

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

CHRONIC DISEASE PREVENTION AND CONTROL IN KENYA

Diabetes, Awareness & Prevention

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

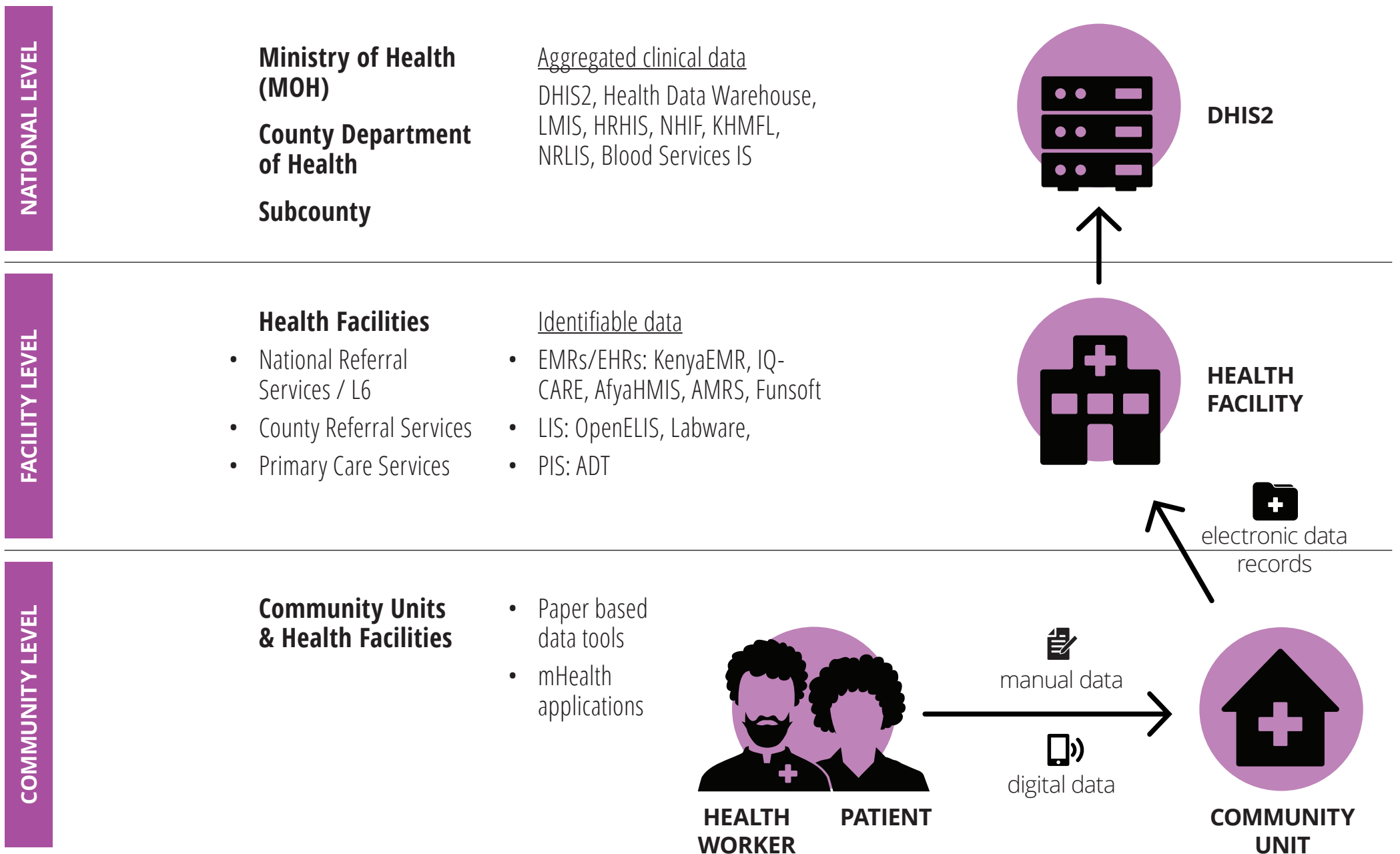
- Unite NHIF and Jubilee
- Maintain stable and transparent prices
- Affordable treatment
- Access to an inventive mechanism (bonga)

**FIELDS OF
OPPORTUNITY**

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

ACTORS

CURRENT SYSTEMS



CHALLENGES

- Lack of control over data (double data, confusion)
- Lack of quality data
- Poor definition of which data is needed
- Lack of clarity what data is needed for NCDs
- Lack of standardization
- High degree of fragmentation (verticals are not integrated)
- No coherent system of data collection
- Transcription errors (Rekeying errors)
- No unique identifier
- No money – no interest

NEEDS

- Collect quality data in Kenya
- Analyze and use data

FIELDS OF OPPORTUNITY

- How to collect more high quality data?
- How to use data to convince leaders to act?
- How to use data for decision-making (policies, recommendations etc)?
- How to use data to make relevant policies?
- How to use data to create relevant insurance packages?
- How to use data to build skills of hospitals, community health centers, nurses etc?
- How to use data to create targeted campaigns?
- How to build on an existing system? How can you better pool existing data?
- How to create a solid system to access and use data?
- How to create a system of a unique identifier?