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ENGAGING NIGERIA'S PRIVATE HEALTH SECTOR FOR A STRONGER HIV RESPONSE

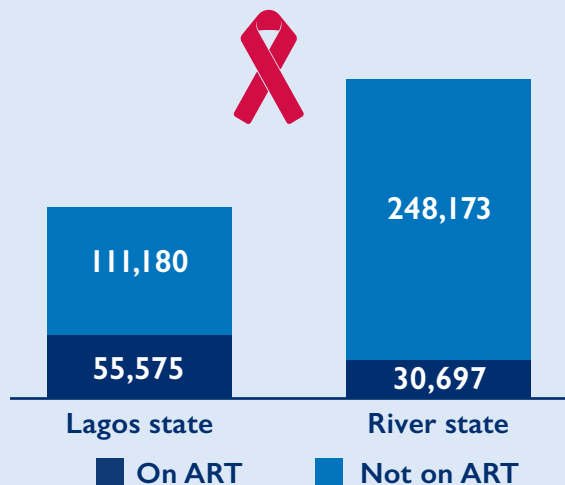


THE CHALLENGE

The United States Agency for International Development (USAID), through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), strengthens Nigeria's HIV response by increasing access to comprehensive HIV services through the private sector. The UNAIDS AIDSinfo database estimates that Nigeria has the second largest population of people living with HIV (PLHIV) in the world at 3.2 million; in 2017, only 967,000 were on antiretroviral therapy (ART). To reach global 90-90-90 goals, **an additional 1.6 million PLHIV will need to start ART by 2020.**

Nigeria must leverage its full range of human, financial, and technical resources to rapidly accelerate progress to achieve this goal. In Lagos and Rivers states, where over 350,000 PLHIV are not on ART (figure below), the private sector is a largely untapped partner that can make significant contributions.

People living with HIV in Lagos and Rivers states



Source: COPI6 data pack



THE OPPORTUNITY

Nigeria's private sector is an important partner in the health system, as it currently delivers approximately half of non-HIV health services in the country. However, private provision of HIV services is low, especially for care and treatment. While approximately two-thirds of private providers in Lagos offer HIV counseling and testing services, only 10 percent offer full adult ART.* Increasing the number of private providers who deliver the full range of HIV services or improving the reach of and access to private providers who already offer HIV services can help create stronger linkages to care for PLHIV tested at private facilities. Economic growth over the past two decades has increased incomes that could support an expanded private delivery of HIV services, if channeled through appropriate financing mechanisms.

[Read more](#) ➔

* Banke, Kathryn, Stephen Resch, Jorge Ugaz, Jonathan Jackson, Minki Chatterji, and Aisha Talib. 2014. Estimating the Untapped Capacity of the Private Sector to Deliver Antiretroviral Therapy in Lagos State, Nigeria. Bethesda, MD: Strengthening Health Outcomes through the Private Sector Project, Abt Associates Inc.



- Increase number of private providers offering comprehensive HIV services
- Improve access to private outlets already providing HIV services



The private sector could address a large share of the unmet ART need

65-71%

PRIVATE PROVIDERS
IN LAGOS

OFFER HCT



>50%

OF ALL NIGERIANS
ACCESS
HEALTH CARE
FROM PRIVATE
PROVIDERS



3,000+

PRIVATE
FACILITIES



10% OF PRIVATE PROVIDERS
ALREADY OFFER ADULT ART
(in Lagos)

To capitalize on this opportunity, the USAID-funded Sustaining Health Outcomes through the Private Sector (SHOPS) Plus project conducted a market analysis of supply and demand for HIV services in Lagos and Rivers states. The purpose of the analysis was to inform a market strategy for engaging and serving 20,000 to 30,000 PLHIV in these two states through the private sector. The assessment addressed four questions:

1. What factors in Lagos and Rivers states influence health care access in the public and private sectors?
2. Who are PLHIV, what is their health-seeking behavior, and how much do they spend on health care?
3. What is the current and potential role for private providers? What barriers need to be addressed to maximize their potential? What funding is available?
4. What existing models and conditions enable successful private HIV service delivery?



To answer these questions, SHOPS Plus collected qualitative and quantitative data through an analysis of peer-reviewed and gray literature, client surveys, key informant interviews, and focus groups discussions. The project used these data to identify the segments of PLHIV with the most potential to be engaged through the private sector, and the types of private sector outlets that are well-positioned to reach them. Finally, SHOPS Plus collaborated with government, private sector, civil society, and donor partners in each state to develop priority recommendations to better leverage the private sector in the HIV response.

THE PRIVATE SECTOR SUPPLY OF HIV SERVICES

Beyond testing and counseling, the current private commercial market for HIV services in Rivers and Lagos is small. Interviews with providers indicate that two main obstacles limit its growth. Providers perceive that there is limited demand from their clients in part because HIV services are heavily associated with the public sector. In addition, outside of donor-subsidized procurement systems, commodities—especially antiretroviral (ARV) drugs—and other inputs are prohibitively expensive for providers to purchase and sell. These two factors combine to create few opportunities for private providers to generate sufficient revenue to cover the costs of delivering ART. The private sector's role in HIV service delivery is further hampered by the apparent lack of private-private and public-private referral networks. Without these networks, clients who test positive for HIV in private facilities that do not offer ART are generally referred directly to the public sector for treatment, even if they would prefer to receive their care in the private sector.

With such a limited commercial market, private providers are more willing to participate in donor programs that offer access to heavily-subsidized inputs in return for delivering services at low cost or no charge to clients. While these models offer only small revenue generation opportunities, private providers participate to retain existing clients or attract new ones for non-HIV services.

Perceived limited client demand, expensive commodity costs, and limited referral networks limit the private commercial market for HIV services.

CARE-SEEKING BEHAVIOR FOR PEOPLE LIVING WITH HIV

SHOPS Plus data collection efforts revealed how PLHIV move through the health system in Nigeria and where they may have opportunities to interact with the private sector for their HIV-related needs (*see figure on the next page*).

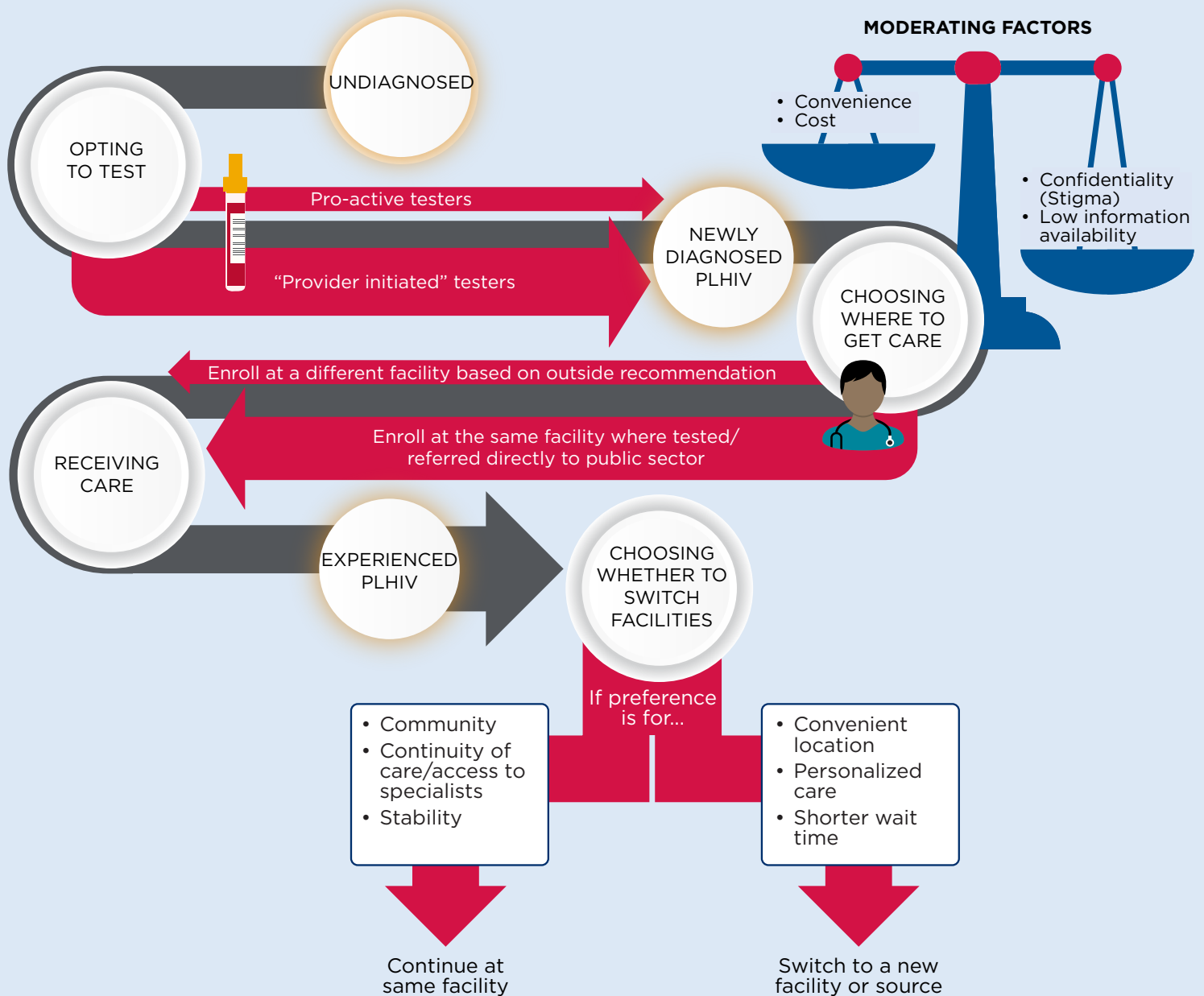
The journey through the typical client pathway reveals several common considerations that shape PLHIV decision making:

1. **Stigma remains a dominant concern.** Many PLHIV still consider HIV to be a death sentence; this fear limits proactive testing and drives behavior intended to maximize privacy.
2. **Confidentiality, dignity, and staff expertise are leading motivators for PLHIV.** PLHIV want to blend in with other clients at a health facility; they want staff to promote their empowerment by treating them with dignity, consistently following up, and listening; and they want to see providers who give detailed, quality counseling and a comprehensive set of services.
3. **Word of mouth is the most powerful information source.** Due to limited referral networks and restrictions on private providers' ability to advertise their services, PLHIV primarily learn about their treatment options from support groups and advocates. This reliance can limit expansion of private HIV services; the public sector's dominance means that few advocates are familiar with private sector options.



The journey from undiagnosed to experienced person living with HIV

Based on data collected during the SHOPS Plus assessment, this diagram illustrates the typical pathway that takes a person living with HIV from undiagnosed to experienced client managing their own care. The size of the red lines indicate the general proportion of PLHIV that exhibit certain practices in opting to test and choosing where to get their care.





SEGMENTING THE PLHIV MARKET

Three factors interact to shape how PLHIV in Rivers and Lagos seek HIV services:

- The length of time that someone has been living with their diagnosis. SHOPS Plus used these categories: undiagnosed, newly diagnosed (know their status but not on ART), new on treatment (on ART for less than two years or unstable), and experienced (at least two years on treatment and stable)

- The facility (public or private) where they usually go for health care
- Their income level (low, medium, or high)

As shown in the diagram below, variations in the interaction of these factors result in seven distinct market segments of PLHIV:

		PUBLIC			PRIVATE	
		Low	Medium	High	Medium	High
Time Living with Diagnosis	Undiagnosed	Segment 1: Undiagnosed, medium-to-high income PLHIV in public or private facilities <ul style="list-style-type: none"> Undiagnosed Unknown treatment preferences Emphasis on motivating them to get tested 				
	Newly Diagnosed Positive	Segment 7: Low income PLHIV in the public sector <ul style="list-style-type: none"> Income primarily limits these patients from accessing care at private facilities May travel long distances to access facilities outside community to avoid stigma Tolerate long waits and short consultation time partly because they have no choice 		Segment 2: Newly diagnosed/on treatment medium-to-high income PLHIV in public sector <ul style="list-style-type: none"> Absorbed in the public sector Limited knowledge of private care, so perceive higher costs and lower quality there Tolerate poor quality, long waits, and compromised confidentiality in public sector 		Segment 3: Newly diagnosed medium-to-high income PLHIV in the private sector: <ul style="list-style-type: none"> Opt out of public care after poor experiences Want proven private options Quality care from all staff is critical
	New on Treatment (<2 years or unstable)					Segment 4: New on treatment medium-to-high income PLHIV in the private sector: <ul style="list-style-type: none"> Want to minimize impact of HIV care on their lives Prefer trusted, discrete, and convenient facility
	Experienced Patients (2+ years on treatment and stable)			Segment 5: Experienced medium-high income in public sector: <ul style="list-style-type: none"> Have built "community" at facility that lessens stigma Strong preferences against private sector as an impossible place to go 		Segment 6: Experienced, medium-to-high income PLHIV in the private sector: <ul style="list-style-type: none"> Have found comfort over time in a specific private facility that is convenient, discrete, and offers access to a range of expert doctors



FINDINGS

Although the private sector can meet the needs of many of these market segments, it is not a panacea. Some groups are more likely than others to be satisfied with private sector options. Of the seven segments described on the previous page, the first four are best aligned with potential private sector solutions in Lagos and Rivers:

Segment 1: The largest group by population size, their general care-seeking behavior indicates a significant percentage of this group is already going to the private sector for other health needs where they can be tested and absorbed into the private sector from the outset.

Segment 2: They have some ability to pay based on income level and are not fully satisfied with public care. If information gaps are addressed, they may be interested in switching.

Segments 3 and 4: They have already initiated their HIV journey in the private sector and have strong preferences for remaining there, as long as they can continue to access all the services they need with minimal financial barriers.

Other segments are lower priority for achieving significant impact through the private sector. PLHIV in segments 5 and 6 have already established strong preferences for public and private sector services based on their years of experience accessing HIV services and are unlikely to want to switch sectors. Additionally, PLHIV in Segment 7 are best served by the public sector based on their inability to pay and higher potential for financial hardship if they were to seek care in the private sector.



THE SOLUTION

In consultation with public, private, and civil society stakeholders in both states, SHOPS Plus identified relevant practices and intervention considerations, and prioritized recommendations to capitalize on those areas for segments 1 to 4 ([see table on the next page](#)).

Operationalizing these recommendations will help strengthen Nigeria's HIV response, facilitate the creation of a sustainable private sector market for HIV services, and reach more PLHIV who otherwise might not learn

their status or might drop out of care. Across segments and recommendations, stakeholders stressed the need to continue educating public and private sector stakeholders about the importance of engaging the private sector for a stronger HIV response. Taking these recommendations forward will require continuous and collaborative engagement from government, donors, civil society, and private actors. However, with sustained partnerships and investments, Nigeria can rapidly accelerate progress toward 90-90-90 and 95-95-95 goals and beyond.

INTERVENTION CONSIDERATIONS**PRIORITIZED RECOMMENDATIONS****SEGMENT 1: LEVERAGE THE PRIVATE SECTOR TO IDENTIFY UNDIAGNOSED PLHIV AND LINK THEM TO CARE.**

- High need for more personally salient messaging to help clients understand the relevance and importance of proactive testing their own lives
- Clients may be more willing to test if options were more convenient and cost less
- Based on the general population’s health seeking behavior, there are likely larger numbers of undiagnosed PLHIV who are already seeking care in private outlets
- Among the members of this segment who already go to the private sector, there is a demonstrated willingness to pay for services

- Implement targeted awareness campaigns using new (e.g. social media) and proven (e.g. word-of-mouth) channels to emphasize the need for early and proactive testing.
- Investigate opportunities for self-testing, potentially through community pharmacies.
- Increase access to low-cost, provider-initiated testing in the private sector through targeted subsidies, pooled procurement of commodities, and other strategies that bring down costs for consumers.

SEGMENT 2: REACH PUBLIC SECTOR CLIENTS WHO MAY PREFER PRIVATE HIV CARE TO CULTIVATE A VIABLE PUBLIC-PRIVATE MIX FOR CARE, TREATMENT, AND ARV REFILLS.

- Individuals in this segment have limited knowledge of private care options and costs
- High value on confidentiality (will travel long distances to minimize stigma) and dignity (want judgment-free advice and care) as they initiate ART
- Need low-cost, affordable options and lower client volumes

- Train and accredit more private providers to deliver quality ART.
- Create digital platforms to share information about private facilities offering ART to promote increased access, higher quality, and strengthened oversight.
- Establish private sector wings in public hospitals to cater to clients who have ability to pay for “premium” services.

SEGMENTS 3 AND 4: IMPROVE SATISFACTION AND RETENTION AMONG CLIENTS IN PRIVATE HIV CARE.

- Willing to pay for services at current prices, although concerns about long-term ability for purely private models
- Strong preference for private facilities that they know and trust, especially those that promote high quality services and staff interactions (one-on-one interactions with staff where clients feel they are listened to), anonymity (blending in with other clients at facility), and convenience (few delays and short waits)
- Need greater private-to-private referral mechanisms to allow clients to stay in the private sector for duration of care and treatment if desired

- Identify long-term solutions to private sector procurement and distribution of ARVs that minimize out-of-pocket costs of purely private models.
- Use new technology to strengthen systems for tracking patients and reporting to ease referral efficiency and prevent loss to follow-up.
- Build capacity of both clients and providers in private sector to maximize quality of HIV services by offering clinical trainings for providers, and increasing treatment literacy for clients.
- Strengthen private sector supply chains to address commodity gaps. Focus specifically on private facilities’ ability to forecast needs and access ARVs through private suppliers.

About SHOPS Plus

Watch animated videos of the SHOPS Plus market segmentation work in Nigeria at www.SHOPSPlusProject.org.



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Sustaining Health Outcomes through the Private Sector (SHOPS) Plus is a five-year cooperative agreement (AID-OAA-A-15-00067) funded by the United States Agency for International Development (USAID). The project strategically engages the private sector to improve health outcomes in family planning, HIV, maternal and child health, and other health areas. Abt Associates implements SHOPS Plus in collaboration with the American College of Nurse Midwives, Avenir Health, Broad Branch Associates, Banyan Global, Insight Health Advisors, Iris Group, Population Services International, and the William Davidson Institute at the University of Michigan.



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