals receiving counseling and testing in Zambia in FY10
- Multiple, concurrent sexual partnerships are the leading cause of HIV infection in Zambia (publicly stated by President Banda in November 2009)

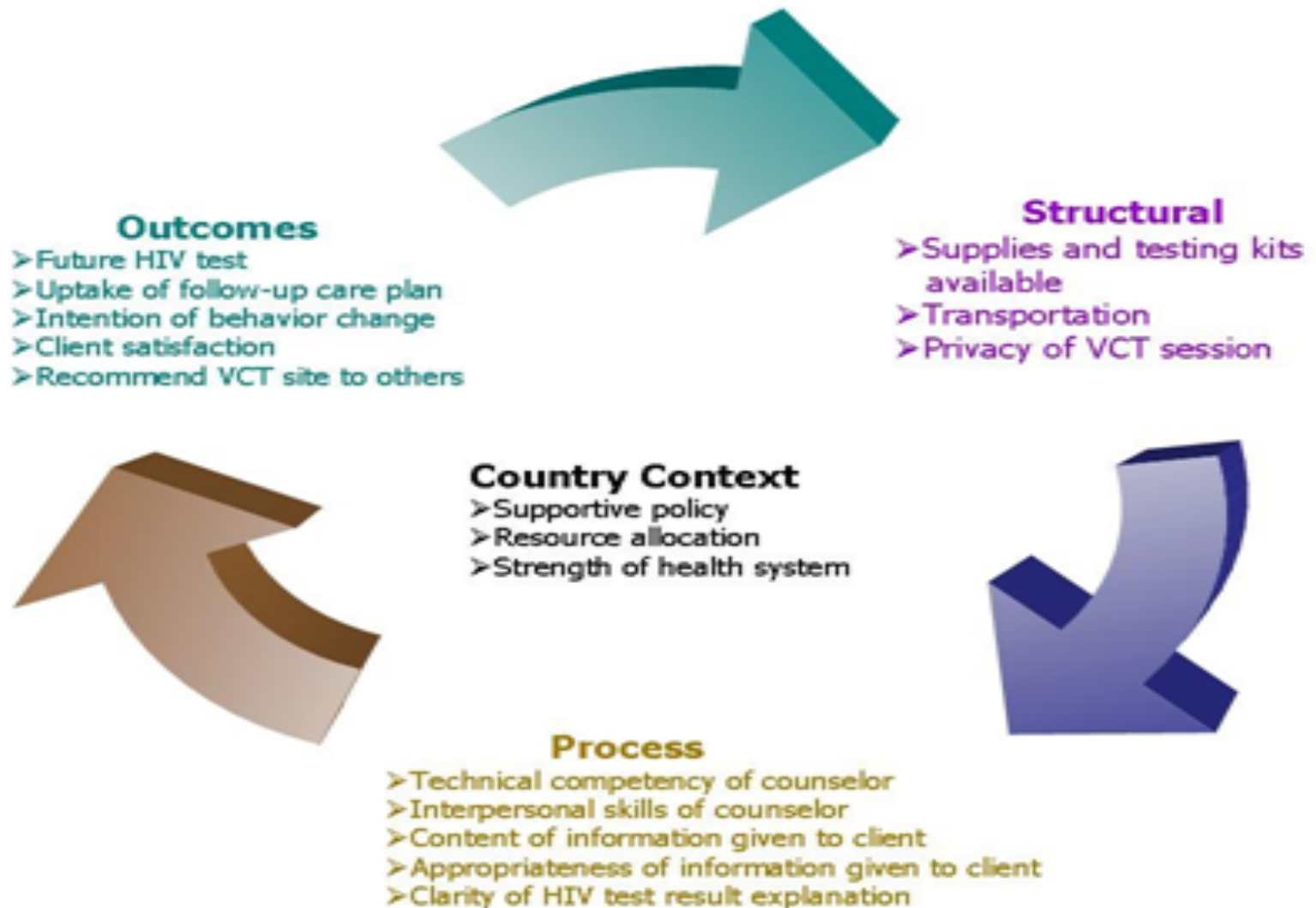
Lack of Evidence about the Quality of VCT Services in the Private Sector

- HIV Counseling and testing (CT) services are offered in four sectors in Zambia: public, private for-profit, NGO and Mission
- Previous internal evaluations conducted on quality in public and NGO sites but not broadly across all sites
- Very little evidence about the role of the private for-profit sector in offering VCT services
- **Quality of VCT services affects both prevention and treatment outcomes**

Using Mixed Methods to Assess Quality

1. Close-ended client intercept interviews with exiting clients (received HIV counseling and test)
2. Open-ended, exploratory interviews with exiting clients
3. Interviews with facility managers at all sampled sites
4. Review of service statistics for VCT for each site
5. Observations of the physical environment for VCT in each site

Framework to Assess VCT Quality



Characteristics of the Sample

Number of Sites and Clients by CT Sector in Study Provinces

*Data Collected in 2009 with Abt and ERES (Zambia) IRB Approval

	COPPERBELT			LUAPULA		
	Universe of sites	# of sites selected	# of clients	Universe of sites	# of sites selected	# of clients
NGO	24	9	79	13	5	20
Private	166	13	84	9	0	0
Gov't	121	17	71	119	11	66
Mission	14	3	8	10	2	18
Unknown	50	5	18	7	0	0
TOTAL	373	47	260	157	18	104

Limitations of the Study

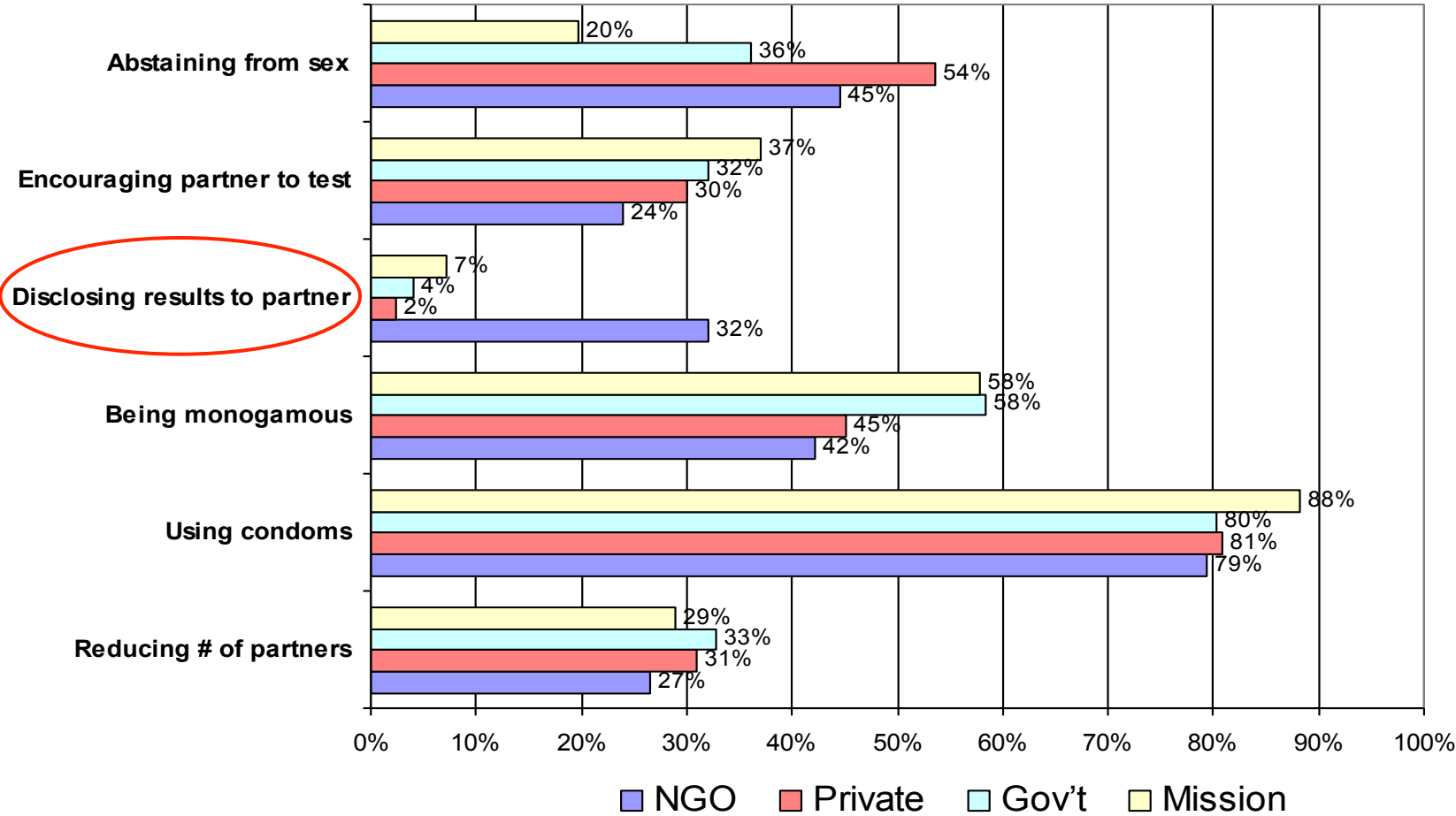
- Results are generalizable to Copperbelt and Luapula, not to Zambia overall
- Examined only USAID-supported provinces
- Interviewed clients and facility managers, not VCT counselors
- Second wave of data collection in Copperbelt occurred during a government strike; may have inflated utilization of the other sectors
- Examines static VCT, not mobile or other types of CT- e.g., PMTCT

How does the Private Sector compare to the rest of the Health System?

	NGO %	Private %	Gov' t %	Mission %	P value
Counselor answered questions with enough detail	90	87	78	75	0.09
Level of satisfaction with privacy of VCT session					
Very satisfied	69	70	51	78	0.12
Satisfied	28	26	36	22	
Undecided	1	1	3	0	
Not satisfied	1	2	10	0	
Very unsatisfied	0	0	1	0	
Clarity of HIV test result					
Very clearly	74	85	69	67	0.00
Clearly	26	14	28	33	
Undecided	0	0	3	0	
Unclearly	0	1	0	0	
Very unclearly	0	0	0	0	

No Consistent Patterns across Sectors but Underperformance in some Key Areas

Methods discussed with counselor for reducing exposure to HIV



Content Analysis: Topics Covered in Counseling Sessions

- Across the sectors, emphasis on minimizing blood exchange, avoiding sharing of needles and sharp objects
- Across the sectors, emphasis on living a positive life as a HIV+ individual and anti-retroviral treatment
- Less emphasis on risk reduction and prevention of future transmission

OOP for CT Services Occurs Most Frequently in the NGO Sector

	NGO n=99	Private n=84	Gov' t n=137	Mission n=26
Paid for service received today				
Yes	20%	11%	4%	0%
No	80%	89%	96%	100%
Median cost	\$.20	\$7.46	\$.37	N/A

Rationale for Choosing a VCT Site

- Across all four sectors, geographic proximity (“closeness to home”) emerges as the most important reason why a client chose a particular site
- The price of service is only one component of the total price: transportation costs and lost wages for traveling are also important in calculating the “total price”
- The majority of clients do not travel far from home for VCT; stigma in the community may not be a pressing concern

NGO Sector Attracts the Most Educated Clients; Typical CT Client is Educated

	NGO n=99	Private n=84	Gov' t n=137	Mission n=26	P value
<i>Education</i>					0.00
None	1%	0%	3%	0%	
Primary	6%	2%	4%	0%	
Secondary	29%	30%	49%	61%	
Higher than secondary	51%	45%	38%	39%	
Non response	13%	22%	7%	0%	

Client Load Rates by Sector

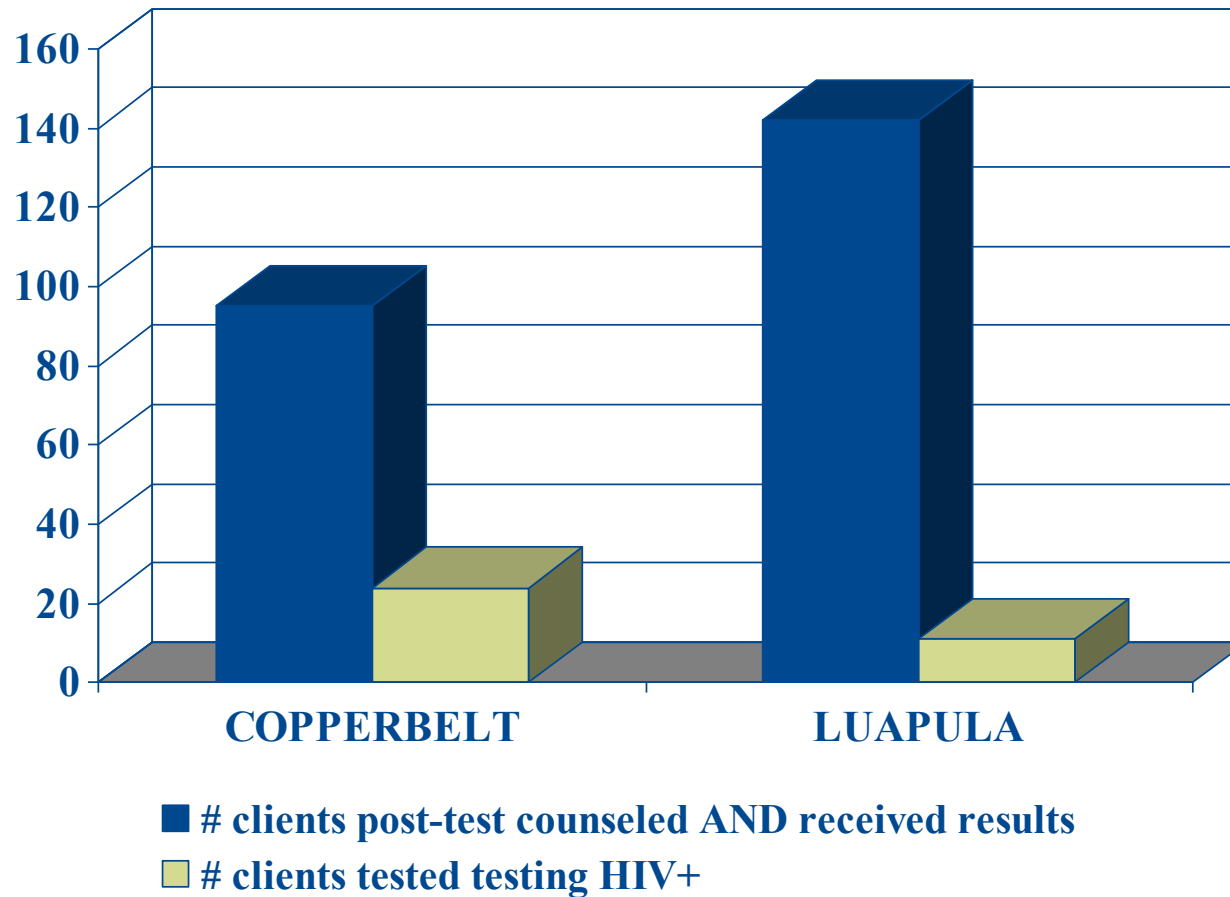
Client load N= Facility	Public N=38	Private N=29	NGO N=14	Mission N=6	p value
Mean # clients per month coming for HIV CT	53	58	99	98	0.43
Mean # outpatients per month coming for all health services	603	829	267	1526	0.05

Key HIV Service Statistics by Sector

Counseling & Testing	Public N=38	Private N=29	NGO N=14	Mission N=6	p value
# clients post-test counseled AND received results ¹	59	165	113	125	0.59
# of all clients who tested HIV + ¹	18	21	21	25	0.06
% testing HIV positive	30%	13%	18%	20%	
% sites for which data includes mobile CT	3%	8%	21%	17%	

¹ During the month under review

Urban/Rural Differences in HIV Positive Levels



Take-home Messages

- How does the private sector compare in quality to the other sectors?
Private sector performs on par with the other sectors; performs highly on some key variables
- Why do clients choose one sector over another? Geographic proximity is more important than price or perceptions of stigma in choosing a site. More educated clients are utilizing CT services across the sectors.
- All sectors are underperforming in key risk reduction elements including counseling on partner reduction and disclosure of results to partners
- Quality of HIV services in the private for-profit sector is an under-researched topic

Feedback from Zambian Stakeholders

- High levels of animosity from the public sector towards private providers; strong quality concerns
- Little public acceptance about the role of concurrency in HIV transmission until very recently
- Question posed: are counselors leaving out key risk reduction methods during VCT due to time constraints?

Methodological Findings for Assessing Quality

- Important to include open-ended questions without prompts; we learned about counseling on blood transmission through unprompted responses
- We asked clients two different close-ended questions about intention to retest for HIV in the next 12 months— very different responses based on how the question was constructed

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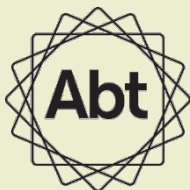
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Strengthening Health Outcomes
through the Private Sector

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