Public-private partnership as a sustainable model for STI service delivery

Evidence from Avahan-supported interventions in Andhra Pradesh, India

Background

Providing quality STI services for sex workers without stigma or discrimination and providing the services at lower operating costs to make them sustainable are essential to HIV control efforts in resource-poor settings such as India. To identify the most effective healthcare model for STI service delivery, three models were introduced in 13 districts in Andhra Pradesh as part of a comprehensive HIV prevention intervention program funded by the Bill & Melinda Gates Foundation through its Avahan India AIDS Initiative. The three models were project-owned clinics, private clinics, and public-private partnership (PPP) clinics.

The PPP clinics were called Mythri Clinics. The model uses infrastructure and personnel of existing public healthcare facilities and provides an essential package of STI services; services are provided to clients from key population (KP) communities—female sex workers, men who have sex with men, and transgender individuals—after regular outpatient hours.

Methods

Analysis was performed on program data that showed 52,117 sex workers attended 127 clinics (49 project-owned clinics, 48 PPP clinics and 30 private clinics) between January and December 2010. Indicators used for analysis were: coverage of services, number of consultations, services availed, regular medical check-ups, STI rates, syphilis screening, and screening for HIV/STIs.

For cost comparative analysis, the annual operational costs for each model were used to calculate unit costs, based on total clients who visited the site.

Results

The PPP model was cost-effective (INR 155 per patient per annum) when compared to project-owned model (INR 303 per patient per annum) and private models (INR 191 per patient per annum). The PPP model had higher percentage of KPs accessing clinical services (31% vs. 29%), availing STI consultations (72% vs. 70%), STI detection rates (6% vs. 3%), and higher percentage of screening for syphilis (86% vs. 81%) and for HIV (68% vs. 41%).

Conclusions

The PPP Mythri clinic model:

• Led to a more efficient use of infrastructure and personnel of the existing public healthcare facilities.
• Leveraged strengths of both the public and the private sector.
• Resulted in sustainable availability of STI services.
• Supported STI services that were more KP-friendly; KPs were less vulnerable to the stigma often found in STI clinics.
• Strengthened government facilities in terms of infrastructure and staff capacities.

Box: Outcome Indicators for Three Models of STI Service Delivery

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Mythri Clinics</th>
<th>Project-owned Clinics</th>
<th>Private Clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of total KPs covered</td>
<td>13,351</td>
<td>33,850</td>
<td>5,538</td>
</tr>
<tr>
<td>Percentage of KPs accessing clinic services every month</td>
<td>31%</td>
<td>29%</td>
<td>28%</td>
</tr>
<tr>
<td>Percentage of KPs availing STI consultations every quarter</td>
<td>72%</td>
<td>70%</td>
<td>70%</td>
</tr>
<tr>
<td>Percentage of KPs availing RMC every quarter</td>
<td>69%</td>
<td>68%</td>
<td>66%</td>
</tr>
<tr>
<td>STI rates</td>
<td>6%</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>Percentage of KPs screened for syphilis during the year</td>
<td>86%</td>
<td>81%</td>
<td>78%</td>
</tr>
<tr>
<td>Percentage of KPs screened for HIV during the year</td>
<td>68%</td>
<td>65%</td>
<td>62%</td>
</tr>
</tbody>
</table>

Key Population Accessing STI Services from Mythri Mainstreaming Model Clinics

“Now I go to government hospitals like anyone else; thanks to Mythri Clinics, I am able to access STI services without any stigma. I’m healthier now.”

32-year-old rural sex worker and Mythri Clinic client

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Contacts

Ravi Kanth: mravikanth@allianceindia.org
Prabhakar Parimi: pprabhakar@allianceindia.org