Delivering access: first launch in Kenya

Access to Healthcare

This week Novartis representatives travel to Kenya to officially launch Novartis Access in collaboration with the Kenyan government and other partners.

The program is a first for the industry and is a novel social business model that aims to deliver affordable medicines for noncommunicable diseases (NCDs) in lower income countries.

While the goal of the access program is to be active in 30 low- and middle- income nations in the coming years, Kenya will be one of the three countries paving the path for expansion.

Learn more

Follow our trip through Kenya for an intimate look at the unique challenges of treating NCDs in a lower income country, from early detection and diagnosis to education and distribution.

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… And, we’re live!

Patients, healthcare providers, dignitaries and executives came together to commemorate the launch of Novartis Access in Kenya.

This morning, in collaboration with the Kenyan government, the Kenyan Red Cross, the Kenyan Conference of Catholic Bishops, the Christian Health Association of Kenya, the Mission for Essential Drugs, the Kenya Medical Supplies Authority and Management Sciences for Health, Novartis Access officially launched in Nairobi.
The launch was commemorated by the signing of a memorandum of understanding, featuring a multi-pronged approach to addressing the rise of noncommunicable diseases in Kenya, including medicine distribution, raising disease awareness and strengthening healthcare systems.

Hon. James Macharia, Cabinet Secretary, Ministry of Health and Director of Medical Services and Dr. Joerg Reinhardt, Chairman of the Board of Directors, Novartis, sign the memorandum of understanding at the launch event, held at Kenyatta National Hospital.

The knowledge, expertise and motivation of governments, international aid networks, NGOs and local political and healthcare supporters are essential to execute this complex task.

Joerg Reinhardt, Chairman of the Board of Directors, Novartis

The program recognizes that health needs are shifting and aims to drive a step change in
access to medicines in low- and low-middle-income countries. The successful implementation in Kenya will be essential in guiding the expansion to additional countries.

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**Why Kenya? Why now?**

*Every year, noncommunicable diseases kill 38 million people. In Kenya, they account for 27% of all deaths.*

Forty years ago, we became operational in Kenya. Several decades later the global community launched a concerted effort to combat infectious diseases. And, more than a decade ago world leaders set forth a roadmap for a world free of NCDs.

This year, the WHO has launched a global action plan to reduce premature deaths from NCDs by 25% by 2025, and the Kenyan government has taken steps to prioritize NCD prevention and control. And we can understand why. The challenge is significant.

By 2030, NCDs are expected to contribute to more than 60% of all deaths in Kenya. Already they contribute to over 50% of inpatient hospital admissions and dominate the healthcare budget. The result is that the Kenyan healthcare system, and others like it, must manage a dual disease burden: both the growth of NCDs and the infectious disease challenge.

![Patients like Jane Nyawira, pictured here at the Kenyatta National Hospital in #Kenya, rarely have access to high-quality medicines.](image)

Importantly, the rise of chronic illness is also responsible for reducing productivity, curtailing economic growth and reinforcing poverty. In fact, NCDs kill more people of working age in low- and middle-income countries than in high-income countries. Breast cancer, for example, is the number one killer of women in Kenya between the ages of 35 and 55.
Perhaps more importantly, chronic illnesses share preventable risk factors that can be addressed head-on. But it is not only diet and lifestyle changes that contribute to the rise of NCDs. Other factors are at play as well, including rapid urbanization (half of Africa’s population are predicted to live in cities by 2030!), globalization and a growing, aging population.

What is most critical is to recognize the unique challenges faced by individual healthcare systems and to design programs tailored to their needs. In Kenya, we’re proud to have the history, partnerships and trust to pursue a new model. It’s ambitious, but we’re ready.

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Early diagnosis and the impact on healthcare demand

*Kenyatta National Hospital is the largest referral and teaching hospital in Kenya.*

Ms. Lily Koros, CEO of the 1,800-bed Kenyatta National Hospital, is responsible for more than 6,000 staff members and 22 out-patient clinics.

At Kenyatta National Hospital, NCDs contribute to over 50% of inpatient admissions, with cancer taking the lead among diseases.

*Lily Koros*, CEO, Kenyatta National Hospital

Of the 50 wards in Kenyatta hospital, one is dedicated to oncology, but people with cancer are often spread throughout the hospital. Ms. Koros estimates that of the approximately 40,000 cancer cases identified yearly in Kenya, many patients end up in Kenyatta. Thirty beds are simply not enough to meet the demand.
And while many patients may receive treatment at Kenyatta National Hospital, many potential patients do not. Those who do visit have often traveled long distances.

Nicholas Otieno has been receiving treatment for colorectal cancer. His home is seven hours away by bus, and while he used to travel with his wife to receive treatment, the frequent trips have become cost-prohibitive.

The challenge is immediately evident. If they are able, patients will often move to Nairobi to undergo treatment. But that is of course a challenge in itself.
Nicholas Otieno, farmer.

One way to address this issue is by increasing the likelihood of earlier diagnosis for chronic diseases, thereby promoting earlier treatment and hopefully fewer complications. In Mr. Otieno’s case, his first diagnosis was incorrect and came years prior to his cancer treatment. He was initially treated for back pain and then later believed to be suffering more common infectious diseases. By the time he reached Kenyatta his complications had progressed significantly.

To facilitate early diagnosis, it is critical that both providers and patients become more knowledgeable about chronic illness. And, in the words of Ms. Koros, “as a society, we all have a role to play in creating awareness about NCDs.”

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Getting medicines to the people who need them

Quality in distribution is fundamental to providing access.

Supply chain management and quality control may not seem like the most compassionate aspects of a healthcare system, but they are absolutely essential for getting the right medicines to the right patients at the right time.

Novartis works with a broad variety of organizations globally to find the most effective means of bringing medicine to even the most remote areas. The Kenya Medical Supplies Authority (KEMSA) and the Mission for Essential Drugs and Supplies (MEDS) will be two essential partners for the program in Kenya.
The Mission for Essential Drugs and Supplies (MEDS) supplies approximately 40% of the medical/pharmaceutical supply to health facilities Kenya.
Medicines, reagents, surgical supplies and medical publications are all stored at MEDS.
After being picked from the warehouse, the MEDS supply is re-checked before it moves into the distribution chain.
MEDS also functions as a WHO prequalified quality control laboratory. It was the first faith-based, non-public facility to receive this designation.
MEDS lab technicians at work.
Medicines enter a quarantined area after being verified upon arrival. Here, Juergen Brokatzky-Geiger, Global Head, Corporate Responsibility, Novartis is fitted with the required head gear to visit the facility.

Medicines that enter the MEDS facility must pass a minimum of five checkpoints before they are accepted and subsequently distributed. The first occurs immediately upon arrival, where the shipment is verified before it is allowed to enter the quarantined area. Once in quarantine, the medicines are checked by trained employees to ensure that they have not been tampered with in any way.

MEDS, and its parent companies the Christian Health Association of Kenya (CHAK) and the Kenya Conference of Catholic Bishops (KCCB), are responsible for more than just medicine intake and distribution. The facility functions as a World Health Organization (WHO) prequalified laboratory, and tests medicines and reagents for multiple suppliers, including the
country’s drug approval process.

Another reason testing products is important stems from the proliferation and risk of counterfeit medicines globally, and in Kenya. In 1997, the rate of failure (the product did not pass a quality analysis) was nearly 15% for all MEDS stock tested in the facility. Today, it has dropped to below five percent.

Today, MEDS supplies approximately 40% of the medical/pharmaceutical supply to health facilities Kenya.

What makes a social business effective?

Building a social venture, from the ground up.

Medicines need to be more than affordable. They need to be accessible. And it is a challenge to provide both.

Long-lasting partnerships at a local level are one key to improving access to affordable medicines. Sustained commitments from governments and businesses are another. And all of these organizations must learn how they can best work together to produce better results for patients in the context of a complex healthcare system.

It is, for us, crucial to discuss with partners what can be done to provide training and support capacity on the ground.

Dr. Harald Nusser, Global Head, Novartis Access, Novartis

A program that effectively improves access to medicine needs to address everything from the hospital structure to supply chain management, and from patient awareness and education to multilateral partnerships. It must also include efforts to train healthcare workers to accurately diagnose illnesses and treat them effectively with the new medicines they have available.

To build capacity, we need to address every element of the healthcare system. For example, by encouraging students to explore medical careers in the fields that are related to noncommunicable diseases, building skills in bioanalytics for quality control, or increasing early diagnosis of diseases.

Novartis is proud to contribute to this effort. In addition to the new access program, we partner with the Kenya Research Medical Institute (KEMRI) on clinical development and last year, a student from the University of Nairobi joined our biotechnology leadership camp.

Through our partnerships, we will continue to focus on all of these challenges. But most importantly, we’ll be measuring our progress on the Novartis Access initiative. We will be working with Boston University to assess and understand our social impact on the ground.
Giving voice to silent diseases

Community health workers help patients manage chronic illness.

Samuel Dhiako, 16 years old, living with diabetes

Samuel Dhiako was diagnosed with diabetes when he was 11 years old. At first his right eye started hurting. He visited a local doctor who treated his eye, but did not recognize that it could indicate deeper problems. When he started to have difficulty breathing and sweats, he was referred to the county hospital and admitted for two weeks. When his problem was diagnosed it was the first time he had heard of the disease.

Although Samuel’s mother had heard of diabetes, she believed the disease afflicted only the elderly. And that if you had it, you would die quickly.

Such misconceptions about chronic illnesses such as diabetes and high blood pressure are widespread in Kenya. This lack of familiarity with the symptoms and treatment of noncommunicable diseases mean they often go undetected.

Samuel is now 16 years old. Every three months, he takes two buses and catches a ride on a motor bike to visit Kerugoya County Hospital for treatment. It is a long trip, but he understands that the checkups are an important part of managing his illness.

These are silent diseases.

**Dr. Esbon Gakuo**, County Director of Health, Kerugoya County Hospital

For Samuel and others fighting chronic illnesses, keeping a healthcare routine is fraught with
daily challenges, from securing transport to the hospital to affording their medicines. To help patients in rural areas, Kenya created a program where community health workers volunteer to check on families in hard-to-reach areas.

Joyce Wanjiku is one of these workers. As a volunteer, she visits about 100 households in nearby villages every month.

In an average year, Joyce will try to visit more than 3,500 households. In some she may focus on encouraging vaccinations for children, while in others she raises awareness about chronic diseases and healthy lifestyles. And while she is not a physician, she knows the main signs and symptoms of disease and can recommend where to find treatment.

While Samuel Dhiako was fortunate to receive treatment in time to treat his diabetes, many others are not. Through Joyce’s efforts, and those of other volunteers like her, a growing number of people in Kenya are learning the signs of chronic illness and where to find help.

Educating and reaching those most in need

How disease awareness helps support the healthcare system

In low-income countries, a key component of improving healthcare is teaching people about chronic diseases, how to recognize them, and how to help manage them.

In Kenya, the healthcare system addresses this need through a variety of programs, ranging from publicly supported community health workers to private initiatives that bring services to those most in need.

Education and awareness campaigns play a pivotal role in not only achieving good control, but in the prevention of NCDS.

Lilly Koros, CEO Kenyatta National Hospital

One of the initiatives contributing to the health education effort is Familia Nawiri, or “Healthy Family” in Swahili, a social venture run by Novartis.

Familia Nawiri employs health educators to raise awareness about prevalent diseases and also organizes health camps that offer basic health services and screenings.

By offering screenings, Familia Nawiri helps increase the likelihood of early diagnosis and can educate patients about disease management.

From 2012 to 2014, in collaboration with the local health authorities, Familia Nawiri held more than 9,400 health education sessions and helped diagnose more than 8,000 people via health camps. The recently launched Novartis Access program will build on this approach.
Disclaimer:

Our Sources:


Key Messages - Non-communicable Diseases (NCDs) [5] World Health Organization

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