



Webinar series 2021

Towards Sustainable
Healthcare Systems in Africa

NCDs: An urgent call for primary healthcare system strengthening in Sub-Saharan Africa

A Webinar Report

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Curated by



Speakers



MODERATOR

Dr. Karim Bendhaou

Head of Africa Bureau,
MERCK Group and Chair of the
Africa Engagement Committee



KEYNOTE ADDRESS

Dr. Amit N. Thakker

Executive Chairman,
Africa Health Business



SPEAKER

Dr. Jacqueline Kitulu

1st Deputy Governor,
Kenya Red Cross Society



SPEAKER

Mr. Arpit Bansal

Director Sub Saharan Africa,
AstraZeneca



SPEAKER

Mr. Eric Angula

Head of Strategy, Partnerships
and Government Relations,
Medtronic Labs



SPEAKER

Dr. Anuschka Coovadia

Partner,
Usizo Advisory Solutions



SPEAKER

Mr. Vinay Ransiwal

Vice President & General Manager,
Novo Nordisk Middle Africa

Event Partners



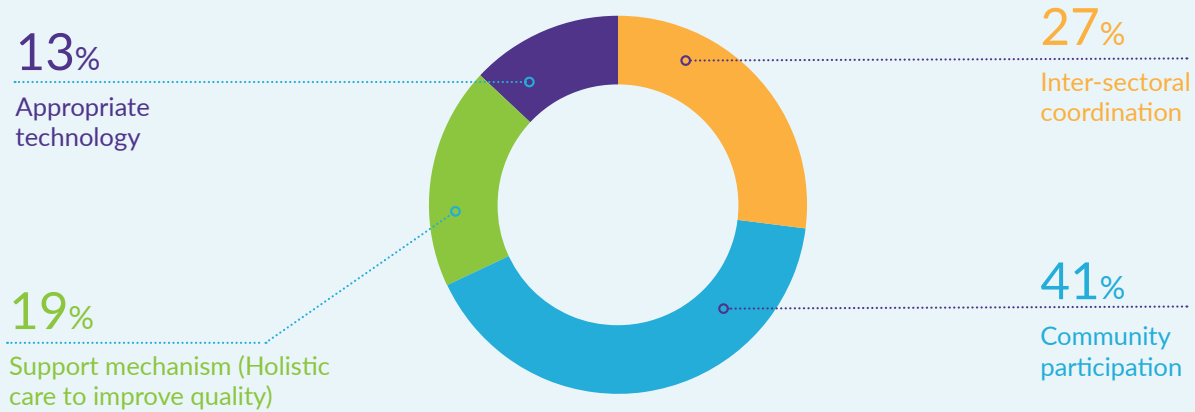
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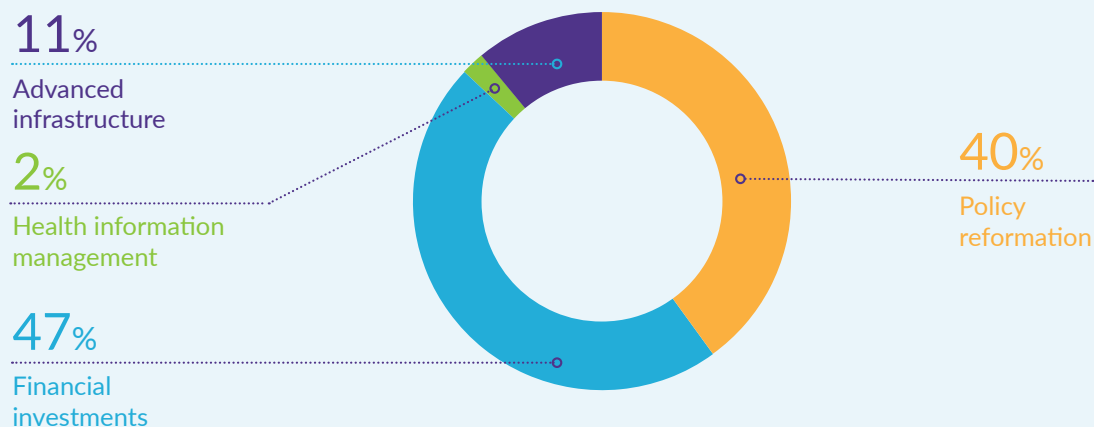
Poll Results

During the webinar, we ran polls on the topic to gather opinions, insights and feedback from our attendees.

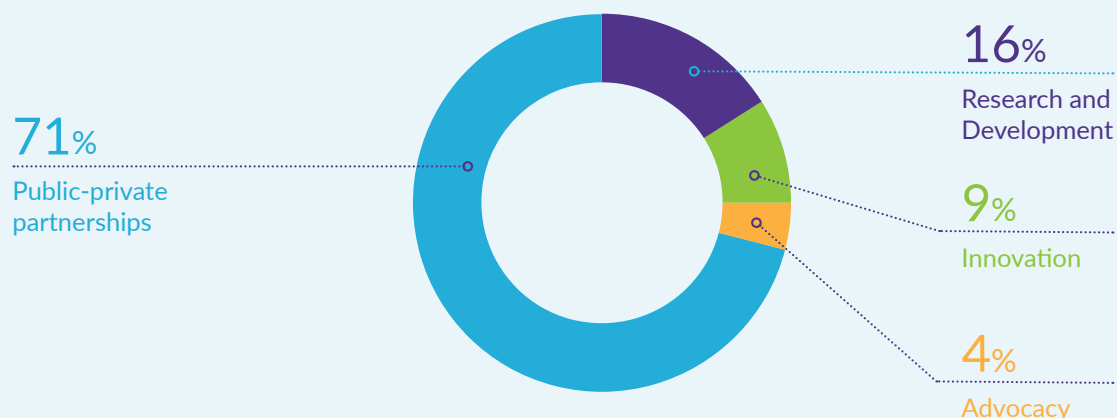
Which of the 4 main pillars of primary health care is the best in terms of tackling NCDs in Sub-Saharan Africa?



Generally, what is most needed to strengthen primary health care systems in Africa?



Where can the private sector's support be most valuable towards strengthening primary health care systems in Sub-Saharan Africa?



Background

The AHBS series are established to connect leaders in the healthcare industry, share knowledge and lessons learnt and inspire further growth and development in the African healthcare space. The AHBS 2021 webinar series, addressed various issues such as COVID-19, immunization, healthcare financing, partnerships, Ministry of Health insights and Non-Communicable Diseases (NCDs).

The movement towards Universal Health Coverage (UHC) is currently one of the most prominent global health priorities. According to the United Nation's Sustainable Development Goals (SDGs), all member states have signed an agreement committing to achieve UHC by the year 2030. Emphasis should be placed on the role of primary healthcare in

supporting the attainment of UHC. The goal is to integrate the needs of patients into a framework that organises and delivers quality and cost-effective health care to all.

“Optimally, primary health care systems should only be used to serve the right patients at the right time, the right place by the right healthcare worker and at the right cost”.

Dr. Anuschka Coovadia

Clinical experience on NCDs

Primary healthcare spans various health issues affecting the upper, middle, and lower classes of the society. To strengthen primary healthcare systems, it is crucial to invest in public health education, especially regarding NCDs which are easily preventable. Additionally, it is key to reconsider the cost of monitoring and screening NCDs, cost of medication, and systems and policies which have been put in place to support patients. These and other factors within the primary healthcare setting should be the focal point of discussions geared towards the achievement of UHC for African countries. Below are three case studies reported in Kenya, demonstrating the situation and status of NCDs in Africa.

Case study 1:

An 80-year-old man who is a retired businessman and has been a patient of severe high blood pressure for the about 20 years. At an early age of 16 years, he started smoking and later graduated into a heavy smoker smoking between a pack to a pack and a half every day. Most the discussion with his clinician was focused on the complications caused by smoking on hypertension. Unfortunately, he refused to discuss his smoking habits and said that he was not willing to quit. About 5 years ago, he was diagnosed with Chronic Obstructive Pulmonary Disease (COPD) characterised by difficulty in breathing which eventually forced him to quit smoking.

Case study 2:

A 40-year-old man who is a married security guard with no health insurance. He has a history of severe fatigue, loss of weight, and general frequent illness symptoms. Basic examination by his physician revealed that he was diabetic even though he had no family history of diabetes. By the nature of his job and being his family's main breadwinner, he cannot afford the proper care, testing, treatment, and monitoring of diabetes.

Case study 3:

A 14-year-old girl who visits a hospital for a routine check-up as part of the requirements for joining high school in Kenya. Until then, she had no significant medical history but has a family member who was diabetic hypertensive. Basic tests revealed that she has a blood sugar level of was 25 mm/l. She informs her doctor that she has been having a challenge of eating constantly yet not gaining weight as a result. This proved that she is diabetic. Proper primary healthcare protocol requires that a young patient is cared for by a paediatric diabetologist for sufficient management and monitoring of her diabetic condition.



The role of the private sector in health systems strengthening

The World Health Organisation (WHO) prioritises prevention and control of NCDs as an urgent development issue essential to achieving the SDGs by 2030. There is a rising burden of NCDs in Africa as illustrated below:

- 41M people die or become ill each year from NCDs
- 16M people die before the age of 70 years from NCDs
- 82% of NCDs deaths are caused by diabetes, cancer, heart disease, and chronic respiratory diseases
- US\$ 47T of income will be lost by 2030 due to NCDs

Evidently, the NCD burden is disproportionately high in low- and middle-income countries (LMICs) which account for:

- 77% of all NCDs deaths
- 85% of deaths in people aged under 70 years
- 96% of the global asthma-related deaths
- 84% of disability-adjusted life-years

Spotlight company: AstraZeneca's health system strengthening initiative in asthma care

AstraZeneca is an innovation-led, patient-focused biopharmaceutical company with science at the centre and a portfolio focused on three main therapy areas namely oncology, CVRM, respiratory, and immunology. The company's strategy towards increasing access to health care revolves around making medicines available and affordably,

supporting sustainable health system infrastructure, and promoting disease awareness and prevention. The achievement of these goals is being implemented through programmes whose core objective is to prevent NCDs. These programmes include:

- PUMUA Access Initiative Africa (redefining asthma care in Africa).
- Young Health programme which has seen more than 3 million young people and trained more than 50,000 young peer educators since 2010.
- Health Heart Africa through which more than 13.5 million screenings have been conducted and more than 2.4 million people have been identified to be living with high blood pressure.
- Dunga Beach Respiratory Initiative Kenya.

These programmes also include an aspect of training healthcare workers as well as monitoring of patients.

“Both the private and the public sector have to be involved in improving primary healthcare in Africa”

Dr. Jacqueline Kitulu.

Point of Care Testing (POCT): The mainstream of providing quality healthcare in Africa

POCT is a means by which clinical parameters of a patient are taken for assessment wherever they are. POCT centres should only provide testing services but also connect patients to the care they need, and the data collected kept for monitoring purposes. The main objective is to be present wherever the patient is and perform testing services in a rapid manner to provide prompt clinical decisions which in turn improve clinical outcomes. Some of the challenges experienced in clinical practice settings are limited screenings done and lack of awareness programs provided to vulnerable populations. It is therefore important to utilise the existing primary healthcare networks at community level to address issues such as awareness and screening and translate it into longitudinal patient management capabilities. This ensures that there is sufficient data available to providers that they can use to make clear clinical decisions about their patients.

Another major challenge facing the operation of POCT is access by patients especially those living in remote areas. As an objective of UHC to provide quality healthcare to all populations, it is critical to remove barriers such as this through innovative technological infrastructure. Notably, many patients are forced to travel long distances to get simple services such as blood glucose check. Therefore, health facilities at the community level should be well equipped with the quality, affordable and functional POCT infrastructure. This initiative can be best accomplished through public private partnerships (PPP) between Ministries of Health and private stakeholders in the industry. For example, companies such as Medtronic Labs and Novo Nordisk have partnered to facilitate testing kits through the support of existing community health volunteers (CHVs) serving the lowest levels of the primary healthcare system.

Challenges regarding the double disease burden and primary healthcare systems in Africa

The COVID-19 pandemic has shown the significance of strong primary health systems built through government interventions towards developing and maintaining robust public health infrastructure. Consequently, proper primary healthcare cannot be fully supported by segmented systems which are currently strongly embedded in most African countries. In low-income countries, there is limited resources and therefore a call to optimise the use of every available resource to improve primary health care to the underserved populations. The following phases should be used in the provision of quality primary health care:

- Typically, the largest number of patients should be seen at a very early stage of the clinical continuum of care to allow intervention at community level to prevent the onset of NCDs and prevent the progression to complexity.
- Managing diseases in digital platforms where we streamline, channel, screen, engage, and connect with individuals before the onset or at the very early stages of NCDs or when they require channelling into the various levels in the healthcare system.
- Manage patients on outpatient basis to ensure they are attended to at chronic clinics rather than emergency rooms. Afterwards, we should start investing in very complex and expensive levels of care as we move

towards casualty, hospital admissions, and critical care services. At this point in the healthcare system, we are using specialist services and high-end resources. This therefore calls for certainty that the right level of channelling and referral has been made to ensure that only the right kind of patient is treated at these higher levels of care.

Key challenges

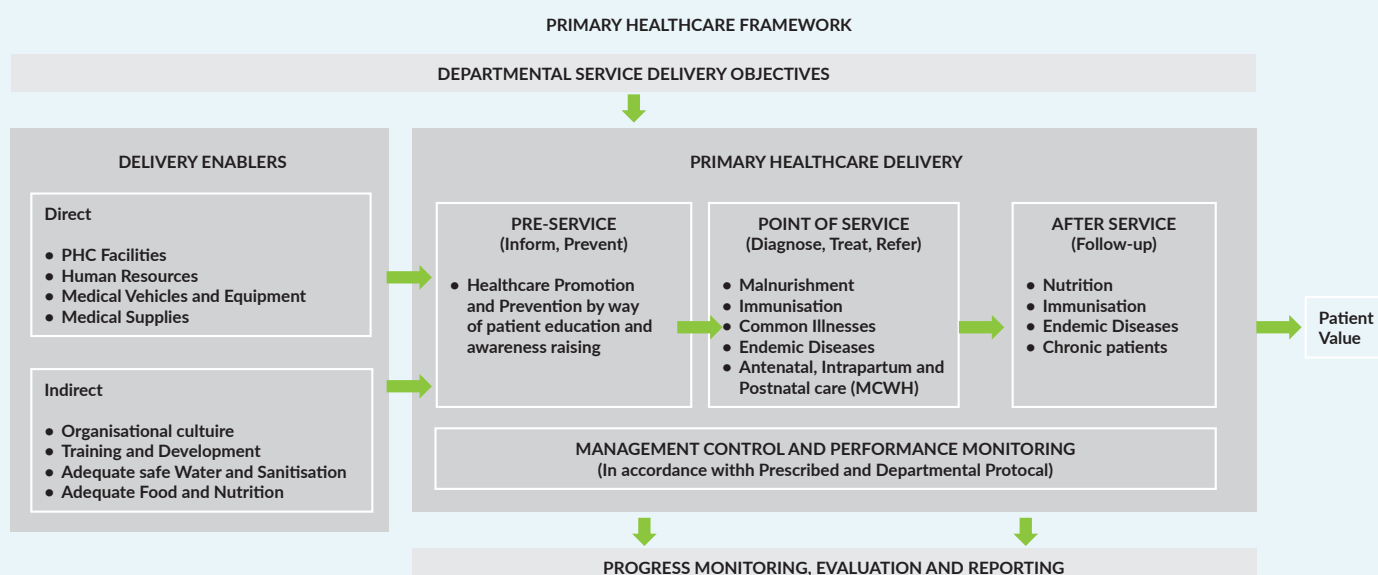
- Patients access a range of facilities, in both private and public sector.
- Lack of an effective gate-keeper function, communication, and adequate referral pathways, between the levels of care.
- Patients have limited support or guidance along the path of care.
- Patients with complex conditions are particularly at risk of death and complications.

Solutions

- Prevention and promotion across both in the public and private sector.
- Community-based & home-based services where patients become partners.
- Population and patient segmentation and stratification.
- Centralised and localised clinical services.
- Clinical pathways supported by evidence-based medicine.
- Invest in workforce development, training, and motivation.
- Build healthcare ecosystems with the hospital as the hub.

“Primary health care is the way and the bedrock for implementation on SDG 3”.

Dr. Bernard Haufiku.



Private sector perspective on improving NCDs care in Africa

Since the invention of insulin 100 years ago, life expectancy for people with diabetes increased significantly. However, there are still about 19 million adults with diabetes in Africa and 3 out of 5 are unaware that they are living with diabetes. There are key areas in which the private sector can work together in developing and managing programs aimed at improving access to quality healthcare. These programs will go a long way in addressing the major barriers of primary healthcare provision in society. Some of these barriers include capacity, affordability, fragmented supply chains, empowerment, and awareness. For example, the iCare (I-individual, C-capacity, A-Affordability, R-Reach, E-Empowerment) program by NovoNordisk is committed to defeating diabetes by accelerating prevention to bend the curve hence providing access to affordable care to vulnerable patients in reached countries as well as innovating to improve lives.

In most cases, children in low-resource countries are being left out of the diabetes analysis and assessment. Programs specifically for children should be developed to ensure that they too receive the care and treatment they deserve. It is important to bridge the existing healthcare professionals' knowledge gap through capacity building initiatives. Notable initiatives being implanted by Novo Nordisk include DiabAfrica, virtual BDI, Lead Africa, and Sub-Speciality Training. Ultimately, the private sector can accelerate improvement in NCDs care through public private partnerships, adopting holistic approach, and driving sustainable solutions.



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 +254 704 838 150

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