Case study No. 6

The challenge of combating HIV and syphilis in Coresia

Social protection programmes for people at risk of and living with HIV/AIDs and syphilis

The various health care schemes come under the purview of the Ministries of Health, Social Development, Planning, Home Affairs, and Finance. It is estimated that at present, about half the population in the country has access to quality health care services through subsidized and contributory schemes. Most informal economy workers are presently not covered by any social protection programmes.

About 18 per cent of the total population is covered under the Public Health Care Plan, a health insurance scheme targeted at the poor and near poor population and funded by the Government. Compulsory health insurance programmes, which cater to civil servants, military personnel, and formal private sector employees, have been in existence for many years. The National Law for the Extension of Social Security (No. 293), enacted on 11 August 1995, provides a legal framework to design and implement a system to provide basic social security and welfare to all Coresian workers and their dependants. The Law has been adopted and its implementation started with the design of insurance programmes which aim at providing essential health care services and facilities to all people.

Existing health care schemes include:

- **"National Health Insurance Programme (NHIP)":** Under this programme, all workers in private sector organizations of ten or more employees can avail insurance in the event of sickness of the employee or the employee's dependants. This also includes documented migrant workers who have a formal work permit in Coresia. The contributions amount to 3 per cent of the wage by employees on a monthly basis and

an equal amount by the employer. If the employees have dependants, then they contribute 6 per cent of the wage every month, while the contributionby the employer remains unchanged. The maximum wage to be considered for contributions is COD20,000 per month. Employers may opt out of the NHIP scheme if they provide higher benefits to employees under privately run schemes or establish in-house medical services. The NHIP fund is supervised by the Ministry of Labour. In 2011, membership to NHIP reached 4,149,325 workers (about 30 per cent of formal sector workers). The total beneficiaries (including workers and their dependants) stood at 7,247,721 people. This is a very small proportion of the employed and total populations. This is due to the non-coverage of small enterprises (fewer than ten employees) and weak enforcement. It has been observed that there is high social evasion by private sector employers who do not provide any health protection to their workers under NHIP or otherwise. In June 2012, the Ministry of Labour Decree No. 373/2012 was enacted, whereby certain high-cost treatments, such as those for HIV-AIDS, heart surgery, chemotherapy, haemodialysis, and syphilis, have been included in the benefit package of NHIP. The Government has yet to implement the decree and make the treatment available to beneficiaries. The Decree No. 373/2012 provides for the following benefits:

- Testing for HIV by providing voluntary counselling and testing (VCT);
- Check-ups including viral load and cluster of differentiation 4 (CD4) counts for all HIV-positive people;
- Anti-retroviral (ARV) treatment for those HIV-positive people in need of treatment; the treatment may be either ARV line 1 or ARV line 2 depending on the condition of the patient;
- Mother-to-child-transmission (MTCT) prevention package and syphilis test for all insured pregnant women;
- Antibiotic treatment for expecting mothers with syphilis.

- **"Medical Beneficiary Programme for Civil Servants and Military Personnel (MBP)":** All civil servants (both active service and retired), retired police and military personnel, war veterans, and their dependants are automatically registered under MBP and are entitled to insurance benefits and subsidized medical care under this scheme. The contributions amount to 3 per cent of the salary by public servants on a monthly basis and an equal amount by the Government. Active military and police personnel are entitled to in-house medical care and have access to special military hospitals. The MBP fund is supervised by the Ministry of Finance. In 2011, membership to MBP was 2,421,687. However, HIV-AIDS and syphilis are not covered by this scheme.

- **"Public Health Care Plan (PHCP)":** The PHCP is a non-contributory scheme providing essential health care services, medicines, and other necessities to poor and near poor people free of charge. Beneficiaries are treated or counselled in community health care centres and designated government hospitals. Medicines can be bought at no cost at the community health care centres. The programme provides essential health care but excludes high-cost treatments, including anti-retroviral treatment for HIV, chemotherapy, among others. Even the low-cost syphilis treatment is excluded in this package. Under the PHCP, the community health care centres receive capitation payments based on the number of poor and near poor people in the community and historical data on the number of people seeking care at the centres. Per capita cost under PHCP was COD2,500 in 2011. The programme had about 11.5 million beneficiaries in 2011 (18 per cent of the population), of which 2.3 million were poor (representing 48 per cent of the total poor population).

Some provinces that have been successful in covering their poor population under the PHCP have extended the scheme to near poor and non-poor informal economy workers as well.

- **"Social Health Insurance for Self-Employed and Informal Sector Workers, and SME Employees (SHI)":** The SHI programme for informal economy workers was launched in 2008 following the Ministry of Labour Regulation No. 173/2007 on 'Providing Social Security and Health Care to workers in the informal sector as well as workers in small and medium-sized enterprises (SMEs)'. The programme is targeted at self-employed workers, informal economy workers, and SME employees. It is assumed that their average monthly earnings are at the level of the minimum wage of COD6,000 per month. Under this programme, the protected workers and their dependants can avail health care benefits and services. For health care, the employee contribution is 3 per cent of the reference income (minimum wage) for workers without dependants and 6 per cent for workers with dependants. Employers pay a contribution of 3 per cent of the reference income. In the case of self-employed workers, the worker pays both worker and employer contributions. After a sharp increase in coverage, the total number of insured seems to have stabilized at around 1 million people. Membership to SHI varies widely from one month to the next since affiliation is voluntary and members can easily opt in and opt out of the programme. Surveys show that the programme is not very popular among its target group. SHI also does not provide any testing or treatment packages for HIV and syphilis.

Growing challenges

Although the Government of Coresia has made an effort to include the entire population in health insurance schemes, a sizeable portion still does not have access to any scheme. Currently, over 50 per cent of the poor population is not covered by health insurance.

The prevalence of HIV and syphilis has increased over the past few years. The Government wants to increase awareness about these diseases and take measures to reduce their spread. At present, these diseases are not covered by any scheme. The recent Ministry of Labour Decree No. 373/2012 stipulates that an HIV testing, check-up, and treatment package be implemented under NHIP. However, the Government has yet to start the implementation process.

HIV and syphilis can be transmitted from a mother to her child during the final stage of pregnancy and childbirth. Treating these diseases in pregnant women is especially important to prevent its transmission to the newborn children. Testing and treatment for syphilis is both cheap and crucial, as it can prevent undesirable circumstances, such as stillbirth and spontaneous abortion, prenatal death, neonatal infections, and low birth weight babies.

Way forward

During the joint discussions, a member of the UN-GOC SPF team in Coresia recommended that the Government consider the extension of the benefits stipulated by Decree No. 373/2012 to the entire population. The Ministry of Health representatives at the discussion pledged to explore the legal framework for including testing and treatment for HIV and syphilis in a stand-alone universal scheme or as part of PHCP. At the same time, they requested the UN-GOC SPF team to provide a preliminary estimate of the cost that would be incurred.

As testing and treatment for syphilis and HIV and prevention of MTCT in pregnant women are essential, it was agreed that a package covering all pregnant women could be considered. There was also a consensus on the fact that providing regular check-ups (two viral loads and two CD4 counts every year) to people living with HIV and ARV treatment (line 1 or line 2 depending on the condition revealed during the check-ups) were essential.

However, the different stakeholders in the meeting were divided on providing voluntary counselling and testing for the detection of HIV. Some people felt that VCT should be provided to everyone in the sexually active age group (15–59 years). The rest were of the opinion that this would be very expensive. They felt that VCT should be provided to people who were most-at-risk of being affected by HIV. Finally, the UN-GOC SPF team agreed that they would draft the cost estimates for both situations and the Government could decide on the implementation on the basis of the estimates.

The legal framework

Table 21: Legal framework of social protection programmes in the case of HIV and syphilis

Programme	Legal framework
National Health Insurance Programme (NHIP)	• Law No. 157/1984 on 'Ensuring worker health and safety' • Ministry of Labour Regulation No. 29/1986 on 'Health and safety of workers' • Ministry of Labour Decree No. 373/2012 on 'High cost treatments'
Medical Beneficiary Programme for Civil Servants and Military Personnel (MBP)	• Law No. 110/1973 on 'Welfare of civil servants, military, and veterans' • Government Regulation No. 12/1977 on 'Contributions to health insurance for civil servants' • Government Regulation No. 36/1979 on 'Health care for police and military personnel'
Public Health Care Plan (PHCP)	• National Law No. 293/1995 for the 'Extension of social security' and its amendments • Law No. 619/2008 on 'Guaranteeing public health services'
Social and Health Insurance for Informal Sector Workers (SHI)	• Law No. 157/1984 on 'Ensuring worker health and safety' • National Law No. 293/1995 for the 'Extension of social security' and its amendments • Ministry of Labour Regulation No. 173/2007 on 'Providing social security and health care to workers in the informal sectors'

Questions:

Module 8 – Please complete the assessment matrix provided to you on the basis of the case. You are encouraged to discuss the case within your group and refer to the *World Café* reports while completing the matrix. Please keep in mind that you should address the issues of HIV and syphilis only.

Module 10 – Please translate the recommendations of your group into three scenarios.

Module 11 – Please calculate the cost of implementation of each scenario. Your group is required to propose one scenario to the Government for implementation. Please keep in mind that the cost of implementing the scenario you propose should not exceed the budget allotted to your group in the *Jeopardy* and *Who wants to be a protectionaire?* games. Strengthen your proposition by linking the cost of implementation to economic indicators such as GDP.

Module 14 – Please develop an advocacy campaign to lobby for one or several policy options and gain support for the endorsement and implementation of your recommendations.

Assumptions for costing (for facilitators to provide to their groups)

Table 22: Share of formal and informal employment

Share of formal employment	**37.7%**
Share of informal employment	**62.3%**

We assume that the share of people with HIV in the informal sector is 62.3 per cent of the total population with HIV and that this percentage remains constant for all years until 2020.

The administrative cost of social protection schemes targeting people with HIV can be assumed to be 10 per cent of the cost of benefits due to the complexities in identifying and reaching out to potential beneficiaries.

The sexually active age group includes people who are 15–59 years old. Of this number, 4.5 per cent can be classified as most-at-risk. This percentage is assumed to be constant for all years until 2020.

People with HIV represented 0.25 per cent of the total sexually active population in 2011. This number is assumed to increase by 10 per cent every year due to new infections and improvements in identification processes.

Among those with HIV, 12 per cent required ARV treatment in 2011. This number may be assumed to increase by 16 per cent every year until 2020 due to the advancement of the illness.

For the most-at-risk population, 2.5 per cent of VCT results are positive, 97.5 per cent are negative. The proportion of ARV line 1 users is 91 per cent and the proportion of ARV line 2 users is 9 per cent.

For the sexually active age group, 0.3 per cent of VCT results are positive, 99.7 per cent are negative. The proportion of ARV line 1 users is 91 per cent and the proportion of ARV line 2 users is 9 per cent.

For pregnant women, 1.78 per cent of syphilis test results are positive, while the rest are negative.

For pregnant women detected with HIV, MTCT prevention is compulsory.

The per head cost of various tests and treatments in 2011 is given below in COD. This number increases in proportion to inflation every year until 2020.

Table 23: Per head cost of various HIV and syphilis tests and treatments

Test or treatment	Unit cost in COD	Recommended frequency
Per head cost of VCT (if result is positive)	573	1 to 2 per year
Per head cost of VCT (if result is negative)	191	
Per head cost of CD4	570	2 to 4 per year
Per head cost of viral load	2 849	
Annual cost of ARV line 1	13 125	This indicates annual cost of treatment
Annual cost of ARV line 2	157 500	
Per head cost of MTCT prevention	21 832	This indicates the cost for one pregnancy and delivery
Per head cost of syphilis test (for positive results)	84	1 during the pregnancy
Per head cost of syphilis test (for negative results)	7	
Per head cost of antibiotic treatment	67	

People receiving ARV treatment have to travel to a hospital or health centre at least twice per year to collect ARV treatments and check the CD4 count and viral load.