The 1st Africa Patients Africa Regional Meeting is one of the pathways for achieving Universal Health Coverage.

Theme: Raising patient voices as a pathway to quality and safe care in Africa.

25th August 2022
8:00am to 4:00pm EAT
Event Opening: Introduction; World Patients Alliance and the Africa Patients Regional Meeting
The 1st Africa Patients Africa Regional Meeting defined.

Regina Mariam Namata Kamoga, Board member, World Patients Alliance

25<sup>th</sup>/8/2022
The Safe Care Problems are Enormous

For example;

- **Over 615million** people in Africa can't access essential services, Service available are of every low quality and there is low sense ownership and trust in health care systems.

- Africa has **17%** of the World population & accounts for **23%** of the global burden disease.

- **11 million Africans** are falling into poverty every year due to high out-of-pocket payments for health payments.

- The above are only a few, the safe care problems are enormous.
Universal health coverage is a solution

The UHC monitoring framework, developed by the World Health Organization (WHO) and the World Bank (WB)

- **Financing**: More and Better Spending and Effective Financial Protection
- **Services**: People-Centered Services, Quality and Multisectoral Action
- **Equity**: Targeting the Poor and Marginalized and Leaving No One Behind
- **Preparedness**: Strengthening Health Security
- **Governance**: Political and Institutional Foundations for the UHC Agenda
The 1st Africa Patients Africa Regional Meeting is one of the pathways for achieving Universal Health Coverage.
Raising patient voices as a path way to quality and safe care in Africa.
We acknowledge the Event Planning Team

- The WPA office and board
- Ndazima Donny Silus
- Irene Mpangile
- Albany Ngoitanile
- Rebecca T Chirenga
- Alphonse MBARUSHIMANA
- Christine Mutena
- Roselyn Odero

- Kwame Appiah
- Dr GULOM Godfrey
- Mercy Kukundakwe
- Dr. Joshua Atepo
- Cecilia Nantume
- Danjuma K. Adda
- Ziwa Hillington
The Meeting Objectives

- Providing patients, **the platform and opportunity** and raise patients voices regionally as well as globally.

- Promote interventions under **Universal Health Coverage frame work of actions**

- Create a **pathway** for a sustainable platform for patients organization and partners to **collaborate and foster patient safety interventions**
Meeting Outcomes

Short Term Outcomes

▪ Convene patients, patients organization, key global development stakeholders, policy teams, industry representatives

▪ Share resources on the application and results of the Universal Health Coverage framework of actions to achieve quality and safe care
Meeting Outcomes

Long Term Outcomes

- Create the WPA African Regional Membership Steering Committee to build capacities of patients organization to promote safe care
- Create an online information sharing and knowledge management portal for tracking the progress of Universal Health Coverage interventions
- Map and form a network of the African continent patient advocacy working groups to advance patient quality and safe care.
“Agaali Awamu, Gegaluuma Enyama”

“teeth together is what bites meat”

“PATIENT SAFE & QUALITY CARE IS POSSIBLE”
Session one: Universal Health Coverage framework of actions to promote quality and safe care
Patient Safety Governance

Ernest Konadu Asiedu
Expert, health and Pandemics
National Centre for Coordination of Early Warning and Response Mechanism (NCCRM), Ghana
25 August 2022
ernestasiedu@hotmail.com
Reaching National Patient Quality and Safe Care Goals through Developing Improved National Preparedness Plans which Include the Organizational Structure of the Governments
Acknowledgement

- Ghana-NCCRM
- Leadership of the Ministry of Health
  - Minister for Health
  - Deputy Ministers for Health
  - Chief Director
  - Directors
- Heads of Agencies
- Directors of the Agencies
- Development Partners
- Patients, family, and community
- Collaborators
- Media
Presentation outline

• Ghana’s profile and the health system structures in context
• Introduction to Patient Safety
• Patient Safety leadership and governance system
• Strategies for success
• Example of Patient safety work
• Challenges
• Identified solutions
Ghana’s profile

- Land area: 239,000 square kilometres
- Border countries:
  - Burkina Faso 549 km
  - La Cote D’ivoire 668 km
  - Togo 877 km
  - Gulf
- Total Population: 31 million*
- 16 Regions
- 254 districts
- Life Expectancy at Birth: 63.4
  (M:F 62.5 : 64.4) years
Overview of the Health Sector- Agencies of the MoH

Ghana’s Health system is Pluralistic
- Orthodox
- Traditional & Alternative
- Public
- Private

Facility: HeFRA, MoFFA, TAMPC, PC
Professionals: Medical and Dental
Nursing and Midwifery, Pharmacy,
Psychology, AHPC, TAMPC
Equipment, Medicines and consumables: FDA

Blood service
Ambulance services

Service delivery and support services

GHS
THs
Faith-based, Private
Self-financing Private
Quasi Government
Traditional and Alternative Medicine
(standalone and integrated)

Regulators

Agencies of the MoH

Under/Post-graduate training

Health financing mechanisms

CSOs/NGOs in Health Community/patient Rep

MDAs
MMDAs

NHIA
Private insurance
Out of pocket

Ghana Colleges of Physicians and Surgeons,
Nurses and Midwives, Pharmacists
Health Training Institutions (MoH/MoE)
Network of Practice with a model health Centre

Patient and Community Focus
Introduction to Patient Safety

• Patients know they may not always be cured when seeking care
• Harm is unexpected
• Health system being aware to lessen the burden of harm to the patient
• Global data puts 1/10 patients harmed
• In LMIC – higher, data are not readily available because incidents may not be recorded
• “To Err is Human”- Building a safer health system-
  – we know that the health system harms patients
  – 38%-44% of infections are preventable
• The health system including patients, family, and community can achieve harm-free services
Current Status of Patient Safety

• Ghana’s Patient safety is embedded in the Quality-of-Care NHQS
• Ghana has incorporated the Global Patient Safety Interventions
  – PS1: Hand hygiene
  – PS2: Safe Surgery and Surgical Safety
  – PS3: Medication without Harm
• Declaration WPSD WHA-72 (2019) Ghana celebrates annually
• Ghana is celebrating the 4th National PS&QC (13-15 September 2022)
NHQS and Patient Safety implementation – What will it take?

– Stronger leadership and coordination from the MoH and the Agencies

Identify gaps inhibiting improved patient care and outcome

• Pre-hospital and hospital care including improved referral processes (electronic with real-time data reporting)

– Partnership with patients to understand what truly matters to them

• Experience of care
• Accountability
Quality Coordination Organizational Structure

Minister of Health
Inter-Agency leadership Committee

Chief Director
NQS Technical Committee

Quality Management Unit (QMU), within MOH-PPME

MoH Directorates

Agencies

Private Sector (Islamic, CSOs, NGOs, self-financing, traditional, Media)

Formation Arm

MOH Directorates / Agencies of the Ministry of Health (National)

Regional Quality Management Unit (RQMU)

District Quality Management Unit (DQMU)

Facility Quality Management Team (FQMT)

Private, GAQHI, NGOs, HTIs etc.

Community

Implementation Arm
Strategies and Successes

HeFRA recognizes SafeCare Standards for quality certification and accreditation for health facilities

22 August 2022 3:33 pm
Strategies and Successes

• Establishing a governance structure for Patient Safety

• Protect healthcare workers- Health worker Safety
  – Policy for Occupational Safety, Health and Environmental Management
  – IPC training
  – PPE provision and other logistics to make the provider safe
  – Raised awareness through 2020 World Patient Safety Day
  – Creation of a “joy at work” environment

• Ensure safe surgical care
  – Use of the Safe surgery checklist
Strategies and Successes

• Improve knowledge and learning in patient safety
  – PS coaches capacity building
  – Use of Safe surgery checklist
  – Medication without Harm – 5 hospitals in the public, faith-based and self-financing private sector
  – QoC network- focus on patient and family participation

• Raise awareness of patient safety
  – Annual PS Celebrations with patient family and community involvement
  – Media engagement and discussions on PS
  – Display and engagement of patients with the Patient Charter in Health Facilities
Capacity building session for staff
Community scorecards at work
Strategies and Successes

• Minimize healthcare associated infections
  – National WASH-IPC program
  – Surveillance for HAIs and surgical site infection
  – AMR Policy
  – Development of HCWM Policy and Guidelines

• Ensure appropriate use, quality and safety of medicines
  – Standing Drug and therapeutic committees in hospitals
  – Rational use of medicines survey conducted in hospitals
  – Hospitals report adverse events, from medications and immunisation to FDA through MedSafety App, e-mail, phone number
  – Essential medicines list, Standard treatment guidelines
  – FDA – undertake post-market surveillance
Strategies and Successes

- Promote partnerships and expanding funding sources for PS
  - Implementation of Community Scorecard -2018
  - Celebration World Patient Safety days inclusiveness
  - Patient, family and Community interest in PS

- Strengthen surveillance and capacity for research
  - Blood safety - National blood service heano-vigilance
  - Medication (vaccine) safety - FDA to develop pharmocovigilance, DTC review and technical meetings
  - Some hospitals report surgical site infections into DHIMS
Challenges

• Inequitable healthcare services - the disparity between rural/urban
  – Infrastructure
  – Staff
  – Equipment/drug and non-drug supplies
  – Financing - budget allocation
• Financing - No deliberate budget allocated for activities
• Demotivated staff including lower level leaders due to lack of support
• Some inimical Cultural and Religious beliefs/practices
• Sustainability of the quality and safety teams
  – Staff attrition
Way forward to address some challenges

• Draw inspiration and content from GPSN
• Develop operational guidelines for patient safety
• Implement governance structures at all levels for patient safety
• Establish measurements for Patient Safety
• Strengthen incident reporting systems
• Increase health worker education for safety culture
• Strengthen partnerships with communities
THANK YOU
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Raising patient voices as a path way to quality and safe care in Africa.
WPA Africa Regional Meeting, 25th August 2022

Global Patient Safety Action Plan

2021–2030

Dr Gertrude S Avortri
Technical officer, Service Delivery Systems (SDS)
Assistant Regional Director’s (ARD) Cluster
WHO Reginal Office for Africa
Outline

0. Development process of the WHA72.6

A. WHA resolution 'Global Action on Patient Safety’, May 2019

B. Global Patient Safety Action Plan 2021-2030

C. Implementing the action plan
0. Development process the WHA72.6

Scoping and literature review
- Relevant global and strategic documents
- Operating paragraphs of WHA72.6
- Reports, studies, articles and patient stories

WHO Internal Consultation
- Brainstorming within department
- Inter-departmental discussion with relevant safety allied programmes
- Discussion with WHO regional focal points.

Global expert consultation
- 24 – 26 February 2020
- Experts from 44 countries and international organizations
- Recommendations on 12 thematic areas

Drafting
- Drafting and review task force
- Public consultation on first draft (August – September 2020)
- Comments incorporated to prepare second draft
- Information session with Mission focal points – Nov 2020
- Revision and third draft discussed and adopted in EB148, January 2021
- Information session with Mission focal points – March 2021

Public Consultation

Member State Consultation

Submission to WHA74 for adoption

74th WHA adopts the action plan May 2021
A. 72nd World Health Assembly (WHA) May 2019

- ** Adopted ** WHA resolution on Global action on patient safety (WHA72.6),
- ** Recognized ** Patient Safety as a global health priority
- ** Established ** an annual World Patient Safety Day on 17 September
- ** Formulate ** a Global Patient Safety Action Plan, aligned with S
## B. Global Patient safety Action Plan 2021-2030

### The mandate

“to formulate a global patient safety action plan in consultation with Member States and all relevant stakeholders, including in the private sector, for submission to the Seventy-fourth World Health Assembly in 2021 through the 148th session of the Executive Board.

### Purpose

- **Provide strategic direction** for all stakeholders through policy actions.
- Provides a **framework to develop national action plans** on patient safety.
- **Align existing strategic instruments** for promoting patient safety in all clinical and health-related programmes.
- **Provide implementation guidance** for mandate provided by WHA72.6 - *the Global action on patient safety*. 
Vision, Mission and Goal

Vision

A world in which no one is harmed in health care and every patient receives safe and respectful care, every time, everywhere.

Mission

Drive forward policies, strategies and actions based on science, patient experience, system design and partnerships to eliminate all sources of avoidable risk and harm to patients and health workers.

Goal

Achieve the maximum possible reduction in avoidable harm due to unsafe health care globally.

Framework for Action - The 7x5 Matrix

1. Policies to eliminate avoidable harm in health care
   - 1.1 Patient safety policies, strategy and implementation framework
   - 1.2 Resource mobilization and allocation
   - 1.3 Protective legislative measures
   - 1.4 Safety standards, regulation and accreditation
   - 1.5 World Patient Safety Day and Global Patient Safety Challenges

2. High-reliability systems
   - 2.1 Transparency, openness and No blame culture
   - 2.2 Good governance for the health care system
   - 2.3 Leadership capacity for clinical and managerial functions
   - 2.4 Human factors/ergonomics for health systems resilience
   - 2.5 Patient safety in emergencies and settings of extreme adversity

3. Safety of clinical processes
   - 3.1 Safety of risk-prone clinical procedures
   - 3.2 Global Patient Safety Challenge: Medication Without Harm
   - 3.3 Infection prevention and control and antimicrobial resistance
   - 3.4 Safety of medical devices, medicines, blood and vaccines
   - 3.5 Patient safety in primary care and transitions of care

4. Patient and family engagement
   - 4.1 Co-development of policies and programmes with patients
   - 4.2 Learning from patient experience for safety improvement
   - 4.3 Patient advocates and patient safety champions
   - 4.4 Patient safety incident disclosure to victims
   - 4.5 Information and education to patients and families

5. Health worker education, skills and safety
   - 5.1 Patient safety in professional education and training
   - 5.2 Centres of excellence for patient safety education and training
   - 5.3 Patient safety competencies as regulatory requirements
   - 5.4 Linking patient safety with appraisal system of health workers
   - 5.5 Safe working environment for health workers

6. Information, research and risk management
   - 6.1 Patient safety incident reporting and learning systems
   - 6.2 Patient safety information systems
   - 6.3 Patient safety surveillance systems
   - 6.4 Patient safety research programmes
   - 6.5 Digital technology for patient safety

7. Synergy, partnership and solidarity
   - 7.1 Stakeholders engagement
   - 7.2 Common understanding and shared commitment
   - 7.3 Patient safety networks and collaboration
   - 7.4 Cross geographical and multisectoral initiatives for patient safety
   - 7.5 Alignment with technical programmes and initiatives
GPSAP 2021-2030, strategic objectives

7 Strategic objectives for actions

**SO1: MAKE** zero avoidable harm to patients a state of mind and a rule of engagement in the planning and delivery of health care everywhere.

**SO2: BUILD** high-reliability health systems and health organizations that protect patients daily from harm.

**SO3: ASSURE** the safety of every clinical process.

**SO4: ENGAGE and EMPOWER** patients and families to help and support the journey to safer health care.

**SO5: MAKE** zero avoidable harm to patients a state of mind and a rule of engagement in the planning and delivery of health care everywhere.

**SO6: ENSURE** a constant flow of information and knowledge to drive mitigation of risk, a reduction in levels of avoidable harm and improvements in the safety of care.

**SO7: MAKE DEVELOP & SUSTAIN** multisectoral and multinational synergy, partnership, and solidarity to improve patient safety and quality of care.
Actions: WHO Regional Office

- Contextualize GPSAP and support Member States to translate into context specific actions:
  - Determine baseline data/information.
  - Advocate for patient safety revitalization, including resource mobilization.
  - Develop and implement national guidance documents.
  - Educate and train HCWs and patients advocates.
  - Facilitate learning and experience sharing.
  - Put in place systems to monitor and evaluate implementation.
  - Promote relevant networks, platforms and associations.
Strategic Objective 4

Patient and family engagement

Engage and empower patients and families to help and support the journey to safer health care
Patients for patient safety (PFPS) is one of the original action areas of WHO Patient Safety, established at the first PFPS workshop in November 2005.

Initiative aims to promote active patient involvement in the programme and patient safety work worldwide.

PFPS is building an international network of patients and family members who have experienced preventable harm, patient advocates, policy makers and health care providers to improving patient safety through partnership.
The regional plan will delineate interventions on how to operationalize the five patient and family engagement components.

**SO4 WHO actions:**

- Facilitate network of Africa Patient and Family for patient safety that will offer platform for interaction, exchange of experience, challenges and best practices.
  - Map and foster networks of patient safety agencies and organizations working with patient associations for patient safety and focus areas.
  - Promote effective collaborative work in the strategic areas- joint planning, resource mobilization and implementation, monitoring and evaluation.
World Patient Safety Day – September 17, 2022

Theme - Medication Safety

Slogan - Medication Without Harm

Call to action - Know. Check. Ask.
Thank you

Merci

Obligado
The 1st Africa Patients Africa Regional Meeting is one of the pathways for achieving Universal Health Coverage.

Raising patient voices as a path way to quality and safe care in Africa.
Access to quality and affordable health care for vulnerable populations through low-cost insurance platforms tailored to patient needs

Mrs. Roelinde Bakker
PharmAccess
Access to quality care for vulnerable populations

TAILORED TO PATIENTS NEEDS

Roelinde Bakker, 25 Augustus 2022
PharmAccess is about Access to Quality Care

We are an international NGO making inclusive healthcare markets work, using digital technology, and stimulating public-private partnerships.

Ensuring quality care for everyone including vulnerable populations.
Making inclusive health markets work

Mobilizing supply & demand

- **Creating demand.** Via inclusive health insurance and pre-payment mechanisms.
- **Strengthen the supply side.** People will only pay for care that offers value.
- **Setting the virtuous cycle in motion.** Creating trust.
"We will ride on the digitization and data analytics agenda to sustain the NHIS, and to give residents in Ghana the best possible healthcare."

DR. ERNEST KWARKO
CHAIR OF THE BOARD, GHANA’S NATIONAL HEALTH INSURANCE AUTHORITY (NHIA)
The global challenge we face

Poor quality of care causes more deaths than lack of access to care*. Some 5 million people die every year because of poor quality of healthcare, more than deaths from malaria, HIV and tuberculosis combined.

*Kruk et al, Lancet 2018

Casualties related to healthcare

5 MILLION people/year deaths caused by poor healthcare

3.6 MILLION deaths caused by lack of access to healthcare
Preventable deaths & quality

An inextricable link

Lack of triaging emergencies
Severely ill patients need to receive antibiotics within the hour, otherwise mortality increases

Inadequate medication stock management system
The absence of urgent specific medication for life-threatening diseases could have a severe impact

Lack of infection prevention in healthcare facilities contributes to numerous patient deaths each year worldwide
The uphill task of improving quality with limited resources

Healthcare providers often struggle how to improve quality due to lack of knowledge, time and guidance

Existing quality approaches are too expensive and not recognized by local authorities

Only a few health facilities participate so no benchmarking on a national level

The standards set are not achievable
In 2009, PharmAccess developed SafeCare setting new inclusive standards.

1. Tailored approach across resource-restricted contexts
2. Inspires to improve by focusing on progression
3. ISQA accredited standards
4. 10+ years of experience of implementation across healthcare systems, from basic health systems to referral systems
Covering a full range medical to non-medical aspects of care

Management
- Governance & Management
- Human Resource Management
- Patient and Family Rights & Access to Care
- Management of Information
- Risk Management

Clinical
- Primary Healthcare (Outpatient) Services
- In-patient Care
- Surgery & Anesthesia Services

Clinical Support
- Primary Healthcare (Outpatient) Services
- Diagnostic Imaging Services
- Medication Management

Ancillary
- Facility Management Services
- Support Services
An ecosystem approach and engagement at three levels

Healthcare professionals
Cultivate a team culture of quality improvement

Government & public partners
Support system change

Licensing partners
Scale change with partners
Through an integrated assessment & improvement program

An approach that is both online and offline

Offering different tools – mix and match

Online + Offline

SafeCare

Quality Assessment
Quality Improvement

Online Self-assessments
Online Quality Platform

Onsite-assessments
In-person guidance & support

That starts with assessment but guides you in taking the next steps
Our stepwise approach makes quality improvement sustainable & achievable
Online Quality Platform

A dual platform that continuously engages providers and informs stakeholders

Guidance & motivation for healthcare providers

Data insights for healthcare stakeholders
Our 2021 impact in numbers

Reach

2026* Facilities

<table>
<thead>
<tr>
<th>Nigeria</th>
<th>Kenya</th>
<th>Ghana</th>
<th>Tanzania</th>
<th>Other</th>
</tr>
</thead>
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<td>994,011</td>
<td>528,725</td>
<td>481,219</td>
<td>364,339</td>
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</tbody>
</table>

2,374,783* Patients reached

42 facilities outside Ghana, Nigeria, Kenya & Tanzania
*patient visits for all facilities that had an assessment

Improvement

Distribution of the facilities per SafeCare entry level

79% Of the facilities improved their quality of care

<table>
<thead>
<tr>
<th>SafeCare level (baseline)</th>
<th>Distribution</th>
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<tbody>
<tr>
<td>1</td>
<td>665</td>
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<tr>
<td>2</td>
<td>356</td>
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<td>3</td>
<td>233</td>
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<td>4</td>
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<td>5</td>
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Engagement

2026 facilities

of which:

- 1071 on-site assessments
- 955 self-assessments
- 695 clinics on Quality Platform

Partnerships

23 Partnerships of which 6 new partner contracts

- 10 private
- 13 public
Transforming the Health System in Zanzibar – from ‘free’ to sustainable healthcare
The challenge

Move towards a sustainable health system were the strongest shoulders carry the heaviest health burdens.
The three pillars of change

Zanzibar Minister of Health introduced

• **A quality measurement and improvement tool.** Achievable and sustainable fitting their context.

• **A digitized approach with real-time quality dashboards.** Supporting decision-making and reducing the workload by 50%.

• **A Health Trust Fund.** Bring in more funding.
Key Success factors

What makes it work

• Pro Active ownership of the Zanzibar government. Joint planning and implementation.

• A quality unit was established by the Minister of Health. Constantly activating commitment.

• Strong partnership. Trusted, respected, and formalized.
What we are achieving

- **Strengthened capacity** of the Council Health Management Teams (CHMT)

- **Digitized system – no more manual paperwork.** A digital way of working is now part of the routine of MoH staff.

- **Quality of care delivered improved**: from all 102 facilities on level 1 to more than half of all facilities stepping up to level 2 & 3.
Thank you

r.bakker@pharmaccess.com
Unveiling the strength of Community Health Workforce one health post at a time
What is PHC

Essential healthcare based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community, through their full participation at a cost that the community and country can afford to maintain at every stage of their development, in the spirit of self reliance.

Alma-Ata declaration-1978
What is project BijimIn

AUDA-NEPADs support to member states’ efforts to strengthen resilience of health systems through improvements in community health workforce capability
Problem

- Inadequate numbers and quality of CHWs
- Gaps in knowledge, attitudes and behavior about how to prevent common health problems
- Poor access to medicines and health products
- Low proximity to health infrastructure for the delivery of basic services
Programme Bijimin

Bijimin Pilot countries

BURUNDI

CHAD

CENTRAL AFRICAN REPUBLIC

LESOTHO

SOUTH SUDAN
Project Bijimin focus

Pillar 1
Training and Upskilling of Community Health Care Workers (CHWs).

Pillar 2
Education and Awareness raising

Pillar 3
Strengthening PHC infrastructure
Guiding principles

8As and 3Cs of primary health care:

- Appropriateness, adequacy, accountability, availability, accessibility, acceptability, affordability & assessability
- Completeness, continuity & comprehensiveness
Pillar 1

Training of CHW/CHVs will aim to cover:

1. Deliver diagnostic, treatment and other clinical services
2. Assist with appropriate utilization of health services, make referrals
3. Provide health education and behavior change motivation to community members
4. Data collection and recording
5. Mechanisms to build relationships between health services and communities
6. Provide psychosocial support
Empower poor and marginalized groups and ensure their participation in driving their health outcomes: by addressing significant gaps in knowledge, attitudes, and behavior of communities and individuals about how to prevent common health problems.

Main topics:
- Maternal, child and men’s health
- Communicable and non-communicable diseases
- Adolescent health
- Palliative care
- Physical activity
- First aid
Pillar 3

Improve infrastructure for efficient delivery of PHC commodities and services

- Facilitate identification, assessment and support operations of brown field ICT and/or physical infrastructure to improve delivery of last mile healthcare
1. Stakeholder mapping
2. Convening partners meetings to mobilize catalytic funding and technical expertise
3. Identifying and commissioning experts from partner agencies to support countries to draft project execution plans, develop training material and co-facilitate delivery of training with country level experts,
4. Convening of continental level and country level workshops,
5. Project communication and reporting to project funders and sponsors
1. Proportion of additional community healthcare workers to baseline
2. Number of beneficiaries of education campaigns/workshops conducted that pass the KAP assessment
3. Number of brownfield community health infrastructure projects initiated
AUDANEPAD will leverage its mandate and comparative advantage to facilitate partnerships that strengthen evidence, deploy innovation, enhance policy environment and facilitate critical investments in PHC.
Thank you!
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Raising patient voices as a path way to quality and safe care in Africa.
Supporting medicines supply chain and building global networks of health care givers to establish people-centered health services to improve the quality of services and patient safety

Catherina Scheepers
Region Head For Africa and The Middle East
The Max Foundation
25 August 2022
The Max Foundation

25 years of accelerating health equity in memory of

Max Rivarola

1973-1991
We are on a mission to accelerate health equity.

We do this by delivering medication, technology, and services to patients facing cancer and other critical illnesses, focusing our energy on those no one else is helping.
Our vision is a world…

where all people can access high-impact medicines,

where geography is not destiny, and

where everyone can strive for health with dignity and hope.
Max Access Solutions

Shipping & Logistics

Network of Health Care Providers

Available Treatment

In-country Max Team
Ownership and Control of Product

- **Owner & Effective Control**: Donor Company
- **Owner**: The Max Foundation
- **Effective Control**: Third-Party Logistics Partner

Steps:
- Manufacturing
- Shipping
- GIK Donation
- Storage
- Customs
- Delivery
- Dispensation
PATS

A sophisticated virtual environment that links all implementing partners and key data points in real time
Providing Medicine & Support to Nearly 8,000 patients in 29 countries in Africa

**NETWORK OF DOCTORS**
- 38 Hospitals & Clinics
- 68 Physicians

**DONATED MEDICINE**
- 5 Manufacturers
- 10 Compounds

**SHIPPING & LOGISTICS**
- 1 Distribution Partner
- Direct shipments to hospitals

**PATIENT SERVICES**
- CML diagnostic support in 6 countries
- 9 Dedicated Team Members
Impact

A patient diagnosed with CML in a developing country now has the same life expectancy as a patient that resides in a developed country.

Access to Treatment = Access to Life
Thank you
Cathy@themaxfoundation.org
Session two: Patient engagement in promoting access to quality and care; Insights from Patient organizations in Africa

a) Patient safety engagement interventions to reach quality and safe care
PROMOTING PATIENTS AND FAMILY ENGAGEMENTS IN GLOBAL PATIENT SAFETY ACTION PLAN IN AFRICA

ALEX ADUSEI PRESENTATION
OUTLINE

- Patient Safety Harm Brief Information (WHO)
- Global Patient Safety Action Plan 2021-2030 (GPSAP)
- Interventions to Promote GPSAP in Africa
- Key Recommendations
1 in 10 patients experience harm while receiving hospital care in high-income countries.

1 in 4 patients is harmed in low- and middle-income countries.

134 million adverse events occurring annually due to unsafe care in hospitals, contributing to around 2.6 million deaths.

Overall, 60% of deaths in low- and middle-income countries are due to unsafe and poor-quality care.
The 74th World Health Assembly (WHA) adopted GPSAP to address the global burden of unsafe care in the year 2021.

Strategic Objective 4 – Patient and Family Engagement.
Strategy 4.1: Engage patients, families, and civil society organizations in co-development of policies, plans, strategies, programs, and guidelines to make health care safer.

Strategy 4.2: Learn from the experience of patients and families exposed to unsafe care to improve understanding of the nature of harm and foster the development of more effective solutions.

Strategy 4.3: Build the capacity of patient advocates and champions in patient safety.
Strategic Objective 4 cont.

- **Strategy 4.4:** Establish the principle and practice of openness and transparency through health care, including through patient safety incident disclosure to patients and families

- **Strategy 4.5:** Provide information and education to patients and families for their involvement in self-care and empower them for shared-decision making
Interventions to Promote GPSAP in Africa

- Advocate for patient safety as a national priority and promote the Global Patient Safety Action Plan.

- Raise awareness about patient safety (e.g. World Patient Safety Day, Medication Without Harm and Infection Prevention and Control).

- Advocate and help develop and disseminate national Patient Safety Rights Charter.

- Raise awareness about safety reporting systems, the right to access medical records, the right to informed consent and the right to an emergency response.
Interventions to Promote GPSAP in Africa con’t.

• Advocate for patient safety as a human right and transparency in healthcare system.

• Advocate for full inclusion of patients, families and communities in all patient safety planning and programs at the global, national and local levels.

• Collect data, develop evidence and create patient registries for research.

• Recruit, build capacity and mobilize patient safety advocates.
Interventions to Promote GPSAP in Africa con’t.

• Develop and disseminate patient information materials and tools on patient safety.
• Create oversight mechanisms for local healthcare facilities and local patient assistance programs for people who encounter problems in their healthcare problems.
• Collaborate with Government to support the development of a national Patent for Patients Safety.
• Identify and advocate for new patient safety funding, policies and legislation
Interventions to Promote GPSAP in Africa cont.

- Conduct advocacy and constructive meeting with key stakeholders and build strategic partnerships and encourage more patients to join for collective voice.

- Produce special editions of newsletters and journals and display banners, posters and electronic visual displays and share initiatives, best practices and experiences
There is a need to continue engaging in work that focuses on promoting GPSAP through approaches that target the root causes of the problems.

There is a need for focused and consistent funding from government and International organizations to promote GPSAP implementation in Africa.
THANK YOU
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Raising patient voices as a path way to quality and safe care in Africa.
Promoting medicine safety in patients transitioned to new drug regimen

Tsitsi Monera-Penduka, PhD, AAHIVP, ARPharmS
Background

- Drug-related problems **interfere** with treatment goals.
  - sub-optimal dosing
  - adverse reactions
  - interactions
- **3 priority** areas defined by WHO
Drug-related problems in HIV care

- Poor adherence
  - sub-optimal blood levels
  - drug resistance
- Transition to DTG high risk
  - change in practice, limited experience
  - most LMICs short-staffed
  - polypharmacy
Pharmacy-led MUR at an HIV clinic

- Ideally, patients' meds should be reviewed at every visit:
  - identify, resolve
  - potential, actual drug-related problems

- Many different terms given to this:
  - Medication Therapy Management
  - Medication Use Review (MUR)

- FIP MUR toolkit
  - response to WHO Medication without harm
Objectives

To improve **identification** and **resolution** of drug-related problems in order to ensure a **safe** transition to dolutegravir-based regimen.
Implementation and outcomes

Jan - Feb 2020

Weekly reporting of ADRs to national pharmacovigilance centre
26 case safety reports submitted

93% of problems resolved at same visit
Pharmacy Manager in collaboration with patient/caregiver, dispensing staff, or clinicians

In-depth consultations with patients before or after drug pick up at the pharmacy
CMM for 129 patients (10% of transitioned patients)

Review of collated data against treatment and transition guidelines
76 drug-related problems identified

Real-time documentation of proposed interventions into patient records
Drug-related problems identified

- 51% eligible patients were not on TPT
- 26% women of child-bearing age did not recall discussion on DTG adverse effects
- 11% were ADRs that had not been documented
  - insomnia, rash, GIT – transient vs persistent
- Actual and potential drug interactions identified in 6% of patients
  - Rifampicin, metformin, Ca/Mg/Al supplements
Contribution to Quality Improvement

- Increased uptake of TB preventative therapy
- Reduced cost of managing OIs and complications of ADRs
- Reduced clinician workload by pharmacy trainees contributing to patient care
- Adverse drug effects identified and mitigated
Next steps

▪ Update tools, 2021 guidelines (TPT, NTDs)
▪ Continue pharmacy trainees HIV electives, scale up to other teaching hospitals
▪ Scale-up MUR process to private Pharmacists, Clinicians, other points of care
▪ Periodic training for healthcare professionals
▪ Patient education on common drug-related problems
Call to Action

Speak out about your experience with new medications to ensure they are safe for you.

Engage with requests for information to improve quality of care.
References


Thank you

- Parirenyatwa COE patients
- Parirenyatwa COE for HIV Prevention, Treatment and Care staff
- University of Zimbabwe BPharm HIV Elective students
- Mr Davison Vuragu, Chief Pharmacist Parirenyatwa Hospital
- Dr Dave Hachey, ACCP
- AHF Zimbabwe

Contact us

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Session two: Patient engagement in promoting access to quality and care; Insights from Patient organizations in Africa

b) Patient organizations’ case studies on patient engagement to promote access to quality and safe care for the patients
Patient Engagement and Empowerment

A Case Study on Rare Disorders Kenya

Presentation by Christine Mutena
Co-Founder, Rare Disorders Kenya
WPA Africa Regional Meeting: 25th August, 2022
A rare disease (RD) is any disease that affects a small percentage of a given population. They are often serious, chronic and progressive in nature.

RDs are mostly lifelong hence need to be managed continuously by a multidisciplinary team of HCPs.
Global Rare Disease Statistics

- +7000 known RDs
- 300 million worldwide
- 72% genetic, 70% affect children, 30% U5MR
- Only 5% of RDs have treatment
- RDs recognized in UHC
Common Challenges of Rare Diseases

- Misdiagnosis and delayed treatment
- Lack of access to treatment and specialist care
- Limited or non-existent treatment options – 5% FDA approved
- Lack of information and support in disease progression - primrose
- Social cultural factors unique to Africa
Rare Disorders Kenya (RDK)

• Patient-led organization of patients, parents and caregivers of PLWRD in Kenya.
• Aim is to engage various stakeholders address the unique needs of PLWRDS.
• +70 recorded conditions
• “Common” RD examples: - MS, MD (SMA, DMD), Narcolepsy,
Objectives of RDK

1. Educate & Raise Awareness on rare diseases in the country

2. Improve lives of PLWRD
   Providing a support network, information and access to diagnosis, treatment and health services for their rare conditions.

3. Collaboration
   Working with national government and other stakeholders to drive the best outcomes for Kenyans living with a rare disease

4. Promote Research around rare disorders in the country
Road to Patient Engagement & Empowerment

- Member Acceptance
- Advocacy
- Patient Skills
- Patient Centric Care
1. Member Acceptance

- Acting as information hub
- Peer to peer support system
- Provide linkage for care, management and support
- Looking to engage mental health specialist partners
2. Advocacy

• Advocating at policy level
• Health literacy
• Patient rights and affirmation
• Encouraging members to be their own champions
• Sharing of member stories
3. Patient Skills

- Patients develop an ability to make independent and informed decision,
- RD Patients to adopt a proactive mindset
- Health literate people are more discerning about their health
4. Patient-Centric Care

- facilitating environment with dignity and respect and involvement.
- Allow linkages of different institutions, patients and specialists together
- Interaction with healthcare providers as a key stakeholder
- Mutual relationship between RDK & HCPs
Conclusion

• PEE a delicate process that involves trust between all stakeholders
• Can not be imposed but it can be facilitated. However, no one is beyond empowerment
• PAGs should be treated as partners and key stakeholders when it comes to patient quality and safe care
Contacts

Rare Disorders Kenya
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Email: info@rarediseasekenya.org
Socials: @RareDiseaseKE
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Raising patient voices as a path way to quality and safe care in Africa.
CHAIN’S START EARLY IN LIFE CHILDREN INITIATIVE

PROMOTING PATIENT SAFETY AND HEALTH LITERACY AMONGST CHILD COMMUNITY GROUPS

PRESENTATION BY ZIWA HILLINGTON
STRATEGY AND PROGRAMS DEVELOPMENT
COMMUNITY HEALTH AND INFORMATION NETWORK
Who We Are


And now we have grown into “Networks of Community Based Care Givers” including; patient organizations, health experts and community health workers addressing barriers of quality health care amongst the most isolated and vulnerable communities of Uganda.
Africa has 17% of the World population & accounts for 23% of the global burden disease.

Approx. 615 million people may not receive needed health care in Africa.

Uganda's health care system is 149th place out of 191 countries.

In Uganda there is roughly one doctor per 25,000 people.
Our Approach

**Infrastructure**
- Community Health Institute
- Community Health Worker & medical experts
- Community Data Hub

**Health goods and services**
- Research and Data
- Basic Health Care Services
- Health products and medicines
- Health Literacy & Patient Safety
- Health advocacy

**Beneficiary Eco-system**
- Empowered Patient, family and community
- Knowledgeable Health Worker
- Informed & collaborative policy and regulatory sector
- Informed & collaborative supply chain network and investors’ sector
Start Early in Life Initiative

Creating the young community mobilisers
Focus on patient safety and health literacy training

Output

▪ We reach at least 3 districts in Uganda
▪ At least 20,000 school children empowered
▪ 50 schools reached in 3 districts in Uganda
▪ Community engagement activities (debates, music dance and drama)

Outcome

▪ 50 health literacy clubs formed in school
▪ Family hand washing in at least 1000 households
Thank You!

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Raising patient voices as a path way to quality and safe care in Africa.
Community engagement for Cancer in Tanzania

TBCF Objectives

Tanzania Breast cancer Foundation was formed in 2008 where the initiative to form the NGO arose from a group of survivors’ personal experiences as patients and the realization that they could contribute to cancer care in Tanzania. These survivors efforts went towards making fellow affected women have less traumatic experiences and to foster hope for a cure if they report early for treatment.

TBCF now primarily works to raise awareness and support individuals affected by Breast and Cervical Cancer.

Our objectives include;

• Shift the current state of diagnosis of breast / cervical cancer from its late stages (III – IV) to its earlier stages (0 – II) where the disease is most curable, survival rates are highest and treatment costs are lowest

• Provide emotional and financial support to affected individuals

• To co-operate and enter into engagements with relevant authorities and similar organizations to enhance outreach
Cancer in Tanzania

• Late diagnosis of cancer is a root cause, in Tanzania
• Where people seek treatment at advanced stages, undermining treatment efficacy and survival rates.
• While Tanzania’s policy of free public sector cancer treatment has made it accessible to patients on low incomes and without insurance, but due to bureaucratic procedures limited number of oncologist in the country, the people with a higher economic advantage seem to have better access as opposed to those that are socio-economically disadvantaged.
Why community engagement

• Communities in low-income countries like Tanzania are characterized by limited access to cancer prevention and early detection services, even for the commonest types of cancer. Limited resources for cancer control are one of the contributors to cancer health disparities.

• Community engagement and education does improve acceptability and participation in clinical trials, interventions and support.
Despite the many challenges faced by the organisation and the community surrounding it, TBCF has managed to achieve its previous goals with limited funding to a great extent.

**Home and Hospital Visits**
TBCF counselors and volunteers visited breast cancer patients admitted at the hospital wards and homes offering emotional support and encouragement. Hospitals include Ocean Road Cancer Institute & Muhimbili

**Awareness Events**
Events were held to raise awareness about breast cancer and also fundraise activities of the organisation. Events included;
- Charity Walk
- Social Events (Gala dinner, Zumba)

**Distribution of Mastectomy Bras & Prosthesis**
This support is very crucial to women’s self image and femininity; it brings back the self confidence and joy

**Counseling**
Provided one on one counseling with the patients; provided information on side effect of treatment, advised on the type of exercise and diet required after surgery.

**Awareness Seminars**
Seminars were conducted in;
- Schools – Dar-es Salaam, Arusha & Mtwara
- Religious Centres
- Marketplace & Health centres – Moshi, Hai District

**Financial support**
Provide financial support to the newly diagnosed patients who cannot afford treatment or transport to hospitals. Due to financial constraints TBCF managed to support 52 women since 2015
Current engagements

• TBCF is currently running a Awareness and Screening campaign in Morogoro where we are working with Tanzania Cancer Comprehensive Care (TCCP), The District Medical Officer’s office and other stakeholders to provide services to the underprivileged societies.

• In October 2022, TBCF will commemorate Breast Cancer month in Kilwa, South of Tanzania by planting 1000 trees that will symbolize hope and in remembrance for all the women that lost the battle with breast cancer.
TBCF in a nutshell

**Funding**
TBCF primarily got its funding from donors. However, since COVID we have found different ways of raising funds, e.g. memberships to the Foundation and corporate sponsorships.

**Partnerships**
TBCF thrives with its long standing relationship with the ministry of Health and hospitals such as Aga Khan and Ocean Rd.

**Survivors**
TBCF not only focuses on life prior and during the cancer diagnosis. We focus a lot of energy on survivorship, living a normal life after beating cancer.

**Patient Care**
TBCF advocates for psychosocial support for the patient.
Thank you
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Raising patient voices as a path way to quality and safe care in Africa.
CONTAINER COUNSELLING CENTRE:
An innovative way to bridge lack of resources

Fatima Seedat
Development Manager,
The South African Depression & Anxiety Group
Introduction to SADAG

• The South African Depression & Anxiety Group
• Largest Mental Health Organisation in Africa
• Patient Advocacy and Awareness
• Over 30 Toll Free Helplines
• SMS Helpline
• WhatsApp Chat Helpline
• Counselling Containers
• Employee Wellness Programmes
• School Talks
• Rural Outreach Programmes
• Speaking Books
Mental Health in South Africa

• 1 in 3 South African’s will or do suffer from a mental illness
• Only 25% of people with a mental illness access/will access treatment or help
• Leaving 75% of people living with a mental health issue not accessing help or treatment
SADAG’s Innovative Counselling Containers

- Rationale for the concept
- The setup
- Training and recruitment
- Free Mental Health Services provided
- Impact and reach on the community
- 77% of patients indicated high/extremely high distress levels in their initial session. In a follow session only 25% were displaying high distress levels
The South African Depression and Anxiety Group

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SADAG Container Community Services & Engagement

Free Face to Face Counselling
Community members seeking help for themselves or loved ones reach out to us for support. This may include debriefing, teaching coping strategies and referrals to clinics or other HCOs.

Schools Talks
Our signature ‘Suicide Shouldn’t be a Secret’ school talk and other Mental Health Talks to learners play a vital role in prevention and early intervention.

Community Awareness
The SADAG Team visits local clinics, police stations, malls and churches to create awareness on Mental Health through our talks and wellness stands.

Stakeholder Engagement
We create networks and engage closely with key stakeholders in order to create a good referral system, provide Mental Health training workshops and to work collectively on awareness campaigns.

Support Group
Support Groups play an integral role in helping clients maintain their well-being and to share their experiences and learn from others living with Mental illness.
Research data from a Snap Survey: Mental Health Profile

- Area: Diepsloot and Ivory Park
- Sample Size: 1176 Township Residents
- Age: 48% 18-35, 27% 36-45 and 25% >46
- Top 5 Challenges: Crime, Unemployment, Substance Abuse, Lack of adequate housing and COVID-19
- 12% reported lack of Mental Health services
- 80% reported they have not seen a Mental Health Professional
- Learning about Mental Health: 80% Clinics, 70% Press and Media, 62% Social Media and 32% Family and Friends
- How to improve Mental Health in the community: 40% Increase education and awareness and 27% Bring Mental Health more services
THANK YOU

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Call to Action:
Laying strategies for advancing quality and safety of care in Africa