

# 11th



## EAHF CONFERENCE

2022 KAMPALA-UGANDA



**Building Resilient Systems for Evolving Health Challenges:  
The Inevitable Role of Africa's Private Sector.**

**28<sup>TH</sup> - 30<sup>TH</sup>  
September**

**Méstil Hotel, Kampala**

# Conference Magazine

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# EAST AFRICA HEALTHCARE FEDERATION CONFERENCE 2022

DATE: 28TH - 30TH SEPTEMBER  
VENUE: MESTIL HOTEL KAMPALA



## Sponsors



# Word from the Chairman



## Dr. Ian Clarke

Chairman BOT

Let me welcome you to the first in-person EAHF conference in more than two years, we are all excited to meet once again, and look forward to the learning, networking and business opportunities this conference will present. The East Africa Healthcare Federation Conference of 2022 marks eleven years since EAHF was inaugurated in Kampala. During that time we have seen growth of EAHF from three countries - Kenya Tanzania and Uganda, to eight countries: Uganda, Kenya, Tanzania, Rwanda, South Sudan, Ethiopia and Burundi. We have also seen the foundation of the Africa Healthcare Federation incorporating the East, West and South Africa Federations, with North Africa and Central Africa in process.

The country Federations have been set up to represent the voice of the private players in the health sector. It is sadly still the case that in many countries the Ministry of Health sees itself as the only significant player in the provision of healthcare, citing lack of coordination and disparity in the private sector. The formation of country federations has dispelled this myth, with the various federations representing all sectors in healthcare, from manufacturing to service provision. The regional federations provide networking, business opportunities and learning opportunities for the different member countries. During this year's conference we will have a session on National Health Insurance where Uganda and other countries, which have not yet formalized a program, can learn from the experiences of Kenya, Tanzania and Rwanda. Methods of health financing, which have worked in different countries will also be discussed, and the lessons we have learned as a result of the Covid-19 pandemic, which found most African countries ill prepared in terms of vaccine readiness.

There is still much to be done as a regional association, and as country federations. As we have learned during Covid, healthcare in Africa needs develop mechanisms to cope with the huge challenges of epidemics, maternal and child health, infectious diseases, and the rapidly growing prevalence of NCDs. While it is difficult for most developing countries to keep up with the increasingly complex and expensive equipment used in western medicine, there is the opportunity for Africa to leapfrog into the 21st century using digital technology, task-shifting and last mile solutions. The private sector has a strong role to play in bringing such solutions, and more companies are taking up this challenge. The conference features companies working in the areas of virtual healthcare, data collection and analysis, AI for the development of diagnostic and preventive healthcare algorithms, and payment platforms making healthcare accessible to those at the bottom of the pyramid.

Such technologies will enable Africa to provide healthcare at a fraction of the cost of more traditional delivery methods, and will require the public and private sectors to work together to achieve the goal of universal healthcare. This will be my final conference as Chairman of Uganda Healthcare Federation. It has been an honour to serve as a board member and chair in UHF and EAHF, and to witness the developments that have taken place over the past eleven years. I will be taking up the position of Chairman of the advisory board of CTI for East Africa. CTI is a visionary social impact enterprise with a mission to empower communities using smartphones, digital technologies and artificial intelligence to improve the health and wellbeing of communities.

I wish us all an interesting and thought provoking conference that stirs our passion to make a difference in healthcare.

## Strategic Partners



# Message from the Executive Director



## Ms. Grace Kiwanuka

Executive Director, Uganda Healthcare Federation

As we welcome you all to Kampala for this 11th East Africa Healthcare Federation Conference, the Uganda Healthcare Federation secretariat team, is humbled by the commitment and comradery shown as we have put this event together. We have been fortunate to meet new health sector partners with inspiring innovations, and revitalised long dormant relationships silenced by the COVID-19 pandemic and travel restrictions. At this year's event, we look forward to an eclectic mix of new ideas, a showcase of what is working well to inspire us all and to network for better and stronger partnerships.

With the recent onset of Ebola in Uganda, on the heels of the COVID-19 pandemic and its effects on our health systems and communities, we are more driven than before, to use the content of this event to talk about how we can prepare better, respond more strongly, and ensure that our community as East Africa and the wider continent is more resilient than ever. With increasing pressure for domestic

resource mobilisation, we must identify, test and showcase local solutions that can be applied uninhibited by currency and logistics limitations, so that we can provide for the African continent with the fruit of our own minds, for a more sustainable future in healthcare service delivery.

As we transition our countries to better technology and leverage a multi-sectoral approach, we continue to pursue efficiency and cost effectiveness. This, while recognising the sovereignty of individual Federations and their expertise, as the cornerstone for co-operation and cohesion is core and key to the successful participation of the private sector, both health and non-health sector stakeholders, in our various health systems. An old African proverb says "A single stick may smoke, but it will not burn". After 11 years of working together to host this regional conference, we now have capacity to implement inter-country East Africa wide programs as demonstrated during the height of the COVID-19 pandemic under the EAHF umbrella. The EAHF members continue to find common spaces for synergies and we now can and should strive harder to ignite collaborations that reinforce our fraternal bonds, while tailoring solutions to local challenges. Hosting the EAHF Conference, with the support and participation of our respective governments, health development partners and regulators, allows us to continue to have not only impact and growth, but more importantly a strategic presence necessary to build our national and regional health sector strength and vitality.

Wishing us all a wonderful experience over this conference and beyond.



## Ritah Namutebi

Conference Director

Over the last two years and eight months, the Covid-19 pandemic has tested global health sector infrastructure beyond its limits. During this time, the private health sector has demonstrated that it can stand alongside the public health sector to enhance the response to such pandemics.

A lot of lessons were and continue to be learned about how to better position ourselves to play a complementary role to public health setups to deliver services to our communities. One of the most significant lessons learned was that the information and skills required in times like these are available among us, but need to be harnessed and applied collectively to be able to make the

difference we need. This conference provides an opportunity to continue the discussion on how private sector skills, facilities and resources can do even more to help our societies deal with situations presented during both pandemic and non-pandemic periods.

UHF values the continued support from the various implementing partners that have continued to champion the private sector and support the Federation through programming. In particular, we recognise the guidance and support received from USAID Health Systems Strengthening Activity and USAID Health Systems Strengthening Activity as we have put this event together.

On this note, it is my absolute pleasure to welcome you this year's conference. I wish you successful deliberations.



# SPEAKERS



## Richard Nelson

### Mission Director for USAID/Uganda

In that role, he oversees an expansive assistance portfolio encompassing health (HIV/AIDS, TB, malaria, reproductive health, infectious diseases), economic growth, education, democracy/governance, and humanitarian programs. Prior to Uganda he was the Deputy Coordinator for the US government's Power Africa initiative based in South Africa, supporting US government agencies and companies working on expanding power throughout sub-Saharan Africa.

Richard was a USAID legal officer in Pretoria, Bangkok, Baghdad and Washington before his assignment with Power Africa.

Prior to joining USAID as a Foreign Service Officer, Richard worked at Dell Inc in Austin, Texas, where he helped lead global site selection efforts. Before joining Dell, he was a Vice President at Wachovia Securities, an investment bank in Charlotte, North Carolina, where he managed a \$1B portfolio of syndicated credit in the aerospace, health and government contracting sectors. Prior to joining the bank he was an attorney with McGuire Woods, a major US law firm, where he primarily focused on capital markets debt transactions. Richard is a graduate of Harvard Law School (JD '98) and Brigham Young University (BA '95). He and his wife, Diana, have three daughters.



## Prof. Khama Rogo

### MB ChB, MMed O/G, Ph.D, FGOncol, FCOG (ECSA)

An obstetrician-gynecologist; earned his PhD and Fellowship in Gynecologic Oncology from Sweden, qualifying as only the second-ever Gyne-Oncologist in East Africa. He is a Fellow of the European School of Oncology.

He was awarded Kenya's first Lifetime Achievement Award in Healthcare in 2019; Nominated for and received the coveted Zenith Lifetime Achievement Award for Excellence in Health on June 25, 2021, in Lagos, Nigeria. Recently appointed to Chair the Lake Basin Economics Bloc's Eminent Persons' Advisory Committee on Covid 19. He serves on the Boards of IntraHealth/IdealHealth (K). After a successful career in academic medicine in three continents, he

embarked on a career in international health where he has been an articulate advocate for reproductive health and rights for over two decades. He is also strongly committed to community health, quality reproductive health, and actively participated in all the definitive RH conferences of our time: Safe Motherhood (Nairobi, 1987), ICPD (Cairo, 1994), Beijing (1995) and Safe Motherhood +10 (Colombo, 1999). Prof. Rogo has served as a consultant to all major international development agencies and in all major hospitals in Kenya. He has also previously served on the FIGO Committee on Women's Sexual and Reproductive Right and represented KOGS in the FIGO Postgraduate Studies Committee at the Singapore Congress.

As IPAS Vice President for Africa and Global Affairs (1998-2000), he introduced MVA in Africa against formidable forces and built the organization's regional and global strategic vision to promote women's reproductive health and rights. He spearheaded the use of MVA and expanded its use in Africa, placing it in the hands of nurses, to expand access quality of post-abortion care.

In Kenya, he has been a strong and forthright voice in all matters of quality health care and human reproduction for over three decades. This can be seen through his previous work as a past President of the Kenya Medical Association (4 years), President of Kenya Cancer Society (8 years), and Chairman of Kenya's National Council for Population and Development. He also led the Kenya Obstetrical and Gynecological Society for many years and played a leading role in allowing Kenyan nurses to provide long term contraception (injectable and insertion) as well as the introduction of mini-laparotomy for tubal ligation. During his tenure as President of KMA, the organization introduced a local medical indemnity scheme for doctors, the KMA Housing Scheme, KMA SACCO and he was the first representative for health professionals on the board of NHIF.



**Dr. Kanyenje Gakombe**  
Chairperson, Kenya Healthcare Federation



**Qutaiba Al Manaseer**  
AstraZeneca Corporate Affairs Director : MEA



**Mr. Nevin Bradford**  
Uganda Pharmaceutical Manufacturers Association



**Dr. Patrick Kagurusi**  
Country Manager, Amref Health Africa



**Barbara Nel**  
President AstraZeneca Africa cluster



**Dr. Bernard Olayo**  
MD, MPH



**Dr. Nicole Spieker**  
CEO, Pharmaccess International



**JUDY MUGOYA**  
Country Manager, Smart Applications



**Eng. Chrispinus Onyancha**  
CEO, ClinicPesa



**Dr. Benson Chuma**  
CEO, Tech care for All, East Africa



**Dr. Danny Mutembe**  
Founder and CEO, Conseil Medical Supply



**Dr. Obita Walter**  
Board Member, Kenya Healthcare Federation



**Dr. Muyiwa Tegbe**  
Deputy Director of Primary Health Care at PATH



**Dr. Richard Kabanda**  
Commissioner, Health promotion, Education and Strategic Communication, Ministry of Health, Uganda



**DAVE CARSON**  
2CANA, Dr Dave Carson has a Ph.D. in Computer Science and Mathematics (University of Natal)



**Dr. Robert Nyarango**  
Chief Executive Officer, Gertrude's Children's Hospital



**Ms. Grace Kiwanuka**  
Executive Director, Uganda Healthcare Federation



**Irene Alenga**  
Knowledge Management And Community Engagement Lead, Advocacy Accelerator



**Alex Omari**  
East Africa Km Officer, Knowledge Success, Amref Health Africa



**Onesmus Mlewa Kalama**  
Executive Director, EANNASSO



**Ms. Maureen Kangee**  
Public-Private Partnership/ Collaborations Lead, Ministry of Health, Kenya



**Mr. Dawit Moges**  
Board Member, HFE, Ethiopia



**Mr. Odur Otieno**  
Managing Director, Systems Evaluation Limited



**Tapley Jordanwood**  
Development, health systems, and health financing specialist



**Ms. Agnes Gatome-Munyua**  
RAD Department of Health



**Millicent Olulu**  
Regional Director, PharmAccess Kenya



**Dr. Jean Nyirinkwaya**  
C.E.O, Croix du Sud Hospital



**Dr. Simon Luzige**  
CEO, Nakasero Hospital



**Mr. Bilhar Githinji**  
AMREF Flying Doctors Services, Senior Business Development Executive



**Dr. Charles Maina**  
Digital Health Programs Specialist





**Dr. Miriam Mutero**  
C-Care IHK General Manager



**John Kamili**  
Director / Commercial Lead at  
Cipla Quality Chemical Industries  
Ltd



**Dr. Eric Lugada**  
Chief of Party for the  
Management Sciences for Health  
(MSH)



**Edward Misati**  
Founder and Managing Partner of  
Eris & Partners LLP



**Samwel Ogillo**  
Chief Executive Officer at the  
Association of Private Health  
Facilities in Tanzania (APHFTA)



**Mr. Brian Kavuya**  
East Africa Medical Vitals



**Dr Joan Osoro-Mbui**  
Chief Operations Officer- Strategy  
and administration - MP Shah  
Hospital Nairobi - Kenya



**Dr Norah Akong'o Obudho**  
East Africa Region and Global  
Health Integration Director



**Johnson Andinda**  
Business management  
specialist, community health  
financing, health insurance  
development and advocacy  
champion.



**Dr. Daniella Munene**  
Head of Consultancy at Africa  
Health Business



**Dr. Khizra Syed**  
Head - Health Financing /  
Resource Mobilization,  
Department of Health, Kisumu  
County



**Dr. Jeff Blander**  
Chief Investment and Innovation  
Officer, US State Department



**Emma Mugisha**  
Executive Director, Stanbic Bank



**Dr. Jonniah Mollel**  
EAHP



**Dr. Diana Atwine**  
Permanent Secretary, Ministry of  
Health - Uganda



**Mr. Kennedy Okongo**  
irector, Medical Credit Fund  
EA PharmAccess Group



**Mr. Brian Kavuya**  
Managing Director, East Africa  
Medical Vitals



**Dr. Louis. H. Kamulegaya**  
Digital Health Project & Research  
Manager, Rocket Health/ TMCG



**Mr. Simon Kaheru**  
Head of Public Policy and  
Partnerships at Coca-Cola  
Beverages Africa



**Dr Betty Mirembe**  
Country Director, PATH



**Dr. Enock Rwamuza**  
Health Financing Specialist,  
USAID/ Rwanda Integrated Health  
Systems Activity (RIHSA)



**Ms. Esther Nasiky**  
Policy and Advocacy Manager,  
PATH, Moderator (Plenary  
discussion)



**Dr. Timothy Musila**  
Assistant Commissioner (Private  
sector coordination) Ministry of  
Health/ Health Policy, Planning  
and Financing Specialist



**Ms. Melissa Wanda**  
Policy and Advocacy Manager,  
Kenya



**Nelson Mandela**  
Strathmore Business School



**Ms. Amanda Kabagambe**  
Head East Africa, TLG Capital



**Dr. Daniel Okello**  
Director Public Health and  
Environment, Kampala Capital  
City Authority (KCCA), Uganda



**Mr William, Nyakatura**  
Director Investment Facilitation  
Platform



**Dr. Thomas Ngwiri**  
Head Clinical Services

At PharmAccess we believe a holistic approach is required to make health systems work. Market failure needs to be addressed by continuously activating and strengthening the demand side as well as the supply side of the health system.

PharmAccess supports demand-side financing programs, builds best practices, and delivers technical support to improve inclusive health insurance & prepayment mechanisms. A stable demand can however not be realized without a reliable quality supply of health services. On the supply side, we work to increase the investments in healthcare providers (led by our Medical Credit Fund) but we equally focus on improving the quality of care through various initiatives (led by SafeCare). The aim is to attract more resources and use these more efficiently and effectively, leading to an upward spiral of trust amongst stakeholders.

Through the latest advances in mobile technology and data analytics, we are now able to pioneer value-based healthcare models through digital health innovations, placing the patient in control of their own healthcare journey. This is how we help demand to meet supply.

With advocacy, research & learning, we support governments and stakeholders in our countries of focus but also advocate for wider implementation and replication of proven best practices around health system strengthening, data, and digitalization.

Our strategic objectives are:



**Accelerating demand-side financing**  
supporting governments in their rollout of effective and sustainable health insurance models, exploring different financing mechanisms



**Strengthening the quality of health services**  
through creating transparency, setting benchmarks and creating a culture of quality



**Increasing investments into the healthcare sector**  
mobilize investments through digital and blended financing, making it possible for health facilities to invest in the quality care



**Matching demand and supply**  
building patient-centric health solutions through value-based care models



**Advocacy, research, and learning**  
enabling fact-based decision-making of partners and other stakeholders in the (global) health sector to replicate and inspire successful innovations

## 2021 IMPACT

Nigeria, Ghana, Tanzania and Kenya have embarked on national policy reforms to achieve Universal Health Coverage (UHC). PharmAccess supports counties and national governments with various approaches to reach the goal of UHC.

**18.6 million people** have access to health insurance via PharmAccess supported programs.

### GHANA

In Ghana we analyze claim data and three years of membership data of the National Health Insurance Scheme, enabling better processes for its

**17 million** enrollees.

### NIGERIA

In Kwara, **45,000** are enrolled in the PharmAccess supported Kwara health insurance program (out of 3.4 million inhabitants).



### KENYA

**42,500** vulnerable households are now enrolled into the Marwa Kisumu Solidarity Health Cover, of which PharmAccess developed the initial stage.

I-PUSH enrolled **65,000** women into a subsidized health insurance program in Nairobi and Kakamega

### TANZANIA - ZANZIBAR

PharmAccess supports the development of a new health financing strategy for all

**1,4 million** Zanzibari's.





## Profile of Uganda Healthcare Federation



In 2011, the USAID Health Initiatives for the Private Sector (HIPS) Project established the Uganda Healthcare Federation (UHF) as a coordinating body and voice for the private health sector. The UHF Board is accountable to the UHF membership through an Annual General Meeting platform where externally audited books, annual work plans and annual budgets are approved. UHF is entirely privately owned by its membership of over 65 private health sector associations, groups and umbrella bodies including private health facilities, full range of health professionals delivering private healthcare, social franchises, private medical training institutions, private pharmaceutical manufacturers, distributors, and retail pharmacies. UHF also collaborates with civil society partners such as organisations representing community health mobilisers and health consumer advocacy. UHF works with the faith based medical bureaus through their leadership to engage the private not for profit (PNFP) facilities in their networks. The day to day operations of the Federation are steered through the secretariat led by the Executive Director, with a team structured to efficiently coordinate the membership, spearhead the advocacy agenda, an ICT specialist due to UHF's focus on digitizing private healthcare solutions for efficiencies and a finance and admin team with segregated duties. This core team is supported by a team of program assistants and a monitoring and evaluation function that ensures tracking and learning are captured to inform future work planning and activities. UHF represents the private sector on the Ministry of Health Policy Advisory Committee, Co-Chairs the Ministry of Health Public Private Partnerships in Health Technical Working Group, alongside participation on several key committees including the Ministry of Health National Health Insurance Scheme Taskforce and is the steward of the Private Sector Reproductive Maternal Newborn Child and Adolescent Health plus Nutrition (RMNCAH+N) Platform. The Federation represents the private sector on the National Coordination Committee on Quality Improvement and on several Ministry of Health COVID-19 Pillar Committees including Case Management and Risk Communication. UHF's core activities focus on building private sector capacity to offer affordable, accessible and quality healthcare services; coordinating private sector groups activities and planning; and facilitating public-private dialogue on key policy issues.

UHF has over 8 years of programming and grant management experience valued in the millions of US dollars, working with different development partners including USAID, IFC World Bank, MSD for Mothers (Merck) and MasterCard Foundation to conceptualize, create, implement and sustain numerous health sector initiatives. UHF collaborated with TASO and the regulatory councils to improve data reporting in districts, malaria reporting, and peer to peer support supervision activities supported by IFC World Bank. UHF is a Sub-Awardee on the USAID Strengthening Supply Chain Systems (USSCS) Activity spearheading capacity building in the strengthening of the public and private health sector supply chain stakeholders. UHF coordinated the design of a capacity building strategy, which to date has over 500 supply chain specialist users in government and private facilities. UHF is also a Sub-Awardee on the USAID Maternal Child Health and Nutrition (MCHN) Activity to increase private sector engagement in providing high-quality maternal, newborn, child health and nutrition services.

To complement the national response to the COVID-19 pandemic, UHF carried out readiness assessments, convened the private health facilities participating in COVID-19 case management for training for over 2000 health workers supported by IFC/ World Bank through the Global Financing Facility, and lobbied for private facilities to administer vaccines, working with the Ministry of Health to create a framework for private sector participation in vaccine logistics and administration. UHF received a grant from Bill and Melinda Gates Foundation through the African Economic Research Consortium's (AERC) to produce e-content for the UHF eLearning platform on COVID-19 tailored for privately owned health units, and distributed over 8000 posters on COVID-19 public health messages targeting for placement in private facilities. UHF is a grant recipient under the USAID Health Systems Strengthening (HSS) Activity to support private health facility training and inclusion in the national drive to increase access to and uptake of the COVID-19 vaccine in Uganda, by training over 170 private health facilities in 12 cities to administer the COVID-19 vaccine and capture data using smart paper technology (SPT) and the EPIVAC system, building on roll out of COVID-19 vaccination in Kampala private facilities led by UHF.

## Author: PATH team

### Maximizing the Benefits of Public-Private Partnerships for Resilient Primary Health Care Systems



Despite significant progress in improving access to health care, the World Health Organization (WHO) estimates that at least half the global population lacks access to essential health services and almost 100 million people are pushed into extreme poverty each year due to out-of-pocket health expenses. Massive health system disruptions induced by the COVID-19 pandemic only exacerbated these inequities, serving as a stark reminder of the importance of investing in stronger and resilient health systems that place people at the center and ensure continuity of care even in times of crisis.

That is why there has been growing momentum around primary health care (PHC), which is widely recognized as the driver to closing gaps in access and affordability and achieving ambitious targets for universal health coverage by 2030.

The private sector is essential to the effort to create resilient, people-centered PHC systems, as it provides a majority of health services in some countries. Therefore, it is imperative that private-sector partnerships are maximized across PHC systems to bring health care within reach for everyone, everywhere.

#### Redesigning models of service delivery to reach people where they seek care

Respectful partnerships are essential to public health and the pursuit of health equity. That is why at PATH we partner with public- and private-sector actors at the global, regional, national, and local levels, respecting diverse expertise and country and community



knowledge and decision-making. For example:

- In Uganda, PATH partnered with private-sector clinics to expand access to HIV self-testing (HIVST) kits at 20 private pharmacies and 20 private clinics in Kampala Metropolitan. By increasing access to HIVSTs where patients wanted to receive them, we were able to identify more cases of HIV (5 percent higher positivity rate than in other distribution models) and refer patients quickly for treatment.
- In India, where 80 percent of patients seek care for tuberculosis (TB) in the private sector, PATH worked with the city of Mumbai to improve timely diagnosis and effective treatment of TB by strengthening the existing private health care system. This increased screening and diagnosis of TB cases while achieving a TB treatment success rate of more than 80 percent.
- In Ghana, through a partnership with the Ghana College of Pharmacists, the Ministry of Health, and the University of Washington School of Pharmacy, approximately 300 pharmacists have been trained to deliver COVID-19 vaccines and help fill a significant vaccine delivery human resource gap. Initially the effort is to provide greater access to COVID-19 vaccines while building needed human resource capacity for delivery of these vaccines and potentially additional life-course vaccines in the future.

## **Maximizing availability, accessibility, and affordability of global health technologies through private-sector collaboration**

PATH partners with institutions, investors, and businesses of all sizes to solve the world's most pressing health challenges, with an emphasis on enabling global access of the resulting products as "global public health goods"—that is, goods that are available, accessible, and affordable to everyone. Each of our public-private partnerships is unique. We may partner with a small biotechnology company to adapt its technology to meet the needs of people living in resource-limited settings, or we may collaborate with a multinational pharmaceutical company to demonstrate the feasibility of a product and introduce it through a national public health system.

### **Private sector's role in PHC policy development and implementation**

Robust policies are critical to achieving improved health outcomes—but far too often, action stops once a policy is developed and adopted. PHC policies are only as effective as the extent to which they are resourced and implemented, and poor policy implementation holds back efforts to expand equitable access to primary health services. To guide the actions of all health stakeholders, strategies and plans should reflect the roles and contributions of different actors, like the private sector. Private-sector players' participation in PHC policy design and monitoring is fundamental for identifying shared objectives and developing collaborations for shared outcomes.

### **Innovative financing mechanisms**

The provision of PHC services around the world has been constrained by several challenges, but none is greater than limited financing. In 2019, WHO declared that to meet the Sustainable Development Goals, countries must increase spending on PHC by allocating at least 1 percent more of their gross domestic product. The limited financing characterizing PHC provision in low- and middle-income countries suggests a need for more effective and efficient use of resources. There is also a need for the adoption of innovative financing models to mobilize more resources. As governments work toward mobilizing adequate and sustainable public financing for health systems, these efforts should lay the foundation for all stakeholders' contributions. The private sector can contribute to innovative finance models and tools, engaging constructively in dialogue on sustainable and equitable financing for PHC.

### **Partnering with the future in mind**

The success of PHC will depend on diverse partnerships that place adequate and sustained financing behind PHC transformation. Diverse groups of advocates calling for change will also be essential to ensure PHC's continued prioritization among so many other needs and interests. To achieve health for all by 2030, we all must work together to reimagine primary health care.

### **About PATH**

PATH is a global nonprofit dedicated to improving public health and health equity. We work in more than 70 countries, and primary health care is at the core of our work. We specialize in transforming PHC through effective partnerships with governments, communities, individuals, and the private sector. We bring together end-to-end product development, system innovation, and policy advocacy to help countries and multisectoral partners reimagine a health system that is available, accessible, and affordable. Learn more at [www.path.org](http://www.path.org).

For more inquiries and partnerships related to our PHC work, please contact us on the following addresses;

PHC Program Partnerships: [primaryhealthcare@path.org](mailto:primaryhealthcare@path.org)

PHC Advocacy Partnerships: [advocacyandpolicy@path.org](mailto:advocacyandpolicy@path.org)



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# IMPROVING QUALITY OF CARE IN PRIVATE FACILITIES THROUGH SELF-ASSESSMENT



In August 2022, Uganda Healthcare Federation (UHF) in partnership with the Ministry of Health launched a digitised platform for over 6,000 privately owned health facilities, drug shops, pharmacies and laboratories in Uganda to carry out self-assessments on quality of services.

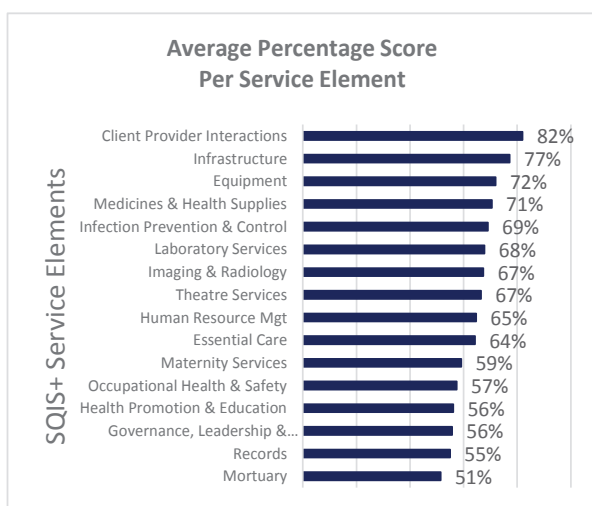
The SQIS was developed through a consultative process that built on the strengths of various public and private quality assurance and quality improvement tools used by both government and development programs. The concept of having a single tool was to address the challenge faced by private facilities participating in government and development partner programs having multiple prescriptive, inflexible standards and tools which did not consider the size, infrastructure, capacity or staffing of the facility outlet that greatly influenced scores and eligibility in order to participate and benefit from the activity.

In addition, the self-regulatory quality improvement system (SQIS) was developed in collaboration with the medical regulatory councils and it is linked to facility registration and licensure health professional's portal as a requirement for health facility license renewal. SQIS examines 16 key service elements including Governance & Leadership, Human Resource, Essential Care, Maternity, Laboratory, Client Provider Interactions, Infrastructure, Equipment, Health Promotion & Education, Infection Prevention and Control, Occupational Health and Safety, Medicines & Supplies, Records, Imaging & Radiography, Theatre and Mortuary. To support business sustainability and growth, the SQIS+ also examines facility systems and processes used in business and finance transactions, which is integral to the ability of the facility to maintain quality of care in service delivery. Following the SQIS assessment, the system automatically generates a quality improvement plan to strengthen service delivery, and business and finance aspects. The quality improvement plans comprise of monthly activities as proposed interventions to be implemented by the facility outlet and track progress.

The system has a dashboard that illustrate the self-assessment data, profiles for facilities, supervisors at district level, and oversight profiles for stakeholders at national level (MOH). The assessment scores are used to issue a star rating to each facility and allow ranking of facilities nationally, regionally and by district for recognition and intervention planning. This information will be used for support supervision by the regulators and local government health teams. This has allowed UHF and the MOH for the first time to have a landscape on the capacity of private health outlets, details on staffing and equipment, as well to make informed decisions on what areas to emphasize in continuous medical education (CME) planning, interventions and activities.

SQIS has enabled private sector, government and development partners to have real-time analysis and comparisons of health care standards in facilities across the country. This data can be disaggregated geographically, and accessed from anywhere, depending on the access rights assigned. In addition, SQIS has a provision to capture consumer feedback by facility where client experience ratings are assigned based on the client experience at the facility.

To date, 914 health facilities have done SQIS self-assessments on the digitised self-regulatory Quality Improvement System (SQIS+), received their results, quality improvement plan and certificate of assessment.



District/ City	Number of SQIS+ Assessed Health Facilities
Arua City	7
Entebbe City	5
Fort Portal City	10
Gulu City	9
Hoima City	8
Jinja City	11
Kampala	512
Lira City	14
Masaka City	7
Mbale City	14
Mbarara City	9
Mukono	35
Soroti City	10
Wakiso	263
<b>Total</b>	<b>914</b>



# FEED THE FUTURE

The U.S. Government's Global Hunger & Food Security Initiative

## FEED THE FUTURE STRATEGIC INVESTMENTS ACTIVITY (SIA)



Driving inclusive growth in Uganda through private investment in the country's agriculture, health, and energy sectors



### Purpose:

The USAID-funded Feed the Future Strategic Investments Activity works to accelerate, catalyse, and unlock additional investment in the agriculture, productive use of energy and health sectors by supporting private-led deals to be investor-ready, lowering transaction costs and risks, and creating partnerships that unlock commercial investments.



### Health focus:

The Activity will create a pipeline of investable companies operating in the health sector and match them to our network of capital providers that include venture capital, private equity, blended finance, impact investment, debt, and mezzanine funders.

#### *Productive Use of Energy in Health*

SIA supports innovations that facilitate Productive Use of Energy (PUE) in health focusing on access, efficiency and developing business cases for PUE financing for health sector including cold chain, solar electrification for health facilities.



### Transaction advisory support:

Prior to a transaction, SIA works with the capital seeking firm to understand their (or their target investor's) goals and risk appetite. SIA then deploys a transaction advisor to work with the investee from matchmaking, deal origination and structuring, to deal close. In addition, SIA provides aftercare services that include corporate governance restructuring and monitoring of the investment to ensure that both the investee and funders' goals are realized.

The Feed the Future Uganda Strategic Investment Activity is implemented by **Chemonics International Inc**

### CONTACT

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Chief Executive Officer

Feed the Future Strategic Investments Activity  
ranyang@chemonics.com

**Oscar Ankunda,**  
Energy Specialist

Contracting Officer's Representative USAID Uganda  
oankunda@usaid.gov



**USAID**  
FROM THE AMERICAN PEOPLE

**AstraZeneca is a global innovation driven biopharmaceutical company pushing the boundaries of science to deliver life-changing medicines.**



Science can change our vision of the world and how we deal with the diseases that affect us. The future of treatment for many of today's diseases lies in uncovering disease mechanisms that are newly emerging or are still to be discovered. Science challenges us to push the limits of what is possible to deliver life-changing medicines for patients in Africa. This is why we put science at the centre of everything we do.

### **Working with our healthcare professionals (HCPs) in Africa**

We engage extensively with our HCPs, from participation in clinical trials and as part of our sales and marketing work, ensuring that clinicians have the best access to information about our products in order to make appropriate treatment decisions, delivering better patient care.

### **Partnering with governments and policy makers in Africa**

Our Continent's future social and economic development will depend on an equitable and inclusive healthcare system that is able to respond to the healthcare needs of all Africans. At AstraZeneca we are committed to working with governments, policy makers and regulatory bodies across our markets on healthcare reform to deliver a sustainable solution that ensures patients encounter fewer barriers to treatment.

### **Supporting our patients and community**

Our commitment to improve health outcomes for African patients extends far beyond our medicines. We offer programmes that advance patient health and access along the care continuum and provide reliable support networks.

When we see an opportunity for change we seize it and make it happen, because an opportunity no matter how small can be the start of something big.

## **NHI IMPLEMENTATIONS – SOME IT LEARNINGS**



### **Abstract**

National Health Insurance (NHI) implementations are by their very nature large and complex. There are many risks and a great deal of investment required to successfully conceptualise, scope, plan and rollout a nation-wide health initiative of the magnitude of National Health Insurance.

Just one dimension of an implementation is the IT project itself.

Whilst it is not possible to remove risk completely, it is possible to manage large-scale IT projects with a risk reduction approach to achieve maximum success. This presentation aims to share learnings of an NHI implementation from an IT perspective and recommend approaches in order to maximise success and minimise risk.

### **Areas discussed include:**

- Rollout strategy – risk minimisation
- The role of the private sector and public-private partnerships
- Multi-layered approaches to implementation success
- Managing multiple role players during the implementation
- Data privacy
- Cloud provisioning vs Data Sovereignty – lion vs hyaena

### **About the Speaker**

Dr Dave Carson has a Ph.D. in Computer Science and Mathematics (University of Natal). He has been in the insurance industry as a technical expert doing implementations, business analysis and large implementations since 1993. Dave now heads up the 2Cana Solutions group of companies, the industry leader in the provision of enterprise insurance software solutions for insurers. The 2Cana group is the lead implementor of several government health rollouts including NHI in Zambia.



## About Us

Gertrude's Children's Hospital is a not-for-profit organization established in 1947.

Gertrude's Children's Hospital is the most established paediatric multi-specialty hospital in Eastern and Central Africa, providing healthcare to children in Kenya as well as those referred from neighbouring countries. The hospital attends to over 300,000 patients annually through a network of 16 medical centers, using a self-sustaining financing model.



A MEMBER OF THE



CHILDREN'S  
HOSPITAL  
ASSOCIATION



Organization Accredited  
by Joint Commission International.



## Our Mission

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The mission of Gertrude's Children's Hospital is to improve the health of children and adolescents in Eastern Africa through the provision of high-quality healthcare, education, research, and advocacy.

## Our Services

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Gertrude's Children's Hospital is licensed to provide healthcare to children, teens, and young adults up to 21 years of age and provides the full range of healthcare services including preventive care, accident and emergency, outpatient care, inpatient medical and surgical care, and rehabilitation services.

The hospital provides specialist care covering over twenty (20) aspects of paediatric specialization, and also runs a teens' clinic providing comprehensive healthcare to teenagers and young adults. Gertrude's Children's hospital is licensed and recognized as a Tertiary Referral and Teaching Children's Hospital.

The hospital employs more than 800 professionals and works with over 200 independent practitioners to provide high quality healthcare services. The hospital allocates substantial resources towards staff training and development with greater emphasis on specialized training.

The hospital has a fully accredited Ethical Review Board that oversees research activities which range from operations research to clinical trials.

The Gertrude's Institute of Child Health and Research coordinates all training activities including specialized training for nurses, fellowship training for doctors, as well as accredited short courses.

## Quality & Patient Safety

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Gertrude's Children's Hospital has put in place a very robust quality and safety program that ensures continuous improvement in line with internationally acceptable benchmarks. As a member of the Children's Hospitals Association, USA, Gertrude's Children's Hospital benchmarks its care processes and outcomes with the best children's hospitals in the world.

Gertrude's Children's Hospital is the first paediatric hospital in Sub-Saharan Africa to be accredited by the Joint Commission International (JCI), USA. The JCI accreditation is the gold standard for best practices in healthcare quality, safety, and management.

## Our Community Social Responsibility

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The hospital, through the Gertrude's Hospital Foundation, works with different partners to provide much needed care to children from less privileged families, establish highly specialized services, provide specialized training, and improve the quality of paediatric care in sub-Saharan Africa.

CCH/GLD/3/3 | Next Review February 2024

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# Strategic Health Purchasing from the Private Sector



Across Africa, many countries have thriving subsectors of private healthcare providers. With growing populations and economies, there is ever increasing demand for health services. As of 2019, nearly 41% of health spending in sub-Saharan Africa is from private sources, and much of that is going to private providers. Unfortunately, in many countries, the private subsector of health providers is not integrated or even coordinated with public health service delivery systems. To make progress towards UHC, governments, as the stewards of health systems, need to leverage as much of the financial and human resources in their countries as possible to ensure people can access high-quality health services while protecting them from health-related financial risks.

Strategic purchasing is one approach governments can take to increase the coverage of services delivered across the public and private sectors. As key funders (or “purchasers”) of health services, governments make a range of policy decisions regarding what services to buy, on whose behalf, from which providers, and how to pay for them. Governments that use evidence—regarding population health needs and provider performance—to make these decisions are acting as strategic purchasers. In countries with mixed health systems of public and private providers, the best way for governments to increase service coverage and financial protection for certain populations may be to use public money to purchase services from private providers.

The idea of governments purchasing privately delivered health services is not new. There are many countries in sub-Saharan Africa and globally with one form or another of contracting relationships between public purchasers and private providers, with benefits accruing to both. Governments, especially when they manage large funding pools, can shape the service delivery market, secure favorable prices, and drive quality improvements. Meanwhile, providers can benefit from steady demand, predictable revenue, and readier access to referral networks and technical support.

In Uganda, the Department of Public Health and Environment (DPHE) of the Kampala Capital City Authority (KCCA) is working to establish a strategic purchasing arrangement with private providers. The city has only 26 public health facilities to serve a day population of about five million people, and many of those are national hospitals. KCCA directly manages eight facilities, where demand for free services is so high that it is causing severe congestion, reducing the quality of care with long waiting times, hasty consultations, chronic stockouts of essential supplies, and cratering health worker morale. Meanwhile, 98% of the city’s nearly 1,500 facilities are privately owned but prohibitively costly for much of the population, especially the urban poor.

To address its congestion problems and increase timely access to high-quality services, KCCA partnered with ThinkWell to design “Kampala Care (K-Care)”, a prototype model for purchasing services from private providers, beginning with antenatal care. Foundational studies were conducted to quantify the congestion problem in KCCA’s two highest-volume facilities, profile their clients, and assess the service readiness of nearby private providers. Findings informed an iterative, participatory process for designing the K-Care prototype and estimating the cost to pilot it, a critical step toward KCCA becoming a strategic purchaser of essential health services from the private sector. This presentation will describe the K-Care model, the process for its development, and the next steps to move it forward.

## Message from **Dr Githinji Gitahi** Group CEO, Amref Health Africa



Health systems continue to face critical challenges in sustaining COVID-19 response while maintaining other essential health services. The pandemic has revealed global health inequities and glaring gaps in emergency preparedness – factors that slow-down progress towards Universal Health Coverage (UHC) and global health security. The ongoing inequities in access to vaccines and other COVID-19 tools are a wake-up call for African institutions to join forces to secure a safer and healthier future for everyone.

Making a lasting impact in the communities we serve takes steady commitment and trusting partnerships that prevail through tough and unprecedented challenges such as those posed to us by the current pandemic. Despite the challenges we have faced in the past year, I am proud to present snippets of our contributions to strengthening health systems to promote equity and resilience in Africa. Our shared achievements have been made possible through dedication, sacrifice, hard work, resilience and great cooperation from all staff, partners and the communities that have welcomed us into their midst.

We have attained significant milestones in 2021, including implementing 195 projects across Africa that have reached 20.1 million people directly and 48.2 million people indirectly. Out of these, 114 projects continued on to 2022.

We remain a strong pillar in the continent's pandemic response. Through our strong convening power and technical capabilities, variability of country programmes and concerted interventions of our subsidiaries, we continued to support the COVID-19 response efforts of various governments across Africa, including promoting uptake of vaccines and providing technical assistance in a variety of areas, leading global advocacy campaigns for vaccine equity and strengthening future pandemic resilience. These efforts saw Amref represented in various task forces and technical working groups on COVID-19 response across the continent.

In October 2021, we launched a global campaign to end COVID-19 vaccine injustice dubbed “End Vaccine Injustice in Africa”. The campaign called on world leaders to honour their commitments to low-and middle-income countries to leave no-one behind in the race to bring an end to the COVID-19 pandemic by mobilising and availing more vaccines for the continent. Through a global online petition, we continued to engage and hold rich countries accountable to their commitments to stand in solidarity with all countries, including members of the G7 and G20 as well as heads of multi-lateral and bilateral institutions. As a result of the campaign, more vaccines have been delivered to Africa. Our shared achievements have been made possible through dedication, sacrifice, hard work, resilience and great cooperation from all staff, partners and the communities that have welcomed us into their midst.” 14 Amref Health Africa Annual Report | 2021

Results of our direct support to communities through initiatives such as vaccine outreach with the Amref International University (AMIU) and moonlight vaccination programmes, among other interventions, are clear evidence of the significance of access to promoting vaccine uptake. Additionally, as the world begins to bounce back slowly from the pandemic, the re-launch of the Africa Dialogues series has been a game changer in promoting expert-driven policy conversations to support Africa to ‘build back better’ from the pandemic. The sample stories and programme updates presented in this annual report reflect Amref’s agility, resilience, and adaptation in the face of an unprecedented global health pandemic.

Looking back, we have made significant progress in promoting ONE AMREF and enabling a more cohesive organisation with active coordination for the COVID-19 response. We developed various policies, strategies and frameworks to support the implementation of bold steps to support programmes and made significant investments in staff, including leadership training programmes, and job evaluations that guided reviews in grading and benefits inherent to all staff.

Going forward, we will continue to invest in our staff and strengthen our partnerships with the Ministries of Health across Africa as well as our development partners and most importantly, the communities we serve. Through this, we will remain resilient, empowered and supported to deliver on our mandate.

As we reflect on our achievements, lessons and challenges for 2021, we look ahead to a future filled with exciting possibilities to serve our communities and achieve health for all. Dr Githinji Gitahi | Group CEO, Amref Health Africa

For more details. Please visit the links below.

<https://amref.org/uganda/download/vaccine-solidarity-with-africa-our-impact-so-far/>

<https://amref.org/uganda/download/annual-report-2021/>



View sponsorship packages

Official Partner:



MINISTRY OF HEALTH



## The Role of the Private Sector in Advancing Men's Health in Africa

Nairobi, Kenya  
Hybrid full day event  
24<sup>th</sup> November 2022

### Session One



Promotive and Preventive Strategies for Advancing Men's Health in Africa

### Session Two



Reducing the Burden of Non-Communicable Diseases (NCDs) for Men in Africa

### Session Three



Reducing the Cancer Burden amongst Men "It's more than the beard this November"

### Session Four



'Guy'necology: Why Men's Reproductive Health Matters The Present Global Crisis in Male Reproductive Health

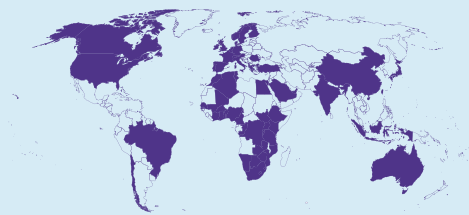
## Why Focus on Men?

Attention accorded to men's health globally and in Africa is generally insufficient. Reducing the burden of morbidity and mortality in men, has potential benefits for women, children, and the society at large.

The private health sector is increasingly realizing the value of men in the African health system and is introducing more men-centered health solutions and innovations in the healthcare continuum.

Join us on 24<sup>th</sup> November as we discuss the role of the private sector in advancing men's health in Africa.

## Our Event Reach 2016 - 2022



99+ Countries

42+ African countries



8000+ Delegates



500+ Organisations

To register for the event go to <https://www.africahealthbusiness.com>



# Inadequacy of Radiology Training in Africa



A number of scholars have sighted inadequacy of Radiology education infrastructure in Africa pointing to the limited knowledge and sub-specialization in the medical imaging field (Efosa et al, 2021). The shortage of Radiologists, Radiographers and Sonographers is evidenced by the meager radiologist to population ratios in African continent (Kawooya, 2012).

Currently, Uganda has only 55 radiologists serving a population of over 40 million people translating to a radiologist to population ratio of 1:734,293. Egypt has a population of 83 million with approximately 1,250 radiologists translating to a radiologist to population ratio of 1: 66,709. This is similar in Kenya with a ratio of radiologists to Population of 1:273,206 indicating that only 170 radiologists exist within a population of over 46 million Kenyans. South Africa with only 1,200 radiologists to serve a population of about 55 million people translating to a radiologist to Population ratio of 1:45,642 (Rosman, 2019).

The increased population and burden of disease has outpaced the diagnostic radiology workforce in Africa compared to that of developed countries whose radiologist to population ratio is 13:100,000 (Henderson, 2022).

It's upon this background that **Ernest Cook Ultrasound Research and Education Institute (ECUREI)**, pioneered training in Ultrasound and Radiology /Medical Imaging specialists to feed the African market. Over the years, ECUREI has graduated over 2000 medical students from Africa including; Kenya, Tanzania, Uganda, Rwanda, South Sudan, Burundi, DR Congo and down south including Malawi, Zimbabwe, Botswana, Zambia



and Swaziland. The institution is the leading Higher Education Institution in Africa training such numbers in Ultrasound, Medical Imaging and other emerging healthcare programs in Africa and boasts of 20 solid years in training.



*ECUREI Students in skills lab and at graduation*

With over 23 Accredited Certificate, Degrees and Masters Programs, ECUREI is one of the few private Higher Education institutions in Africa which has championed training of medical personnel in neglected health fields which had not been previously offered. Courses offered at ECUREI include;

- i. Masters of medicine in Radiology (M Med Rad) Masters in Medical imaging (MMI),
- ii. Masters in Diagnostic Ultrasound (MDU)
- iii. Bachelors of Medical Imaging (BMI)
- iv. Bachelors of Diagnostic Ultrasound (BDU)
- v. Bachelors of Physiotherapy (BPT)
- vi. Bachelors of Science in Health Care Administration & Management (BHAM)
- vii. Bachelors of Science in Early Childhood Health & Development (BECHD)
- viii. Bachelors of Science in Biomedical Engineering (BBE)
- ix. Bachelors of Science in Human Nutrition (BHN)
- x. Bachelors of Science in Health Informatics (BHI)
- xi. Diploma in Biomedical Engineering (DBE)
- xii. Diploma in Cold Chain Technology & Instrumentation (DCC)
- xiii. Diploma in X-Ray Pattern Recognition (DPR)
- xiv. Diploma in Medical Radiography (DMR)  
Diploma in Early Childhood Health & Development (DECD)
- xv. Diploma in Health Care Administration & management (DHAM)
- xvii. Ordinary Diploma in Ultrasound (ODU) offered in affiliation with the Thomas Jefferson University, USA.
- xviii. High Education Certificate in Physical & Biological Sciences (for S6 Leavers who did not attain principal passes in Physics, Chemistry, Biology & Mathematics at A 'Levels or performed poorly but would wish to join ECUREI courses).

Others services offered by the institution include;

- Radiology patient care services including; Specialized Ultrasound, CT, X-ray and MRI Services.
- Research and Community Engagement projects.

Website: [www.ecurei.ac.ug](http://www.ecurei.ac.ug)



**Only patients can tell us about their experience of care, and the outcomes of care that truly matter to them.**

**Good health care is a long-term partnership between patients and their health care providers.**

**In this partnership, the professional's expertise and perspective is essential but the patient's views are critically important. Our health care system's design and performance should incorporate what patients in all their diversity tell us about their experience and their specific outcomes.**

**In South Africa, "ask a friend" or a family member is often how we choose a doctor and judge a hospital. Although asking a friend can sometimes help, the measurement of patient experience and patient-reported outcomes is a better and more scalable method for assessing the performance of health care systems and is becoming the norm around the world.**

#### **WHAT'S THE SOLUTION?**

'Voice of the Patient' (VoP) has been developed in South Africa to collect, report and learn from the experience and outcomes of the people that health care is meant to serve – patients. Measures of patient experience and patient-reported outcomes reflect the design and performance of health care systems.

VoP gives patients more of a voice in their care by making insights into 'what matters to you' available for assessment and improvement of care. It enables care that is more patient-centred and provides a tool for building a stronger health care system.



#### **HOW DOES VOP WORK?**

VOP scientifically measures the results that matter to each patient by collecting information via a secure, convenient, and easy to use platform. Patients are asked condition-specific questions, using measurement instruments which have been localised to our unique context, to provide valuable insights on the care they receive.

The data collected is used to calculate patient reported outcome measures which correlate to clinical quality metrics. These metrics are combined with cost data to provide a holistic view. The information collected is then aggregated to protect the confidentiality of patients and reported back to health system managers in a user-friendly format to facilitate monitoring and decision making.

VoP data, used appropriately, has the potential to strengthen patient-professional relationships, foster more efficient, effective, and rewarding encounters with the health care system, and generate insights of value for clinical decision-making. Patients with better care experiences are often more engaged in their care, more committed to treatment plans, and more receptive to medical advice.

**This is our contribution to putting the patient at the centre of the healthcare system.**

#### **Contact us for more information**

Masimba Mareverwa  
Masimbam@insight.co.za | 083 641 6525





# Simplifying Healthcare Access Using World-class Technologies

Smart Applications International is a leading Pan-African ICT solutions provider delivering a wide variety of world class technological business solutions.

Fondly known as ‘Smart’ within the industry, the company was founded to provide innovations for secure, high tech solutions in Africa and beyond. We have a presence within 10 African countries stretching from East African region (Kenya, Uganda, Rwanda, South Sudan, DRC, Tanzania), beyond (Zambia, Somalia, Cameroon, Malawi) and beyond the seas over Mauritius.

The Smart system has revolutionized the management of medical schemes using biometrically controlled contactless Smartcard and Cardless technology. We continue to serve over millions medically insured members with 5200 medical facilities installed with the Smart system.

Through partnership medical insurance providers and medical health facilities, the system has enabled maximum efficiency in terms of member identification using biometrics, benefits management, accuracy of data capture, real time monitoring of member access, real time transmission of e-claims from the medical health facilities to the insurance providers (scheme administrators)

## **Smart launches Electronic Data Interchange(EDI) platform across East and Central Africa**

Smart has continued to facilitate the healthcare industry through constant innovations that has shaped the medical industry with the most recent solution being Electronic Data Interchange (EDI). The EDI platform has enabled transmission of full electronic claims from the medical health facilities to the payer (scheme administrator), the platform acts as a portal of communication between the two parties hence shortening the claims reconciliation cycle.

We have also enabled the capture of clean medical data and record keeping through our HMIS (Smarthealth+) and not forgetting the Business Analytics platform which has enabled visibility of information at a click of a button providing real time dashboards on medical trends.

We at Smart believe in inspiring a world of convenience, hence we have introduced a mobile application ensuring the peace of mind of the medically insured members. The application contains a geolocator to the nearest medical health facility, provides visibility on member balances for the entire family of the medically insured member.

Our integrated, technology led and data driven innovations help create scalable and reliable solutions that increase clients process efficiency, deliver better customer experiences and generate new revenue streams.

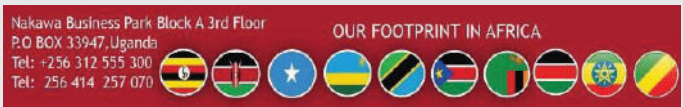


## **Talk to us!**

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Email: [info.ug@smartapplicationsgroup.com](mailto:info.ug@smartapplicationsgroup.com)

Website: [www.smartapplicationsgroup.com](http://www.smartapplicationsgroup.com)







# Seeking to be an all round leader in healthcare?

Today's challenges call for extraordinary leadership to take charge of the dynamics around us. Skillful, practical knowledge fused with international best-practice will give you an edge to sustain you in the long-run. Our range of innovative Healthcare programmes equip managers with relevant skills for leading and managing the various facets and challenges that confront professionals in the Healthcare Industry. Join us for one of these programmes.

## Academic Programmes

**MBA Healthcare Management**  
**PhD in Healthcare Management**

## Custom Solutions

The programmes are tailor-made to suit organizations based on their specific needs. A training need analysis is conducted, and a curriculum is developed to address the need.

## Executive Education

**Leading High-performing Healthcare Organizations (LeHHO) Programme**

**Managing Healthcare Businesses Programme**

**Pharmaceutical Supply Chain Management Programme**

**Hospital Management for Health Professionals (HMHP) Programme**

**Senior Executive Programme in Global Health Innovation Management (SEPGHIM) Programme**

**Behavioral Communication Strategies for Coronavirus Programme**

## Uganda Leadership Development Academy

The StrathmoreUniversity Business School - Uganda Leadership Development Academy (ULDA) offers comprehensive leadership and employee based programmes that equip you to enhance your functioning within your organisation and to prepare you to assume greater responsibility.

### Programmes Available In Uganda

**Senior Management Programme**  
**Management Development Programme**  
**Women in Leadership Programme**  
**New Managers Development Programme**  
**Board Programmes**

## Developing Great African Leaders

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+254 (0) 703 034 757  
Email: sbshealthcare@strathmore.edu  
sbsuganda@strathmore.edu  
Website: www.sbs.strathmore.edu

Twitter: @SBSKenya  
Facebook/Linkedin:  
Strathmore University Business School



## ABOUT HEALTHCARE AFRICA MAGAZINE



The HealthCare Africa magazine is primarily focused on telling the stories of the opportunities, market trends and challenges in Africa's healthcare sector to an audience of key decision makers in the industry value chain in Africa and beyond.

The magazine achieves this mandate by talking directly to investors, managers and professionals in the private sector; suppliers of healthcare and related technologies; Government agencies, NGOs and development partners; academicians and researchers and other stakeholders in the sector.

The print magazine, which is published every two months, is distributed directly to identified stakeholders in the healthcare value chain in Eastern and Southern Africa.

The magazine and website cover the latest news and trends from the health sector in Africa and the World, highlighting such important elements such as:

- Regulatory and policy updates;
- New investments and funding in the sector;
- Mergers, acquisitions and divestments;
- Latest research and development breakthroughs; and
- Innovations and new product releases by the industry stakeholders.

The primary audience for the website and the magazine is stakeholders in the following sectors of the industry:

- Hospitals – private, public, non-profit and faith-based;
- Academia and research institutions and consultants;
- Pharmaceutical manufacturers, distributors and traders;
- Suppliers of new technologies to the healthcare sector e.g. equipment, laboratory testing and consumables etc
- Clinics, Pharmacies, drug stores etc;
- Laboratories and diagnostics centres;
- Government ministries, regulatory agencies and parastatals;
- Development partners, multi-lateral organizations and embassies

The magazine and website engage with the key decision makers across the healthcare industry in Africa, including investors, managers and professionals, industry associations and carry regular interviews and company profiles of leading players in the healthcare value chain in the continent, providing a 360-degree view to the rise of the sector.

For more information visit the website: [www.healthcareafrica.info](http://www.healthcareafrica.info)

### About Us:

**SYSTEMS Evaluation Ltd.** is a consultancy firm that provides a range of Health Systems Management advisory services with a Systems Thinking Approach at the core of every assignment.

### Our Mission:

Is to *Build Better Health Systems* by providing evidence-based and structured management services necessary in guiding the health sector in building resilient and sustainable systems.

### Our Vision:

To be the provider and brand of choice for Health Systems Management solutions in the emerging markets for healthcare service providers, be they stand-alone health program interventions or integrated care providers.

### Our Values:

1. Fidelity to quality
2. Excellence in the services we provide
3. Integrity in professional engagements
4. Collaborative Teamwork

### Our Guiding Principle:

We are committed to developing an environment of continuous learning towards the delivery of better health systems.



Picture 1: QI Learning Session

### Our Service Areas:

These services drive efficiency in healthcare service delivery and ours is a broader portfolio for a dynamic healthcare eco-system:

1. Quality Improvement in Healthcare
2. Revenue Cycle Management
3. Research and Learning

4. Health Systems Strengthening
5. Training and Skills Incubation



Picture 2: QI Training Session

### Our Promise:

1. To approach every task meticulously with a keen eye and a listening ear
2. To have your best interest first as our client
3. To handle the tasks assigned with utmost professional integrity

### Why Us:

At **SYSTEMS Evaluation Ltd.** every client is assured of design specific consulting services, to provide them with solutions to drive their respective program development and implementation needs. Our role is to support our clients in building better health systems.

We leverage the skills of the consultants; to provide our clients with a consulting team with solid industry experience for each assignment, both at the technical front and relational end to guarantee excellence, and this we count as our competitive edge in this industry.

Health Systems Management & Allied Services | Lutheran Church Compound, Ondiek Rd. off Nairobi Road

| P.O. Box 270 – 40100 Kisumu | Tel: +254-202-382-496/+254-716-382-496

| Email: [info@systemsevaluation.co.ke](mailto:info@systemsevaluation.co.ke) | Website: [www.systemsevaluation.co.ke](http://www.systemsevaluation.co.ke)



# NEW NAME SAME CARE

IMG is now C-Care and subsequently our facilities have rebranded from:



— to —>



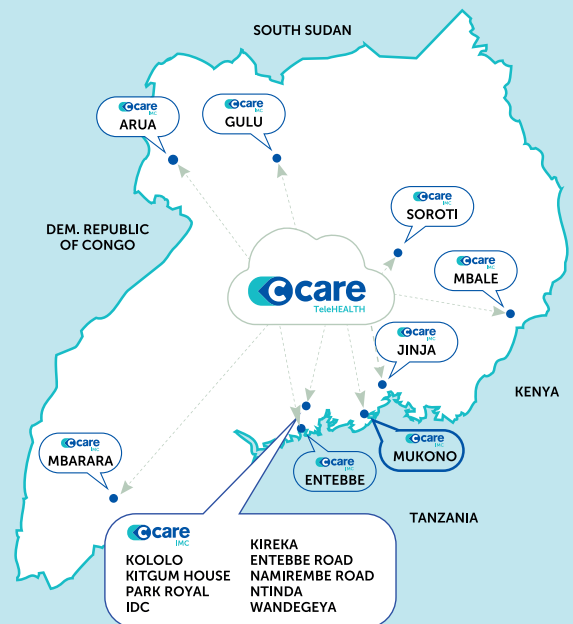
— to —>



We have renewed our look at C-Care IMC Ntinda and C-Care IMC Jinja

Newly installed CT Scan machine

The care we provide is augmented by investments in diagnostic services and state-of-the-art equipment including a **new CT Scan machine**, available at C-Care IHK. C-Care IHK is an internationally-recognised hospital with a **100-bed capacity**. C-Care IMC proudly offers quality healthcare, accessible in **over 18 locations** across Uganda. C-Care has committed to improving our environment to improve our every patient's outcome. Meet our new look at C-Care IMC Ntinda and C-Care IMC Jinja. **C-Care is dedicated to delivering the healthcare you deserve.**





## WHO WE ARE

East African Medical Vitals (EAMV) is the leading medical consumables manufacturing firm in Sub Saharan Africa, providing long-term, sustainable access to high quality, safe, and affordable medical consumables. EAMV is committed to manufacturing and delivering high-quality products that comply with all local, regional, and international certifications and standards.

EAMV has a state-of-the art manufacturing plant in Uganda. The plant has the capacity to supply the East African and COMESA markets with high-quality, affordable medical consumables.

The current machinery has a production capacity of 5,000 pairs per hour, resulting in a total of 3,000,000 surgical and examination medical gloves every month.

**Our goal is to provide medical professionals and patients with life-saving protection during surgery and/or other medical procedures.**



*Our production line*

## HOW WE DO WHAT WE DO

We understand that everything we do is aimed at improving the lives and health of Africans. We ensure that we adhere to good manufacturing practices that meet the standards set by local and international certification bodies.

EAMV is committed to reducing its carbon footprint by utilizing and integrating environmentally friendly technology and managing our disposal systems to the highest technical standards.



*Outdoor view of the EAMV factory / head office*

## OUR PRODUCT PORTFOLIO

### EAMV Surgical Gloves

The EAMV single-use sterile disposable surgical gloves are latex powder-free and designed with curve fingers for a perfect fit, providing adequate protection to those in the operating room, including surgical staff and patients.

### EAMV Examination Gloves

The EAMV non-sterile single-use examination gloves are latex powder free and ambidextrous. They are a perfect fit for everyone, protecting both the medical staff and the patient.



*The finished products*

## OUR PRODUCTION STANDARDS

Our single-use sterile surgical and non-sterile single-use examination latex powder free gloves are manufactured under ISO:13485 quality management systems to meet applicable ASTM and ISO Standards.

We are proud of our relationships with some of the industry's largest organizations.

Some of our key clients include;

National Medical Stores	Saraya Uganda
Uganda Cancer Institute	Kampala Hospital
Ministry of Health Uganda	Quality Chemicals
Lancet Laboratories Uganda	Bethany Women's and Family Hospital

## How Rocket Health changed the password to accessing healthcare in Uganda



Traditionally, the doctor has been at the heart of the healthcare value chain that compels patients to travel far and wide, wait in long queues, in order to see the doctor for a few minutes of a consultation, in the hope that a diagnosis and accompanying prescription for their ailment can be found.

The founders of Rocket Health sought to reverse this access pyramid by using technology to put the patient at the center of the healthcare access process. Leveraging on the ubiquity of mobile phones, with at least 27 million mobile subscriptions in Uganda in 2022, Rocket Health sought to deliver quality, affordable and reliable healthcare over the phone.

“We are constantly trying to find solutions that are going to serve the patient and create efficiencies for the patient, and even beyond that create efficiencies for our doctors that are serving these patients,” Davis Musinguzi, the Chief Executive Officer explains.

“And now, for our insurance partners, that are integrating with our services. Also, with development agencies that are extending health services to people in hard-to-reach areas.”

Today, customers can consult a doctor remotely using their mobile phone, from wherever they are in the country, at any time of the day or night. Having rolled out pharmacy and laboratory to services to achieve an end-to-end healthcare service, Rocket Health offers customers the convenient option of getting tested from wherever they are within a 40km radius of our hubs, and having pharmacy products including medicine, cosmetics, mother-baby products among others, delivered to their doorstep.

“Please can we bring Rocket Health to the UK? Tests done and results received an hour later, then a doctor’s follow up phone call straight away. All without leaving the house. Thank you!,” a satisfied customer, Josie Gallo says on Twitter.

With an absurd doctor to patient ratio of 1:25000 in Uganda, telemedicine not only offers convenience to patients, it also optimises the services and skills of the health practitioners including doctors who are able to serve more people over the phone, than they would if they waited in their posh consultation rooms.

“In the traditional way of practising medicine, especially in the government facilities, patient records are still kept in paper files. In the telemedicine model, all patient records are kept electronically which enables us to always have a patient’s information at any one time, regardless of how long ago their last encounter with us may have been,” Dr. Melissa Atukunda, a telehealth doctor, expounds.

The Rocket health service which started as a small call center in Rubaga in 2012, has now grown to include hubs (clinic, pharmacy and laboratory) along Lumumba Avenue and in Gayaza. Both hubs have specialist services including pediatricians, physiotherapists, plastic surgeons, physicians, dentists, gynecologists and psychiatrists among others. The Gayaza clinic also has a state-of-the-art imaging center that offers ECHO, ECG, Ultrasound scan and X-ray.

The ongoing expansion of the Rocket Health service offering aims to open up to 10 hubs in major towns across the country and extend beyond the border into Kenya.



# Era of limited health care access

## - what it meant for health cooperative members during the pandemic



### Johnson Andinda Program Manager, HealthPartners Uganda.

Since the year 1997 when health cooperatives were first introduced in Uganda, they have served a diverse group of people. Over the years, more than one hundred thousand members benefitted from prepaying low-cost premiums, to access care early, prevent health shocks related to delay, learn about preventive care and save some money for other family needs. Health care providers on the other hand, have been able to transform their services by increasing number of clients served, offering quality services because members visit before they are very sick, use lump sum prepayments to pay staff salaries and have enough medicine in stock. Consequently, health outcomes improved amongst members. HealthPartners has supported the work of health cooperative development in the country and as a result, seven health cooperatives, alongside 47 health care providers are strengthening their systems in management and governance of health insurance partnerships.



Fast forward, limited access to health care during the two-year pandemic was a time of test to all. Health cooperatives, comprised of school members and existing member groups who regularly prepay premiums to a healthcare provider of their choice to access services, were equally affected and by December 2020, health cooperative membership shrunk by more than 70% to below 12,000 members.

### How health cooperatives coped amidst travel restrictions

While many businesses and entities closed because there were no clients, health needs and access to health was needed more than before. We needed many strategies to overcome the challenge at hand. The Risk Communication and Community

Engagement, RCCE campaign, generated awareness to keep members informed about how to prevent COVID-19, seeking care early, reporting suspected cases, and working with partners to help those in need. Based on their cooperative values of solidarity, self-help, equality and concern for community, members and their partners, including government, stood together to overcome the common challenge.

- Cooperative leaders from seven cooperatives used radio talk shows for awareness creation,
- HealthPartners worked with the Ministry of Health to deliver an SMS campaign to reach cooperative members and communities with resources for those facing gender based violence and with health care seeking advice, especially for pregnant women. HealthPartners offered Personal Protective Equipment (PPEs) to both member and non-member facilities, private and public etc.
- Virtual training engagements led to new enrolment in some areas where communities realised that the pandemic had affected them because of not being organized in cooperatives.
- Cooperatives shared resources like protective materials and information
- Some district leaders supported cooperative boards to use district vehicles to travel to radio talk shows
- Cooperative members were offered COVID-19 prophylaxis which originally was not part of the MOU benefit package of services.
- Above all, members were able to access care early and managed to overcome prolonged illness.
- There were home visits conducted to some elderly members and those with chronic conditions.

The pandemic showed strength in unity because through cooperatives, all members were fairly served. The pandemic is now gone but there is increased community appreciation of cooperative health insurance, and currently membership is close to 30,000 as new groups continue to enroll.

# 5 FREQUENTLY ASKED QUESTIONS ABOUT BREAST HEALTH



**Dr Karen Mbaabu**  
**BREAST SURGEON, MP SHAH HOSPITAL, NAIROBI**  
[kmbaabu@mpshahhopsital.org](mailto:kmbaabu@mpshahhopsital.org)

1. I have pain in my breasts: does this mean that I have breast cancer?

Breast pain is the leading cause of patients seen in any breast clinic, with approximately 7/10 patients presenting with this problem. While it can be a source of anxiety for most patients, breast pain is often caused by the breasts' tissues response to normal hormonal changes within the breast. Breast pain is hardly ever (<1%) the first signs of cancer. Nevertheless, it forms an entry point for most patients seen by health professionals, which creates an opportunity towards increasing breast health awareness.

2: What should I expect when I attend a breast appointment?

When you visit a breast clinic for evaluation, the doctor will offer what is called a triple assessment. That is, a detailed history taking of the complaint which assesses for any identifiable risk factors, a thorough breast physical examination to identify any obvious changes such as a breast lump, any swollen glands in the armpits, skin changes or a nipple discharge. Thereafter, a radiological investigation is requested: either a mammogram and/or ultrasound of the breasts. The last component of the evaluation is a tissue diagnosis-a core biopsy-where a sample of a breast lump is obtained with a special needle and sent off for laboratory analysis. When all these 3 components of the assessment are done, a diagnosis is possible in 99% of the cases

3: Which imaging test is best for me: an ultrasound or a mammogram?

Mammograms utilize invisible X-rays radiation to look at the breast tissue. Ultrasounds use a form of high frequency sound waves which, when applied to the breast, are able to create an image on a screen which the doctor then analyzes. Ultrasound does not use ionizing radiation. Mammograms are more useful for older ladies with less dense breasts as the x-rays are able to penetrate the tissues well enough to visualize any abnormalities. In young women who have dense breast tissue, the ultrasound is a more useful tool. Ladies above the age of 40 years are recommended to have mammograms and younger ladies will be offered an ultrasound. Studies have shown that a mammogram is still the most useful tool for screening for breast cancer. Sometimes both a mammogram and an ultrasound are used to identify a problem more clearly. The current Kenyan guidelines recommend routine screening (for patients without any disease) over the age of

50 years to have a mammogram once every 2 years.

4: Am I at risk of developing breast cancer if one of my relatives had breast cancer?

The risk of developing breast cancer when one has a family history, is dependent on a number of factors: how close the relative is: first degree (mother, sister) the age at which they developed breast cancer-younger age suggests that the problem might be hereditary. The overall risk of developing breast cancer is a calculation based on the above and many other factors. This assessment categorizes the patient's risk as low, medium or high. This categorization then determines what prevention, treatment and follow up strategies should be used for each group. Studies have shown that hereditary type of cancers only account for <10% of all breast cancers; meaning that the majority of breast cancer occur sporadically.

5: What exactly causes breast cancer and can I prevent it?

As with all cancers, several abnormal cell changes develop and build up which ultimately result in an abnormal cell type that grows into a cancerous lump. While no one specific causative factor has been shown to directly cause breast cancer, there are some factors that increase the risk of developing it. The most considerable is age-the older we get; the more likely women will develop breast cancer. All women have a 1 in 9 to 1 in 11 chance of developing breast cancer in their lifetime. Studies have also demonstrated the effect of various hormonal changes effect on breast tissue for example: starting periods early and having a late onset menopause result in a prolonged estrogen exposure to the breast. On the other hand, breast feeding has been shown to confer a protective effect against breast cancer. The good news is that there are lifestyle choices such as cessation of smoking, reducing alcohol intake, eating a balanced diet rich in vegetables and whole foods, maintaining a healthy body weight and increasing physical activity that we can all take advantage of to reduce the risk of developing breast cancer.

Our Breast Clinic at M.P Shah Hospital in Parklands, Nairobi Kenya runs on the following days:

Mondays and Fridays - 9:00 am to 3pm at KPJ Medical Centre on First Floor Specialty Clinics, M.P Shah Hospital, Shivachi Road, Parklands.

Tuesdays and Wednesdays - 9:00 am to 4: 00 pm at M. P Shah Hospital Village Medical Center, Second Floor at the Village Market Mall, Nairobi.

# MEDICAL RECORDS AND DATA REPORTING SYSTEM (MRDRS)



Data capture and reporting from the private health sector has been a challenge that multiple countries across the continent have grappled with for decades. In Uganda, data reporting in private health facilities was at 47% for the period of 2021. This was attributed to the high costs of production and distribution of bulky HMIS tools, lack of technical support in data reporting, limited human-resource to complete and high costs to deliver the tools to the biostatisticians at the local government offices who are faced with a few barriers that affect the timeliness of data entry in to the DHIS2 system to complete the reporting cycle.

With private health facilities providing approximately 60% of health services in Uganda and with low DHIS2 data reporting rates, Uganda Healthcare Federation with support from USAID Health Systems Strengthening Activity in 2021, worked with the Uganda Ministry of Health (MOH) to develop a digital platform linked to the national reporting system for private facilities to report directly into DHIS2 as a way of easing the reporting process.

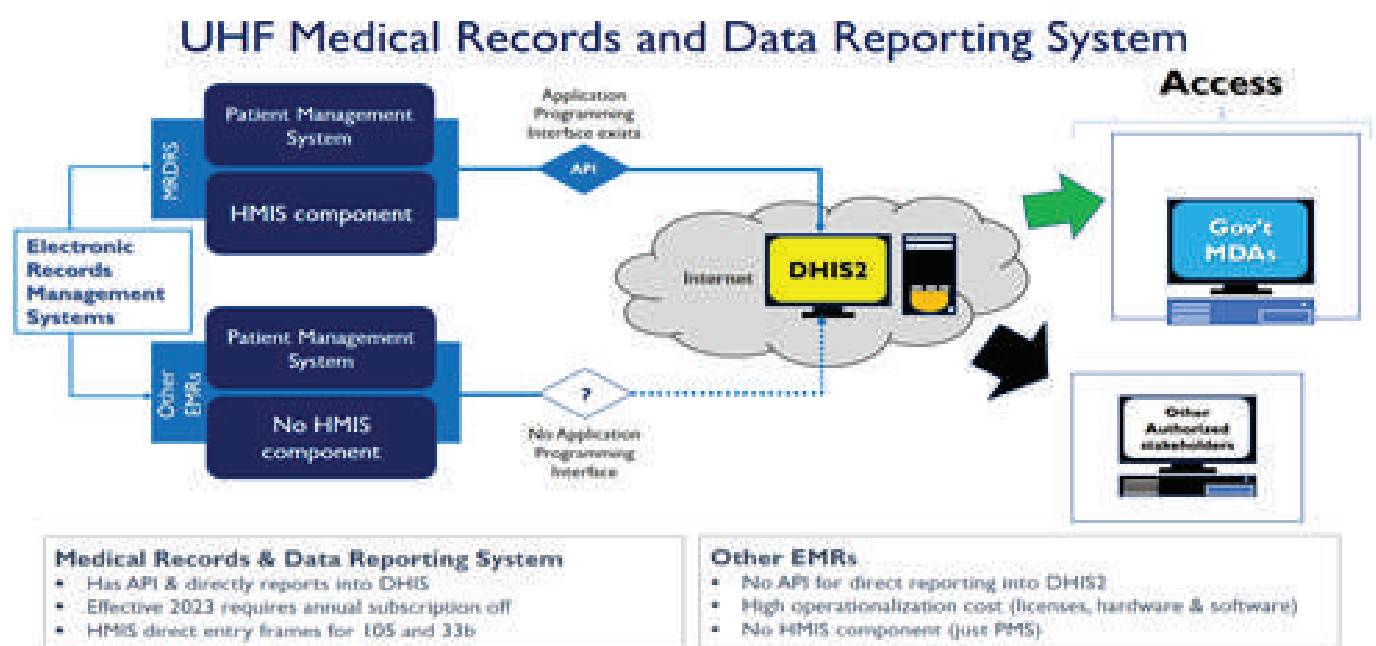
The Medical Records and Data Reporting system (MRDRS), does not only capture the same information as the HMIS tools, but also captures patient management data including diagnosis, laboratory and prescription. The system analyses the data and provides meaningful reports for facilities to interpret and make informed decisions.

At the required time for report submission into DHIS2 by MoH, the facility synchronizes data to enable submission of complete reports on time. MRDRS is able operate on smartphones, tablets and computers for easy access and can also function offline.

It is envisioned that the MRDRS will transform the perception of private health providers towards data reporting for their health facilities. By design the system will improve the reporting rates of the private health sector and quality of data collected by the MOH there by supporting a more accurate representation of the private health sector's contribution to the national indicators.

Currently UHF is working with the ministry of Health to cascade the use of the system by private facilities which will be a game changer in quantifying the contribution of the private sector to the Uganda health system.

For more information on training and onboarding private health facilities, please contact Uganda Healthcare Federation on Email: [info@uhfug.com](mailto:info@uhfug.com) or +256754 667 022





# Why Health Insurance Matters.

Today, health care is one of the fastest – growing sectors showing a sustained pace despite the slowdown affecting different economies world over. A good health care system is vital since it reduces the burden on families and contribute to national growth. According to OCED Observer, a good health care system ensures a strong economy, in fact studies have showed that a mere 10% increase in life expectancy ensures an economic growth around 0.4% per year.

World over debates still range on whether making people spend on health care or subsidizing health care is a positive sign. In many countries in Africa Uganda inclusive, out-of-the-pocket hospitalization has exposed the whole population to huge cost burdens, giving rise to poverty. Thus, different markets have sought out solutions to having this sorted out leaving some economies to opt for subsidization facilities. This to a certain extent has made private players cry foul, leading to decreased performance, corruption and lack of competitiveness. However, policy makers continue to strike a balance in handling these issues.

The ultimate goal of UHC is to improve health outcomes by expanding access to essential healthcare services for all people in need, and by ensuring that the people who seek access to healthcare services do not encounter excessive or undue financial hardship.

The role of Insurance more than ever has been amplified with the emergence of Covid 19 in the different communities' world over. Such unexpected emergencies not forgetting Insurance exclusions are the foundations that Insurance is premised on in supporting economies. Financial costs incurred by those without coverage may be covered by payments for the health care of those with insurance or paid by charities and taxpayers, and the health effects may be absorbed by families in the form of diminished physical and psychological well-being, productivity, and income. These purposes include promoting health, obtaining health care for individuals and families, and protecting people financially from exceptional health care costs.

We all have a role to play in supporting Insurance having understood its relevance in advancing healthcare support while reducing out of pocket expenditures.

As users of the service of Insurance we have to understand the do's and don'ts of the Insurance card usage. It is crucial to know when to use and when not to use the card, who must use and who should not use the card because good and optimum usage may bring out premium discount on renewal.

Medical Insurance provides for medical and surgical expenses incurred by the insured members through reimbursing the insured or paying the care provider directly. Currently the Ugandan market has 8 medical insurer providers, 3 HMOS and all these combined cover close to 300,000 lives which is less than 1% out of a population of 42M.

Medical Insurance has slowly grown to become the best performing line in terms of written premiums but at the same time being the highest loss-making line in the industry because of a number of reasons such as: The Manual process of claims management causing delays in payments, Very high pricing for drugs and services by some of the service providers, Promotion of over utilization of the client benefits and very high hospital visits and Unethical practices among service administrators.

Solutions such as Digital transformation, Price rationalization for drugs and services, Promotion of quality and cost-effective management of patients, Proactive engagement and interactions on emerging trends, Adherence and compliance to good ethical standards have been suggested and some put into implementation for a better medical insurance industry

The relevance of Insurance can never be underscored in supporting health care, for as long as all of us play our roles and obligations in the market. There are a number of other products that Insurers have modelled and re modelled to support individuals realise their ideal health care standards and these include; GPA, Personal accident as well as Funeral covers that support families in expenses incurred at the final send-off ceremony. All these facilities aim to support create an enabling environment to live healthy.

As we grow older our health conditions continuously deteriorate even further, which is a natural phenomenal we all don't have a solution for but can only plan better for our evening days. This is why our Life and pension policies are focusing on that section of our lives to make it more convenient for the retired but not tired citizens. There are a range of policies that our members provide in that regard including but not limited to Annuities, Education policies, savings policies and so much more.

**Written by;**  
**Badru Bengo**  
**Life, Pensions & Medical Officer**  
**Uganda Insurers Association.**

# Leveraging technology to support access to lifelong learning and Continuous Medical Education (CMEs) for health professionals in Africa.

At **Medical Learning Hub (MLH)**, our mission is to support access to lifelong learning and continuous medical education to health professionals in low- and middle-income countries specifically in Africa and India. We target all professionals regardless of whether they practice in cities or in the most remote rural areas.



The **Medical Learning Hub (MLH)** is a versatile software platform that enables health professionals access remote as well as in-person medical education learning opportunities. When COVID-19 struck, we quickly realized that our **Medical Learning Hub** would be a vital tool to help healthcare

professionals in their fight against the pandemic. This would in the long term become a solution for upskilling healthcare professionals across all cadres. The platform overcomes barriers to access to up-to-date medical knowledge including geographical, financial, and timing bottlenecks to continued learning for health professionals in Africa. Our platform contains contextually relevant health courses offered at no or highly subsidized costs to learners, has low bandwidth requirements and is accredited to grant continuing medical education (CPD/ CME) credits.

We have over 110,000 medical personnel registered on our platform across India and Africa with approximately 30,000 of those working in East Africa. In Africa we have physical presence in Kenya, Uganda, Nigeria and Senegal.

We have so far partnered with numerous different stakeholders who sponsor/ finance course on the Medical Learning Hub who derive different benefits as outlined below



## Pharmaceutical & Medical Device Companies



- We design, plan, and implement different continuous medical education (CME) programs on behalf of Pharma. This includes issuance of CPD points, seeking and managing speakers, digital marketing and promotion of courses, acquiring e-consents, planning pre and post event engagement.
- Our platform is also to support in person events, pre,

during and post launch activities as well as omni channel engagement of healthcare professionals.

## Public and private hospitals



- We provide a learning management system on a Freemium Model whereby we partner with leading public and private hospitals to digitize and streamline existing internal Continuous Medical Education (CME) activities.
- We work with these providers to streamline engagement with sponsors such as NGOs, Pharma and Medical Device companies on a sustainable revenue sharing model.
- Hospitals have the options to upgrade to a fully customized learning management system that includes customized user specific reports, document management and issuance of CPD points.

## Non-Governmental Organizations (NGOs) & Development Partners



- We work with NGOs and other donor organizations to design, implement and scale up digitization of new or existing capacity building programs with a goal of promoting cost effectiveness as well as maximizing reach
- We are excited by our newest feature offline learning that allows health professionals to download content when they have good/stable internet connectivity for later viewing on their phones without the need to be online. This supports health professionals with limited access to internet connectivity e.g., in remote areas.

We would be happy to engage with the above or any other different partners to collaborate on sustainable partnerships that promote improvement of health outcomes through improving access to life-long health professionals in the region. You can reach us through [tadeo.wandera@tc4a.com](mailto:tadeo.wandera@tc4a.com) or [edith.gitauh@tc4a.com](mailto:edith.gitauh@tc4a.com).

# Nakasero Hospital is Set to Expand its Premises to Advance Healthcare Provision in Uganda



## The imposing finished product of the Nakasero Hospital expansion



According to World Health Organization (WHO), the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic, or social condition.

Health system delivery mechanisms such as health infrastructure or facilities are a requisite for health delivery and an ultimate driver of progress to universal health coverage.

Uganda has a robust health sector development plan that seeks to accelerate movement towards universal health coverage. Through the Ministry of Health, many health facilities have been constructed, and the existing facilities expanded to extend better healthcare services to Ugandans.

Nakasero Hospital is one of the private health-care providers in Uganda that has treated thousands of patients across the great lakes region for over ten years ensuring access to quality healthcare for Ugandans and international patients.

On the 7th of October 2021, the management at Nakasero Hospital held a thanksgiving service graced by the presence of inter-religious leaders in Uganda to launch the construction project to expand the hospital premises.

This was attended by a number of stakeholders who included the management and staff of the hospital with Mr Richard Masereje representing the Board of Directors to this very important function.

The CEO, Dr Simon Luzige highlighted the need for appreciating the impact of God in the growth of Nakasero Hospital culminating in the need to expand the current structure due to the ever growing patient numbers.



*The clergy joined by the hospital management at cutting the cake during the function*

The expansion shall enable the hospital to scale up its services, such as increasing the number of hospital beds, theatres, consultation rooms and a number of other services generally meant to provide a better service to the patients.

This will also include repurposing the current hospital to create more space for more consultation rooms, ICU, and HDU beds to better service delivery in the critical care department and other departments.



The extension will facilitate the children's clinic and have more car parking space, ensuring safety and convenience for people who visit Nakasero Hospital.

This expansion project is expected to be delivered within 16 months meaning we should have the facility ready for occupation in the first quarter of 2023.



*The current hospital structure*



# Interview with Dr. Bildard Baguma, ED Joint Medical Store for the East African Healthcare Federation Conference 2022



**Q:** Tell us about JMS?

**Answer:** JMS was founded in 1979 by the Uganda Catholic Medical Bureau and the Uganda Protestant Medical Bureau. Starting out in containers managing Uganda's donations for the Private Not for Profit sector, JMS has grown to serve both the Private and Private Not for Profit sectors by efficiently managing both donor and regular commodities. We have established a robust procurement, warehousing and distribution system with over 6 custom made warehouses for warehousing health supplies, ISO 9001:2015 Quality Management Systems among others.

**Q:** What relationship does JMS have with the private sector?

**Answer:** Initially founded to serve the Private Not for profit (PNFPs) health facilities, JMS has since expanded its scope to include other Private Facilities. These receive the same benefits as the PNFPs for example last mile distribution, free equipment installation, servicing and repair and guarantee for Quality assurance.

Also, JMS being a not for profit entity is usually a price leader often stabilizing prices where candid business men want to hoard and hike prices.

**Q:** The East African Community is bringing together states, how is JMS working with East African countries?

**Answer:** Integration opens doors for economies of scale. JMS is working with the Ecumenical Pharmaceutical Network (EPN) to carry out pooled procurement that would enhance affordability and quality standards across the region. This is done with other like-minded organizations like MEDS in Kenya and BUFMAR in Rwanda. As we a result, JMS is able to receive economies of scale that it in turn passes on to health facilities.

**Q:** Uganda recently, joined other actors to commemorate World Patient Safety day. What are some of the initiatives JMS undertakes to ensure Patient Safety?

**Answer:** Patient Safety is highly prioritized at JMS with Quality assurance mechanisms accredited by ISO 9001:2015. Right from the manufacturers, JMS undertakes Good Manufacturing Practices audits to ensure supplies are of good quality before being introduced in the supply chain.

All JMS warehouses are custom made to store health supplies. This includes cold chain storage capacity.

In addition, JMS audits the different distributors to ensure the trucks are custom made to guarantee the quality of products in motion. We also have a field-based team that trains health workers to create and sustain inventory management systems that promote quality of health products.

**Q:** What challenges has JMS encountered during its 43 years in operation?

**Answer:** The supply chain is dynamic and often impacted by global factors. For example, COVID-19 revealed the heavy reliance on imports as a nation. When European and Asian countries issues export bans during COVID-19 period, Uganda suffered scarcity. We appeal to Government and Investors to invest in the Ugandan supply chain to turn the BUBU strategy. JMS has already invested in this direction with Clinisafe Hand Sanitiser, Clinisafe Liquid detergent and Replenish + a nutraceutical on the market. The latest product, medical oxygen will soon be launched.

Furthermore, double regulation by both National Drug Authority and Uganda Bureau of Standards has affected the supply chain often leading to delays in the lead time.

We appeal to both agencies to streamline regulation and issue clear guidelines that avoid double regulation.

# clinicPesa **core**

Our core product provides access to healthcare financing to the uninsured citizens through a digital mobile healthcare micro loans, savings, payments and value creation platform where our customers can set aside dedicated funds to use to offset their medical bills and purchase drugs in time of need at our partnering healthcare facilities.

## How clinicPesa works?

Users save as low as **UGX 500** cumulatively using our Android Application, web system or **MTN USSD (\*165\*5\*4#)**. These funds are dedicated for their healthcare. In case the savings are not enough, we extend micro-loans to top-up to fully clear their medical bills.



### clinicPesaMaMa's

*Healthy baby, Happy family*

Our maternal solution uses behavioral insights to empower expectant women, couples and women planning on pregnancy at our partnering healthcare facilities to prepare early in time for their safe childbirth, purchase birth preparedness kits (**MaMa kits**), set aside enough money for upkeep to use in case of an emergency, purchase prescribed drugs, and transport to healthcare facilities to seek professional maternal services.



Expectant users determine the healthcare facility of their choice, the solution then determines how much funds they have to save daily, weekly or monthly to meet their needs depending on the trimester they are in. These funds will then be distributed towards safe delivery, birth preparedness kits, transportation, and upkeep.



### clinicPesaRestock

Online restocking service of medicine and other medical supplies from our partnering distributors to our partner healthcare facilities through our mobile and web application.

#### Our channels

In a bid to reach every customer at every level, clinicPesa has enabled a cross platform accessibility on mainly;

<p><b>USSD</b> For all feature phones, customers are able to access clinicPesa through a USSD code to conduct their savings transfer to pay for medical.</p>	<p><b>Android</b> On all android devices, clinicPesa is available for download on the google play store to enable the user experience all features.</p>	<p><b>Web System</b> clinicPesa is also accessible online via <a href="http://web.clinicpesa.com">web.clinicpesa.com</a>.</p>
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#### Our Process



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# CASE HOSPITAL; MAKING STRIDES TOWARDS FLUENT HEALTH CARE.



The biggest scare of the Covid-19 Pandemic is slowly ebbing in Uganda but other viral diseases like Ebola loom and with it, great uncertainty. While communities and businesses at large continue to struggle with the economic impact of the Ukraine – Russian war, life must be lived thus faith and hope from several adaptive mechanisms have made the year worthwhile. Case Hospital has determined to remain at the forefront of healthcare in Uganda and engaged in several projects like re-modeling of the neonatal and intensive care unit, set up of the Cath Lab that had stalled at the height of the Pandemic.

Case Hospital took the opportunity to launch the newly remodeled Intensive Care (ICU) and Neonatal Intensive Care (NICU) units on 20th/sept/2022. The 9-bed capacity ICU was completed in 2019 and the 6-bed NICU adjunct in April, 2022. These units boast of state-of-the-art medical equipment, specialists and negative air flow systems set to provide holistic medical services to critically ill clients and babies as low as 600 grams of weight.

A 2019 study, done by Patience Atumanya et al about the functional characteristics of ICUs in Uganda, found a dire need for critical care services in the country. Of the 12 ICUs studied, 50% were in the private sector and of the 75 ICU beds only 55 were able to provide mechanical ventilation. This was significantly highlighted by the desperation the entire Country faced at the peak of the Covid-19 pandemic.

Case Hospital remains at the forefront of not only improving but increasing Critical care capacity in Uganda. According to the Chief executive Officer (Dr. Sebbaale A K), the previous 7- bed unit had limited bed space and ventilatory capacity. Despite the high costs of ICU set-up and operation, he set out to build a state-of-the-art spacious unit with focus towards providing care to both adults and children. With our vision 'To Attain the Pinnacle of Medicine.

Preterm birth, remains the leading cause of Neonatal deaths in Uganda. Statistics show that 226,000 babies are born annually too soon in Uganda. WHO ranks Uganda 13th out of 184 countries for highest number of babies born prematurely and 11th for number of deaths due to complications from preterm birth. However, three quarters of these deaths could be prevented with current, cost-effective interventions. Preterm babies die needlessly for lack of simple care and yet to date, almost half of preterm babies are born at home and even for those born in some health facilities, essential newborn care is lacking due to so many reasons.

Case Hospital Medical Director, Dr. Mirriam Apiyo notes that, "Without any doubt, there is a dramatic difference in survival of premature babies depending on where they are born and the care they receive in the newborn period". Case Hospital has assembled a team of highly qualified Neonatologists, Pediatricians and Nurses for our NICU, who provide personalized, round-the-clock and family centered care for the most critically ill newborns with complex care needs." She continued to say, "It is important for expectant mothers to choose a hospital like Case, which has a NICU on the premises so that if the unexpected happens, they are surrounded by specialists skilled in handling babies with critical care needs."

Case Hospital NICU provides services for the smallest of patients, mainly pre-term babies that require specialized critical care, like the Small Baby Program, Ventilator care, Kangaroo Mother care, Phototherapy, Neonatal body cooling and psycho social support and social work programs.

The Cath lab is another unit the Hospital is gearing to open in October and the collaboration between several heart specialists from Uganda and abroad will see a variety of cardiac interventions including heart surgery done in Uganda.

**THE END**

## ABOUT CASE HOSPITAL

Case Hospital is a 100-bed modern facility located on Buganda road equipped with the latest technologies in health-care currently operating an expansive eight storeyed building. Its services are ISO 9001:2015 certified. Ranked among the top three private hospitals in the country, Case Hospital is a full-service health facility with dedicated and professional staff, offering medical specialties with both out-patient and in-patient care. It boasts of a state-of-the-art Operating Theatre, Modern Intensive Care Unit and Neonatal Intensive Care unit, Dialysis Unit, Children's Ward, VVIP wing and offers a full range of imaging services: Digital X-ray, Fluoroscopy, CT Scan, MRI, Mammogram, Cardiology, Ultra sound, Laboratories (ISO 15189:2019), Cath-lab, Immunization, HIV management. Other services include physiotherapy, ambulance services and a dedicated Labor-Suite with antenatal and postnatal care. The facility is open 24 hours, seven days a week.

In October 2020, Case Hospital was accredited by the Ministry of Health for COVID 19 PCR and Antigen testing. It's also an accredited COVID 19 isolation and treatment center.





# UGANDA HEALTH SYSTEMS STRENGTHENING ACTIVITY

## BUILDING CAPACITY FOR IMPROVED LEADERSHIP, ACCOUNTABILITY, AND MANAGEMENT OF HEALTH SYSTEM RESOURCES

The Uganda Health Systems Strengthening (UHSS) Activity is implemented by the following organizations:

**Palladium (prime):** Health financing, governance, policy, health information systems, human resources for health

**BRAC Uganda:** Strengthening community health systems, human resources for health

**Civil Society Budget Advocacy Group:** National- and district-level budget advocacy and accountability

**Infectious Disease Institute:** Regional and community systems strengthening

**KPMG:** Public financial management

**Panagora:** Collaborating, learning, and adapting

**Uganda National Health Consumers Organization:** National advocacy and community engagement

**Key Approaches to Achieve Program Objectives:**

- Innovative financing options to increase domestic financing for health
- Integrated district support teams providing targeted technical assistance to districts in public financial management, health information systems, health workforce management and performance, community engagement, and accountability
- Performance-based grants program designed to support effective leadership, management, and accountability at the national and district levels
- Capacity building at the national and district levels linked to performance-based management

### OVERVIEW

The USAID Uganda Health Systems Strengthening (UHSS) Activity supports the Government of Uganda to strengthen state and non-state health systems that are critical for delivering high-quality health services by improving leadership, management, and accountability across public and private health sectors. The USAID Health Systems Strengthening Activity provides technical assistance for system strengthening interventions to increase efficient use, governance, and management of key health system resources, including human resources for health.

This five-year program (2019–2024) works closely with government entities—such as the Ministry of Health, the Ministry of Finance, Planning, and Economic Development, and local governments; other development partners and USAID activities, including the Regional Health Integration to Enhance Services (RHITES) activities; and private sector stakeholders—to ensure the country can achieve its health systems strengthening goals on its journey to self-reliance.

### PROGRAM OBJECTIVES

1. Improved leadership and accountability for results at each level of the health sector, which includes development and implementation of key health systems policies, quality standards, and regulations that are central to improving leadership, management, transparency, and accountability.
2. Increased availability and improved management of key health systems resources, which includes conducting evidence-based budget advocacy; improving budget preparation, management, and execution processes, explore innovative financing options for the health sector; and improving human resources for health performance management and transition to domestic financing sources.
3. Strengthened community systems for quality health services, which includes supporting development of a national regulatory and operating framework for community health systems, community health workforce capacity development, and community actor engagement to improve accountability, performance, and management of health services.

This activity supports the tenets and objectives of the Ugandan Government's Health Sector Development Plan and USAID's global Vision for Health Systems Strengthening. In partnership with the Ministry of Health, the activity engages key stakeholders, empower them through increased capacity, and promote more efficient and equitable health systems strengthening. The USAID Health Systems Strengthening Activity supports an enabling policy environment and generates evidence to inform budgeting, financial management, and performance monitoring. The activity strengthens the health systems building blocks—particularly governance, health financing, health workforce, and health information systems—for more transparent and efficient management of health sector resources and leverage new and existing partnerships, including with private sector and non-health entities.

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