

# The Hope Clinic Lukuli

**Affordable Medical Treatment from Good and Caring Staff**

(NGO:5914-4003)

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## **Public Private Partnerships in Health Service Provision – Examples in Makindye, Uganda**

The Hope Clinic Lukuli continues to increase its linkages to the community level health providers and to be recognised by the city council and Ministry of Health as an important participant in health services provision. Having completed seven years since its foundation, and two years in the new premises, the clinic has a broad range of collaborations. The following are examples of public private partnerships in Makindye Division, part of the capital city, Kampala:

**Malaria treatment:** Since May 2007, Hope Clinic Lukuli has been able to access the NGO facility for malaria treatment drugs. The new Artemisinin-based Combination Therapy (ACT) drug available in Uganda under the facility is called Coartem. It is provided in four dosage packages and Hope Clinic Lukuli is able to receive it free of charge and provide it to the clients. This means that although the clients still pay half a US dollar for the medical examination and \$1.50 for the laboratory testing, the potential cost of Coartem from a drug shop (US\$10) can be avoided. Without this public-private cooperation, such free malaria treatment would only be available at government-staffed facilities. The nearest one to the clinic is 3-4km away; yet 50,000 people live within only 2km of the clinic.

**Malaria prevention:** In December 2005, Rotary International funded a small net retreatment programme which could also make lower quality nets into permanently impregnated nets. The exercise revealed the great lack of nets in households and so in the later half of 2006 and early 2007, Rotary paid for a further 1,500 long lasting impregnated nets (LLINs). The public private partnership in this situation was between the clinic and an international donor (USAID), although the AFFORD health marketing initiative, Malaria Consortium and NetShoppe were the parties we dealt with. The nets were being made available to collaborating partners at a price that was about half that in the retail outlets. This meant we could buy twice as many nets as could have been achieved. The nets were given out free of charge to mothers attending our ante-natal classes and to guardians of children attending child immunisation sessions.

**HIV counselling and testing:** The provision of free-to-client HIV counselling and testing was an early addition to the basic maternity and fever management when the old clinic started. Just prior to the new facility opening in July 2005, the Ministry of Health department for PMTCT was providing test kits when available, but we otherwise had to purchase them. The cost of US\$1-2 per test could not be passed on to clients based on experience that even after counselling for an hour and being willing to test, that cost was still a barrier to access health care. In March 2006, the public private linkages with the Aids Control Programme of the Ministry of Health were evidenced by the accreditation of Hope Clinic Lukuli as an Anti-retroviral Treatment Centre and therefore able to access commodity support from the government. They in turn were supported by the Global Fund for Aids, TB and Malaria and by the US Government. In June 2006 we received a six month supply of three different test kits for HIV and our client numbers grew rapidly to over 150 a month by the start of 2007. All free of charge to the client.

**HIV Care and Support:** Another aspect of public private partnership has been the collaboration between Hope Clinic Lukuli as an independent NGO and the large, national government or donor funded programmes and organisations. Particularly in the HIV sector, the early stages of mobilisation, awareness and post-test care and support is not delivered by government. In mid-

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2006, The Joint Clinical Research Centre (JCRC) entered into an agreement with Hope Clinic Lukuli to provide the technical skills and experience of the world-renowned JCRC TREAT project to the community in Lukuli. The fortnightly visits quickly revealed a massive underserved population including many who had wished to confirm their expected HIV positive status but had previously been unable to. The partnership between the publicly and donor funded JCRC and the private Hope Clinic Lukuli has meant that we now have 180 PLHA receiving fortnightly check-ups near their homes and in the interim can access Hope Clinic Lukuli for examinations and check-ups. Guardians of children can collect their ARVs from the clinic which have been provided by JCRC.

**Maternal and reproductive health:** The Hope Clinic Lukuli was recognised by the Kampala City Council as being deserving of financial support for the July 2006 to June 2007 financial year. The public private support has been in three forms from the city. A lump sum contribution to our operational overheads and staff costs was made to the equivalent of one month's net salary for the medical team. A smaller amount was deposited by the city council to the Joint Medical Stores from whom we procure our drugs and medical consumables. The credit line amounts to only 10% of our drug costs but we have applied it to the various items used for maternity ante-natal and deliveries. This helps maintain a low cost of US\$15 to deliver a baby including the overnight stay in a private delivery room. The third support is the provision of free family planning items including oral and injectable contraceptives.

**HIV and STI medications:** Support from the health ministry, donors, large programmes and the city council is coordinated at Hope Clinic Lukuli with support from the private non-health sector in the form of sponsorship of staff and services. The considerable in-kind support from Ugandan companies in 2004 and 2005 enabled the new health facility to be built to a high standard and repeat donations in 2007 are helping maintain its appearance. Each year since 2005, the private, commercial Aggreko international has been supporting our HIV, maternity, child and youth health services. Their donations of funds are critical as, in 2005 and 2006, they paid the salary of the counsellor providing the free HIV counselling and testing service. The kits from the government are only half of the cost facing Hope Clinic Lukuli and so Aggreko ensured we could offer that service free of charge.

The DFCU Group has a strong community interest in HIV within its banking group. They have supported Hope Clinic Lukuli to enhance its laboratory with a complete upgrade from the equipment transferred from the old clinic premises. They also contributed to the cost of a medical VSO who has formalised the clinical protocols for maternal health, fever management, STIs and opportunistic infections associated with HIV.

The 2007 support from Aggreko has been to address an issue identified in community outreach visits from Hope Clinic Lukuli and endorsed by the Assistant Commissioner for Reproductive Health in the Ministry, Dr Twa Twa. The youth were unable to access cash from their parents, and some HIV clients lacked any access to funds with which to seek consultation, testing and any medication for STIs. For the youth, puberty and early sexual activity can lead to a huge risk of STI which either risk future reproductive health problems or more exposure to HIV infection. Once HIV infected, STI are a frequent complaint and can cause re-infection. Aggreko responded to this need and so a private commercial company is funding a government/ publicly endorsed need to deliver a service in the independent NGO, Hope Clinic Lukuli.

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**Local partnerships:** The Hope Clinic Lukuli has benefited from a four month community outreach programme to identify HIV peer educators and support groups as well as private sector drug shops and self-employed midwives. The resulting referral network has encouraged midwives offering ANC services to refer women to deliver at the clinic as well as to visit the clinic for their PMTCT HIV test. Drugs shops who feel they have exhausted their medical treatment or diagnosis capacity can refer patients for a check-up. The public private partnership here is also three way cooperation with government and the clinic as an NGO. The referred patient is examined and diagnosed at Hope Clinic Lukuli but then encouraged to take their prescription for medication back to the drug shop thereby ensuring that they maintain their trade. This is a good example of competitive advantage as some referred clients also get to access the free services available at Hope Clinic Lukuli and pay for the laboratory but still get syrups and tablets from the local shop.