

# HOW MIGHT WE PREVENT AND CONTROL DIABETES IN KENYA?



I AM AT RISK,  
UNAWARE OF LIFESTYLE.



I HAVE DIABETES  
BUT UNAWARE OF MY SYMPTOMS.

PHASE	Awareness	Awareness / Interest
CHALLENGES	<ul style="list-style-type: none"> <li>• Lack of information / awareness about NCDs, their risk factors, their symptoms and how to reduce risk</li> <li>• Lack of personal health care</li> <li>• Lack of commitment from leaders</li> <li>• Status symbol (being bigger is better / eating chicken is better than vegetables)</li> <li>• Lack of role models (healthy life)</li> <li>• Inconsistent nutrition information on food packaging</li> <li>• Lack of physical activity</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of information / awareness about NCDs, their risk factors, their symptoms and how to reduce risk</li> <li>• Limited ability to identify abnormalities</li> <li>• Late diagnosis</li> <li>• Fear of stigmatization</li> <li>• Workload of Community Health Workers slows down referral process (1 : 100)</li> </ul>
NEEDS	<ul style="list-style-type: none"> <li>• General understanding of the link between: lifestyle, risk factors and NCDs</li> <li>• Ability to assess personal wellbeing</li> <li>• Access to information</li> <li>• Ability to understand nutrition</li> <li>• Urban: Exercise – burn calories</li> </ul>	<ul style="list-style-type: none"> <li>• General understanding of personal wellbeing</li> <li>• Confidence to seek help</li> <li>• Understand importance of prevention</li> <li>• Leaner process and facilities</li> </ul>
FIELDS OF OPPORTUNITY	<ul style="list-style-type: none"> <li>• Advocacy among government</li> <li>• Spread awareness to each household</li> <li>• Make NCDs mainstream (lifestyle, risk factors)</li> <li>• Infographics / adapt language</li> <li>• Mobile technologies</li> <li>• Build on local structures</li> <li>• Empower local communities to embrace health</li> <li>• Trigger behavior change (nutrition, physical activity)</li> <li>• Empower mothers to leverage health within families and communities</li> </ul>	<ul style="list-style-type: none"> <li>• Empower Self-Care / personal wellbeing / Empower patients to manage their conditions and ask for support</li> <li>• Make “taking care of yourself” popular</li> <li>• Make the role of a Community Health Worker more attractive</li> <li>• More training and capacity building about NCDs</li> <li>• Improve image &amp; trust of hospitals</li> <li>• Make screening more accessible</li> <li>• Make early screening popular</li> <li>• Use social media to reach out to young people</li> </ul>

# HOW MIGHT WE PREVENT AND CONTROL DIABETES IN KENYA?



I HAVE BEEN DIAGNOSED WITH DIABETES.



I HAVE DIABETES AND AM AT RISK OF COMPLICATIONS.

Screening / Diagnosis	Treatment / Retention	PHASE
<ul style="list-style-type: none"><li>Lack of information</li><li>Lack of capacity and skills</li><li>Bad patient experience (e.g. long waiting hours, wrong diagnosis)</li><li>Stigmatization of hospitals</li><li>No treatment for certain illnesses</li><li>Fear the medical bill</li><li>Out of pocket payment</li><li>Centralization of health care</li><li>Fragmentation of healthcare (donors)</li></ul>	<ul style="list-style-type: none"><li>Lack of information and understanding</li><li>Lack of retention/ continuity</li><li>Feel better &gt; stop treatment</li><li>Availability of medicine: out of stock medical supplies</li><li>Lack of income / cash flow</li><li>Lack of follow-ups</li></ul>	CHALLENGES
<ul style="list-style-type: none"><li>Access to lean diagnosis</li><li>Better patient experience</li><li>Trust in medical institutions</li><li>Transparent prices</li></ul>	<ul style="list-style-type: none"><li>Easy access to medication</li><li>Awareness and motivation to take medication as prescribed</li><li>Ability to afford treatment (short-, long term)</li><li>Ability to follow-up and track health</li></ul>	NEEDS
<ul style="list-style-type: none"><li>Improve diagnosis</li><li>Increase capacity and skills in NCDs</li><li>Increase access of remote areas to medical screening</li><li>Lean and scalable medical test</li><li>Create more trusted, safe, and clean spaces for screening and patient relationships</li><li>Turn lack of access into an opportunity</li></ul>	<ul style="list-style-type: none"><li>Make “taking care of yourself” popular</li><li>Motivate families and communities to support each other to increase retention</li><li>Empower communities to take care of their health and hold each other liable</li><li>Remind patients to take their medication</li><li>Close the gap between digital solutions and patients</li><li>Make personal health more trackable</li></ul>	FIELDS OF OPPORTUNITY

# HOW MIGHT WE MAKE HEALTHCARE SERVICES FOR NCDS MORE ACCESSIBLE AND AFFORDABLE?



I HAVE NO INSURANCE  
AND NO MONEY.



I HAVE NO INSURANCE  
BUT MONEY.

CHALLENGES  
FOR  
ACCESSIBILITY

- Lack of funding („HIV donors darling“)
- Lack of insurance
- Unstable pricing
- Centralization of Health (rural – urban gap)
- Logistics of medicine (out of stock)
- Lack of capacity, skills and expertise in NCDs
- Stigmatization of hospitals
- Lack of technology
- No tools for self-diagnosis

CHALLENGES  
FOR  
AFFORDABILITY

- Cash flow / Out of pocket payment
- Inability to pay insurance
- Trickle-down debt
- Lack of suitable insurance packages
- Late diagnosis > increases costs
- Vicious circle: can’t afford treatment > late diagnosis

NEEDS

- Money
- Understand importance of insurance
- To not get poorer with having a health insurance

- Money
- Understand that investing in health care early can save money in the long run
- Reduce the trickle-down effect (don’t have to jeopardize the future of your family)

FIELDS OF  
OPPORTUNITY

- Access to money
- Access to an inventive mechanism (bonga)
- Create a value proposition for people with low income
- Create an income replacement when someone is sick
- Affordable treatment

- Affordable treatment
- Trust in health insurances
- Access to an inventive mechanism (bonga)

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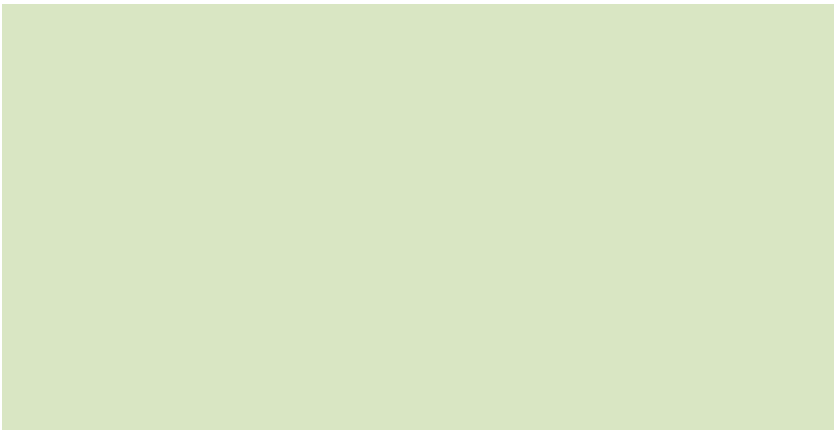
CHALLENGES  
FOR  
AFFORDABILITY

- Money
- Transparency of prices
- Trust that my health will be taken care off

- Transparency of prices
- Treatments that meet international standards
- Insurance packages that cover NCDs

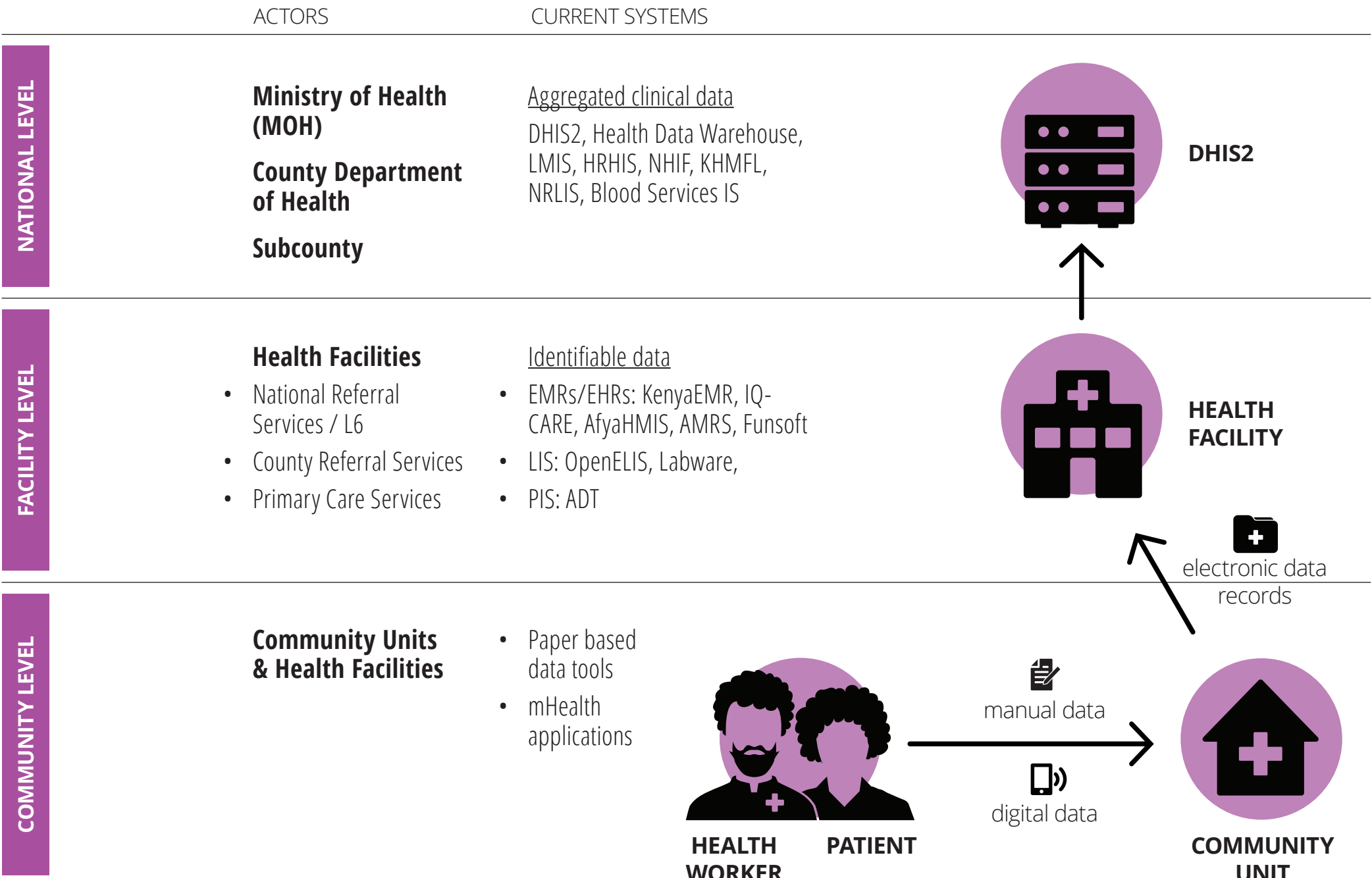
NEEDS

- Unite NHIF and Jubilee
- Maintain stable and transparent prices
- Affordable treatment
- Access to an inventive mechanism (bonga)



FIELDS OF  
OPPORTUNITY

# HOW MIGHT WE MAKE BEST USE OF DATA TO PREVENT AND CONTROL NCDS IN KENYA?



## CHALLENGES

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Lack of control over data (double data, confusion)</li><li>• Lack of quality data</li><li>• Poor definition of which data is needed</li><li>• Lack of clarity what data is needed for NCDs</li><li>• Lack of standardization</li></ul> | <ul style="list-style-type: none"><li>• High degree of fragmentation (verticals are not integrated)</li><li>• No coherent system of data collection</li><li>• Transcription errors (Rekeying errors)</li><li>• No unique identifier</li><li>• No money – no interest</li></ul> |
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## NEEDS

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Collect quality data in Kenya</li></ul> | <ul style="list-style-type: none"><li>• Analyze and use data</li></ul> |
|---|--|

## FIELDS OF OPPORTUNITY

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• How to collect more high quality data?</li><li>• How to use data to convince leaders to act?</li><li>• How to use data for decision-making (policies, recommendations etc)?</li><li>• How to use data to make relevant policies?</li><li>• How to use data to create relevant insurance packages?</li></ul> | <ul style="list-style-type: none"><li>• How to use data to build skills of hospitals, community health centers, nurses etc?</li><li>• How to use data to create targeted campaigns?</li><li>• How to build on an existing system?<br/>How can you better pool existing data?</li><li>• How to create a solid system to access and use data?</li><li>• How to create a system of a unique identifier?</li></ul> |
|---|--|