



PEPFAR Public-Private Partnerships

“A Public – Private Partnership (PPP) is a **collaborative** endeavor that combines resources from the public sector with resources from the private sector to accomplish HIV/AIDS prevention, care, and treatment goals. PPPs enable the U.S. government and private-sector entities to maximize their efforts through jointly defined objectives, program design and implementation, and through the **sharing of resources, risks and results**. A collaboration is considered a PPP if PEPFAR funds are matched at a minimum ratio of **1:1** with other resources.”

The authorizing legislation for PEPFAR mandates:

“Public-private partnerships should be a priority element of the strategy pursued by the United States to combat the HIV/AIDS pandemic and other global health crises.”

Public-Private Partnerships (PPPs) are a tool that can enhance PEPFAR and country government approaches to HIV/AIDS and strengthening of overall health systems. Since 2006, PEPFAR has made significant strides in brokering PPPs and establishing relationships with key private sector entities. Private sector partners have skills that complement PEPFAR’s technical focus, including marketing and distribution networks. Many of PEPFAR’s private sector partners have specific technical expertise in areas such as laboratory capacity and information technology. PEPFAR has worked to link their capabilities with areas of program emphasis to leverage not just dollars, but results that can be sustained in the long term.

PPPs are predominantly brokered by PEPFAR staff in the field, with 90 percent of all partnerships being formed at the country level. Global, multi-country PPPs are facilitated at headquarters. Examples of country-led PPPs are provided below:

Uganda: Through the Health Initiatives for the Private Sector (HIPS) Project, PEPFAR Uganda is working with the Ugandan business community - both medium and large companies- to find cost-effective ways to ensure access to vital health services for company employees, their dependents and the surrounding community members. The goal of the HIPS project is to leverage the role of the private sector in improving and expanding access and utilization of health services in the private sector. HIPS recently completed a study that shows provision of ARVs from Government/donor stocks to accredited private providers results in ART reaching additional patients without increasing the rolls and costs at Government treatment sites. Employer clinics are incurring the non-ARV costs of treating patients, spending \$80-\$100 per year for the necessary staff, tests, etc. This is similar to expenditures for the same things at two public sector clinics (referral hospital, large urban clinic). In other words, the Government saves \$80-\$100 per patient per year for every patient treated in a private clinic. The outcomes are similar, as measured by the percentage of patients alive and responding to treatment at the end of the first year of ART.

Namibia: The Namibian Ministry of Health (MOH) has set a target to circumcise 80 percent of all males by 2015. Currently, only 21 percent of Namibian men are circumcised. Since Namibia has a large number of private providers, PEPFAR Namibia has focused on the role the private sector can play, both in service delivery and in financing male circumcision. The PEPFAR team is working entirely within the existing medical aid scheme regulatory framework in Namibia. An estimate shows that approximately 175,000 circumcisions could be covered through private medical insurance for those males who are formally employed. These men are likely to prefer to utilize private facilities already and this service delivery point could relieve the MOH of some of the circumcisions they need to meet their target by 2015. In addition, through select implementing partners, PEPFAR Namibia is working with the MOH, and the University of Namibia's Medical School to ensure that male circumcision training courses are offered to private providers and are accredited.

South Africa: One of PEPFAR South Africa's longest standing public-private partnerships is with Virgin Unite, Right to Care/Ndlovu Medical Trust, and Bushbuckridge Trust to support the Bhubezi Community Health Center. The center is a one-stop health care center that is bringing effective diagnosis and treatment to a poor community in rural South Africa. Virgin paid for the capital costs, Bushbuckridge for the high-level management costs, and PEPFAR supported operating costs through Right to Care and Ndlovu. In 2010 PEPFAR, Right to Care, and Ndlovu were able to replace the lab costs that PEPFAR paid to Toga Labs with fully funded lab assistance from National Health Laboratory Service, transferring those costs to the South Africa Department of Health of Mpumalanga. The partnership agreement is to transfer all of the ARV costs from PEPFAR through Right Med Pharmacy to the Department of Health.

