

Background



Namibia is an upper-middle income country in Southern Africa with a population of 2.3 million people. The Public Service Employees Medical Aid Scheme (PSEMAS) is the private healthcare insurance system used by the Namibian Civil Service.

Namibia has a public healthcare system that uses antiretroviral drugs (ARVs) procured by the Ministry of Health (MoH) to manage the viral load in HIV-positive patients. Due to the high HIV prevalence rate in Namibia¹, the MoH is looking to reduce the cost of these ARVs.

Due to lower purchase order volumes, ARV prices in the private sector are often higher than the centrally negotiated prices in the public sector. To decrease the costs of the private insurance used by government employees, the MoH has requested that ACS (African Collaborative for Health Financing Solutions) examine the feasibility of giving PSEMAS beneficiaries access to centrally procured pharmaceuticals.

Status



This project is still ongoing, and a confident recommendation cannot be made at this time.

Equipping private clinics with centrally procured antiretroviral drugs may decrease healthcare costs for the Government of Namibia.

Method



1. Literature Review: Public-Private Partnerships in Sub-Saharan Africa.
2. Developing data categories and interview framework.
3. Country Case Studies: Kenya, Zambia, South Africa.
4. Collaboration with local stakeholders.

Challenges



- Data often not publicly available.
- Few analogous Public-Private Partnerships in Sub-Saharan Africa.
- Difficult to conduct interviews without local presence.

Next Steps



1. Transition from desk-review to phone interviews with local stakeholders.
2. Increased focus on modelling expected impacts of the transition.

¹ Approximately 12.1% of adults in Namibia aged between 15 – 49 currently live with HIV (UNAIDS)