Botswana Private Sector Health Assessment

Scope of Work

I. BACKGROUND

The Republic of Botswana is a stable, democratic country in Southern Africa with an estimated population of 1.8 million.[1] The country has maintained high economic growth rates while confronting widespread poverty and critical health threats like HIV and AIDS.[2] Despite a downturn in 2009, gross domestic product (GDP) growth was 7.2 percent in 2010 and estimated at 6.2 percent in 2011. With sound fiscal management, Botswana has been able to transform itself from one of the poorest countries in the world to a middle-income country with a per-capita GDP of $16,300 in 2011. Much of this financial gain can be attributed to diamond mining, which currently accounts for more than one-third of GDP, 70 to 80 percent of export earnings, and roughly half of the government of Botswana's revenue. [3]

Strong political will, consistent economic growth, and international donor support have produced one of the most developed public health systems in Africa. Health care services are easily accessible and generally free to all citizens. Improvements in health policy and infrastructure have resulted in an estimated 97 percent antenatal care coverage and 94 percent of deliveries being attended by a skilled birth attendant. HIV prevention and treatment efforts, led by the National AIDS Coordinating Agency (NACA), have resulted in antiretroviral therapy (ART) coverage of 80 percent of people needing HIV treatment, and prevention-of-mother-to-child-transmission (PMTCT) services now reaching 95 percent of pregnant women.[4] Most recently, a national Safe Male Circumcision strategy has been initiated to prevent HIV transmission and contribute toward the goal of zero new infections by 2016.[5]

Despite these gains, HIV remains the most significant public health problem in Botswana. Combined with other communicable diseases, HIV is responsible for approximately half of all deaths in the country. Botswana has the second-highest HIV prevalence rate in the world, though actual estimates vary by source. In 2006, a World Health Organization report suggested that 37 to 39 percent of adults 15-49 were HIV positive, while UNAIDS reported roughly one in four adults had HIV in 2007. Estimates also suggest that over the past five years, approximately one-third of pregnant women have

[1] Ministry of Health. 2011. *National Health Policy: Towards a Healthier Botswana*. Gaborone: Ministry of Health.
[2] National AIDS Coordinating Agency. 2010. *Botswana Partnership Framework for HIV/AIDS 2010-2014: A Collaborative Effort Between the Government of Botswana and the Government of the United States of America.* Gaborone: NACA.
[3] CIA. 2012. *The World Factbook: Botswana*. Washington, DC: CIA. Accessed September 5, 2012. <https://www.cia.gov/library/publications/the-world-factbook/geos/bc.html>.
[4] United Nations Development Programme. 2009. *Assessment of Development Results: Botswana*. New York: UNDP.
[5] Department of HIV/AIDS Prevention and Care. 2008. *Safe Male Circumcision – Additional Strategy for HIV Prevention*. Gaborone: Government of Botswana.

been HIV positive. As of 2009, 300,000 individuals were infected with the virus, with 160,000 in need of ART.[6]

Given the high prevalence of the disease, HIV has the potential to threaten Botswana's impressive economic gains and overburden public health resources, both human and financial. Severe shortages of trained health personnel threaten the quality of public health services. Unlike most countries in Africa, the government of Botswana has historically financed the bulk of the national HIV response. A 2010 UNGASS report estimates that roughly $348 million was spent on the national HIV response in 2008. Of this, 66 percent was from public sources, 32 percent from international partners, and 2 percent from private sources.[7] The 2012 report estimates total HIV spending dropped to $147 million in 2010, while noting that this figure represents an estimate using 2009 national health accounts data, and should thus be interpreted with caution.[8]

The government of Botswana remains committed to ensuring that all people have access to affordable and quality health care services. Botswana is currently implementing the Second National HIV/AIDS Strategic Framework, the Tenth National Development Plan, as well as health related goals contained in the national development blueprint, *Vision 2016*. Chief among key health policies is guaranteed access by all citizens to a package of essential health care services and the assurance of an equitable distribution of health resources and use of health services.[9] The country also has several medical aid schemes that fund health care, including HIV care and treatment. Different schemes are tailored for public and private sector employees, while one scheme specifically targets low-income individuals. However, a recent national health accounts report suggests that Botswana's population is too small to support multiple medical aid schemes and that they often represent a duplication of effort, increased administrative and information systems costs, and inequities in access to and use of health services.[10] Meanwhile, the National Operational Plan 2012-2016 suggests that achieving the goal of zero new infections by 2016 will cost $979 million, with an average annual cost of $242 million.

In the past, Botswana has relied on international donors like the United States President's Emergency Plan for AIDS Relief (PEPFAR), and to a lesser extent, Merck, for ARVs. However, the global financial crisis, combined with general declines in donor funding, indicate that Botswana may have to increasingly mobilize local resources–public and private–to sustain its HIV response and continue to ensure access to priority health services for its populace. The projected costs for achieving zero new infections, and the considerable gap compared to current funding levels, underscores this need.

These factors warrant increased consideration of the key role the private sector could play in helping Botswana continue to meet national health needs. The 2010-2016 National Strategic Framework for HIV and AIDS recognizes that strengthening private sector "participation in the national response offers an opportunity to tap into private sector expertise and other resources in new ways."[11] The government of Botswana has also developed a public-private partnership (PPP) framework to guide

[6] National AIDS Coordinating Agency. 2010. *Botswana Partnership Framework for HIV/AIDS 2010-2014: A Collaborative Effort Between the Government of Botswana and the Government of the United States of America.* Gaborone: NACA.
[7] National AIDS Coordinating Agency. 2010. *Botswana Country Report 2010.* Gaborone: NACA.
[8] National AIDS Coordinating Agency. 2012. *Botswana 2012 Global AIDS Response Report*. Gaborone: NACA.
[9] Botswana Federation of Trade Unions. 2007. *Policy on Health and Occupational Safe Environment in Botswana*. Gaborone: BFTU.
[10] Ministry of Health, Republic of Botswana. 2012. *Botswana National Health Accounts for Financial Years 2007/08, 2008/09 and 2009/10*. Gaborone: Ministry of Health.
[11] National AIDS Coordinating Agency. 2010. *Botswana Partnership Framework for HIV/AIDS 2010-2014: A Collaborative Effort Between the Government of Botswana and the Government of the United States of America.* Gaborone: NACA.

policy and legislation as well as standard procedures to guide the process for implementing PPPs. However, this framework has not been operationalized and efforts to coordinate a public-private response have come up short. A Development Partners Coordination Forum has also been created within the Ministry of Finance and Development Planning to establish a dialogue structure aimed at greater coordination between development partners and national stakeholders, including civil society and the private sector. While the relevance of the private sector is noted, efforts to leverage private sector resources and promote efficiencies through greater collaboration are needed.

Gathering information to better describe and quantify the private health sector and their contributions to health is a critical first step in establishing cooperation between the public and private health sectors, leading to sustained public-private partnerships in health. The USAID-funded **Strengthening Health Outcomes through the Private Sector (SHOPS)** project is poised to address this need through conducting an assessment of the private health sector in Botswana. The proposed Private Health Sector Assessment (PSA) will be a collaborative effort between USAID/Botswana, the Ministry of Health and other relevant stakeholders, with the goal of identifying opportunities for greater private sector engagement in the HIV response, and contributing to a stronger health system in Botswana.

II. GOAL AND OBJECTIVES

Goal

The ultimate purpose of the assessment is to identify and leverage private sector resources for health–whether financial, human or structural–and to facilitate greater public-private cooperation, with a focus on HIV and AIDS.

Objectives

To achieve this goal, the private sector assessment will:

1) Provide an overview of private health sector stakeholders and their respective roles
2) Assess the level of policy dialogue between the public and private health sectors
3) Describe private sector contributions to key health markets and health system areas, including health financing
4) Identify existing and potential opportunities for public-private partnerships in health
5) Provide recommendations on how to best operationalize PPPs in the health sector.

III. APPROACH

SHOPS will convene a multidisciplinary team to conduct the private health sector assessment. Team members will be knowledgeable about the private health sector in Africa, and will be able to address the priority areas presented below:

- **Policy environment:** The team will review existing and draft legislation and the overall policy environment in Botswana to identify opportunities and potential barriers to greater public-private engagement in health.
- **Health financing:** Areas of emphasis will include contracting models and understanding the role of private medical aid schemes, particularly in light of discussions around National Health Insurance. The team will explore resource mobilization in the health sector, building on the resource mobilization strategy currently under development by the Health Systems 20/20 project.

- **Service Delivery:** Emphasis will be placed on assessing the demand for and supply of key health services from the private health sector, both for-profit and not-for-profit. The team will examine the referrals both within the private sector and between the public and private sectors to assess continuity of care, particularly related to HIV services.
- **Management of Pharmaceuticals and Medical Supplies:** Given existing challenges in forecasting and procurement faced by Central Medical Stores, the assessment will document the private supply chain, with a focus on HIV-related supplies and pharmaceuticals, to identify opportunities for an increased private sector role, as well as increased efficiencies in the system.
- **Male Circumcision:** The team will assess the degree to which the private for-profit sector is incorporated into national male circumcision plans and goals, both in terms of financing and service provision. Specifically, the team will examine the extent to which private medical aid schemes cover male circumcision as a preventive HIV benefit, variance in reimbursement rates between schemes, and the degree to which private providers are currently offering male circumcision services. Lastly, the team will examine the appropriateness of the national male circumcision training curriculum for private providers and offer recommendations for effective male circumcision training approaches for private providers.

SHOPS and its predecessor project, Private Sector Partnerships-*One* (PSP-*One*) have conducted more than 20 private sector assessments over the past five years, including several in sub-Saharan Africa. Many of these assessments have led to field-based programs designed to increasingly engage private sector actors in helping countries address priority health needs, often resulting in innovative programming and partnerships. As depicted in Figure 1, the typical PSA consists of four steps: data collection, data analysis, report development, and validation by local stakeholders. Once the scope of work is approved by key stakeholders, the assessment begins with a comprehensive literature review and analysis of available data (such as Demographic and Health Surveys or national health accounts). This provides the team with a basic understanding of the landscape and context, as well as key challenges and gaps in information. This phase is followed by the field work, which entails targeted stakeholder interviews (representing both public and private sectors) and field visits to private sector facilities and initiatives. The analysis step typically begins in country, through nightly debriefings where the PSA team shares information, vets initial findings, and begins to form actionable recommendations. This process continues past the fieldwork, as the team integrates their respective findings, identifies opportunities for greater private sector involvement, and develops appropriate recommendations. The next step is to synthesize findings and recommendations into a draft report, followed by validating findings and recommendations with local stakeholder input, and disseminating the final report.

IV. DURATION, TIMING, AND SCHEDULE

The period of performance for the assessment will be approximately six months, including preparation time, in-country field work, report writing, and dissemination. Dates for in-country data collection will be determined in consultation with USAID/Botswana and the Ministry of Health. Preliminary recommendations will be presented to the Mission as part of the PSA field team's exit briefing, and a draft report will be available for review within six to eight weeks after the field visit. The chart below

suggests an illustrative timeline of key activities typically involved in conducting a private sector assessment.

Activity	Oct. 2012	Nov. 2012	Dec. 2012	Jan. 2013	Feb. 2013	Mar. 2013
Planning						
Finalize scope of work	X					
Identify team members	X					
Identify key stakeholders	X					
Schedule meetings with key stakeholders		X				
Literature Review and Question Development						
Conduct background research & document review	X					
Develop questions tailored to specific stakeholders	X					
Field Work						
Conduct stakeholder interviews		X				
Conduct field visits		X				
Debrief with key stakeholders		X				
Report Writing and Dissemination						
Develop outline for report			X			
Conduct analysis and draft report			X			
Vet preliminary findings and recommendations with in-country stakeholders				X		
Submit draft report to USAID and other key stakeholders for comment prior to dissemination				X		
Disseminate findings to local stakeholders					X	
Finalize report						X

VI. DELIVERABLES

In consultation with USAID/Botswana, the SHOPS project will produce:

1. Final scope of work that includes:
   a. Goals and objectives of assessment
   b. Team composition, roles, and responsibilities

   c. Timeline

2. Detailed plan for field work that covers:
   a. Key questions by stakeholder group
   b. Schedule of interviews and site visits
   c. Schedule for USAID debriefing

3. Preliminary debriefing toward the end of the assessment trip to present preliminary findings and recommendations

4. Final assessment report

5. Pending sufficient budget, a consultative in-country workshop to share findings and prioritize recommendations with key stakeholders representing the public and private sectors (in-country dissemination is often supported with local funding)