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[COMBATING HIV/AIDS THROUGH PUBLIC PRIVATE PARTNERSHIPS]

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COMBATING HIV/AIDS THROUGH PUBLIC PRIVATE PARTNERSHIPS

An Interactive Qualifying Project
Submitted to the Faculty of
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ABSTRACT

HIV/AIDS impacts thousands in Namibia and there is an increasing need for affordable quality healthcare. With donor fund decreases due to a rising economy, uniting and utilizing resources of both the public and private sectors in Namibia through Public Private Partnerships (PPPs) is essential. This project develops a product model focused on lower-cost medical aid provided by NABCOA that will greatly benefit low-income families with viable inexpensive medical aid, and will thus contribute to the fight against HIV/AIDS in Namibia.

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We would also like to thank all our interviewees and everyone that helped us through the interview process: Diana Kyd-Rebenburg and Matthew Black (DED – German Development Service), Vekondja Tjikuzu (NPC – National Planning Commission), Vera Bronkhorst (Global Fund), Susna De (USAID), Ingrid de Beer and Els Bindels (PharmAccess), Professor Rich Feeley (Boston University), Frank Phatshwane (BBCA – Botswana Business Coalition on AIDS), Thomas Mbeeli (Ministry of Health & Social Services), and Moses Kavendjii (NAMCOR).

Our advisors, Professor Svetlana Nikitina and Professor Reinhold Ludwig played a significant role in review and improvement of this report. We are especially grateful to them for monitoring our progress during the entire project, and for their direction in driving it to a success. We are also appreciative towards Sima Mpoyi from the Polytechnic of Namibia for her organization and her administrative help on all of the projects for the WPI Namibia IQP group. A special thank you goes to the Polytechnic of Namibia for allowing us to use its resources, and for their willingness to work with WPI during this year's project period. We thank both universities for their patience and guidance towards all of this year's Namibia IQP Projects.

AUTHORSHIP PAGE

Brittany Hanna, Meaghan Paris, and Boya Wang all contributed an equal portion of the writing and research during the entire IQP process. All three partners worked together on writing and editing the introduction and methodology chapters of the report. The results chapter has the combined efforts of every team member. The following exemplifies the individual parts that each member contributed to the overall success of the report.

Brittany Hanna contributed to the interviewing process by taking a complete outline of notes and transcribing them after the interviews took place. In addition, Ms. Hanna wrote parts of Section 1 of the Background Chapter (Trends & Infection Rates, Challenges with Human Resources, Challenges with Drug Access), parts of Section 3 of the Background Chapter (Introduction to Models and ACHAP Case Study), the introduction of the Results Chapter, half of the executive summary, the background and recommendations in Chapter 5, and the Conclusions & Recommendations Chapter. Ms. Hanna wrote the abstract, which was then edited and organized by Ms. Paris and Ms. Wang.

Meaghan Paris contributed to the interviewing process by posing the interview questions to subjects. In addition, all transcriptions composed by Ms. Hanna and Ms. Wang were synthesized and formatted into a formal interview recording sheet for comparison purposes by Ms. Paris. Ms. Paris also wrote parts of Section 1 of the Background Chapter (Stigma), parts of Section 2 (Past Efforts by NABCOA), and parts of Section 3 (Heineken Case Study). The current options and product comparison in Chapter 5 was completed and calculated by Meaghan Paris.

Boya Wang contributed to the interviewing process by taking a complete outline of notes and transcribing them after the interviews took place. In addition, Ms. Wang wrote parts of Section 1 of the Background Chapter (Behavioral Changes), parts of Section 2 of the Background Chapter (NABCOA's Partners & Members in Namibia), parts of Section 3 of the Background Chapter (Siyakhana Case Study), the potential partners, necessary factors and resources in Chapter 5, and half of the executive summary.

Lastly, each team member helped conduct, analyze, and discuss the interview results. The report was edited for grammar, content, and flow by all three group members.

EXECUTIVE SUMMARY

HIV/AIDS has been a serious issue impacting the entire world since the first outbreak in the early 1980s (Avert, 2010). This rapid spreading disease has become one of the leading causes of death in Africa. It has taken the lives of over 66,000 people in Namibia alone to date (Avert, 2010). The current HIV/AIDS infection rate in adults (15-49) stands at 15% in Namibia, despite treatment allocations to approximately 70% of those requiring assistance (Pepfar, 2010). In 2008, there was an estimated 14,100 newly diagnosed cases of HIV-infected people according to Namibia's Ministry of Health, translating to 39 new infections per day (MOHH, 2008).

Behavioral changes and stigma play a contributing role to the rising trend of HIV infections. Fear of being HIV positive hinders person's initiative to get tested. It is a burden to live with a disease that not only affects one's health, but also the well being of his/her family, the retention of employment, and economic stability of the country. Additionally, although Namibia is properly educated about the dangers of AIDS and the importance of proper preventative action; however, the increasing infection rates are a result of the lack of implementation of such knowledge. Without behavioral change through the use of condoms, advocacy for male circumcision, etc., new infections will continue to scar the lives of individuals throughout Namibia.

In addition to education and prevention, access to drugs becomes an issue due to the accessibility and cost of these medications. Access to drugs is extremely problematic in regions where treatment becomes virtually inaccessible through any means other than mobile clinics and public health clinics. Mining and informal settlements suffer tremendously from a lack of access to treatment, in addition to finding transport to the nearest facility. Furthermore, HIV treatment is

extremely costly, ranging from N$74,000-N$111,000 per person per year, which becomes unaffordable for families working at low-income jobs (Avert, 2010).

A further challenge is the lack of human resources and trained personnel. It is extremely costly to train and educate staff on the issues of healthcare. Attracting skilled and trained professionals to work at healthcare facilities is tremendously difficult, due to costs, and as a result, many healthcare facilities and clinics are severely understaffed (Kombe, 2010). This problem brings about the need for partnerships between the public and private sectors. A sharing of resources and skills can benefit the overall security of the community.

A Public Private Partnership (PPP) is a partnership between the public sector, usually government, and the private sector, such as for-profit companies and NGOs (non-government organizations). The benefit of a Public Private Partnership is that its efforts allow the collective sharing of recourses to make plans once deemed unrealistic, a reality. Furthermore, PPPs are becoming more attractive as the country needs to sustain the levels of healthcare service without becoming entirely dependent on government and donor funding. NABCOA (Namibia Business Coalition on AIDS), a private sector NGO, uses PPPs instrumentally for providing HIV/AIDS workplace programs to various areas of Namibia. With the help of funding through Global Fund and various other organizations, NABCOA hopes to continue its success in PPP models through development of its own affordable medical aid product.

The goal of this project is to provide NABCOA with a potential Public Private Partnership (PPP) model related to HIV/AIDS in Namibia. The objectives presented to the team include: identifying the barriers to effective PPPs in Namibia, establishing and documenting what is required from each partner for effective implementation of such PPPs, and studying the

Namibian economic and cooperation partner environment to propose possible models that will contribute to improved healthcare/access to drugs in Namibia.

Before we started collecting information in Namibia, we researched and documented some successful PPP models in other African countries to apply the successful aspects to a potential model for Namibia. The first model we looked into was the Heineken project in multiple sub-Saharan countries, which provided Highly Active Anti-Retroviral Treatment (HAART) to the citizens and examined the program's impact on economic indications. The second model is the Siyakhana project founded in South Africa, which set up an efficient General Practitioner network for treatment and built capacity for the network's sustainability. The third model is African Comprehensive HIV/AIDS Partnership (ACHAP) in Botswana, which focuses more on education and prevention activities to largely decrease the country's outbreak occurrence. All these partnerships have proven to be effective and sustainable and have given us a good understanding of how PPPs work.

Throughout the process, we relied heavily on interviews to collect useful information for each of the specific objectives. We conducted a series of interviews with partner organizations in the public and private sectors and also NGOs who play important roles in a PPP. Before the interviews started, we prepared a questionnaire to target the different interviewees' backgrounds during the interview, we took notes and tape recorded the session whenever possible. After the interview, we transcribed and summarized the interview scripts to identify findings for each objective.

Here listed are all the representative organizations and individuals we interviewed during our project:

Public sector	Private sector	NGOs
Thomas Mbeeli (Ministry of Health and Social Services) Vekondja Tjikuzu (National Planning Commission – NPC) Diana Kyd-Rebenburg and Matthew Black (DED)	Peter J. van Wyk (NABCOA) Moses Kavendjii (NAMCOR) Frank Phatshwane (BBCA – Botswana Business Coalition on AIDS)	Els Bindels (PharmAccess) Ingrid de Beer (PharmAccess) Professor Rich Feely (Boston University) Susna De (USAID) Vera Bronkhorst (Global Fund)

Through analyzing the interviews, the team discovered several major barriers for a PPP in Namibia. These include the need for political commitment, sufficient capacity to run the program, and financial support for healthcare in the country. It was also concluded that a successful PPP must include the following components: capacity, fairness, a clear target, specificity (with regards to resources, goals, and requirements), constant monitoring, political commitment, a benefit for the private sector, and an equitable distribution of benefits and expectations from all parties involved.

The goal is to develop a set of recommendations for a Public Private Partnership for NABCOA, to help fight against the HIV/AIDS epidemic. One of the problems contributing to this epidemic is unaffordable medical aid. Most medical products are too expensive for low-income employees. According to the Labour Research and Resource Institute, the average low-

income employee makes around N$2,169 a month (LaRRI, 2008). This means that 35.4% of all income would be spent on medical aid, making it an unaffordable luxury for more than 87% of Namibians (Insight Namibia, 2006).

Due to this reality, a lower-income health insurance is needed. Some of the major aspects of this model include working with Namibia Employer Federation (NEF), National Union of Namibian Workers, Ministry of Finance, Ministry of Labour and Social Welfare, and PharmAccess. With the cooperative effort of all of these organizations, this Public Private Partnership will be able to successfully launch our projected NABCOA product, *NABCare*.

In addition to working with this selected group of partners, there are resources required of the partnership in order to be viable. A funding vehicle, and administrator of the lower-cost product, having someone to develop the product, and a prerequisite network of service providers are all of the factors crucial to the success. Futhermore, taking advantage of public health facilities would provide better quality service to all of the people in the private sector. The public sector would be providing the infrastructure, and the private sector would be providing the staff, materials, and administration of the product.

The last aspect of this model that is considered is the long-term sustainability of the partnership. In order to maintain sustainability, there should be an incentive for the partners. If it generates no financial incentive, there is a lower chance of surviving several years beyond the start-up date. Sustainability can also be assured if the product were to be sold by the public and advocated by the public. The team suggests that the college students from the Polytechnic of Namibia sell this product during its start-up phase. From there, as a future recommendation, we encourage selling of the product during the Heineken project on its mobile primary health

clinics. NABCOA's projected lower-cost medical aid, *NABCare*, will be a huge success as a product that would finally provide all employed Namibians and their families with affordable healthcare services.

In conclusion, our lower-cost medical aid (*NABCare*) PPP for NABCOA is specially designed for the low-income population of Namibia. The goal of this partnership is to allow the medical aid to be provided at a premium that the low-income employees are willing to pay. The team also provided NABCOA with a survey regarding to the affordability of the low-income employees, which will help NABCOA to estimate the total donor funds required. Throughout the entire project, the team realized that HIV/AIDS is a complicated issue with multiple dimensions and tried to reflect this complexity in an effective PPP model.

In order to assist NABCOA in launching its first brand product, the team also provided several recommendations. The first recommendation is that NABCOA and its partners conduct a feasibility study to determine the practicality of *NABCare*. The second recommendation is to expand the lower-cost medical aid to rural areas in Namibia. The third recommendation is to involve more private companies in the future PPPs. The last recommendation is to have NABCOA share ideas and success stories with other African HIV/AIDS coalitions to benefit everyone's efforts in the fight against HIV/AIDS.

TABLE OF CONTENTS

Table of Figures

Table of Tables

CHAPTER 1: INTRODUCTION

HIV/AIDS first reached Namibia in 1986, and to date, approximately 15% of the adults (ages 15-49) in Namibia have tested positive for HIV (Pepfar, 2010). Namibia has one of the highest HIV/AIDS infection rates in the world. In 2008 over 66,000 people had died from HIV/AIDS (Avert, 2010). The disease affects most people during their prime employment years, negatively impacting the country's economy. By 2001, the indirect and direct costs of HIV/AIDS in Namibia totaled around N$8billion (US$1billion), which accounts for 20% of Namibia's Gross Domestic Product (Marinova, 2010).

In spite of the Namibian government's efforts to provide HIV/AIDS education and treatment, more actions are needed to ensure that its help can reach everyone. In the last decade, many of the larger businesses in Namibia, such as Namdeb and Nampower, have used their resources to develop HIV/AIDS workplace programs (Phororo, 2003). This leads to cooperative efforts with organizations through Public Private Partnerships (PPPs). PPPs are growing in popularity in Namibia due to a decrease in donor funding and a need for independent sustainability of the healthcare industry.

NABCOA (Namibia Business Coalition on AIDS) is a private sector, not for profit company addressing the issues of HIV/AIDS in the workplace. NABCOA was created in 2003 to become an advocate for the HIV/AIDS responses in private companies. It is comprised of 13 partners and has 65 active members (van Wyk, 2005). NABCOA has been involved in several PPPs, and is looking to continue developing additional effective partnerships. There are quite a

few PPP models currently in other African countries, and NABCOA would like to learn from these successes to replicate them in Namibia.

The purpose of this research project is to help NABCOA design a PPP model for combating HIV/AIDS in Namibia. To accomplish this goal, the team identified the challenges facing PPPs in Namibia, documented the requirements imposed by each partner for effective implementation, and finally proposed a PPP model specifically for the Namibian economic and cooperation partner environment. Throughout the process, the team hopes to improve healthcare in Namibia by offering a sound and feasible Public Private Partnership model.

CHAPTER 2: BACKGROUND

This section examines the impacts of HIV/AIDS on Namibia. We first discuss HIV/AIDS infection rates and its effects on the Namibian economy. We then look at how existing businesses are attempting to address the problem through a Public Private Partnership sponsored by NABCOA (Namibia Business Coalition on AIDS) and identify the challenges NABCOA faces. In Section 3 we analyze partnerships in other African countries in order to identify the best practices.

SECTION 1: HIV/AIDS IN NAMIBIA

TRENDS AND INFECTION RATES

Namibia has one of the highest rates of HIV infection in the world (UNICEF, 2009). As of 2008, 66,000 people had died from AIDS in Namibia (Avert, 2010). Slightly over 15% of adults (ages 15-49) are infected with HIV, and it has been estimated that at least 50% of the deaths among adults is due to AIDS (Pepfar, 2010). Figure 1 below depicts the trend of the HIV/AIDS infection rates between 2004 and 2008 illustrating the most affected age groups. As of 2006, almost 70% of those in need were able to receive treatment (UNICEF, 2009). Despite this major increase in treatment, the infection rates continue to skyrocket, and help for those infected with HIV/AIDS is an urgent need.

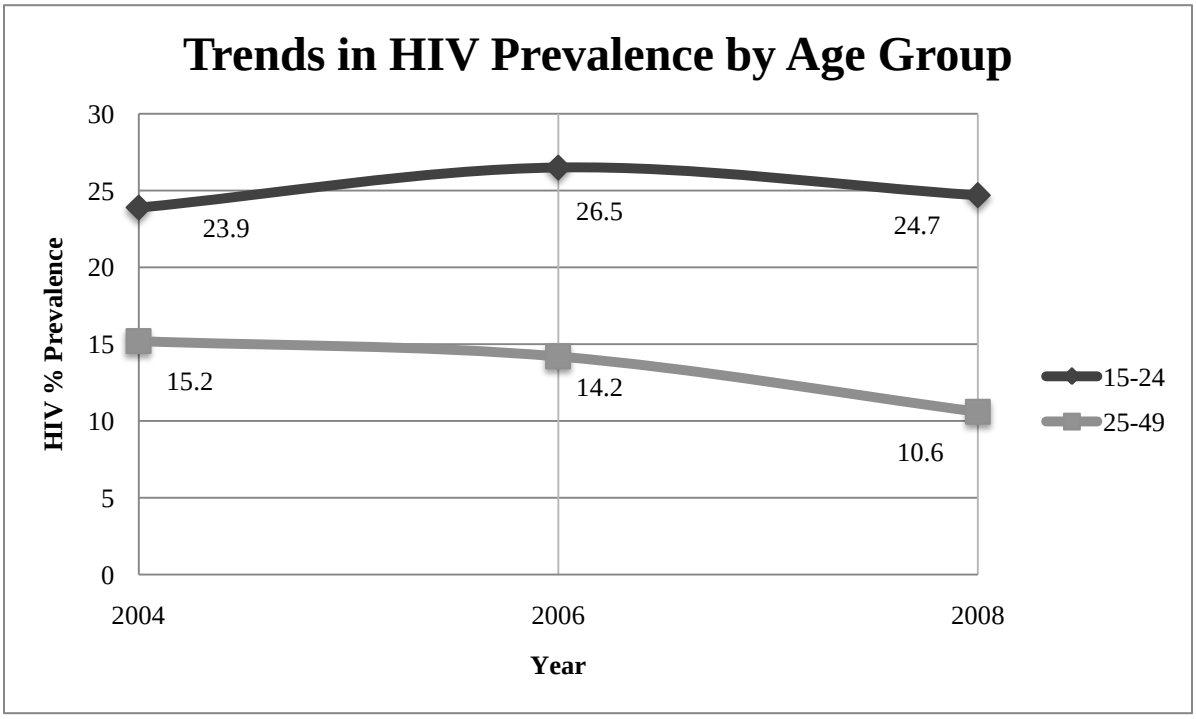


FIGURE 1: TRENDS IN HIV PREVALANCE BY AGE GROUP (MOH&SS, 2008)

CHALLENGES

CHALLENGES WITH HUMAN RESOURCES

In addition to difficulties with acquiring proper funding, Namibia's healthcare facilities lack in capacity of trained professionals, hindering efforts to fight the HIV/AIDS epidemic (McCourt, 2007). There are many small companies in Namibia's private sector whose profits are limited and have little resources for the development of HIV/AIDS programs. Another issue regarding the lack of human resources is related to the affordability problem. The ability of the countries to attract and train adequately educated staff suffers as a result of the high cost of education (Kombe, 2010).

CHALLENGES WITH DRUG ACCESS

Treatment for HIV/AIDS is extremely costly, typically ranging from US$10,000-US$15,000 per person, per year (Avert, 2010). In poor counties, like Namibia, this high cost hinders the ability of persons to get treatment. A generic brand of HIV/AIDS drug medication developed in 2001 reduced the cost from approximately US$13,000 to US$350 per person, per year (Avert, 2010). Furthermore, access to drugs becomes difficult in rural regions of Namibia where healthcare clinics are sparse. Despite these issues, there are still many constraints that keep people from receiving treatment.

BEHAVIORAL CHANGES

Behavioral change is essential for curbing HIV/AIDS incidence and prevalence, as well as a crucial step in its prevention (ACHAP, 2008). It includes the reduction of multiple concurrent partners, male circumcision, the usage of condoms, etc. Many Behavior Change Communication (BCC) programs are established as part of HIV prevention projects, such as the project by ACHAP in Botswana, and the PEPFAR funded project in Mozambique (ACHAP, 2008). As the people in Namibia are already well educated about HIV/AIDS, implementing educational programs is no longer an efficient solution. Addressing the behavioral change becomes the key issue in dealing with HIV/AIDS in this country.

ADDRESSING STIGMA

The lack of knowledge, among other factors, led to the stigma associated with HIV/AIDS. Stigma has been around as long as the disease itself (Keulder, 2007). There are several characteristics of a stigmatized disease, which include having the individual blamed for

the occurrence. The victims are seen to have contracted it through immoral behavior or infidelity. It is viewed as incurable and many think the contagiousness of HIV is a danger to the public at large. There is a fear of the disease because physical effects sometimes cannot be concealed and thus HIV/AIDS meets all of the characteristics of a stigmatized disease. Testing positive for HIV/AIDS is associated with engaging in socially unaccepted or morally wrong sexual behaviors. These negative perceptions prevent people from getting tested.

SECTION 2: PUBLIC PRIVATE PARTNERSHIPS

A Public Private Partnership (PPP) is a partnership between the public sector, usually government, and the private sector, such as for profit companies and NGOs. Together the parties share their resources, and with regards to healthcare, can provide HIV/AIDS services. The term "PPP" is relatively new, as it was proposed only several years ago, but PPPs have already become a popular trend in dealing with HIV/AIDS.

Because Namibia is considered a middle-income country, donor funds are not likely to increase. PPPs are becoming more popular as the country needs a means to sustain the healthcare service without relying on donor funds alone. These programs will help develop the country and keep the healthcare system moving in the right direction.

HIV/AIDS PUBLIC PRIVATE PARTNERSHIPS IN OTHER SOUTHERN AFRICAN COUNTRIES

Three specific case studies in which the successful outcomes provided the team with strategies to develop a Public Private Partnership model specific for Namibia. The case studies that will be discussed include the Heineken Project, the Siyakhana Project, and ACHAP. Each of

the following case studies presents various components that were successful and unsuccessful. These components became useful to the team in presenting NABCOA with a potential PPP model.

CASE STUDY 1: THE HEINEKEN PROJECT

The Heineken Project began on September 1, 2001 in Rwanda and Burundi (Rijckborst, 2006). The partners include the PharmAccess Foundation, Unilever, RD/Shell, Celtel International, and the Dutch Ministry of Foreign Affairs (BuZa). The main source of financial resources comes from BuZa (Rijckborst, 2006).

The objective of the Heineken Project was to provide its employees with easier access to HIV/AIDS treatment programs. As the Heineken project progressed, more areas were covered than in its initial phases. The steps taken include the provision of Highly Active Anti-Retroviral Treatments (HAART) and the examination of the impact of the product on economic indicators in central African breweries (Rijckborst, 2006). An evaluation was done on the VCT uptake in a five-year HAART program in Africa as well as on the expanded program from the Prevention of Mother-to Child Transmission of HIV (PMTCT+) in the private sector (Rijckborst, 2006).

The results of this project were very positive. The Heineken Project was effective in making HAART available to local employees and their dependents in parts of Africa. Tests were done and it was concluded that under the HAART program, survival was improved and the life expectancy was growing. The number of patients receiving HAART is continuously increasing each year, and all-cause mortality decreased about 45% and HIV-attributed deaths almost vanished (Rijckborst, 2006). The medical absenteeism decreased in the companies as well. The VCT evaluation was done anonymously and all aspects of the test subject were recorded and

analyzed. A large majority of those testing positive began HAART treatment, which created motivation for others to start. About 75% of the infected employees were receiving treatment. The program is reaching out and positively affecting many people in the private sector of Africa (Rijckborst, 2006).

Over the course of the Heineken project, several lessons have been learned that can be applied to the Namibia. First, the private sector can have a large impact on the fight against HIV/AIDS. The key element for this to happen is the cooperation between the public and private sectors to enlarge the accessibility of treatment and care. It was found that small projects, demonstrated by Heineken, end up being the most effective and practical. All of these factors contribute to the planning and execution of a program and should be analyzed and evaluated in order to identify the traits of the most successful PPP.

CASE STUDY 2: THE SIYAKHANA PROJECT

The Daimler Chamber Trust (DCHT) Siyakhana Project was founded in mid-2008 in Eastern Cape, South Africa (DCCHT, 2007). The partnership consists of the global automotive giant Daimler, the Border-Kei Chamber of Business (BKCOB) and the German development agency (DEG).

Before the Siyakhana project was founded, many small and medium-sized enterprises (SMEs) were unable to pay for employee healthcare coverage, so employees were forced to choose between their health and their job. For these employees, accessing treatment in the overburdened public sector health services requires at least one full day off of work, resulting in a loss of productivity. The Siyakhana project addresses these issues by providing SMEs with HIV/AIDS awareness, counseling, testing, treatment, care and support (DCCHT, 2007).

The Siyakhana project focuses on small and medium-sized companies who pay a nominal amount to obtain the benefits. The project staff then conducts an awareness campaign amongst all members about the information on HIV/AIDS and the benefits of knowing his/her health status. Each participating SME has a focal person (company coordinator) to be in charge of the project and meets with other focal persons from other participating companies each month to share the challenges and achievements. Each company also has peer educators to provide counseling to students who suffer from HIV/AIDS related issues (DCCHT, 2007).

The organizations in this project shared their responsibilities and resources efficiently. For example, the cost of anti-retroviral treatment and related medication is carried by the Eastern Cape Department of Health while the disease management services and the General Practitioner (GP) network reimbursement costs are carried by BroadReach Healthcare LLC, through PEPFAR (DCCHT, 2007).

The employees can access VCT for their partners/spouses and up to three children as well. In total, the project reached 8,000 employees and can potentially reach 32,000 people with dependants included (DCCHT, 2007). In addition, the Siyakhana project has trained 43 doctors and 26 nurses from both private and public sectors in HIV/AIDS clinical care.

Throughout the entire process, two major lessons were learned. Firstly, training at the management level is a critical component for the success of the project. Secondly, on-site treatment is typically problematic because of the stigma of HIV infection. The GP network is specially designed and trained in HIV/AIDS treatment and care, to reduce the need for on-site care (DCCHT, 2007). This project successfully approached HIV education through the management perspective, and emphasized the confidentiality issue of the on-site test by

introducing a GP network. All of those key factors lead to the success and may be borrowed for Namibia's benefit.

CASE STUDY 3: ACHAP

The African Comprehensive HIV/AIDS Partnership (ACHAP) in Botswana is a corporate partnership formed in 2000, consisting of the Bill and Linda Gates Foundation, the government of Botswana, and Merck & Co. Through this project, it is realized that solely receiving donations for treatment will not make a PPP effective; support for strengthening the healthcare system is needed as well (ACHAP, 2008).

ACHAP commenced its efforts because less than 5% of the patients requiring anti-retroviral treatment (ARV) were receiving it (ACHAP, 2008). From the period of 2001-2008, significant progress was made in allocating treatment to about 80% of the people requiring it, as compared with the 5% a few years before (ACHAP, 2008).

During the first phase of ACHAP's efforts, the major focus was to provide ARVs to those in need; however, 12,000-26,000 people per year become newly infected. This makes it difficult to focus strictly on the treatment of the disease (ACHAP, 2008). The partnership claims that the largest challenge it had to face in its efforts lies within the prevention of newly infected individuals. Phase II of the national plan for 2009-2012 focuses on reducing the number of infections as opposed to strictly treating them. This effort will include targeting the youth, as the majority of new infections include persons of ages 15-29 (ACHAP, 2008). The figure below shows a visualization of the predicted trajectory of ACHAP's plan to supply Botswana with more services in all areas of the country:

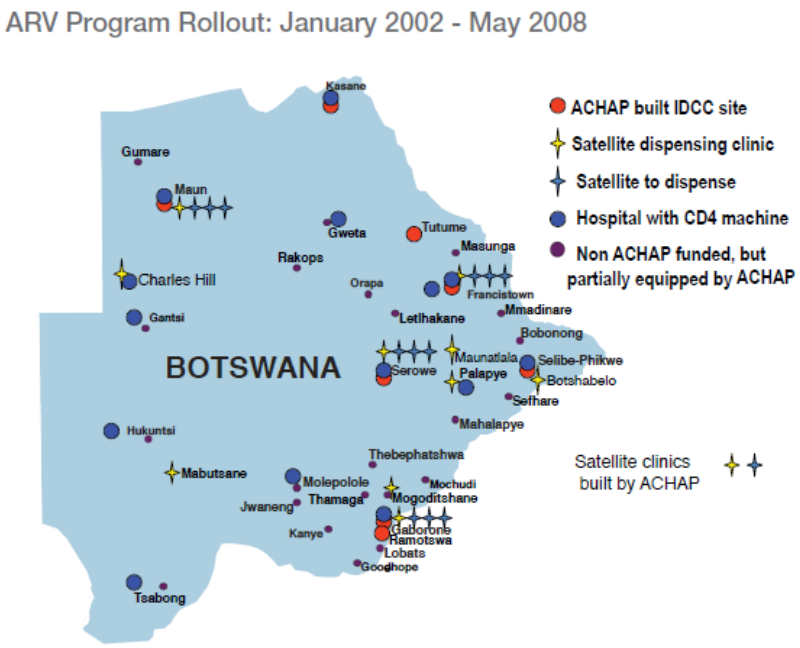


FIGURE 2: ARV PROGRAM ROLLOUT (AHCAP, 2008)

The effort to reduce the transmission of HIV to newly infected individuals includes several components related to safe sex and behavioral changes of both infected and non-infected individuals. Increasing the availability of and accessibility to condoms, in addition to the program's endorsement and provided education will hopefully reduce the rapid spread of the disease. Behavioral changes also need to be influenced in order for prevention to be successful. In addition, capacity building that requires improvement to supply capable personnel to work on communication programs (ACHAP, 2008).

In conclusion, this case study demonstrates potential problems that once could face during the planning and learning period, such as partners' desire to accelerate the pace of implementation of the PPP. In addition, partnerships are subject to spontaneous changes, so a step-by-step process would make it impossible for organizations to acclimatize to the changes.

Furthermore, problems related to staffing and delays in appointments also hindered the ability of the project to run completely on task. Despite these challenges, it has been proven in the first phase of ACHAP's efforts that the HIV/AIDS issue can be managed through cooperation between the public and the private sectors. These problems faced by ACHAP will be kept in mind during the development process of NABCOA's partnership.

Overall, several aspects from each case study can be included in the PPP model presented to NABCOA. The Heineken project shows that the cooperation between the public and private sectors is crucial, and smaller projects with a clear focus are the most practical. The Siyakhana project presents the challenges with funding resources, and alternative healthcare methods may need to be taken. This is an important aspect to keep in mind, especially while working in Namibia where funding is not always accessible. This project also includes the aspect of a network of general practitioners, which can ease the burden on the public clinics as well as lower the cost of healthcare services. The ACHAP project supports the conclusion drawn from the Heineken project; there must be cooperation and willingness between the public and private sectors. Finally, this project also includes the need for flexibility from each partner in the agreement. The aspects learned from the successful PPPs in southern Africa will be considered in the recommendations for a PPP model suggested to NABCOA.

SECTION 3: NABCOA'S PROGRAMMATIC EFFORTS IN NAMIBIA

The Namibia Business Coalition on AIDS (NABCOA) was created to improve the HIV/AIDS situation in Namibia through the private sector. With contributions from eight different organizations, NABCOA was able to come into existence in 2003 (AZAFRICA, 2009).

It has planned to mobilize the private sector's fight against HIV/AIDS, and to bring PPPs into the mainstream to share the best practices and programs between both the public and private sectors. Through adequate funding, NABCOA is able to work with SMEs, large companies, and informal settlements to train them in the area of workplace policies and to encourage testing. Once programs have received some feedback, results are then reported to the Ministry of Health and UNAIDS.

NABCOA'S PARTNERS AND MEMBERS IN NAMIBIA

Currently, NABCOA has 13 partners including Global Fund, UNAIDS, PharmAccess, and others to provide financial and technical support for its workplace programs. For example, PharmAccess and the Namibia Institute of Pathology have conducted HIV prevalence and KAPB (Knowledge, Attitude, Perception, and Behavior) surveys among companies to determine the impact of HIV/AIDS in the workplace and the effectiveness of workplace programs. The Namibia Ministry of Health and Social Services, a governmental organization, provides technical support, as well as sponsors HIV/AIDS events for NABCOA (MOH&SS, 2008). Table 1 below shows the partner relationships of NABCOA:

TABLE 1: PARTNERS OF NABCOA (VAN WYK, 2008)

Body	Relationship
AWISA/DED	Funder/Technical support
Global Fund	Funder
Ministry of Health and Social Services	Technical support
GTZ	Funder/Technical Support
World Bank	Funder
HiVos	Funder
PharmAccess	Funder
UNAIDS & UNDP	Technical
NANASO	Partner Implementer
AMICAALL	Partner Implementer
PharmAccess Namibia AND the Namibia Institute on Pathology	Prevalence Surveys amongst companies.

NABCOA's 65 members represent 20% of people the private sector workforce in Namibia (van Wyk, 2008). Table 2 below shows the distribution of NABCOA's members and the annual fees required. The partners of NABCOA are all integral components of successful partnership models. In addition, NABCOA's members present potential clients for products that NABCOA provides, in order to benefit the workforce as a whole.

TABLE 2: MEMBERS OF NABCOA (VAN WYK, 2008)

Membership Tier	Criteria	Fees (N$ annually)	Total Members
Small	1-10 employees	N$ 1,200	15
Medium	10-100 employees	N$ 2,400	12
Large	100-500 employees	N$ 10,000	19
Corporate	>500 employees	N$ 15,000 (corporate) N$ 30,000 (founder)	9 10
Total			**65**

PAST EFFORTS BY NABCOA

NABCOA has been involved in several past projects, along with PharmAccess, its strongest partner. The first effort was a Private Private Partnership, the Okambilimbili Initiative. The partnership looked at how lower-cost medical aid could be provided to low-income (< N$3000/month) and uninsured employees of the private sector. Without this, the employees would be left attending public health facilities, along with many other patients would could create a delay in service.

This places a burden on the workplace. NABCOA and PharmAccess looked for a lower cost medical aid option and teamed up to support "Vitality." This is the cheapest option at only around N$39 per person. This provides each individual with a coverage of N$100,000. Vitality provides only HIV/AIDS coverage, which creates a stigma leading to the establishment of "Vitality Plus", including a primary health component. "Vitality Plus" is a more expensive option, but it adds N$10,000 to the individual benefit and reduces the stigma because it offers comprehensive coverage.

A similar medical aid product, Blue Diamond, was also available. This N$200 product invigorated the idea of lower-cost products in private sector companies. The NABCOA board decision in 2006 was to support the selling of the 'concept of affordable health care' through the Healthy Workforce Healthy Business Campaign of NABCOA, not supporting any one product but the strategy to insure employees and dependants as a business case. The new affordable product still does not yet reach the lower paid employees. This is the market that is yet to be explored. Because this is not very profitable, and there is an unknown health risk in this

population, the current insurers may be reluctant to enter the lower income market. Therefore, the ideal situation for NABCOA is to develop a lower-cost medical aid product of its own.

The next effort was anonymous HIV prevalence testing and KAPB surveillance. This was done to mobilize private sector companies to buy health insurance (especially for HIV) by providing management information on the prevalence of HIV within the organization. Along with PharmAccess and Namibia Institute of Pathology (NIP), NABCOA was able to test the workforce at various enterprises to determine the rate of HIV in the company based on different criteria, such as age, gender, etc. The results for each employee were kept anonymous. There was an interest of both the company and its employees in knowing the specifics of the testing results so they could take proper action to improve the status of their company. The HIV prevalence and KAPB surveillance identified a general need for access to VCT for HIV for people in employment. Most VCT sites and clinics are only opened during working hours, thus few employees go for a routine screening. This identified need led to the establishment of a mobile unit that became known as Bophelo! Below shows an image of a Bophelo! mobile clinic:

FIGURE 3: BOPHELO! CLINIC

Bophelo! provides testing via its mobile units that travel to the private sector for wellness screening, including Voluntary Counseling and Testing (VCT) and the other conditions mentioned below. There is no dispensing of medicine, but referrals are given to those that require them. Bophelo! is also a wellness clinic, screening for eight illnesses including HIV, Syphilis, Hepatitis B, etc. The company is then given a biomedical report. Many companies want this service to benefit the health of their employees, and are willing to pay for Bophelo! employees' hotels, allowance, and other expenses.

NABCOA is also involved in the Oshikandela project. This is a PPP providing a nutritious drinkable yogurt to orphanages in Namibia to nourish the children. Namibia Dairies and Standard Bank are in charge of the execution of this program and NABCOA manages it. This role provided NABOCA with experience in monitoring the partnership, which will be a crucial role in the future partnerships.

Finally, NABCOA and PharmAccess are working together to create mobile primary health units. Together they provide the in-kind contribution of time and personnel to the partnership and corporate companies sponsor one mobile clinic a year for three years. Each mobile clinic will focus on one region in the country and will include a qualified nurse and the dispensing of medications if required. The Ministry of Health and Social Services in the different regions will aid in the process if there are any members working for the public sector that are in need of service. This program is designed to reach the commercial farming sector (employees and dependants) and rural communities on route. Providing primary health care identical to the PHC provided through MoHHS outreach services. They plan to pilot with commercial farmers contributing a monthly amount towards the program for services to be provided to their employees. MoSSH can contribute for the communities, thus a PPP is created.

Apart from all of the accomplishments NABCOA has made since its start-up in 2003, it is interested in commencing a new partnership with some of its previous partners to continue to strengthen the fight against HIV/AIDS. NABCOA has acted as not only a private sector partner, but also as a manager and monitor of outside health-related projects. These experiences have given the coalition sufficient knowledge and expertise to work on another new and innovative partnership to develop its brand product.

CHAPTER 3: METHODOLOGY

The goal of this project is to provide NABCOA with a potential Public Private Partnership (PPP) model for HIV/AIDS programs in Namibia. To accomplish this project, we first interviewed NABCOA leaders, partner organizations of NABCOA, NGOs, and some private companies in Namibia. Next, we considered the key elements for building a successful PPP model based on the results of those in-depth interviews. Finally, we proposed a PPP model to NABCOA with consideration given to Namibia's geographical and economical situation. The following is a list of objectives that we set out to accomplish the goals of this project:

- Identify the barriers to effective PPPs in Namibia
- Establish and document what is required from each partner for effective implementation of such PPPs
- Study the Namibian economic and cooperation partner environment and propose possible PPPs that will contribute to improved healthcare/access to drugs in Namibia

This chapter describes our approach towards carrying out this project and achieving our objectives. Throughout the entire process, we used semi-structured interviews to achieve our objectives. In each of our interviews we provided each interviewee with a copy of the interview transcript to ensure the information we accurately captured what was said.

IDENTIFY THE BARRIERS TO EFFECTIVE PPPS IN NAMIBIA

After we gained a better understanding of the current approaches to PPPs, it was critical to analyze the barriers to creating successful Public Private Partnerships. The goal of this objective was to determine why PPP models experience problems during their initial startup and throughout their entire process. To do so, we interviewed NABCOA, its partners (PharmAccess, DED, and Global Fund), Botswana Business Coalition, National Planning Commission, USAID, Ministry of Health, and an SME (NAMCOR). A sample of the interview questions, which we presented, can be viewed below (the complete list of interview questions can be found in the Appendix):

NABCOA:

- Can you briefly explain what the unsuccessful components [of your past PPPs] were?

PharmAccess:

- What are the major challenges when trying to get a PPP model to be as successful as possible?

DED:

- Is there anything you think NABCOA does well or could improve?

Global Fund:

- Are there any recommendations for NABCOA for getting a PPP to be successful?

BBCA:

- When first starting, what was the biggest setback in getting the PPP to take off?

NPC:

- During the process, what are the major challenges with bringing together the public partner and the private partner?

USAID:

- Are there any special considerations that must be taken into account when working with HIV/AIDS specific PPPs?

NAMCOR:

- What would turn you away from becoming involved in a PPP?

Ministry of Health:

- What challenges have impacted your experiences?

In addition to in-depth interviews with our sponsors and NABCOA members, we researched how Public Private Partnerships in other parts of Southern Africa have attempted to expand HIV/AIDS programs. Much of this research involved examining documents and reports and interviewing representatives of NGOs who have experience with HIV/AIDS PPPs. After completing such research, it was then considered what best practices could be adapted to Namibia.

ESTABLISH AND DOCUMENT WHAT IS REQUIRED FROM EACH PARTNER FOR EFFECTIVE IMPLEMENTATION OF SUCH PPPS

To determine the expectations from each party in the PPP, we conducted several sets of semi-structured interviews. Mr. Peter J. van Wyk, of NABCOA, gave us his input based on past experience and knowledge of PPPs. In addition, PharmAccess, DED, and Global Fund were

interviewed for their input on PPPs and their experience with NABCOA. We also talked to a representative from USAID, Ms. Susna De, to understand her success with PPPs. Ms. De gave us insight on what requirements are to be met in order obtain the best results. Botswana Business Coalition on AIDS, National Planning Commission, and Ministry of Health were also interviewed for their expertise on HIV/AIDS PPPs and how to best implement them in a country like Namibia. Lastly, the SME, NAMCOR, was interviewed so that the team could get an opinion from a small enterprise. Following are some questions that we have asked during the semi-structured interviews (the complete list of interview questions can be seen in the Appendix):

NABCOA:

- Can you briefly explain what the successful components [of your past PPPs] were?

PharmAccess:

- What makes a PPP effective?

DED:

- Do you have any suggestions for making a PPP successful from the start?

Global Fund:

- Do you have any suggestions for where a PPP is needed in Namibia?

BBCA:

- What aspects of the PPP in Botswana could be applied to Namibia?

NPC:

- What aspects are crucial to making a PPP model successful?

USAID:

- What is one aspect of creating a PPP that is the most important/useful?

NAMCOR:

- What are you looking to gain by being part of a partnership?

Ministry of Health:

- What would attract you [the Ministry] to become involved in a PPP?

STUDY THE NAMIBIAN ECONOMIC AND COOPERATION PARTNER ENVIRONMENT AND PROPOSE POSSIBLE PPPS THAT WILL CONTRIBUTE TO IMPROVED HEALTHCARE ACCESS TO DRUGS IN NAMIBIA.

Based on the responses from several interviewees, we realized that a lower-cost medical aid is where the need lies. The team thus decided to design a PPP model to provide affordable medical aid. In order to design a practical and sustainable plan, we had an informal conversation with Ingrid de Beer from PharmAccess, who is an expert on medical aid products and is involved in a number of medical care programs. Through this conversation, we understood the challenges of lower-cost medical aid for the provider, the key organizations to involve, and the necessary factors to ensure the model's efficiency.

The model outline was then built taking all of the suggestions into consideration. In addition, we designed a sample survey for the low-income employees, so that NABCOA can figure out how much each employee would pay each month towards medical aid. This will accurately help NABCOA to understand the affordability of the target population. A product list provided by

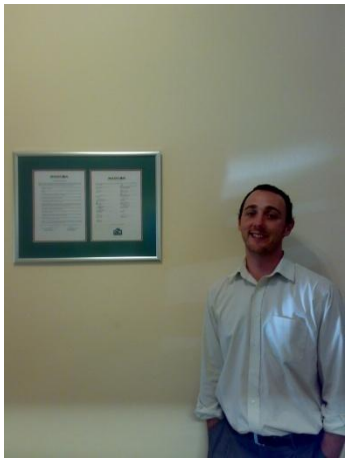
PharmAccess will be used to determine the ideal product for the low-income group. Finally, a detailed model with potential public and private partners, each one's responsibilities, and concrete operating rules was offered to the NABCOA board for feedback and further improvements. This could be found in Chapter 5.

CHAPTER 4: RESULTS & FINDINGS

This section provides the results and findings of all of the interviews conducted during the team's stay at NABCOA. Each of the nine interviews was conducted in order to retrieve as much information regarding PPP models and the successes and challenges as possible. The results of all of the interviews are presented in the following tables. In addition, a discussion follows each table explaining what the major findings were from each interview. The major conclusions found were then applied to the overall PPP model suggested by the team.

Table 3 below records the interview with Diana Kyd-Rebenburg from DED (German Development Service):

TABLE 3: DED INTERVIEW

Name of Group:	DED (German Development Service)
Name(s) of Individual(s):	Diana Kyd-Rebenburg and Matthew Black  

Date and Time of Interview:	09 April 2010 10:00-10:45

QUESTIONS

What role does DED play in a PPP?	• DED is the public part of the partnership and pairs up with a private partner (local business, enterprise, etc.)
What is the structure of the partnership and what are the requirements for DED to play a role?	• The PPP lies in the middle of the public partner and the private partner. The private partner must contribute 60%, which can be in money, personnel, or in-kind contributions, in order to receive commercial benefit. The public partner, DED in this case, contributes the remaining 40% in money and personnel, in order to promote developmental benefit. DED requires several rules of the model before they agree to become a partner. o The intervention should not be required by law, or else it would get done by the company, despite DED's involvement. o The intervention would not be implemented without DED's assistance. DED is about research and development and tries to get projects going that wouldn't happen otherwise. o The private sector makes a substantial contribution (typically 60%). o The private sector is responsible for the project's implementation and is committed to the project for at least 2 years. DED is not administering the project, just monitoring. Twice a year, DED comes together with the

	partner to discuss what is going well and where the project needs improvement. o The project will not (substantially) influence private competition. o The intervention has not yet been implemented in the same form with another partner. DED is about R&D and is looking to set up new project. It is not about working on a project that has already existed because the company should not need help with this. o The intervention has a developmental impact on the partner company. It should not just affect the private partner, but also the country, the workforce, the communities, etc. o The intervention is embedded in the DED country program.
What PPPs have DED been involved in?	• FNB/Bank of Windhoek: This is the longest running PPP with DED. This service gives training to small business owners and loan-customers (market development). The banks were having a problem with people failing to pay back loans. The training provides developmental benefit because the small businesses can survive. • Local film industry: DED has a PPP with the main stakeholders of the Namibia film industry and the Namibian film commission, which promotes Namibia as an international film-location (market development). This benefits the country because it brings enormous amounts of business and money into the country. • Pupkewitz Megabuild: Pupkewitz is a company that sells cars, wood, building materials and hardware. The

	hardware is mostly found in Windhoek, so it is very hard in the countryside to find stores to buy simple tools. The PPP brings franchise development to remote areas (market development). This helps the company to increase their sales and offers people living in rural areas access to affordable hardware. • Air-Namibia: This is an HIV/AIDS health workplace program. The contract ran out in 2009 after completing the two year agreement. This was a project that was initiated in the early days of DED's PPPs. The rules were not yet in place. It is a guideline from the government for the companies to set up HIV/AIDS workplace programs, but it is not a law, so the project would still lie within the eight rules. • Business Financial Solution: This PPP involved tender training, business training and mentorship for bridge-finance clients (market development). The training involved how to set up and maintain a business. DED contributes personnel, not monetary contributions; this is a new project for DED, only starting a month ago.
What is the process for getting a PPP funded?	There is no written down process; it depends for the individual projects. Enterprises approach DED with their idea for a project and if DED approves, a meeting and committee is set up to begin the project.
Is there anything you think NABCOA does well or could improve?	DED would appreciate if NABCOA used DED's rules framework for setting up future projects, in order to promote strategically meaningful PPPs. They need to make it clear to a private partner that it is not about getting donor funds but more

	about strategy and benefits.

Do you have any suggestions for making a PPP successful from the start?	• Have a clear target
	  ○ What is the whole point in setting up this project?
	  ○ What is the commercial benefit? What is the developmental benefit?
	• Get together with the private partner every couple of months to analyze what is happening in the project and determine if any changes are needed. Monitoring is crucial.

What is needed to improve healthcare in Namibia? (Matthew)	• More affordable healthcare. Currently the premium of medical insurance is too high, and a lot of HIV plans do not cover as many services as they could. Covering someone with HIV costs the same as covering someone with diabetes; so more people should be able to afford treatment, regardless of their income.

When DED (German Development Service) enters a PPP, it acts as the public component in that partnership. DED contributes 40% of whatever is needed in the agreement, and can either be in the form of money or in personnel. The only requirement is that DED must promote some form of developmental benefit after its two-year agreement is over. In order to fully approve a PPP request, there are eight rules that must be followed and agreed upon by DED, as well as any potential partners.

To get a project funded, a company must approach DED. If DED agrees, meetings and a committee will be generated to discuss the project's two-year plan and process. There is no

formal process in writing for DED to agree to fund a project; it must simply comply within the eight rules DED has set in place. Individual projects may bring about different funding options, but the rules must still be approved.

The representative of DED was asked what, in her opinion, NABCOA could improve upon with regards to generating a healthcare PPP. She responded by focusing on the topic of money allocation. It is suggested that NABCOA improves on designating exactly where and how its money is going to be allocated, instead of just adding it to a pool of donor money. The private partner must understand that the partnership is about strategy and benefits, rather than funds.

One specific model that DED worked on related to healthcare is the Air-Namibia's PPP. This brought HIV/AIDS programs into the workplace. This project was done while DED was in its beginning stages and the rules were not yet in place. Workplace programs are suggested to companies by the government, but not required, so they fall into the rules of DED but may not be prioritized as high as other projects.

Recommendations for making a healthcare PPP model for NABCOA include having a clear target from the start, and a method of monitoring the project. It is essential that the project is managed and all problems and conflicts are resolved as soon as possible. In addition, a direct end goal allows all parties to be aware of all the roles in the partnership, and which contributions are making an impact.

Lastly, improvements in healthcare PPPs in Namibia were also suggested, and more affordable healthcare was the topic of greatest interest and feasibility. Since the cost of quality medical aid is so high, a lot of plans do not cover as many services as needed. Similarly, many

people cannot afford premium healthcare, so the high cost treatment is not an option for most low-income workers and their families.

Table 4 below records the interview with Frank Phatshwane from the Botswana Business Coalition on AIDS (BBCA):

TABLE 4: BBCA INTERVIEW

Name of Group:	Botswana Business Coalition on AIDS (BBCA)
Name(s) of Individual(s):	Frank Phatshwane
Date and Time of Interview:	01 April 2010 12:45 – 13:05

QUESTIONS

Can you describe what your PPP is and how it works?	• This PPP is based on the ART treatment system. The private hospitals partner with the government and the Bill and Linda Gates foundation. It has been a working partnership for 5 years. The government supplies free medication, through doctors and nurses, to the private sector where people can access them for free. Private sector is also important in the care and support programs.
Are there any certain aspects that made your PPP model become successful?	• Capacity – Need to be well staffed. • Limited to companies that have sufficient resources. There is a gap in SMEs and the informal sector. SMEs still have a comparative advantage because they have employees. This could be used in a PPP. Explore comparative advantages.

	• Need more programs and people with IT skills to ensure sustainability
When first starting, what was the biggest setback in getting the PPP to take off?	• The success depends on the systems and the environment in which the PPP is taking place. • The funding and support systems are affected in the workplaces. They think of best way to minimize cost and budget, forgetting about the wellness of their employees. • If the government provides treatment for free, it is not easy to mobilize. • If the companies are not making enough business, the government should help the company make a more conducive environment. • The government provides 100% financial support, which has its advantages and disadvantages. The private sector becomes dependant on the public. The government should encourage the PPP model and lead people to the private sector. If the company does not benefit, there is more responsibility on the public sector.

What aspects of the PPP in Botswana could be applied to Namibia?	• Namibia needs some sort of evaluation system in place to determine how successful the program is running. They can use this system to create evidence based planning. There are several questions to be thought of during evidence based planning:
	  ○ What is the problem
	  ○ Who are the stakeholders?
	  ○ What do you need to put into it?
	  ○ What are you going to do?
	• The resources need to be coordinated. The external support needs to be clearly directed as to where there money is going. It should have a direct function, not just where they want it to go.
	• Capacity is very important.
	• Identify the key drivers for HIV and link it down to the attitudes of the community. All the efforts should also include behavioral change communication. It is important to reach those connected with the workforce, so the efforts will reach more people not just those at the workplace.

A successful PPP model has been put in place in Botswana with the help of Botswana Business Coalition on AIDS (BBCA), the Botswana government, and the Bill and Linda Gates Foundation. BBCA found one successful aspect to be capacity, as the partners need to be well staffed in order to run the partnership effectively. Moreover, the gap in SMEs and the informal sector needs to be closed. The SMEs still have an advantage because they have employees, but the comparative advantages need to be further explored.

Although Botswana's project was a success as a whole, there were some setbacks getting the PPP off the ground. First, the funding and support systems are affected in the workplaces. The company may forget about the wellness of its employees and only concentrate on minimizing costs and budget. Additionally, in Botswana, the government provides 100% of the financial support. The private sector may become dependent on the government. In turn, the public sector encourages the PPP and leads people to the private sector, relieving some responsibility.

BBCA gave some suggestions on certain aspects of its successful PPP that could be applied to one in Namibia. The first suggestion is that an evaluation system needs to be implemented, allowing for evidence-based planning. Several questions that could be thought of during this process include:

- What is the problem?
- Who are the stakeholders?
- What do you need to put into it?
- What are you going to do?

Next, the resources need to be coordinated to have a direct function. It should be clear where the external support is going, not just into a pool of donor funds or to where the supporter wants it to go. Finally it is crucial to identify the key drivers for HIV and link them down to the needs of the community. It is important to have the efforts reach more people than just employees.

Table 5 below records the interview with Els Bindels from PharmAccess and Rich Feeley from Boston University:

TABLE 5: PHARMACCESS & RICH FEELY INTERVIEW

Name of Group:	PharmAccess & Rich Feeley (BU)
Name(s) of Individual(s):	Els Bindels and Rich Feeley (BU)
Date and Time of Interview:	31 March 2010 14:00-15:00

QUESTIONS

Is there any background we should be aware of when thinking about PPPs?	Healthcare system: There is the public and private system. The public system in Namibia has a better handle on the laws compared to places like Kenya and Nigeria where many illegal drug abuses are going on. Namibia has one of the lowest out-of-pocket expenses in the world regarding healthcare and insurance.

Have you been a partner in any other PPPs besides those with NABCOA?	**Els:** PharmAccess is starting a project to set up mobile clinics. They were also involved in the feasibility study for the North Star Alliance (NSA), which is an example of a PPP. NSA sets up wellness centers for truckers in Africa. They are currently trying to put another clinic up. **Rich:** PharmAccess has been partnered with NABCOA to create VCT testing and wellness screenings in the private sector. They were also involved in the Vitality product, which stimulated low cost health insurance. The employees would put up 50% of the premium. This was too expensive and unrealistic for the employers to be responsible for the remaining fund. The project did not use government money, but the government set up several policies to keep the project going. This is currently happening and being negotiated. There have also been efforts to bring mobile clinics to farmers. The money came from the farmers, donors, and the ministry. **Suggestions from other PPP projects:** • Oranjemund: The government has a contract with the private hospital to deliver services to the public. • Dispute over health insurance: The government offers tax incentives for low cost insurance. The tax threshold of N$40,000 results in no problem for the low-income workers.

What makes a PPP effective?	**Els:** There needs to be a clear contract on what is expected from each side. The PPP also needs to be fair and you can't expect one party to do things for free. An effective broker is needed to bring the two parts together. This will determine the actual fit and then work out the details of what each side will contribute. Political commitment is important. A minister or other senior political person or official should be involved and should approve the process. The more political involvement, the easier it will be to gain participation in the PPP. Finally, there must be some form of benefit for all the participating parties, such as profit, otherwise it will not work.
What type of PPP model is the most necessary right now for Namibia?	**Rich:** The major problem for Namibia is not increasing the number of people receiving treatment. The problem is the funding is going down because foreign donors are decreasing their funds. The potential solutions could include tax incentives, low-cost treatments or conditions for mining concessions. For example, the mining companies need to provide a certain level of health care for the employees and surrounding communities. There is also a need for prevention activities. The people of Namibia are very well educated, so workplace programs are not going to become more effective. The people need a change in their behavior such as intergenerational sex, male circumcision and unprotected sex. A solution could be the providing eligible men with a voucher for adult circumcision but it would be difficult to convince the government to become involved with such an issue.

	Els: There is a need to expand capacity.
Where do the main funding resources come from when creating a PPP? (General funding for HIV)	• PEPFAR • Global Fund • Germans • Dutch • Japan
What are the major challenges when trying to get a PPP model to be as successful as possible?	• Political commitment: There is a different mindset between the public and private partners that sometimes makes it difficult to cooperate • Capacity: The government is stretched and has little staff resources. The government pays for transportation of doctors, nurses, etc. but does not have enough staff to cover everything.
Is the low-cost medical insurance, or any other PPPs, worth looking into again?	**Rich:** The employer should be able to cover partly or all of the medical insurance for the employees. The sharing of the cost could improve the situation. Also, the Bophelo! project could be expanded to include treatment. It would be very successful if the employer could pay the fees. Another possible idea is to provide ARVs to private sector employers, which would leverage the cost of care.
Are there any other examples or ideas you can provide us with?	**Els:** In the Netherlands, she has experience with infrastructure PPPs. Regarding healthcare; there would be private funding upfront to build a hospital or clinic. The private party would then build and maintain the hospital for a long time period, for example 25 years. This can have several advantages, as certain risks are transferred to the private sector, such as the risk of cost overruns. This is achieved through a payment mechanism, where the

	government pays only after delivery of the project, and only per time period, for example every month, based on the performance and availability of the building. Due to the nature of the long-term contract, and the management of this long term contract, a government needs to be capable to run these projects. It might be more difficult in developing countries to ensure that the right staff is available, and due to sometimes less stable economies and governments it might be difficult to get private parties to agree to a long term contract.

PharmAccess is one of NABCOA's long-term partners and has been working together with NABCOA to create VCT testing and wellness screenings in the private sector. One of the major products PharmAccess has been involved with to simulate low-cost medical aid is Vital Care and NHP Blue Diamond, for which there was a subsidy structure for. This is problematic because it is too expensive and unrealistic for employers to cover this fee themselves. Vitality only cost N$30 in 2006 – 2008 and the employer paid everything.

PharmAccess has suggested several practices for lower-cost medical aid. First, NABCOA could expand the Bophelo! project to cover treatment, and it may be successful if the employers cover the fees. Second, providing ARVs to private sector employees can potentially leverage the cost of care. Third, the government policy could help with the cost, offering tax incentives for lower-cost medical aid with a tax threshold of N$40, 000 to relieve the pressure on the poor.

The past experience of PharmAccess shows that an effective PPP needs a clear and fair contract. The PPP must have an effective broker to bring the two sectors together and political

commitment where a minister should approve the process. Additionally, the private sector must gain some form of benefit in order to keep the motivation for the project going. There are also several challenges to start a PPP. Political commitment is a needed to ensure that both public and private sector follow the contract. Proper capacity remains the next most difficult challenge to overcome, as the public sector has little staff resources; letting a broker handle these issues is a potential solution.

Specifically for Namibia, Professor Feeley thinks that the major problem is the funding decrease. This causes too much of an economic burden on the state. He mentioned several potential solutions, conditions of mining concessions to include medical aid for employees and communities for example, and lower-cost medical treatment. Moreover, there is a need for behavioral changes, such as providing eligible men with a voucher for adult circumcision. This project would be difficult to convince government to become involved.

Table 6 below records the interview with Peter J. van Wyk from the Namibia Business Coalition on AIDS (NABCOA):

TABLE 6: NABCOA INTERVIEW

Name of Group:	NABCOA
Name(s) of Individual(s):	Peter J. van Wyk 
Date and Time of Interview:	Tuesday 30 March 2010 10:30-11:00

QUESTIONS

What PPP models have you been involved in?	Biggest PPP is PharmAccess and this started in 2007 with each partner making contributions and the combined development of several different PPP areas • Okambilibili Initiative: This program looked at local Medical Aid to see how they could provide access to the low-income (<N$3000/month) and uninsured employees of the private sector. Without insurance, employees must attend public health where there is a 2 ½ day turnaround, 500 people in the clinic at one

	time, and no expediency. They looked for a low cost option and came up with "Vitality." This is the cheapest option at only N$30, and saved individual companies N$100,000. Vitality covered only HIV and this created a stigma, which lead to "Vitality Plus" including a primary health component. This was a little more expensive but added N$10,000 to the benefit and helped reduced the stigma because it included more than just HIV. • Prevalence Testing: PharmAccess tests workforce to determine rate of HIV in the company based on different criteria (age, gender, etc.). The results for each employee were not given to keep the test very anonymous. There was an interest by both the company and its employees in knowing who was infected, which led to Bophelo! • Bophelo!: NABCOA has mobile testing units that go to the private sector for VCT. There is no dispensing of medicine, but referrals are given to those that require them. This is also a wellness clinic so 8 tests total are given to screen for illnesses in addition to HIV/AIDS. The company is given a biomedical report. The companies want this service so they pay for the NABCOA employees' hotels, subsistence allowance, etc. • Oshikandela: This is a PPP model for orphanages. NABCOA is not organizing this model, just managing it. • Blue Diamond: Product created through insurance companies after Vitality Plus. This is a $200 product,

	which invigorates thought in private sector companies through low cost. They do not want NABCOA to be pushing a specific line because it would be thought that they were influencing the market. • Heineken Africa Foundation: NABCOA and PharmAccess put in the in-kind contribution and Heineken will sponsor one mobile clinic a year for three years. There will be a qualified nurse and medications will be dispensed. The Minister of Health (Public part of partnership) in different regions will aid if there are any public members that are in need of service. • The ideal situation for NABCOA is for them to develop a product. This would require a minimum of N$1 million as a deposit.
Can you briefly explain what the successful components were?	• Willingness from partners, private sector, and the government. • Community and workers are not isolated. • Offering only services to employees is not enough. • Private sector should be an equal partner with the public sector and other components.
Can you briefly explain what the unsuccessful components were?	• Private sector is always willing, but skeptical and suspicious of government. • When offering different products to the SMEs, NABCOA was getting much follow up because those offering the products would try to sell the more expensive ones to gain more profit. The SMEs would

	just give up.
	
	• World Bank PPP
	  o Went to ministry of Health (National Planning Commission) - 3 years long
	  o Partnership was unsuccessful because of business
	  o WB can only go through the government
	  o LE also had problems
	• Lesson: NABCOA will be the implementing partner

Do you have any suggestions about how to go about avoiding such complications?	• NABCOA is trying to develop a product with PharmAccess so the issue with the different products will no longer be a problem.
Do you know of any risks that come with creating a healthcare PPP as opposed to to any of the other types?	• The private sector is performance-based. There is always a risk that a private sector could close down. With no income it cannot carry this project and sometimes will not consult the government. If a clinic is set up with government for its workers only, when the company closes down, everything is gone. • Government can lose funding for healthcare and will scale down donations, expecting more out of the private sector.
What companies have the strongest relationship with NABCOA in both the public and private sectors?	• Standard Bank o Supports Oshikandela project • PharmAccess • NIP • NABCOA also wants to look at how insurance companies can provide low cost options to the

	private sector

NABCOA has experience with several PPPs in the past. NABCOA's main partner is PharmAccess, and the first project between them began in 2007. The project was entitled, "The Okambilimbili Initiative" and aimed to provide low-cost medical aid to low-income and uninsured employees of the private sector. Together, NABCOA and PharmAccess came up with the "Vitality" product, which only included HIV/AIDS. This lead to the "Vitality Plus" product, which included a primary health component but was more expensive, followed by "Blue Diamond." The ideal situation for NABCOA would be to develop a medical aid product specific to NABCOA, but this would require a minimum investment of N$1 million.

Another PPP with PharmAccess focused on prevalence testing. PharmAccess tested the workforce to determine the rate of HIV in the company but kept the individual results confidential. The interest in knowing who in the company was infected led to the Bophelo! mobile clinics. NABCOA is also involved in the PPP for orphanages that provides Oshikandela to children.

According to Peter J. van Wyk, there are several components that need to be present in a successful PPP. The first is the willingness from the partners in the private sector and the government. The private sector should be an equal partner with the public sector and all other components of the partnership. Also, it is crucial to include the community so the workers are not isolated from the effects of the workplace program.

NABCOA's experiences with PPPs have also made them aware of some unsuccessful components of a partnership. The skepticism of the private sector can create a problem; the private sector is willing to join the partnership but is suspicious of the government. There is

sometimes a lack of follow-up with the service, especially with the medical aid products. Those offering the products tried to sell the more expensive ones to gain a profit, causing the SMEs to give up. NABCOA hopes to become the implementing partner in the PPP to avoid these complications.

Along with the unsuccessful components, there are risks that come along with a PPP in healthcare. The private sector is performance-based and there is always a risk that it could close down. The government may be left with a huge burden without the use of the private sector.

Finally, NABCOA has strong relations with several different companies in Namibia that may act as partners in the PPP. These include PharmAccess, Standard Bank, which supports the Oshikandela project, and NIP.

Table 7 below records the interview with Vekondja Tjikuzu (shown below) from the National Planning Commission:

TABLE 7: NPC INTERVIEW

Name of Group:	National Planning Commission
Name(s) of Individual(s):	Vekondja Tjikuzu 
Date and Time of Interview:	8:00am-8:45am 14 April 2010
Roles:	Deputy Director Poverty Reduction and National Human Resources Planning

QUESTIONS

What is your relationship with NABCOA?	NPC is responsible for all coordination of all developmental activities in the public and private sectors and the civil society. Everyone in the planning process is a stakeholder. NABCOA deals with HIV/AIDS issues for the private sector. This is a subset of the NPC. HIV/AIDS is considered a cross-cutting issue, which affects all areas of life and developmental initiatives. NPC does programs and plans for public and

	private sectors throughout the entire country.
How willing are you to take part in a PPP Healthcare model, as opposed to any other PPP branch?	NPC is very willing to coordinate any initiatives, which are bringing all of the sectors of the economy together within their mandate. If it is a health related PPP, NPC would coordinate bringing in the ministry of health from the public sector as well as the civil society and the private sector.
What aspects are crucial to making a PPP model successful?	Stakeholders need to know exactly what their role is. If all partners know their role, it will be a very strong partnership.
What is the regulation process for a PPP to begin?	Depending on the source of funding, the partnership can begin with the consultation process between the partners. The steering entity plays the leading role in making sure that all of the accommodations are completed and all agreements are entered and the resources are secured. The meeting then comes to a comprehensive plan which decides who is the responsible entity for each role in the partnership. Finally there is a binding document ensuring the plan is strictly adhered to.
What sort of funding resources could you provide towards a Namibia PPP?	The development sector of the government needs to make sure the program will be clearly motivated to be considered for a budget. Other sectors of the government need to be articulated and motivated to be considered in the ministry's budget. NPC can play the role of soliciting. They coordinate resources through development partners and are in a better position to approach development partners once a plan is decided upon. The private sector determines what its contributions will be, such as office spaces or equipment, and these should be agreed on upfront. There is no rule regarding the percentage provided to the partnership by

	each partner.
What other resources may be useful to us?	It is important that such a partnership is coordinated from a central point. Most of the resources are secured from the developmental partner. Resources will be acquired only through a person who will be able to man the partnership's office, and to secure these resources. It is necessary to have your own equipment; electronics, even a vehicle, need to be assigned clearly. Most of the resources can be coordinated from the same position, making it easier to report to the development department.
Other advice with regards to creating our own PPP model?	There needs to be coordination invested in one of the institutions in the government. To get the partners on board, gather all the representatives from the partners and with at least one representative from the government. All partners should make it clear what activities they want to put in the plan, what their contributions will be to the partnership, and a clear commitment in terms of making sure the program is implemented as planned. There should be someone coordinating all the procedures, making sure they are all clear.
During process, what are the major challenges with bringing together the public partner and the private partner?	It is important to get the partners on board and bring them together; they will be more than willing as long as there is some financial benefit. The distribution of available resources needs to be closely controlled. A problem occurs when it comes to deciding what percentage of resources they are willing to take. Determine what everyone is going to contribute so there is an equal distribution of profit.

Does NPC only function at forming the partnership, or during the entire process?	NPC continues to build the steering committee and makes sure the partners meet regularly after the program starts. All reports have to come through the steering committee to make sure everyone is doing his/her part. The NPC continues to be a part of a process in charge of coordinating, evaluating, and monitoring the project.

National Planning Commission (NPC) is responsible for the coordination of all developmental activities in the public and private sectors and the civil society throughout the entire country. It is willing to coordinate any initiative to bring all of the sectors of the economy together within its mandate. NPC is also responsible for building the steering committee and making sure the partners meet regularly after the program starts.

According to Mr. Tjikuzu, the Deputy Director of Poverty Reduction and National Human Resources Planning, there are certain regulation processes for starting a PPP model. Depending on the source of funding, the partnership may begin with the consultation process between the partners. The steering entity makes sure that all of the accommodations are completed, all agreements are entered, and the resources are secured. The meeting then comes to a comprehensive plan where it is decided who is the responsible entity for each role in the partnership. Finally there is a binding document, ensuring the plan is strictly adhered to.

As to the program budget concern, Mr. Tjikuzu explained that the proposed program has to be clearly motivated for a budget consideration. The private sector contribution needs to be determined and set up front.

From the experience of working in the NPC, Mr. Tjikuzu pointed out that a successful PPP model requires the stakeholders knowing exactly what their roles are. It is important to get the partners on board by bringing all the representatives together with at least one representative from the government. All partners can discuss what activities and contributions they want to put in the partnership. In addition, there should be someone coordinating all the procedures, making sure they are all clear and implemented as planned.

Of course, there are still challenges in coordinating partners. As mentioned by NPC, the distribution of available resources needs to be closely controlled because the percentage of resources contributed by each partner does not measure up to what they expect to receive in the end process.

Table 8 below records the interview with Susna De from USAID:

TABLE 8: USAID INTERVIEW

Name of Group:	USAID
Name(s) of Individual(s):	Susna De
Date and Time of Interview:	14 April 2010 16h00 – 17h00

QUESTIONS

What other private and public partners does USAID work with?	• Public: Ministry of Health, Ministry of Gender, NPC, Ministry of Labour and Social Welfare, Ministry of Local Government, Ministry of Finance, Public Service Commission • Private: NGOs, civil society • International NGOs help with local government support, Standard bank, Namib Dairies, DeBeers
Can you explain one of two of the most successful PPPs?	Initiated by mining companies in Rosh Penah – Anglo American and Exxaro mining companies: • Public clinic tends mostly to the informal settlements • Mining industry is concerned for the health of their workers. They want to make the public clinic and private clinic provide for the needs of the entire community • They want to enter into a public relationship with the

	public sector for both the employees and the community. • Would be a deal of services for example, the public clinic is not equipped to deliver a baby and it would take 2-3 hours to get the woman where she needs to be. The private clinic could provide this service to the public clinic and the public clinic would provide a service in return. They would become one big clinic tending to the entire community. The deal between the two clinics needs to be figured out.

What are some of the difficulties experienced in PPPs?	• Trust between public and private sectors:
	  ○ Public thinks the private sector is unregulated and has no quality assurance
	  ○ Private thinks the public sector is slow to react
	• Public sector has not been warm to accept the offers of the private sector.
	• The meetings are inefficient, and for the private sector, time is money.

What is one aspect of creating a PPP that is the most important/useful?	• Do not approach the private sector for a donation saying "We want you to do 'X'" or "We want you to donate 'Y'". The private sector needs to see how this will benefit them. • Strike a deal. Do not get ahead of the product. Show that it is a worthy investment on their part.

Are there any special considerations that must be taken into account when working with HIV/AIDS specific PPPs?	• HIV/AIDS is a multi-sectoral problem. • There are many dimensions, not just clinical aspects but social aspects to consider as well.

Where does most of the funding come from?	• The funding is various for every case.
	• Resources do not have to be strictly funding:
	  ○ In-kind donations
	  ○ Technical support
	  ○ Public space to use for meeting
	• Donor funding will go down as Namibia continues to succeed in their economy.

Are there any certain types of private sector companies that have been the most successful with sustaining healthcare PPPs?	• Unable to comment. • Global business coalition, including standard bank, has done a lot with the Global Fund for PPPs in HIV/AIDS. • Private-Private partnerships are sometimes easier to work with. • To have a sustainable system, use only pubic resources, but use private as well.
Where is a possible PPP needed in Namibia?	• Provider level: The public and private providers work hand-in-hand getting private providers to attend trainings that public providers hold. They need an extension of this system to cater to those that might use the public system, freeing up some of the burden. • Insurance Level: There are a lot of private medical aid schemes. Medical aid is aimed at the middle and

	high income ranges but also needs to cover the low-income. Unions could start demanding from their employers that they get some sort of affordable benefits and primary healthcare needs. • Financier – Rosh Penah: The public could contribute money to the healthcare system and the private sector could help build the infrastructure for the clinic.
What resources does USAID provide in the partnership?	• Give local NGO's funding. • Help support private companies. • Catalyze partnerships. • Strengthen private provision and their involvement in working towards a goal. • Encourage the private sector to participate while creating an exit plan that is sustainable. When USAID leaves, the country still has the program • PEPFAR provides most of the fund for USAID specifically for HIV.

Susna De of USAID informed the team of all of the private and public partners that USAID works with, including many of the ministries in Namibia, international NGOS, and private sector groups.

Susna informed the team of a PPP currently located in a Scorpion Mine in Rosh Penah. It is a Public Private Partnership effort including two mining companies. This partnership will be very successful if all resources benefit the needs of the entire community.

There are several difficulties with PPP models, however, including a lack of trust between the public and the private sectors. If the public sector does not know the exact intentions of the private sector, it may be hesitant to put trust in them. Similarly, a problem may occur if the private sector does not believe that the public sector will be completely dedicated to the partnership. Another problem occurs when meetings and deadlines are not punctual or followed through; this upsets the private sector since "time is money."

The private sector must know the partnership will bring benefits; it needs to be exemplified that this particular investment is a worthy one. Furthermore, resources that come from both the public and the private partners are not necessarily funding based. Oftentimes, the resources are materials, workspace, technical skills, or personnel, and these are very useful and necessary to make a partnership succeed.

It was then posed to Ms. De what PPPs are needed in Namibia, with regards to HIV/AIDS. HIV/AIDS is mutli-sectoral and not just affecting one area of life. It burdens the health of the person, the economy, and many other areas. This being said, healthcare PPPs could be based upon the provider level, the medical aid level (specifically for low-income families), or with a specific financier (Rosh Penah Model).

USAID provides funding to local NGOS, in addition to supporting private companies, and catalyzing partnerships. The major goal of USAID when entering into this type of partnership, though, is to achieve complete sustainability with a solid exit strategy.

Table 9 below records the interview with Vera Bronkhorst from Global Fund:

TABLE 9: GLOBAL FUND INTERVIEW

Name of Group:	Global Fund
Name(s) of Individual(s):	Vera Bronkhorst 
Date and Time of Interview:	15 April 2010 10h00 – 10h25

QUESTIONS

What is Global Fund's relationship with NABCOA?	• NABCOA is a sub-recipient of the Global Fund from Round II for the last 5 years for HIV Phase I and II. Phase II ended in December but was extended up to June 2010 with the "no-cost" extension. • The rolling continuation channel is a continuation of round II covering the next 6 years. NABCOA will still receive funding. • Global Fund supports NABCOA's staff, the sub-contract with PharmAccess, and their activities.

What additional public and private partners do you work with?	• There is one principal recipient: Ministry of Health and Social Services. In June, there will be a second principal recipient: NANASO the umbrella organization for HIV and AIDS civil society organizations. • Global Fund is financing HIV and AIDS interventions for the private, public and civil society sectors in Namibia.
Are there any requirements for funding?	• Currently there are 42 sub-recipients receiving support through the Round 2 HIV/AIDS grant.
Are there any recommendations for NABCOA for getting a PPP to be successful?	• The agreement needs to be very detailed and focused. The PPP should be goal oriented; NABCOA should be specific with who they partner with, what they plan to do for each sector, and what goal they are trying to achieve. • Determine where there is a leverage point for each of the 2 organizations. • There is a large portion of the population that is not receiving minimum workplace services. NABCOA's implementation should reach out to these people.
Do you have any suggestions for where a PPP is needed in Namibia?	• Global Fund will provide mobile vans whose services are reaching rural populations, which will cover public and private areas. • Through increased mobile testing, health facilities will strengthen and expand services to ensure larger coverage. Mobile vans that provide testing could help including referral and follow up. • Private sector should provide sufficient support to invest in workplace programs. They should use their own resources to fund these programs also expand their support beyond the workplace and assist with other areas in critical need including national response i.e. large OVC population in Namibia. • Employer-subsidized low cost medical aid is not always as appealing to small businesses with a small number of employees because it will be a burden on their profit. • PharmAccess has expressed the possibility of using

	the mobile testing vans and expanding the services to include public health interventions.

Global Fund offered NABCOA funding for HIV/AIDS programs in the last five years through Round II and entered a sub-contract with PharmAccess to support the HIV component of the wellness screening and staff. In the following six years, NABCOA will still receive funding through the rolling continuation channel. According to Vera Bronkhorst from Global Fund, the Ministry of Health and Social Services has been the principle recipient of the Global Fund's funding. This year, Global Fund will also support NANASO, the umbrella organization for HIV/AIDS civil society organizations.

Vera also gave several major recommendations for a successful PPP. These include a detailed and focused agreement, and a specific leverage point for the organizations. Additionally the project should cover a larger population for workplace services.

Some useful ideas are suggested for a potential PPP model in Namibia. Firstly, Global Fund will provide mobile primary healthcare vans to reach rural areas. The mobile vans providing testing could also include referral and follow up. Secondly, NABCOA should link its strategy to the national strategic framework by focusing on a larger population. Thirdly, private companies should use their own resources to sufficiently support the national responses. In addition, a consideration to keep in mind is that low cost insurance might not be appealing for SMEs, as it adds burden to the profit. Lastly, NABCOA could join Global Fund on the mobile clinic program, which could include public health interventions.

Table 10 below records the interview with Moses Kavendjii from NAMCOR:

TABLE 10: NAMCOR INTERVIEW

Name of Group:	NAMCOR
Name(s) of Individual(s):	Moses Kavendjii 
Date and Time of Interview:	20 April 2010 09h00 – 09h25

QUESTIONS

Is there any background information we should be aware of?	• NAMCOR is a semi-government organization and they work some with the government with HIV/AIDS. They are invited to a lot of events and also provide them with some information of their own. • A PPP is a good model, but a lot of ground work must be done to make sure there is a clear agreement as to where this company would fit in the deal. • The public sector/government is doing a lot for HIV/AIDS and is doing quite well. They are working on the provision of low cost medications. The public hospitals are the best places to go for testing and medication, because the private doctors want to make money so they will not give the same quality information and attention. • NAMDEB provides medication to their employees on their own terms. They wonder why the government cannot assist the company, because the private company is using a big chunk of their budget to pay for these medications and are not making as much profit.
How many people does your company employ?	• The company employs 46 people that are all based in Windhoek. They are looking on expanding their branches elsewhere in the future.

What are you looking to gain by being part of a partnership?	• If there is any way they can access the government money so they can utilize it for HIV/AIDS programs for their employees • Access it from a pool of healthcare related funds so they can assist those employees that have reached the ceiling on their medical aid.
What does your medical aid cover?	• Medical aid has a ceiling, which is the limit on the amount of money one can use in a year on healthcare. • The medical aid covers everything and also the immediate family. • The company contributes to the medical aid as well as the employee; it is an equal share. • Employees can go to either the public or private hospitals. People with HIV tend to go to private hospitals to avoid the disclosure of their HIV status.
What would turn you away from becoming involved in a PPP?	• Nothing would really turn him away. NAMCOR are very willing to take part in a PPP • Partners just need to have a clear agreement between themselves and the public sector to be able to see what they are each gaining from it.
What kinds of resources would your company be able to provide to the partnership?	• Skills and knowledge • Policy documentation and development • Training • Depending on their profit for the year, could potentially provide financial support

Is there any area in healthcare where you see a need for a PPP?	• Partner with the public sector for information sharing for HIV and other related diseases.
Do you think the programs should be more focused on education/prevention or more in terms of treatment?	• Treatment would always come with a cost. • Focus should be on prevention. If everyone realized how to prevent the disease there would not be a need for treatment.
Would you advocate for a low-cost medical aid?	• Not something bad to consider. • It needs to be viable so they are not subjected to double costs. • Crucial that it is managed in a business way so it will not fall apart at any point. • Medical aid for HIV/AIDS and other related diseases would be beneficial.

NAMCOR, the National Petroleum Corporation of Namibia, is a parastatal company (semi-public). The company works a significant amount alongside with the government on HIV/AIDS programs. The employees of NAMCOR are invited to the public sector's HIV/AIDS seminars and NAMCOR also provides information and training to the public sector. Moses Kavendji, the representative from NAMCOR, believes the government does a lot for HIV/AIDS and is doing quite well. The public sector is working on the provision of low cost medications and the public facilities are the best place to go for testing and treatment of HIV/AIDS. The private hospitals are looking to make a profit, so the services will not be the same quality as those in the public hospitals.

NAMCOR currently employs only 46 people in Windhoek. It would be willing to enter in a partnership because it is looking for a way to access healthcare related funding from the public

sector, specifically for HIV/AIDS. The medical aid the company provides, which allocates money to all types of healthcare issues, has a ceiling. Sometimes those who need HIV treatment are not completely covered. NAMCOR would like to have a pool of government-supported money to revert to if an employee needs additional healthcare coverage. NAMCOR can also provide some resources to the partnership, such as skills and knowledge, policy documentation and development, training, and potentially financial resources.

As far as the focus of the partnership, Mr. Kavendjii knows treatment always comes with a cost, so this could be more difficult to provide. If the focus is more on education and prevention, then there will be less of a need for treatment in the future. NAMCOR would be an advocate for the program only if it was more viable than the service the company currently supplies, so it is not subject to double costs. It is crucial that the medical aid program is properly managed in a business way so that it will not fall apart at any point.

Table 11 below records the interview with Thomas Mbeeli of Ministry of Health and Social Services:

TABLE 11: MINISTRY OF HEALTH & SOCIAL SERVICES INTERVIEW

Name of Group:	Ministry of Health & Social Services
Name(s) of Individual(s):	Thomas Mbeeli – Deputy Director: Policy Planning and HRD
Date and Time of Interview:	21 April 2010

	16h00 – 16h30

QUESTIONS

What PPP models have you been involved in?	• As a ministry, it is involved in service provisions, such as services from private hospitals. o For example, CT scans can be provided by the private sector because they are not available in public hospitals.

What do you find is required for a PPP to be the most successful?	• Need to redefine what a PPP is:
	  o A private company could build a hospital, and it will be useful if the public is involved so the private sector could save money.
	  o How could these services really be open to the community? The majority of people still rely on the public hospitals.
	  o The PPP needs to service low-income groupings. The public sector exists for to assist these people.

What challenges have impacted your experiences?	• Private sector is not coming up with concrete ideas. • Some areas need to move further on in their current projects.
Is there any funding set aside for PPP models in your government related to HIV?	• Funding can only be done once the PPP is set in place. • For example, in the mining town of Oranjemund, a private hospital exists and the members of the

	community will have to pay for these services. NAMDEB employees have medical aid, but the low-income individuals cannot afford the expensive medical services. There is not a public hospital that these people could rely on instead.
What resources can the public sector bring to the partnership?	• This depends on what areas need focusing on. The public sector could rent out space but need to figure out who would pay for utilities. There needs to be a clear deal on what each sector is contributing and receiving.
Where in healthcare do you see a need for a PPP?	• Several aspects to look at: o Home-based care: Health services stop at the end of the facility. They do not have community health workers. o Accommodation facilities, especially in rural areas. It is hard to reach these facilities to make sure they are running properly. o Namibia is not good with IECE, the information, education, and health promotion.
Proper capacity is known to be one of the most important aspects of a successful PPP. Do you have any suggestions on how to go about gaining more personnel to be used in a partnership?	• Capacity largely depends on the context and ownership. o If someone comes from South Africa and wants to set up a franchise, sometimes there is no receptor. There is no understanding by the newly hired employees of what should be done.

What would attract the Ministry to becoming involved in a PPP?	• Need to look at where the weaknesses are in the society. This could be the billing system. The PPP also has to be based off of what the ministry can deliver.
In a PPP, which requirements are more suitable for the public sector and which for the private?	• The public sector has a social service responsibility, so it focuses more on the social response and social service delivery. • The ministry cannot become too commercial.

The Ministry of Health & Social Services (MOHSS) is a member of the public sector in a Public Private Partnership. The majority of PPPs it works with involve service provisions. The ministry partners up with a private hospital to gain access to its services. According to Thomas Mbeeli, in order for a PPP to be successful, the term PPP needs to be redefined. If a private hospital is partnered with the public, it needs to be thought of how these services can be opened up to the communities. The PPP needs to service the low-income population, because that is the purpose of the public sector. The current challenges with PPPs are that the private sector is not presenting concrete ideas to the public sector and that some current projects do not have enough follow through.

The resources that the public sector can bring to the partnership cannot be determined until the partnership is set in place. There needs to be a clear deal on what each sector is contributing and receiving. The public sector is responsible for social service, so its requirements would be more focused on the social response and social service delivery. The ministry cannot go overboard and become too commercial. It is known that proper capacity is a key factor in a successful PPP. The ability to obtain more personnel depends on ownership. The employees must receive proper training so they are aware of what is going on and what must be done.

The public sector would be attracted to becoming involved in a PPP if the weaknesses in the society were looked at and a strong solution was presented. There are currently several aspects in the healthcare system that could use a PPP. One area to explore is home-based care. In many situations, the services stop at the end of the facility, as there are no community-health workers. Additionally, the accommodation facilities should be looked at, especially in the rural areas. It is more difficult to reach these facilities to make sure they are being running properly and have proper upkeep. Finally, Namibia has difficulties with IECE, which is information, education, and health promotion. A PPP may help improve the country's IECE system.

CONCLUSION OF RESULTS

After combining and analyzing all the interview results, the team came up with a list of major barriers that Namibia currently faces for its healthcare system:

- The lower-income people cannot afford the current medical aid.
- Donor and government funding for healthcare continues to decrease.
- The public and private sectors do not always trust each other when entering into a partnership.
- There is a lack of capacity in public health facilities.
- The quality of general healthcare went down due to excess attention towards HIV and TB.

In order to establish and document what is required from each partner for effective implementation of a Public Private Partnership, the previous interview results were analyzed for

commonalities regarding what all the key components of a successful PPP are. It was concluded that a successful PPP must include the following elements:

- The partnership must have adequate capacity with regards to personnel and trained, competent staff.
- Fairness is critical; there must be equality between the two sectors.
- A clear target must be established so that every partner knows the exact goal of the partnership.
- There must be specificity with regards to resources, goals, and requirements. All of these resources must have a purpose and a place; there must be no waste or impractical use of any resource.
- Constant monitoring of the project process is crucial to the overall output and progress. All problems and questions must be discussed so that nothing interrupts the success of the partnership.
- Political commitment is necessary so that the government is able to oversee the entire project process and provide full support.
- There must be some form of benefit for the private sector, possibly including money, skills, or resources.
- There must be an equitable distribution of benefits and expectations from all parties involved, so that there is no lop-sided allocation of profits.

CHAPTER 5: OPTIMAL PPP MODEL: RECOMMENDATIONS FOR NABCOA

On the basis of the interviews, the team concluded that the current medical aid options inhibit the low-income population of Namibia from receiving private health services. This section discusses the lack of coverage of the low-income population and provides NABCOA with the projected NABCOA medical aid product, *NABCare,* for a Public Private Partnership model able to provide affordable medical aid to all employed Namibians.

NAMIBIA'S GINI-COEFFICIENT

Namibia is a country suffering from a large disparity in income. A tool known as the Gini-coefficient of income inequality measures the disparity of income of a country, on a scale of 0 to 1. Numbers closer to 0 indicate more complete equality, and numbers closer to 1 indicate more inequality (The World Bank Group, 2010). It has been calculated that Namibia's Gini-Coefficient is approximately 0.63, making it the highest in the world in terms of income disparity (LaRRI, 2008). With this number so close to 1, Namibia posts a highly disproportionate distribution of income, meaning that few people receive a high income, while others are left with next to nothing. This disproportion in income accounts for the numbers of families in Namibia that cannot afford quality medical insurance.

With a 40% unemployment rate, any kind of income is scarce for the majority of Namibian employees. It has been estimated by the Namibian Labor Force Survey done in 2004 that approximately 47% of all Namibian households depend on salaries as their primary income, with urban areas posting as high as 74% of households (LaRRI, 2008). Figure 4 below compares the average minimum wage with the actual household incomes in 2008:

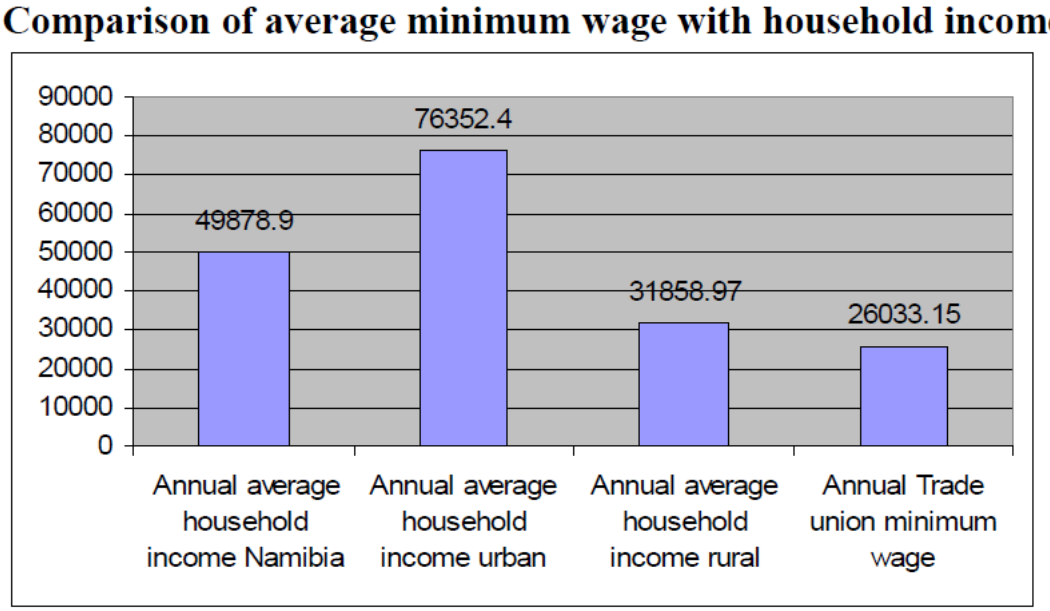


FIGURE 4: COMPARISON OF AVERAGE MINIMUM WAGE WITH HOUSEHOLD INCOMES (LARRI, 2008)

The graph illustrates that the annual trade union minimum wage is estimated to be N$26,033.15 annually. It can then be calculated that per month, the average salary of a household is N$2,169. This is an extremely low salary considering that the average healthcare premiums per month cost hundreds of dollars.

CURRENT MEDICAL AID OPTIONS

In spite of the low-income received by the majority of the Namibian population, the current medical aid options are extremely expensive and unaffordable. Below is a graphical describing two medical aid options available (and their premium per month) for those in the 12.5% that can afford some form of medical aid. These two graphs show that, depending on age and salary, the 2009 premium for medical aid increases to expensive heights:

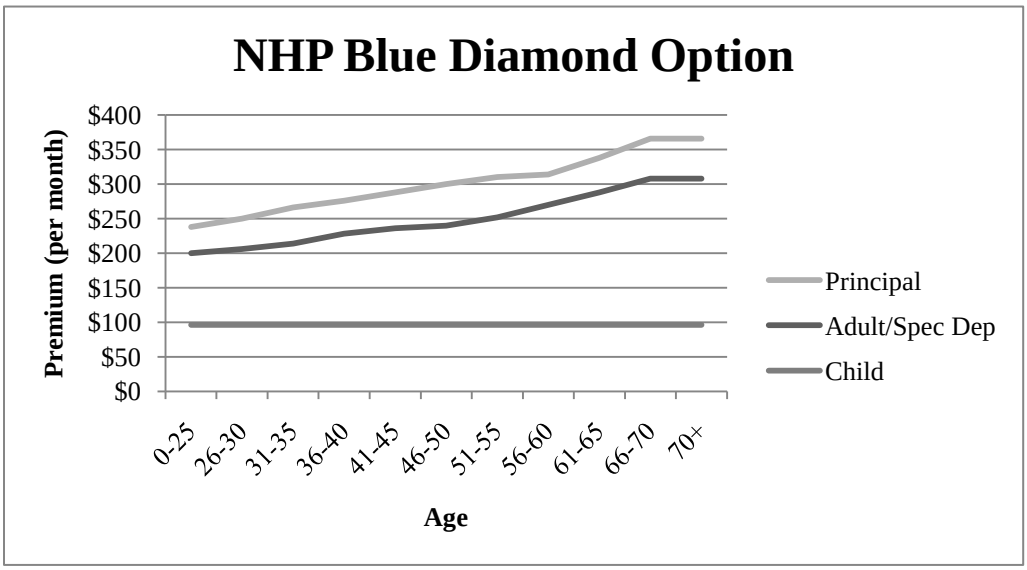


FIGURE 5: BLUE DIAMOND MEDICAL AID

The Blue Diamond Medical Aid program's medical aid fund agency is the Namibia Health Plan. This option is aimed to provide affordable primary health services to those who cannot currently access subsidized private health care facilities. The price per month depends on the age of the main recipient; the employed members of the household. The graph demonstrates that as the age increases, the cost of the medical aid coverage likewise increases. NHP has two pricing schedules, one based on age and one on income. This plan can also cover dependants,

such as spouses and children. The rate for children remains constant, but an adult dependant increases as the age of the dependent rate increases as well. These premiums can get relatively high, especially with dependants involved. Additionally, as one continues to age, the premium increases, while the person's income generally stays relatively constant.

Below is a graphical demonstration of the 2009 premium for another medical aid option:

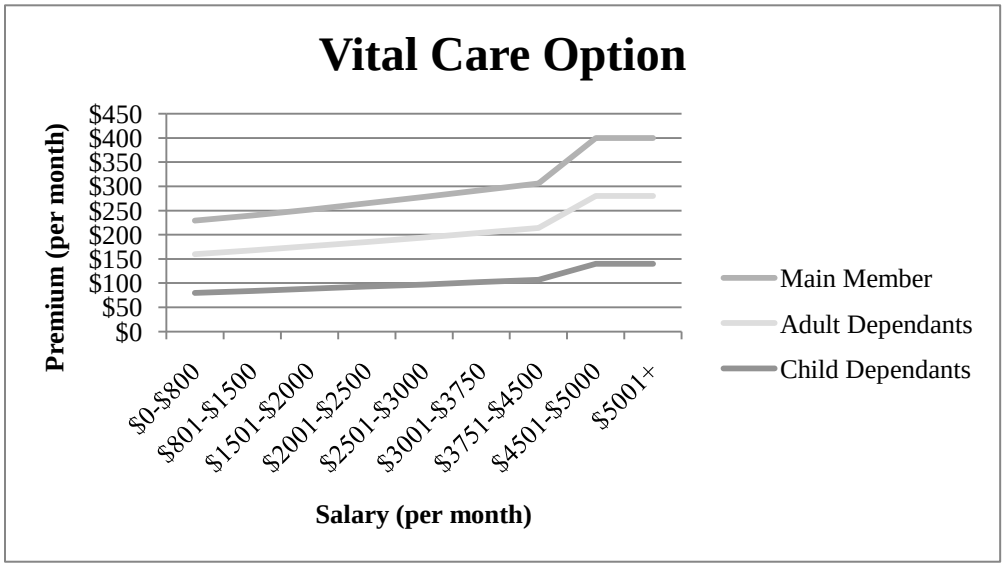


FIGURE 6: VITAL CARE MEDICAL AID

Another medical aid program is Vital Care, which is provided by the Renaissance Health Medical Aid Fund. The rates for this program are determined by the income of the main member. As the income increases, the rates for medical aid increase, until they reach a plateau at $4,500 per month. Adult and child dependants follow a rate increase as the monthly salary of the main policy holder per month increases. Like the Blue Diamond program, Vital Care becomes too expensive for the average employee to cover, especially with the dependants included. Many people could use some sort of government subsidy to assist them with these coverage costs.

For example, for an average family of 35-year old parents with three children, the current cost of Blue Diamond medical aid for one month is N$768. We assumed a typical household consists of a husband, wife, and three children. Under certain circumstances, extended family can be considered dependents of the main member. The member has the choice to claim them under his/her medical aid product, with a maximum of five dependents. Medical aid for one month amounts to approximately 35.4% of monthly income. This high percentage is the reason why a large amount of the population of Namibia cannot afford medical aid (Insight Namibia, 2006).

DESCRIPTION OF MODEL

There are several reasons why the low-income employees have yet to be covered with medical aid. The medical aid companies are reluctant to include a large group of people with an unknown risk in the services they provide at a low margin. For many years, these services have been provided to the high-income members where the risk is known and the number of members covered is stable. Also, serving this group of population involves less risk, and thus the provider makes a greater profit. The risk for the low-income group is unknown as they have not been a part of the medical aid program, and the provider is hesitant to cover it. In this case, the company takes on more risk and can expect less of a profit margin.

Given these factors, it is clear that a lower-cost medical aid product is an urgent need. The model being proposed here will specifically direct medical aid provision towards the low-income members of the Namibian society. Currently the middle and high-income members are

properly covered with the existing medical aid products, but these are far too expensive for the low-income members to purchase on their own.

This PPP model will expand the medical aid coverage to a larger amount of the population. Much of the research that went into this project required consideration of the existing medical aid products and a comparison of those services and costs. NABCOA will now sponsor the medical aid product, *NABCare*. *NABCare* will ultimately relieve the economic burden on low-income families by providing more affordable, viable medical aid.

POTENTIAL PARTNERS & IMPORTANT FACILITATORS

The team suggests that in order to effectively commence this partnership, the following partners are recommended to have an integral role in this project:

Private partners:

- NABCOA
- PharmAccess
- Private companies in Namibia, such as local banks

NABCOA has been a partner with PharmAccess since 2004 and this partnership has already created several successful programs, such as Bophelo! In addition, PharmAccess and NABCOA previously did a lot of research together on low cost medical aid. Together they have experience in the process to develop such product, which will largely benefit NABCOA. In addition, the local banks are brought into the partnership because they can potentially provide financial support to start and maintain this program. For example, NABCOA has a background with Standard Bank, who could possibly contribute to the start-up of the product.

Public partners:

- Ministry of Labour and Social Welfare
- Ministry of Health & Social Services
- National Planning Commission
- NAMFISA

The three potential public partners will also play important role in the partnership. The Ministry of Labour and Social Welfare can provide the most updated and accurate information about employment in Namibia. NAMFISA has the right to approve or reject the product proposal. Also, the ministry will be involved in monitoring the project if it is approved. The National Planning Commission will in charge of officially bringing the public and private sector together and make sure each party maintains its responsibility.

In addition to both the public and private partners, there are some important advocates that should also be involved in the model discussion:

- NEF (Namibia Employer Federation)
- Ministry of Finance
- National Union of Namibian Workers (NUNW)

These important advocates will bring additional assistance to the partnership. The NEF and NUNW have individual representatives that will be crucial in assisting the start-up of *NABCare*. Additionally, these organizations can select employees to test the projected *NABCare* product, and give feedback and suggestions to NABCOA. It would be ideal if the Ministry of Finance could provide funding to the Ministry of Health & Social Services and NPC to subsidize some costs of medical aid.

NABCOA'S PROJECTED PRODUCT

The table below compares the healthcare coverage between NHP's Blue Diamond, Renaissance's Vital Care, and the proposed product to be created by NABCOA:

Comparison of Medical Aid Products

Services	Blue Diamond	Vital Care	Projected NABCOA Product
Primary Care			
Visits and consultations to a General Practitioner or RN	100%*	100%*	**100%**
Acute Medication	100%	100%	**100%**
Chronic Medication	100%	100%	**100%**
Anti-retroviral Therapy	100%*	N$100,000/year*	**100%**
Hospitalisation		N$60,000	
Medication		N$25,000	
Radiology & Pathology		N$9,100	
Counselling		N$3,500	
Consultations		N$2,400	
Conservative dentistry	100%*	100%*	**100%**
Pathology Tests	100%	100%	**100%**
Radiology Tests	100%	100%	**100%**
Optometrists	100%*	100%*	**100%**
Mother and Child Health Services	100%*	---	**---**
Counselling & Health Education	100%*	---	**---**
After-hour emergencies	0%	---	**---**
Outside of network coverage	0%	0%	**0%**
Hospital Care			
Private Wing access at state hopitals	100%		**100%**
Blood Transfusions		100%	
MRI & CAT Scans		N$2,5000 per family	
Radiology & Pathology		100%	
General Practitioners & Specialists		N$15,000 per family	
Appliances		N$1,500 per family	
Dialysis & Organ Transplants		N$6,000 per family	
Private Hospital	0%	0%	**---**
Medical service provider of choice	0%	---	**0%**
Emergency Medical Evaluation			
Emergency Road	100%	100%	**100%**
Non-Emergency Hospital Transfer	100%	N$2,000 per beneficiary	**---**
Air Evacuation	0%	0%	**0%**
Price per Month *5-person family making $2,169*	$768	$729	**300+**

*Some details or restrictions may apply

+ This is an estimated value.

FIGURE 7: COMPARISON OF MEDICAL AID PRODUCTS

The number used as the estimated value for *NABCare* is not official. It was calculated from a hypothetical situation, using a 5-person family making just over N$2000 per month. The premium would fall around 10%-15% of a household income, which would be an ideal situation. Much more research must be done on the financial specifics. After surveying low-income employees, actuaries will be able to determine the exact monthly premium for the *NABCare* product.

All three products presented in the table cover many aspects of primary care, along with some HIV/AIDS coverage. The prices listed are those for a typical 5-person family with an average N$2,169 monthly income. Blue Diamond is the most expensive, but is very inclusive, completely covering most healthcare expenses. Vital Care is the next tier and is also very inclusive but has a ceiling on some healthcare coverage, including HIV/AIDS. Blue Diamond and Vital Care remain too expensive for many low-income families, at 35.4% and 33.6% of the monthly household income respectively.

The projected product *NABCare* is also very inclusive, and is similar to the existing products. The network of providers will differ from those for Blue Diamond and Vital Care, as it will be composed of personnel providing healthcare services at a lower price in the products. As seen in the table, the product provided by NABCOA will be much more affordable and appealing to lower-income employees in Namibia, falling only at 10%-15% of their monthly income. This is a substantial weight taken off the shoulders of low-income families, and is likely to be a success in improving the healthcare in Namibia. The value shown with the projected product for NABCOA is an estimated value as the product is still in conception and development stages. A

survey must be administered to the low-income employees based on which actuaries will work out the exact numbers in the future.

SURVEY FOR LOWER-INCOME EMPLOYEES

This sample survey will be provided to lower-income employees of companies to provide NABCOA with a better understanding of how much of the product each person will be comfortable paying.

1) What is your gender?

   Male ☐ Female ☐

2) How many times a month do you attend a healthcare facility?

   0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+ ☐

3) What is your monthly income?

   $0-$300 ☐ $301-$600 ☐ $601-$1000 ☐ $1001-$1500 ☐ $1501-$3000 ☐

   $3001+ ☐

4) How many dependents in your family?

   0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+ ☐

5) If these were the services you would be receiving, how much a month would you be willing to pay? _____

6) Are there any additional services you would want it to include?

   _____

   _____

NECESSARY FACTORS REQUIRED FOR START-UP

To build a successful partnership for *NABCare* development, four major steps should be considered before starting, as shown below:

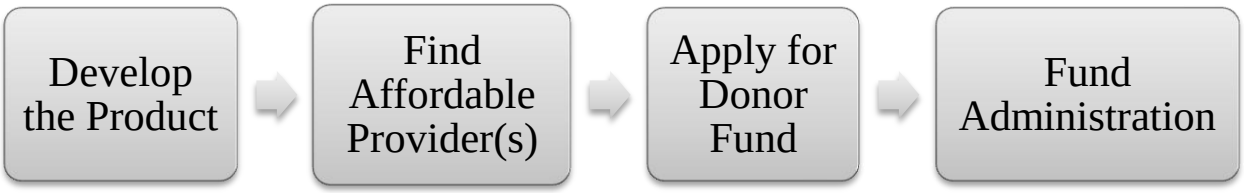


FIGURE 8: NECESSARY FACTORS PROCESS

Firstly, *NABCare* should be properly developed. This product should be inclusive, covering all diseases including HIV/AIDS. NABCOA decided that its medical aid (*NABCare*) would be able to cover primary healthcare along with complete coverage of HIV/AIDS. It will also deliver this menu of services at a lower cost to members.

Secondly, a more affordable medicine provider needs to be found. It is essential to find medical care providers who are willing to lower the profit margin and sell the product at a lower cost. This is important because covering the premium difference through donor funding is not an effective and sustainable solution. The challenge remains as the profit margin has been set in the medical industry for a long time. The negotiation for a cheaper price will take significant effort.

Thirdly, the funding for the product has to be determined. Oftentimes, the financial support comes from the donor funds. The public sector is not the only one that can receive donor funds; however, a private sector can also apply for donor funds or loans through local banks,

such as Standard Bank in Namibia. Specifically for NABCOA, it will receive funding through Global Fund over the next six years to create new programs and expand the existing ones. Once the funding application is approved, the public and private sector together are able to subsidize the expenses.

Finally, the administration of the medial aid product needs to be put in place. The administration for this product will be hired to ensure that all premiums are collected and claims are handled, in a business-like manner.

NECESSARY RESOURCES

To successfully deliver *NABCare* to the lower-income employees, the team suggests that NABCOA make use of a few specific resources, in order to make the Public Private Partnership effective and attractive to all parties. The following table lists what types of resources should be provided by each party to the partnership.

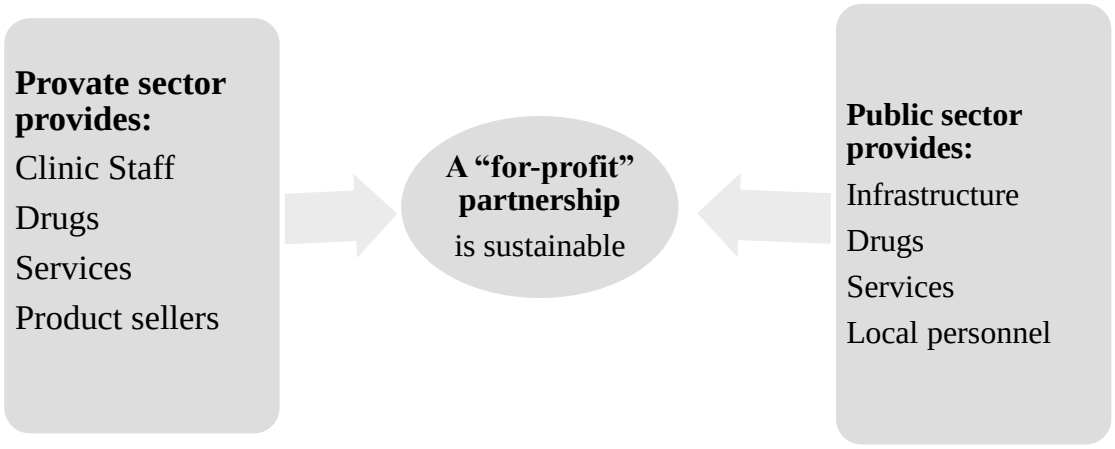


FIGURE 9: NECESSARY RESOURCES

The private sector in this PPP model should be responsible for most of the operation process. It will provide enough doctors, nurses and other staff in the clinics, and ensure they are well trained. In addition, the private sector will sell and advertise the projected *NABCare* medical aid. One suggestion we offered to NABCOA is to hire students from the Polytechnic of Namibia or unemployed youth to sell the projected *NABCare* medical aid product, so that NABCOA can reach a wider population at a reasonable cost.

The public sector needs to provide the infrastructure for this model, including hospitals and clinics. Also, the public sector should offer local personnel, such as doctors and nurses, to ensure that the system has enough human resources. Both the public and private sectors will provide the drugs and services for all types of treatments.

Another suggestion for NABCOA is to develop the Public Private Partnership as a "for-profit" partnership. The "for-profit" basis keeps partners and people interested in the overall success of the partnership, making it sustainable after several years of its start-up.

FUTURE RECOMMENDATIONS FOR THE PARTNERSHIP

After working with NABCOA and interviewing many of its various stakeholders regarding Public Private Partnerships, the team gained a sufficient amount of knowledge to suggest clear recommendations for the start-up of this projected *NABCare* PPP model. Since this model is going to be the basic foundation of the partnership, the team came up with a set of future recommendations that could potentially be implemented once the team has left Namibia. Here are our recommendations in detail:

We recommend that the financial responsibilities are assigned to a professional consultant and hired actuaries, among other candidates. A consultant would be an expert in determining the financial responsibilities of such a project. Hired actuaries will be able to determine any and all of the risks involved in this partnership, and will be able to calculate its sustainability given all of the combined factors, and based on the premium level.

We recommend that additional human personnel for the health clinics are factored in. Human personnel need be established in order to properly staff the health clinics that will be in charge of distributing these medical aid products. Currently, the public health clinics are poorly staffed and underequipped. By establishing exact numbers on how many personnel is needed for these health clinics, heath service and the projected *NABCare* medical aid will be more prepared to serve those who are in need of it. The funding for this type of service would need to be determined by NABCOA.

We recommend that a network of healthcare providers be established. In order to properly administer the projected *NABCare* product at a lower cost, the healthcare service need also be provided to clients at a lower cost; and this could be effectively managed via the organization of a network of healthcare providers. We suggest a feasibility study be conducted in order to determine the network of providers.

We recommend that later on in the project, the product is sold through the Heineken primary healthcare clinics. By allowing the students of the Polytechnic of Namibia to sell this medical aid product, NABCOA will make its projected product, *NABCare*, more widely known throughout Namibia, and will be able to service the age group that is going to be in need of it most. A commission would be given to them, and they would have an incentive to advertize this

new and innovative product. To make this product widely well-known, however, it should be sold on the Heineken primary healthcare clinics as well. This way, there would be no need for a commission, since the healthcare clinic experts would be in charge of distributing this product. In addition, these clinics are able to reach more rural areas of Namibia, and could provide *NABCare* to those unable to afford the current medical aid options.

CHAPTER 6: CONCLUSIONS & FUTURE RECOMMENDATIONS

Currently, Namibia suffers from one of the highest HIV/AIDS infection rates in the world, with 20% of its population known to be HIV-positive (Pepfar, 2010). In the last few years, the amount of treatment allocated to people in need of anti-retrovirals (ARVs) has increased, providing treatment to just over 42% of those in need of care; more than half of the country is still in need of treatment and more of affordable health options (Avert, 2010).

The vast majority of Namibians currently do not have a medical aid plan, due to the inability to afford such services. The expense of private sector health clinics requires low-income families to seek help from the public sector health clinics. The public health clinics suffer from severe problems including extreme understaffing and several days of delays for appointments. Due to this, the public health clinics are not very attractive to those who have only this option. The majority of employed low-income families take major health risks for severe issues such as HIV/AIDS and other life-threatening illnesses.

Public Private Partnerships (PPPs) help to alleviate the problems in both the public and private sector, by combining resources in order to utilize each resource to its full extent. The Namibia Business Coalition on AIDS (NABCOA) works with other private sector companies and NGOs to develop Public Private Partnership models to support the fight against HIV/AIDS. In its past efforts, NABCOA has made progress in bringing testing supplies for HIV/AIDS and other diseases to people in both urban and rural areas, where such services would otherwise be inaccessible. The goal of this project was to develop a PPP model specifically for NABCOA in order to provide foundation for a partnership that would benefit both sectors in the face of HIV/AIDS crisis.

In order for our to acquire as much knowledge and expertise on this subject as possible, the interviewees were chosen based on their familiarity with PPPs and their relations with NABCOA in the past. All of the interviews were carefully processed through and synthesized for commonalities regarding what is required to make a successful PPP, and to identify the barriers oftentimes faced when getting a PPP off the ground. All of the interview subjects' comments were helpful to the overall model development. The team then combined the interview data with the information gained from researching other African PPP healthcare models.

The commonalities show that a clear end-goal is necessary in addition to trust and equal opportunities for each party involved. Furthermore, there must be some form of profit for the private sector. Another recurrent theme was medical aid for the lower-income tier of employed Namibians. When looking into this subject matter, the team discovered that the average monthly income of Namibian employees is approximately N$2,169 a month (LARRI, 2008). This means that with the average medical aid premium running around $768 per month for a standard 5-person family, medical aid constitutes about 35.4% of each family's income per month. This level of expense leaves many outside the healthcare system.

Due to this reality, it was proposed that a lower-income medical aid option should be created to cater to the low-income families who make far less than N$40,000 a year. The Public Private Partnership model product, *NABCare,* was created for NABCOA, which includes a detailed description of all of the necessary partners, resources, and factors required. It was estimated that this projected *NABCare* product would cost a 5-person family around $300 per month, rather than $768 per month for similar healthcare products.

LESSONS LEARNED

Throughout this process, the team learned a great deal about what makes Public Private Partnerships effective, and about previous PPPs that have achieved great success in some countries in need. In addition, the team learned about the many dimensions of HIV/AIDS, and how it affects not only a person's life, but also his/her work environment as well. The team learned more about ways to tackle this problem, using the knowledge gained from interviews and from researching to find the best possible solutions. The team also concluded that *NABCare* would be able to resolve the issue on affordable medical aid for low-income families.

FINAL RECOMMENDATIONS

Based on the conclusions and results of the project, the team has provided a list of the following recommendations for future research and development:

We recommend that NABCOA and its partners conduct a feasibility study to determine the practicality of *NABCare*. By conducting a feasibility study on the practicality of *NABCare*, NABCOA can determine how effective the product will be. This includes analyzing the affordability of the low-income employees for medical aid. NABCOA will also determine the most realistic to find healthcare services at a lower price.

We recommend that this lower-income medical aid (*NABCare*) expand with a larger outreach to more rural areas in Namibia. By expanding to more rural areas of Namibia, the projected lower-cost medical aid product, *NABCare* are likely to be a success. Low-income employees comprise the majority of employees in the rural areas in Namibia, and by offering them *NABCare*, it will become possible to cover a larger portion of the country.

We recommend the continued expansion of partners within the private sector. By extending the quantity of partners involved in this partnership, this projected *NABCare* medical aid product is sure to increase in visibility and popularity. This will amplify the rate at which low-income families will sign up to receive health care services.

We recommend that NABCOA continue to share these ideas and success stories with other AIDS coalitions to benefit their efforts against the fight against HIV/AIDS. To continue sharing these ideas and concepts to other HIV/AIDS coalitions around the world, the fight against HIV/AIDS is likely to increase exponentially, as more and more people will be able to afford quality healthcare. Countries suffering tremendously from the effects of HIV/AIDS would benefit in gaining this knowledge about how to reach out to their lower-income families that are in desperate need of health support and care.

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APPENDIX

APPENDIX A

WHAT IS AIDS?

AIDS (Acquired Immune Deficiency Syndrome) is caused by the virus HIV (Human Immunodeficiency Virus) (Avert, 2010). HIV attacks the immune system cells of an individual. As the infection prolongs and increases in severity, a person becomes less likely to be able to naturally fight off infection. When in the most severe state, they then can be diagnosed with AIDS. AIDS, first identified in the United States in 1981, shows symptoms of opportunistic infections, or AIDS related cancers. Some infections which ultimately diagnose a person with the disease include bacterial, protozoal, fungal, or viral diseases.

There are various stages of HIV infection, and each stage requires a certain level of care and treatment to avoid progression as much as possible (Avert, 2010). Stage 1 (Primary HIV infection) typically spans only a few weeks, and can be commonly overlooked due to the fact that the symptoms are those interpreted to be the common cold. Stage 2 (Clinically asymptomatic stage) lasts for a much longer period of time, often around a decade. The level of HIV present in the blood sinks to a very low level, but major symptoms are almost undetectable. Stage 3 (Symptomatic HIV infection) is when the opportunistic infections and cancers become apparent. Treatment for HIV at this point and time cannot reverse the damage done to the patient's immune system. The last, and most severe stage, is stage 4. Stage 4 is when HIV progresses to AIDS, which is very severe since there is no current "cure" for AIDS. There are

treatments available to prolong the infection of AIDS during the time HIV is diagnosed, and this involves antiretroviral therapy.

ECONOMIC MOTIVATION

Most businesses involved in partnerships for AIDS prevention and treatment aim to save the expenses for later. A study issued by Harvard Business Review discovered that the increased medical cost, decreased productivity, and other cost associated with HIV/AIDS was as much as 5.9% of the corporations' labor cost. Six companies in South Africa and Botswana participated in the study and the results showed them that 40.4% of the extra cost could be avoided by supplying the antiretroviral drugs at no cost to employees with HIV/AIDS. On the other hand, the delaying response to HIV/AIDS increases the initial intervention and ongoing cost. It is indicated that preventing is 3.5 to 7.5 times more cost effective than intervention (Corporate Council on Africa).

CURRENT EXAMPLES OF BUSINESS SUPPORT

Business could contribute to HIV/AIDS prevention and treatment in various ways. There are quite a few ongoing processes, which proved to be a success so far.

In Swaziland, an employers' anti-AIDS coalition has been set up to promote voluntary counseling and testing. The coalition not only includes larger companies but also small and medium sized enterprises. (AVERT, 2010)

In Botswana, the Debswana diamond company offers all employees HIV testing, and provides antiretroviral drugs to HIV positive workers and their spouses. This policy was

introduced in 1999 when the company found that many of their workforces were HIV positive. With a skilled workforce, it is financially worth their while to protect the health and therefore the productivity of their workers. Nevertheless, workplace programs for HIV treatment and prevention remain scarce in Africa. (AVERT, 2010)

ORGANIZATION OF NABCOA

According to the report supplied by NABCOA, it has one chairman, 10 board members, and 3 staffs, as presented in the following chart:

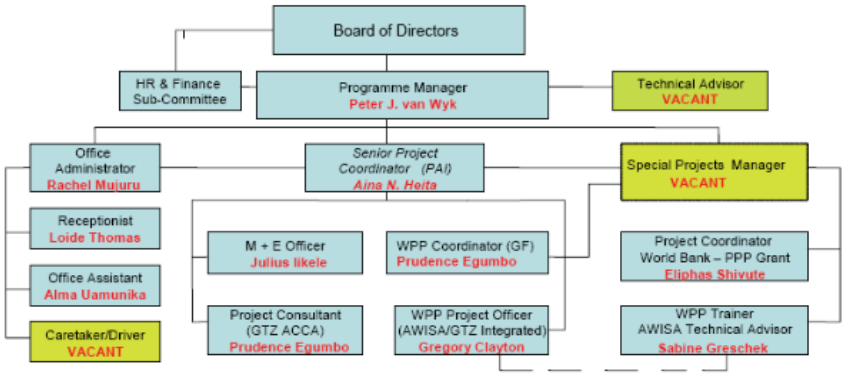

FIGURE 10: NABCOA INTERNAL STRUCTURE (VAN WYK, 2008)

GLOBAL SUPPORTERS OF HIV/AIDS PROGRAMS

The global effort in AIDS treatment also brings Namibia plenty opportunities, including projects by the CDC Global AIDS Program and PEPFAR (Centers for Disease Control and Prevention).The CDC works with the Namibia Ministry of Health and strives to provide medicinal aid and care for those already suffering with these diseases. In addition, the CDC was developed to help with diagnosis and prevention with expectant mothers and infants. President George Bush established the President's Emergency Plan for AIDS Relief (Pepfar, 2010) in 2003 which is another organization that works closely with the CDC to resolve this ongoing and persistent problem. There are also a few nongovernmental programs that are centered in Namibia, including Catholic Aids Action (CAA) and the Walvis Bay Multi-Purpose Centre. The CAA works alongside the Catholic Church to provide support for HIV/AIDS prevention programs. Walvis Bay Multi-Purpose Centre provides support with regards to the community's interests in the areas of counseling and support for current victims.

AIDS IMPACT ON AFRICAN ECONOMY

As previously discussed, HIV/AIDS severely slows down company development, ultimately threatens the economy's success; but the impact that AIDS has had on the economies of African countries is difficult to measure, as it decreases overall revenue and investment appeal, and makes the economy in a shaky state.

In spite of all the negative effects HIV/AIDS brings to companies, HIV/AIDS severely impact the household and decreases the income per family, lowering the consumption power as well as the market demand for products and services. Like the household side, the government

income also declines, because the tax income is falling, but at the same time, the expanding HIV epidemic increases the expenditures, which brings the government great pressure to make a financial decision for the country (Avert, 2010).

As we know, the diversified industrial base, exports and foreign investment are crucial to a country's economic growth. By limiting yield, rising up labor prices, and reducing profits, AIDS makes African countries less attractive to investors, since the low-cost labor is not as reliable and productive as they were expected to be (Avert, 2010).

When considering the economy development in long-run, the AIDS impact is more serious. In many highly affected countries, studies have shown a loss of 1-2% of annual gross domestic product compared with a hypothetical "no AIDS" situation. If we take 1.5% GDP reduction per year, then after 25 years the economy in Africa will be one third less than it would otherwise have been (Ashford, 2006).

In addition to the GDP loss, it is difficult to calculate the human capital decrease, as children's education, nutrition, and health suffer directly and indirectly due to AIDS. The effects of lower investments in the younger generation could affect economic performance for decades.

BUSINESS STRENGTH AND CONTRIBUTION

Business sectors could contribute plenty to the HIV/AIDS workplace programs, and public professionals are willing to work with private sectors for several compelling reasons. As a private business sector has unique capabilities to offer the materials, skills and networks in fighting against AIDS. The following figure present a more detailed summary regarding to the business strength that can be leveraged to HIV/AIDS programs.

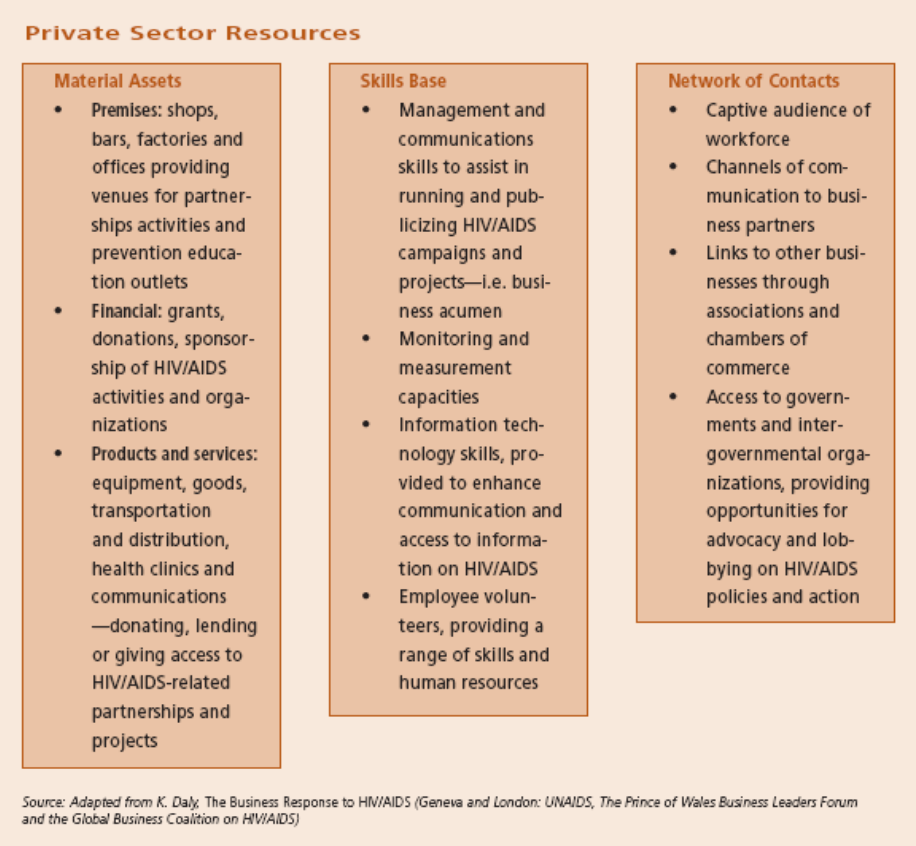

FIGURE 11: BUSINESS STRENGTH (CORPORATE COUNCIL ON AFRICA)

APPENDIX B

Interview Questions for DED

Conduct 1 Interview with DED

- What role does DED play in a PPP?
- What is the structure of the partnership and what are the requirements for DED to play a role?
- What PPPs has DED been involved in?
- What is the process for getting a PPP funded?
- Is there anything you think NABCOA does well or could improve?
- Do you have any suggestions for making a PPP successful from the start?
- What is needed to improve healthcare in Namibia? (Matthew)

APPENDIX C

Interview Questions for BBCA

Conduct 1 interview with BBCA

- Can you describe what your PPP is and how it works?
- Are there any certain aspects that made your PPP model become successful?
- When first starting, what was the biggest setback in getting the PPP to take off?
- What aspects of the PPP in Botswana could be applied to Namibia?

APPENDIX D

Interview Questions for Government Officials and NGOs

Conduct 2 interviews with Government Officials and 2 interviews NGOs from Namibia

(Government Officials)

- How willing are you to take part in a PPP Healthcare model, as opposed to any other PPP branch?
- What aspects are crucial to making a PPP model successful?
- What is the regulation process for a PPP to begin?
- What sort of funding resources could you provide towards a Namibia PPP?
- What other resources may be useful to us?

Ministry of Health

  - What PPP models have you been involved with?
  - What do you find is required for a PPP to be successful?
  - What challenges have impacted your experiences?
  - Is there any funding set aside for PPP models in your government related to HIV?
  - What resources can the public sector bring to the partnership?
  - Where in healthcare do you see a need for a PPP?
  - Proper capacity is known to be one of the most important aspects of a successful PPP. Do you have any suggestions on how to go about gaining more personnel to be used in a partnership?
  - What would attract the Ministry to becoming involved in a PPP?

- In a PPP, which requirements are more suitable for the public sector and which for the private?

(Non-Governmental Organizations)

- What are you looking to get out of a PPP?
- What makes a PPP effective?
- What funding resources will be available to NABCOA when creating a PPP?
- What are the major challenges when trying to get a PPP model to be as successful as possible?
- What type of PPP model is the most necessary right now for Namibia?

PharmAccess

- Have you been a partner in any other PPPs besides those with NABCOA?
- In your experiences, what makes a PPP effective?
- What are you looking to get out of the next PPP with NABCOA?
- What type of PPP model is the most necessary right now for Namibia?
- Where do the main funding resources come from when creating a PPP?
- What are the major challenges when trying to get a PPP model to be as successful as possible?
- What method do you find most effective to gain participation from the partners?
- Do you have any concerns about starting the next PPP that we should take into consideration?

APPENDIX E

Interview Questions for NPC

Conduct 1 interview with NPC

Vekondja Tjikuzu

8:00am-8:45am

- What is your relationship with NABCOA?
- How willing are you to take part in a PPP Healthcare model, as opposed to any other PPP branch?
- What aspects are crucial to making a PPP model successful?
- What is the regulation process for a PPP to begin?
- What sort of funding resources could you provide towards a Namibia PPP?
- What other resources may be useful to us?
- Other advice with regards to creating our own PPP model?
- During process, what are the major challenges with bringing public partner with private partner?
- Does NPC only function at forming the partnership, or during the entire process

APPENDIX F

Interview Questions for USAID

Conduct 1 interview with USAID

Mary Jordan

16:00-

- What other private and public partners do you work with?
- Are there other companies you work with could we potentially benefit in speaking to?
- Have you ever worked with the Namibia private sector before?
- What is one or two of the best PPP examples you have worked with?
- What are some of the difficulties you have experienced with PPPs?
- What extraneous considerations must be taken into account when working with AIDS specific PPP models?
- Is there one aspect of making a PPP that is the most important or useful?
- What funding levels are required to achieve your primary goals, and where does that funding come from?
- What types of private sector companies have been most successful in creating and sustaining PPPs?
- How do you get companies involved in the startup of a PPP?
- Dou you have any ideas on a possible/potential PPP in Namibian context?

APPENDIX G

Interview Questions for NABCOA

Conduct 5 Interviews with NABCOA staff including Peter J. van Wyk, Aina Heita, and two other members

- What PPP models have you been involved in?
- Can you briefly explain what the successful components were?
- Can you briefly explain what the unsuccessful components were?
- Do you have any suggestions about how to go about avoiding such complications?
- Do you know of any risks that come with creating a healthcare PPP as opposed to any of the other types?
- What companies have the strongest relationship with NABCOA in both the public and private sectors?
- What size company in the private sector are you looking to aim the PPP towards?
- Are the partners in the PPP usually willing to participate or do they require some form of motivation?

APPENDIX H

Interview Questions for Global Fund

Conduct 1 Interview with Global Fund

- What is Global Fund's relationship with NABCOA?
- What additional public and private partners do you work with?
- Are there any requirements for funding?
- Are there any recommendations for NABCOA for getting a PPP to be successful?
- Do you have any suggestions for where a PPP is needed in Namibia?

APPENDIX I

Interview Questions for NAMCOR

Conduct 1 Interview with NAMCOR

- Is there any background information we should be aware of?
- How many people does your company employ?
- What are you looking to gain by being part of a partnership?
- What does your medical aid cover?
- What would turn you away from becoming involved in a PPP?
- What kinds of resources would your company be able to provide to the partnership?
- Is there any area in healthcare where you see a need for a PPP?
- Do you think the programs should be more focused on education/prevention or more in terms of treatment?
- Would you advocate for a low-cost medical aid?

APPENDIX J

Interview Questions for NAMCOR

Conduct 1 Interview with NAMCOR

- How many people does the company employ?
- What requirements does a partnership need to include in order to attract your involvement?
- What would turn you away from becoming involved?
- What are you looking to get out of being a member in a partnership?
- What kinds of resources would your company provide to the partnership?
- In what area of healthcare do you see a need for a PPP?
- What types of insurance do you offer to your employees?
- What portion of a more inclusive insurance product would you cover for your employees?