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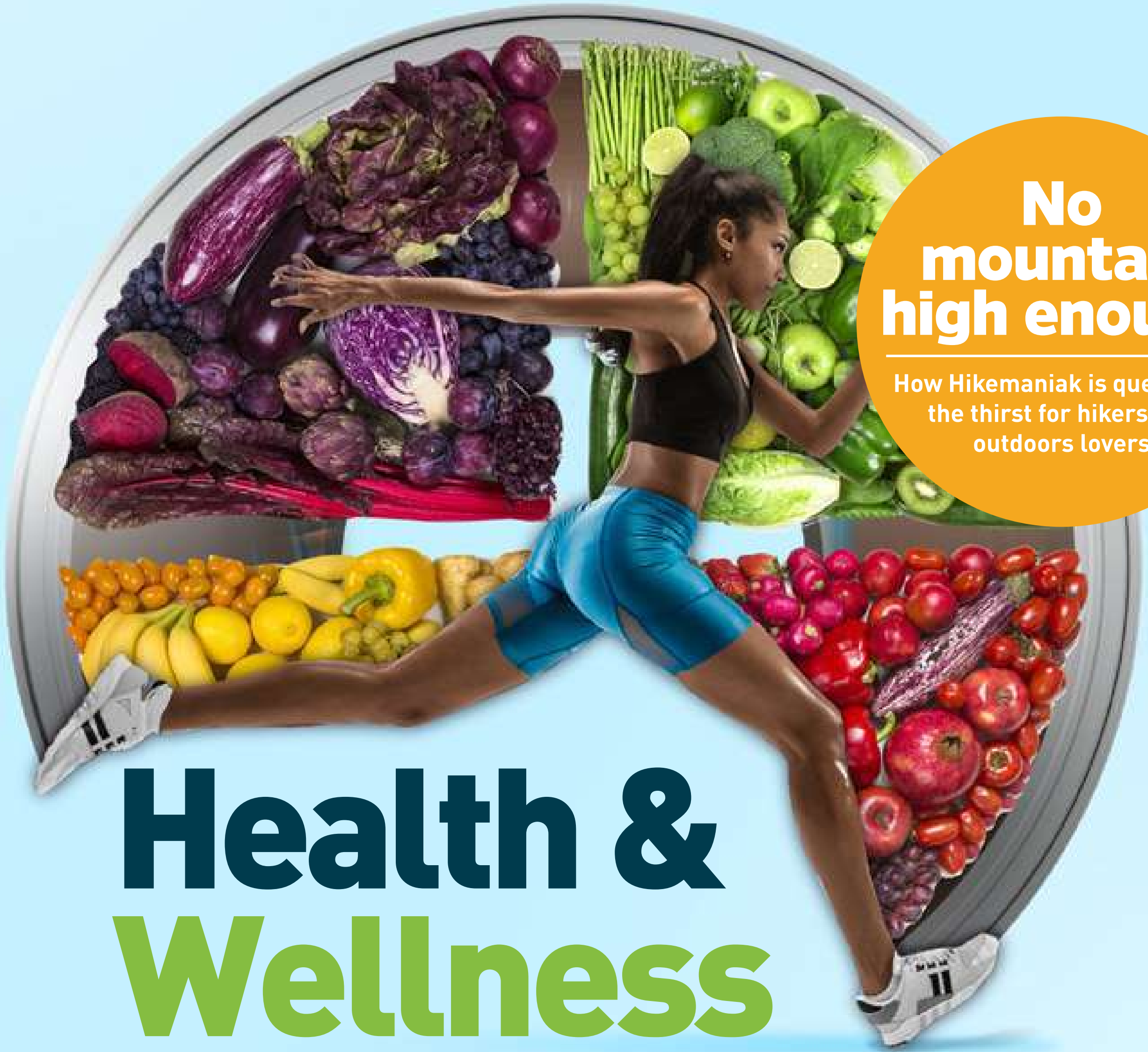
KCB VENTURE

NOT FOR SALE

Corporate Magazine | June - September, 2021



No mountain high enough

How Hikemaniak is quenching the thirst for hikers and outdoors lovers

Health & Wellness

Investing in personal health and well being

KCB

Also in this issue:

- The Port of Lamu, an investment for posterity
- KU Hospital: How one-of-a-kind facility was baptized by pandemic fire at inception

CONTENTS

Getting through the coronavirus pandemic one step at a time

A healthy nation is a wealthy nation. The COVID-19 pandemic has tested the health and wealth of nations in equal measure as it sweeps across the globe. Our resilience and ability to cope with the disease as humanity has come to the fore in both the health sector and the economy.

Hospitals came up with strategies to manage COVID-19 patients while ensuring the safety of their doctors as new business ideas were born and enterprises changed tack to meet evolving consumer needs. The economy took a hit due to containment measures and border movement restrictions aimed at controlling the spread of COVID-19.

> Hospitals came up with strategies to manage COVID-19 patients while ensuring the safety of their doctors as new business ideas were born and enterprises changed tack to meet evolving consumer needs.

This edition covers various milestones made by counties in their attempts to provide and improve health services to the people as well as ventures by various companies in order to stay afloat. There is focus on Rwanda's health care system, the Universal Health Coverage programme in Kenya as well as efforts made by medical entrepreneurs to improve medical services.

This issue would not be complete without talking about health insurance coverage during the COVID-19 pandemic which moved from many insurers declining to pay for certain costs of treatment to development of special packages and products to cover the disease.

Technology has featured in the use of telemedicine which has seen tremendous growth and uptake during the pandemic. Patients are able to reach doctors for diagnosis and treatment without leaving their homes. Safaricom's entry into Ethiopia to expand connectivity is also a huge step towards boosting interaction with the outside world.

Operationalisation of the first berth of the new Lamu port is expected to revolutionise the region as it leads to the opening up of northern Kenya and neighbouring countries, while in Tanzania, Baobab Energy Systems seeks to stop importing meter parts and start manufacturing them by 2023, having learnt a tough lesson during the pandemic.

Enjoy the read.

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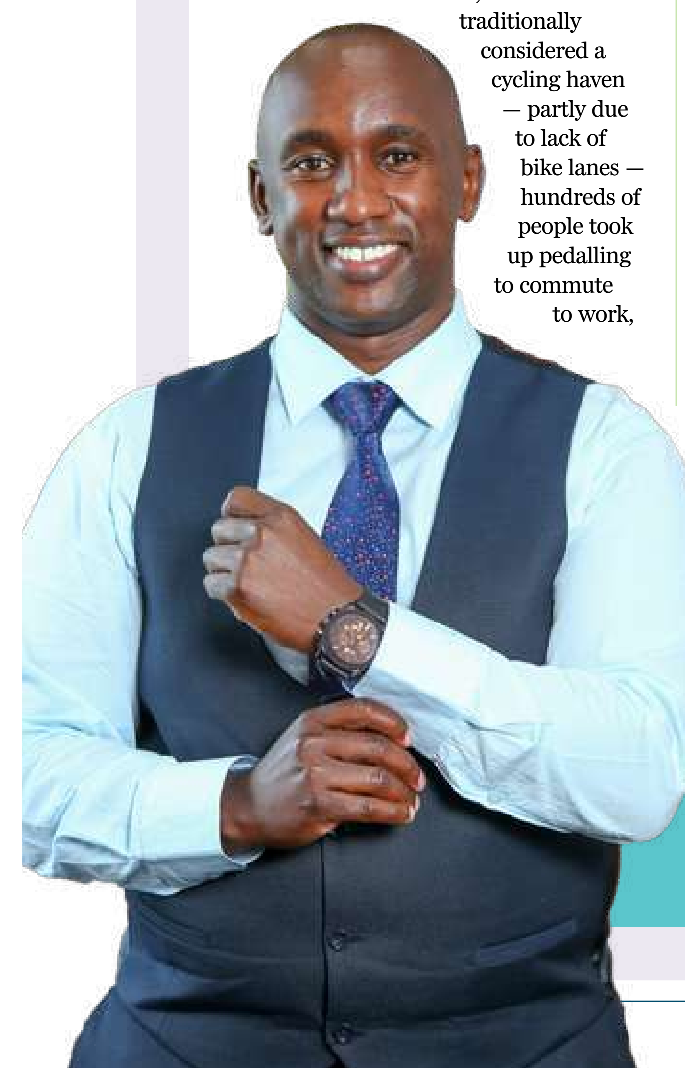
Pandemic accelerates momentum for fitness industry as many ditch the couch to sweat

By Peter Ng'eno

The fitness industry in Kenya has grown by leaps and bounds since the first COVID-19 case was announced in the country. The subsequent orders from the government especially containment measures and the call to work from home added fuel to the need to exercise and keep fit.

Since March 2020, no equipment illustrates the renewed interest in fitness as much as bicycles. The demand for bikes has soared as more people opt for home workouts with many gyms remaining closed.

The great bicycle boom of 2020 saw more people turn cycling into a trend across the world. Even in East Africa, which is not traditionally considered a cycling haven — partly due to lack of bike lanes — hundreds of people took up pedalling to commute to work, keep fit as well as cut on transport cost.



Cycling is enjoying a renaissance, but so are other fitness activities such as mountain climbing, hiking, running, and camping.

The world blinked and suddenly, bikes that had previously been the preserve of fitness fanatics and children, burst into popularity.

Without restaurants, cinemas, swimming pools, and sporting venues to go to, many decided to get in shape. Since gyms were also closed, wearables and fitness apps were ideal solutions for those wanting to stay fit.

In essence, the pandemic has been a catalyst for physical activity, mandating lifestyle changes overnight. A combination of cabin fever, closed gyms as well as anxiety over public transport, has seen more people who hitherto didn't workout take up either walking, running or cycling.

As a result, there has been a steep growth for all things fitness. Sales for fitness gear, apparel, and fitness gadgets as well as treadmills, exercise bikes, spin bikes, cross trainers, hiking boots, and gym benches have skyrocketed in the past 15 months. This is as homebound consumers scrambled to build gyms, loaded up on sneakers and downloaded fitness apps by the millions.

The home fitness business took off like wildfire and while restrictions have eased over the months, a lot more people are either working out from home or engaging in other fitness activities.

The shift, some of which is expected to continue long after the pandemic has been contained, has created new opportunities for companies that bank on the sweat business.

From personal trainers to corporates selling gears and equipment, an industry has emerged out of the pandemic, whilst inspiring growth of the health and wellness sector.

Across East Africa, retailers including Decathlon, Nairobi Sports House, Super Sports House in Uganda, and Just Fit in Tanzania have reported significant growth in sales since 2020. While on e-commerce platforms including Jumia, Jiji, Gadzone, and Avechi, the most wanted products besides phones are fitness gear and workout equipment.

While it may be too early to conclusively say if the renewed interest in fitness will outlast the pandemic, there is greater acceptance of physical wellness activities and experts do not anticipate any slowdown or even backpedalling. If anything, the pandemic has increased awareness and entrenched habits.

There are no signs of demand slowing down any time soon, effectively demonstrating a business case for the sector. As cases of the virus decline and more people receive the vaccine, gyms and other entertainment spots will be opened, but like many other factors during the pandemic, it has also offered a glimpse into the connected fitness future.

The writer is the Acting Director Corporate Banking at KCB Bank Kenya

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FINANCE

Medical insurance coverage in a pandemic

Medical insurance gives beneficiaries security and confidence that in case of any sickness, the cost of treatment will be taken care of. The COVID-19 pandemic, however, shook this narrative to the core.

Mr Anthony Mwangi, a Nairobi-based IT professional with a Pan-African SAP company, was in for a surprise last June when he was admitted to a premier hospital in the city. Despite holding an insurance cover that catered for up to KShs. 2 million in in-patient costs, the hospital could not admit him when he tested positive for COVID-19.

Tens of calls later to his human resource department and his company's insurance agent, he got admitted, but the insurance including the NHIF cover could only cater for bed, meals and a few other items. Luckily, he only stayed in the hospital for six days. Nonetheless, he still had to part with over Kshs. 270,000 from his pocket out of the Kshs. 430,000 hospital bill.

Anthony's case is not unique; insurance companies across the world struggled with the decision on whether to cover COVID-19 patients. The early days of the pandemic had insurers inundated with general inquiries and claims across multiple different lines, whether health, life or non-life cover.

In Kenya, where over half of the population does not have adequate health insurance cover, while the other half survives on less than two dollars a day, the cost of COVID-19 treatment, from testing to home-based care, and management can be a burden.

The response has been as varied as the number of players. While some insurers responded by covering COVID-19 cases, others would only cover select costs, while others flat out refused to cover the cases, forcing the patients to dig deep into their pockets that were already stretched by pay cuts and job losses.

More interestingly, some insurers asked customers to top up their premiums in order to be covered, while others quickly developed products to cover the coronavirus disease only.

A journey back in time shows that the past can provide prologue for any response taken by the insurers in handling COVID-19 cases. A reflection on past pandemics — such as the influenza pandemic (Spanish Flu) of 1918–1920, Severe Acute Respiratory Syndrome (SARS) and other outbreaks including Ebola, Smallpox, or even Polio — shows greater cooperation globally to contain the spread of the diseases.

With the number of COVID-19 positive cases steadily rising, the cost of health has been a big burden to both developed and developing countries.

"The trend in the spread of the disease has unexpectedly overburdened even countries with stable health structures and resources. The disease has disrupted economic, social and cultural activities forcing governments to act by supporting vulnerable citizens and the sick with among other measures direct cash transfers, tax reliefs, investing more money into the economies as well as revising health insurance schemes and hospital ownership to deal with the disaster," says Ms. Polet Njeri Ouma in a study published in the Journal of Global Health.

As it stands, COVID-19 will be here for a while and there's general expectation for a more harmonised and well-thought-out response to reduce the out-of-pocket payments for treating or containing the disease.

"... the cost of treating a COVID-19 patient is up several thousand dollars meaning that a health system that has been underfunded, understaffed, and riddled with corruption would disintegrate if the pandemic were to lead to mass infections. This disturbing revelation means that policymakers in Kenya should not only look at curbing the spread of Coronavirus but also strive to restructure the health sector in a manner that it would be able to withstand any serious threats from the current and future health crises," Ms. Ouma added.

In the past decade, governments across East Africa have continued to ramp up efforts to reduce out-of pocket payments for health services. Various ambitious reform programmes have been rolled out or are in various stages of pilot by the respective states.

The private sector hasn't been left out in the quest to promote universal health coverage and equitable access to health care, today, employers have health insurance schemes for their employees.

Although these schemes have largely been successful given the ratio of the insured population, in Kenya for instance, the number of the covered population has increased significantly.

However, medical insurance coverage is faced with many challenges threatening its sustainability.

> **As it stands, COVID-19 will be here for a while and there's general expectation for a more harmonised and well-thought-out response to reduce the out-of-pocket payments for treating or containing the disease.**

Out-of-pocket payment (OOP) by insured clients is one such challenge. In the past one year, this challenge has been doubled by the impact of COVID-19. Several insurance players have refused to yield, leaving the insured to pay out of pocket for COVID-19 treatment.

Right from the beginning of the pandemic, the biggest worry for most Kenyans was, "can I get it? And if I get it, can I get treated and can I afford it?" And the answer was majority of the population couldn't afford the management and treatment of COVID-19, says Dr. Patrick Gatonga, the Jubilee Health Insurance CEO.

"For us— insurers and the government— we must enable people to access and afford quality healthcare, and the best way of doing that is to enhance the availability of health cover," he said.

"The pandemic has amplified the need for healthcare and healthcare protection," Dr Gatonga added.

In April, the Insurance Regulatory Authority (IRA) directed insurers to update the policies to cover COVID-19 jabs — raising hope for many Kenyans yet to be vaccinated.

"As a risk mitigation measure, insurers are advised to provide for payment of COVID-19 vaccination for their medical insurance customers," IRA chief executive Godfrey Kiptum said.

The insurance industry will therefore not treat COVID-19 management as a separate item, but just like any other health condition within the terms and conditions of the cover applying.

In essence, if you have health insurance, either through an employer-sponsored plan or a marketplace plan, you are covered for medical services and treatment as outlined in your plan's coverage policy; your health benefits for coronavirus medical care, like any other illness, will depend on your specific plan's benefits.

INSURANCE

Seizing the disruption to grow bancassurance

KCB Insurance Agency Managing Director Aggrey Mulumbi.

No one makes you want to hide faster than someone selling insurance. It doesn't matter whether they are friends, strangers or family, we avoid insurance sales agents at all cost. They say friendship can survive anything, but the true test of friendship is when one becomes an insurance agent.

Suddenly, your casual lunch meetings turn to sales pitches, and eventually any other arrangement to meet in the future aborts. You start feeling like you are no longer a friend, but just another business opportunity. As a result, we end up avoiding these agents by not returning their calls and subtly banning them from social events.

However, this hide and seek game is set to change. The insurance industry, especially the bancassurance sector — banks that have an arrangement to sell insurance policies on behalf of insurance companies — are set to change their business models to meet the changing customer needs and behaviour.

In essence, the pandemic has been a wakeup call for the insurance industry, setting it on a transformation journey. The sector, in less than three years, could look fundamentally different: much more agile, secure, connected, and digitally enabled.

"The traditional distribution may not survive, because it's going to be low contact. Foot in the door and door-to-door sales agents without prior information may find it more difficult to reach customers than when reaching them from a more informed point," says KCB Insurance Agency (KCBIA) Managing Director Aggrey Mulumbi.

These new methods of service provision will lead to better risk identification and mitigation measures to the benefit of customers and the growth of the sector.

"I see a bigger opportunity in bancassurance reaching out to customers from a point of knowledge. Bancassurance combined with data and analytics will give us better positioning of insurance than ever been," Mr Mulumbi added.

As financial services deal in intangible products, it is well suited for technological innovation to lower transaction costs and expedite the delivery of services.

Implication of COVID-19 on insurers

Since the outbreak of COVID-19, the insurance industry continues to be greatly impacted by the pandemic, affecting various business lines differently.

As the traditional ways of working became severely disrupted, so were the various segments of insurance business lines. Some sectors such as health and agriculture saw more uptake, while others mostly in non-life segments, saw a decline.

Overall, the pandemic has been difficult for the insurance industry, but in some segments, it has enhanced awareness and improved uptake.

"Insurance in the crisis has continued to go down lower and lower in the priority ranking of financial

Dr. Patrick Gatonga (right) of Jubilee Insurance Limited and Mr. Aggrey Mulumbi, the Managing Director KCB Insurance Agency, during the launch of KCB Simba Junior and KCB Simba Health Senior medical insurance plans in partnership with Jubilee Health.

concerns for customers. It is more of discretionary spending: less and less of the disposable income is available for that," says the KCBIA managing director.

Although the pandemic improved awareness and uptake of insurance, it has been tough on the sector with the global growth of the industry projected at just 1 per cent in 2020, with the non-life insurance being stagnant.

In the motor insurance segment for instance, some car owners did not see the need to insure their vehicles because the lockdown and containment measures that came with the pandemic saw them park their cars at home with very limited movement. There was also reduced use of motor vehicles as the government encouraged people to work from home with many organisations backing this call by asking staff to work from home.

"In the motor insurance segment, due to under-utilization of cars and restriction of movement, there was no need to have full insurance while commercial vehicles were not on the road, we developed short-term products to cater for these individuals including motor covers for shorter periods like a month," he revealed.

In the health segment, awareness and the need for medical cover increased.

"At KCB, the pandemic helped us identify some unique opportunities previously not addressed. With COVID-19, the high-risk group people aged over 60 years are the same people prone to certain types of illnesses—lifestyle diseases — that are generally excluded in the traditional policies. So, when your morbidity increased, insurance companies tended to constrain the insurance covers you would get. We saw an opportunity to come through for these elderly persons and developed a unique product," Mr Mulumbi noted.

New products

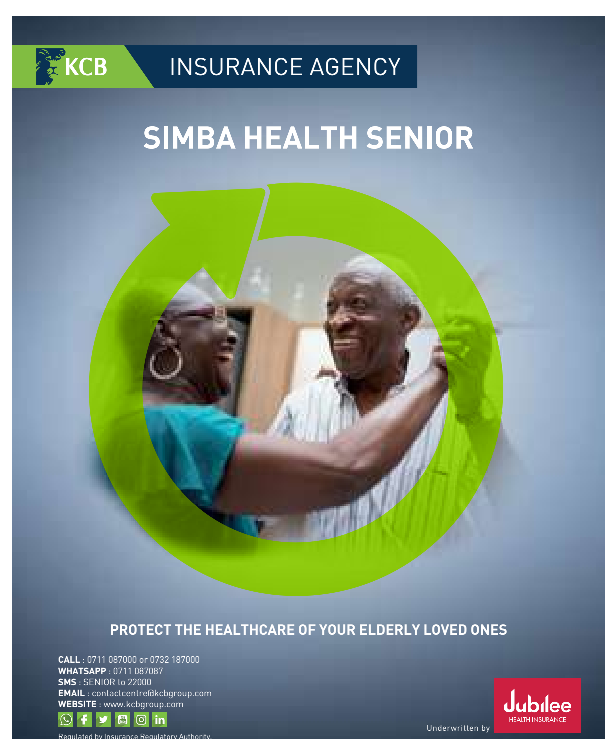
In 2020, KCBIA developed KCB Simba Health for seniors, a product targeting individuals over 60 years of age, retired, individuals faced with chronic illnesses, those not in occupational health schemes, and generally those not accepted in the standard medical policies.

"We have taken care of these cohorts and eliminated those exclusions from the things they are suffering from," he said.

Further, through partnership with APA Insurance Company, KCBIA developed Simba Afya Medical Insurance to meet insurance needs of customers.

Effective 1st March 2021, COVID-19 treatment for Simba Health and Simba Afya will be up to KShs. 500,000 within the pre-existing/chronic sub-limit, whichever is lower. Just as the pandemic has forced greater technology acceleration in other financial sectors such as banking, insurers have also adopted digital ways of working, driving a wider acceleration of technology adoption across the industry.

"Over the past few years, we've had incremental inventions, but the pandemic has accelerated this and now we approach our customers differently," says the KCBIA boss. "It has been incremental innovation in the industry but now it has to be radical."



Transform digitally

There is a greater realization of the need to digitally transform across the ecosystem. Through Big Data analytics, AI as well as robotics, insurers are exploring ways of streamlining and enhancing various processes to meet the realities of the new norm and changing customer trends.

Automation and greater technology adoption will have a positive impact on all insurance processes. From underwriting by speeding up data collection and risk assessment to pricing — which will be done in real-time taking into consideration behavioural models — to risk assessment and reinsurance, to curating personal recommendations and other strategic sales decisions.

Bancassurance will survive the pandemic, but first, it must quickly find its Saul-Paul moment. The segment must reinvent to meet changing customer needs and behaviour thus enters insurtech or innovations through technology.

While the footfall in the branches has significantly reduced, the insurance industry has increased touchpoints to meet customers' changing needs especially to access them while they are working remotely and adhering to other COVID-19 containment measures that limit social interaction.

Like other industry players, KCB Insurance Agency is navigating a broad range of interrelated issues that span from keeping their employees and customers safe, changing market conditions, supporting customers' businesses to reorienting operations and the uncertainties of general economic recovery.

> **The bancassurance sector will survive the pandemic, but first, it must quickly find its Saul-Paul moment. It must reinvent to meet the changing customers' needs and behavior. Enters insurtech or innovations through technology.**

However, with the new reality taking shape — strict COVID-19 containment measures being lifted and general acceptance that we will be living with some of the measures for several years — KCBIA is seizing this disruption to build the next wave of bancassurance business model.

"Innovation is our bread and butter. We accumulate a lot of data about our customers and that data is leading us into developing products that speak to their needs," Mr Mulumbi added.

The bank has introduced, for instance, short-term motor insurance products. This is in response to the fact that customers only need to travel occasionally due to lockdowns and working from home. Therefore, they are now in a position to buy month-long insurance policies as opposed to the standard year-long motor covers.

KCBIA is also digitizing a lot of its underwriting processes, sales approach, and claims. These have enhanced uptake and customer onboarding processes that are now even done end-to-end on the website.

In terms of driving sales, the bank has a leads management tool that is informed by data to ensure they approach the right customers with the right solutions.

In terms of customer interventions, KCBIA extended the instalment period for Insurance Premium Finance (IPF) from four months to six months for individuals and eight months for small and medium-sized enterprises (SMEs) and corporates for medical insurance.

"KCB Group looked at, throughout the crisis period, how we would maintain our customers in their business, and that support to the customers was based on three pillars. First, the safety of our staff, we had to be available to serve during the pandemic and we had a whole crisis management team to look into that. Secondly, supporting customers in their health and safety in the pandemic, and finally the financial wellness of their businesses," Mr Mulumbi noted.

"A lot of moratoriums were put in place including an extension of credit terms and loan moratoriums. Customers who were in the line of businesses that were adversely affected were still supported and given repayment holidays," he said.

KCB customers who had KCB credit cards could leverage their cards to pay for their premiums, upfronts and pay in instalments. Insurance leaders need to seize the upside of this disruption and anticipate and adapt to these emerging needs.

Instead of the blast approach to the processes, the pandemic has hastened the development of this sector. Today, the industry is no longer employing the mass blind approach in its sales. All the processes are being automated and the industry is leveraging Big Data and other tech-enabled solutions for higher predictive accuracy.

ECONOMY

Kenya hinges Economic Recovery on healthcare investment

The past 12 months have left Kenya's economy alongside the rest of the world reeling from the disruption caused by the COVID-19 pandemic.

Like in many developing nations, the impact of the pandemic in Kenya has exposed multiple weak points chiefly the inadequate capacity of healthcare infrastructures, and underinvestment in healthcare systems.

As the government continues rolling out vaccination drives in partnership with global partners, Kenya is banking on intervention in the healthcare sector to steer the country's recovery and create long-term wellbeing for the 47 million citizens.

According to the latest figures from the National Treasury, Kenya's economy is projected to grow by 6.3 percent in 2021, up from 3.8 percent in the previous year.

The growth outlook will be supported by a stable macro-economic environment, improved domestic consumption and external demand as global economies achieve heard immunity from ongoing vaccination efforts.

The government has aligned the country's economic resources to this recovery projection with the National Treasury creating a KSh. 26.6 billion post COVID-19 Economic Stimulus programme.

The programme includes KSh. 8.6 billion for boosting liquidity for businesses, KSh. 6.4 billion for improving education outcome and KSh. 7.4 billion for improving environment, water and sanitation facilities.

Another KSh. 1.2 billion will be spent on the recruitment of health interns with KSh. 1.97 billion allocated to improve agriculture and food security.

> **This, coupled with an overall KSh. 14 billion allocated for the country's mass vaccination drive, the Kenyan government has set aside the resources needed to finance the recovery across various sectors.**

This, coupled with an overall KSh. 14 billion allocated to the country's mass vaccination drive, the Kenyan government has set aside the resources needed to finance the recovery across various sectors.

Investment in healthcare, for example through mass vaccination programmes for hotel and tour operators held in March 2021, is further expected to spur economic recovery in these sectors.

The service sectors were particularly hit hard by the pandemic with industry statistics indicating that the hospitality and travel sectors contracted by 2.5 percent in 2020, from a growth of 6.6 percent in 2019 compared to a 0.6 percent contraction recorded in the manufacturing sector over the same period of time.

At the same time, the increased public spending by the government at the central and county level is expected to spur liquidity that is much needed by the private sector.

According to a credit officer survey by the Central Bank of Kenya, CBK, gross lending increased by 1.4 per cent between December 2020 and March 2021. This growth was led by more loans made to the Financial Services, energy and water sectors. Liquidity in the banking sector increased from 54.6 percent in December 2020 to 56.3 percent, well above the 20 per cent minimum ratio.

The survey involved 38 operating commercial banks and one mortgage finance company. Majority of them said demand for credit increased in the manufacturing and trade sectors in the first quarter of this year.

At the same time, 24 percent said they were lending more to Small and Medium Enterprises, SMEs following the repeal of the Banking Amendment Act, 2016.

Kenya's economic outlook further anticipates brighter prospects from the re-opening of global markets and key trading partners.

In February this year for example, domestic exports from Kenya stood at KSh. 58.7 billion as at the end of February this year, a 12 per cent increase from December 2020.

The quantity of coffee exported increased by 63 percent between January and February 2021 while tea exports increased by three percent in the first two months of this year.

As more countries gradually lift lockdown restrictions and international travel safely resumes, Kenya can look forward to kick-starting its economy on the back of a stronger local industry and linkages to global trade and financial partners.

INFRASTRUCTURE

The Port of Lamu, an investment for posterity

> The operationalisation will enable us begin to realize long cherished goals of opening northern Kenya to international trade, fortifying our position as a major gateway to Africa, and harnessing the economic potential of this historically under-served region

The mega infrastructure project in Lamu County is slowly coming of age with the first berth of Lamu Port having been completed.

The operationilisation of the first berth at the new port is no doubt an investment for posterity, as it is opening up the vast northern part of Kenya and neighbouring countries to the Indian Ocean.

As a critical pillar of the Lamu Port South Sudan Ethiopia Transport (Lapsset) corridor project, the port will connect South Sudan, Ethiopia, and Kenya, and eventually, connect northern Kenya to the Middle Belt of Africa, which runs from Dakar, Senegal, in the west and Lamu in the East.

During the launch, President Uhuru Kenyatta termed the port as strategically located at the middle of major shipping routes.

"The operationalisation will enable us begin to realize long cherished goals of opening northern Kenya to international trade, fortifying our position as a major gateway to Africa, and harnessing the economic potential of this historically under-served region," President Kenyatta said.

The construction of the remaining berths, 2 and 3, is underway.

TRENDS&INTEL

The port is being constructed by China Communications Construction Company (CCCC), as part of the wider Lapsset project which is being implemented at a total cost of KSh. 2.5 trillion (USD24 billion).

The harbour, whose depth is 17.5 metres, makes it ideal for handling large ships that cannot dock at the Port of Mombasa, whose depth is 15 metres. Once fully complete, the port will become the largest in sub-Saharan Africa, attracting countries along the Indian Ocean and islands such as Seychelles and Comoros.

"With one of the deep-water harbours on the east coast of Africa, Lamu Port has the potential to become a premier transhipment hub for all cargo destined for the continent. Furthermore, Lamu now joins the Mombasa Port as a key entry and exit point of cargo, deep into and out of Africa's hinterland," the President added.

The depth can handle bigger ships with capacities of up to 12,000 twenty-foot equivalent units (TEUs). Mombasa Port handles ships with capacities of up to 10,000 TEUs. In addition, Lamu Port berths are 400 metres compared to Mombasa's 300 metres, meaning that this is a big port that can handle large vessels.

Already, Kenya Revenue Authority (KRA) has enhanced trade facilitation at the port and slashed tariff for ships docking there by up to 50 percent of the rates charged at the Port of Mombasa to draw more vessels to the new facility.

Further, importers have been exempted from paying Ksh. 1,000 for every bill of lading, a charge which has been one of the trade barriers for years and a major hindrance to large scale cargo importation. A bill of lading is a document issued by a carrier to acknowledge receipt of cargo for shipment.

The KRA office in Lamu has been equipped with the necessary infrastructure including connectivity to access all the Customs, KENTRADE and Kenya Ports Authority (KPA) systems.

KRA has further put in place elaborate risk management measures to discourage illicit trade through the new port. This will ensure that only legitimate trade is facilitated through the facility.

To facilitate safe evacuation of transit cargo to Ethiopia and South Sudan, the taxman has completed the geo-fencing of the twin corridors of the Lamu-Garsen-Witu-Hola-Garissa-Modika-Modogashe-Isiolo-Moyale, and Lamu-Garsen-Witu-Hola-Garissa-Thika-Isiolo-Moyale Highway.

KRA has also geo-fenced Lamu-Mombasa corridor to facilitate transhipment cargo. These corridors are important arteries that link the Northern Corridor to South Sudan.

The new port and the Lapsset corridor constitute an integral part of the broader connectivity the Kenyan government is establishing through the Kenya Transport and Logistics Network (KTLN), which seeks to seamlessly link ports through railways and pipelines.

A number of roads are under construction along the Lapsset corridor and plans are underway to build a railway network and a crude oil pipeline to Lamu.

The project positions Kenya's economy strategically in both the new Africa Continental Free Trade Area (AfCFTA) and in global trade, providing the country with a major stepping stone towards post COVID-19.

In January 2020, Lapsset corridor project was adopted as an African Union (AU) project and redesigned to link the Lamu Port on the eastern coast of the Indian Ocean to Douala port in the western Africa Atlantic.

The adoption meant that the project status had been elevated to attract direct foreign investment and other financiers compared with its status during the launch in 2012. It also meant that the implementation is now a regional affair under the AU, and will be important to the realisation of AfCFTA.

The Lapsset corridor project was launched on March 2, 2012, by the then Kenyan President Mwai Kibaki, the late Ethiopian Prime Minister Meles Zenawi, and South Sudan's President Salva Kiir.

Equally, with completion of the Lake Victoria dredging project, bigger vessels can now dock at the Kisumu Port which will in turn help the lake region city grow into East Africa's economic hub.

The dredging covered a stretch of 61.3 kilometres which started from the pier in Kisumu going all the way to Mbita in Homa Bay. The project involved removing silt to enhance the depth to 1.6 square metres around the Kisumu pier.

Kisumu port was upgraded in 2019, with work including concreting of the port yard, construction of the quayside, repairs of the linkspan, revamping the dry dock and rehabilitation of all buildings to boost efficiency.

Link roads to the port facility were also repaired and feeder jetties and piers were also put in place. The port was further equipped with equipment such as forklift trucks, mobile cranes and tractor-trailers.

The port which was established in 1901 is a critical link in an integrated East Africa rail and water transport system.

TELECOMMUNICATION

Safaricom's venture into Ethiopian market to have a multiplier effect in all sectors

Ethiopian nationals at an event. Safaricom's entry into the country will boost access to telecom services.

Kenya's leading telecommunication company has spread its wings into new territory in the East African region. Safaricom will operate a telecommunication network in Ethiopia after winning a bid.

Safaricom's entry into the country will enable greater social inclusion as millions more Ethiopians access quality telecom services.

This new venture follows a successful bidding process and award of a licence by Ethiopia's telecommunications regulator to a consortium led by Safaricom to operate a telecommunication network in the country.

The licence is for an initial 15 years with a right to apply to the Ethiopian Communications Authority (ECA) for an additional 15 years.

Safaricom Chief Executive Officer (CEO) Peter Ndegwa says they are excited about the opportunity to work with the people of Ethiopia to set up telecom networks and deliver a digital lifestyle.

"In the past years, we have seen the power of digital transformation and its impact on our customers. We believe by working with all stakeholders in Ethiopia, we can deliver a similar transformation while achieving a sustainable return to our shareholders," says Mr Ndegwa.

Last week, an international consortium, Global Partnership for Ethiopia B.V. (GPE), was awarded a licence to operate telecom services in Ethiopia. However, they will not offer mobile phone-based financial services such as M-PESA.

Safaricom — a Nairobi Securities Exchange (NSE) listed firm — which is a partner member of Britain's Vodafone Group, will establish a new operating company in Ethiopia with the aim of providing telecommunication services from 2022.

In addition to Safaricom, other partners includes South Africa's Vodacom Group, Vodafone Group, Sumitomo Corporation — which is one of the largest international trading and business investment companies — and CDC Group, the UK's development finance institution and impact investor.

The move to award the licence ends Ethiopia's government monopoly over its telecoms sector. The consortium won through a KSh. 91.8 billion (USD850 million) bid.

The provision of accessible, affordable and high quality mobile and internet connectivity by the partnership will enable greater social inclusion and by increasing connectivity in Ethiopia, it will also boost the economy, impacting over one million jobs with digital training and skills. This will bring about productivity improvements for countless micro-entrepreneurs as well as small and medium-sized enterprises (SMEs).

> Ethiopia represents an attractive new market for Safaricom which sees the opportunity to deploy similar solutions to help overcome the economic challenges that both Kenya and Ethiopia have in common like in education, health and agriculture sectors.

New market

Ethiopia represents an attractive new market for Safaricom, which sees the opportunity to deploy similar solutions to help overcome the economic challenges that both Kenya and Ethiopia have in common in areas such as education, health and agriculture.

The Horn of Africa country is home to over 112 million people, making it the second largest country in Africa by population. According to World Bank data, the country posted an economic growth rate of 8.3 percent in 2019.

Ethiopia is among the last countries in the world to introduce competition in the telecoms industry. The rigorous process was started by the government in 2019 as part of its Economic Reform Agenda, with support of the International Finance Corporation (IFC). The reforms aim to increase jobs, reduce poverty and grow the local economy in an inclusive and sustainable manner.

Further, the country has increasing need for information and communication technology (ICT) and it represents a huge and growing market for a potential investor like Safaricom. Official data indicates that there were 44.86 million mobile connections in the country in January 2021.

The number of mobile connections increased by 710,000 (1.6 percent) between January 2020 and January 2021, and the number of mobile connections in January 2021 was equivalent to 38.5 percent of the total population.

Ethiopia opted to go ahead with the sale of a 45 percent stake in the state-owned Ethio Telecoms last year.

Safaricom sees the country, which has a relatively low uptake of mobile and broadband services, as presenting significant growth opportunity for the company.

Already, investors are rushing to buy the company's shares following the news. As at May 25, Safaricom's shares had gained 8.2 percent or KSh. 3.25 a share since May 21, to close trading at KSh. 42.75 on May 25. This added KSh. 130 billion to its market value which took it to Ksh1.712 trillion. The total market value by close of trading that day stood at Ksh2.72 trillion.

Safaricom has formed Vodafamily Ethiopia Holding Company Limited (SPV Company) which is a limited liability company incorporated in England and which 90 percent is owned by Safaricom, 10 percent by Vodacom International Limited, and one share owned by Vodafone International Operations Limited.

The firm's management says once they obtain all relevant regulatory approvals, SPV Company will move to Kenya under the name SafaricomFamily Ethiopia Holding Company Limited.

SPV will own 61.9 percent of GPE. Other shareholders of GPE will be Sumitomo Corporation and CDC Group.

GPE will fully own a newly incorporated operating company in Ethiopia (Opco). Safaricom will have a 55.7 percent stake in Opco, with Japan's conglomerate Sumitomo Corporation getting 27.2 percent as UK's sovereign investment fund CDC Group gets 10.9 percent, and South Africa's Vodacom Group with 6.2 percent.

MAIN STORY

Health & Wellness

No mountain high enough:

How Hikemaniak is quenching the thirst for hikers and outdoors lovers

MAIN STORY

There is a new craze in town! The weekends are no longer for lazing around, at least in Nairobi.

Every Saturday at around 4 a.m, the streets are alive with buses strategically parked at different spots in the city especially Koinange Street near City Market and International House.

Hundreds of hikers from across the country brave the biting cold to board the buses to various destinations in the country as more follow them in their own cars.

Whether it's Rurimeria in the Aberdare range of mountains, or Mt. Longonot, visible from the escarpment, you can't miss the numerous buses and cars that have ferried hikers ready to experience a day in the outdoors conquering the mountains.

The demand for these activities and the numbers coming out to explore has increased tremendously especially during the COVID-19 pandemic as people seek outdoor action for different benefits such as keeping fit, socializing or even therapy.

Mr Gitonga Wandai eats, sleeps, and dreams mountains. The mountain lover to the core and mountaineer par excellence has been leading expeditions since his college days at Kenyatta University.

In 2016, he left his career as a demographer to pursue his passion for adventure and founded Hikemaniak, a company that helps people experience the outdoors and the different terrains in the country.

Since then he has led tens of expeditions to Mt. Kilimanjaro in Tanzania,

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> **The demand for these activities and the numbers coming out to explore has increased tremendously especially during the COVID-19 pandemic**

Mt. Kenya, Ruwenzori Mountains in Uganda, Mt Everest base in Nepal (South Asia) for camping and Annapurna Circuit in Nepal.

The outdoors company has grown and has not only given young people opportunities to experience the diverse terrains across the world, but has also trained some to become part of the team that leads different groups and individuals for expeditions.

Mr. Brian Olembo, a sports leader, and Ms. Florence Odhiambo, a hiking leader, are part of the crew that plans and executes the hiking activities. According to Ms. Odhimbo, they have so far handled over 10,000 hikers and covered over 240,000 kilometers across different mountain routes and terrains.

"We have covered over 150 trails and we are always discovering new ones. I am always amazed that women are the ones who are constantly showing up to take up the different challenges we have," she says.

Anyone can hike

While some may look at hiking as a sport for the professionals, the more than 10,000 hikers they have taken for expeditions on various trails range from a six-year-old, who attempted Mt. Kenya, to a 66-year-old, who have attempted some of the most challenging terrains such as Mt. Kenya and Mt. Meru.

According to Mr. Olembo, hiking not only requires physical strength, but also mental strength to make it to the top.

"As much as you are encouraged to prepare yourself physically, it equally takes a lot of mental strength to scale the mountains and this is where you encourage yourself to go past your limits," he says.

The company boasts of facilitating hikes for thousands of outdoor enthusiasts who include hiking professionals across the country. However, it's not been all rosy as they have had to learn a few hard lessons along the way. The lessons have now enabled them to have the capacity to facilitate four hikes simultaneously in a weekend across different parts of the country.

"It's always a learning curve, knowing what people like, the needs of the different terrains and advising our clients on what they need on different trails, how to deal with emergencies and keep our hikers safe. These lessons help us improve and make every other hiking experience better," says the sports leader.

According to Ms. Odhiambo, the interest in outdoor activities has led to the growth of the industry giving an opportunity for hiking companies such as Hikemaniak to thrive, including those that offer support services such as transport, hiking gear and attire.

"The industry is growing because now more than ever, everyone is trying to take care of themselves and live healthier lives. It may be swimming, jogging or even hiking, but many people are now getting committed to living long healthier lives," says Mr. Olembo.

Hiking trails vary from distance and terrain. The team has so far managed to cover some of the longest trails in the region and the world including Mt. Everest which takes 20 days, Mt. Ruwenzori, Mt. Kilimanjaro and Mt. Kenya. There are also traverse routes that take about five days.

"Every day we are always trying to discover new trails to take people, there are trails that take up to eight days and some 10 days depending on the route we are taking. The common traverse route available is Elephant Hill to Mt. Kinangop," says the hiking leader.

Currently, Hikemaniak's core business is hiking but they plan to introduce other activities such as fitness, especially in the digital space to help Kenyans keep fit and be ready for the mountains.

The hiking company too was not spared by effects of the pandemic. However, according to Ms Odhimbo, despite the slump experienced last year when the first case was announced, there was increasing demand a few months later as people dived into outdoor activities to beat cabin fever. This led the team to regroup and find ways of meeting the demand as more people continued to show up for the events.

"First we had to ensure that we had enough personnel to take care of the different groups going to the mountains. We have a ratio that we work with to ensure that there is enough personnel to guide and ensure the safety of the hikers. We always have a team of paramedics with every group and enough rangers to cater to the needs and safety of our hikers," she says.

Apart from the personnel, the company is working closely with Kenya Wildlife Service rangers to open up new trails to add to their list and offer more experience to the hikers.

Hikemaniak is also focusing on venturing into extreme sports such as water rafting, rock climbing, and is working with partners to discover more trails in Eastern Africa, North Africa, Ethiopia and Zambia that can be suitable for hikers and bikers.

Mr Wandai, the founder and the company's lead adventurer, has been at the forefront of creating awareness on outdoor activities especially conquering the mountains. He plans to grow the team and the company to be able to cover more trails and help more people discover the beauty of the mountains.

In 2022, when most Kenyans will be readying themselves for the elections and the political activities that come with the season, he will finally be taking on a journey to Nepal to fulfill his dream of being the first Kenyan to summit Mt. Everest and place the Kenyan flag and an orange one for Hikemaniak on top of the world's highest mountain.

> **They have taken for expeditions on various trails range from a six-year-old, who attempted Mt. Kenya, to a 66-year-old, who have attempted some of the most challenging terrains such as Mt. Kenya and Mt. Meru.**

> **"The industry is growing because now more than ever, everyone is trying to take care of themselves and live healthier lives. It may be swimming, jogging or even hiking, but many people are now getting committed to living long healthier lives," says Mr. Olembo.**

Universal Health Coverage: Gunning for solutions

In his 2017 Jamhuri Day address, just months after clinching a second term, President Uhuru Kenyatta unveiled a plan to address concerns generated from 'lengthy and productive national conversation' with Kenyans.

Universal Health Coverage (UHC) was one of the four priority areas dubbed 'Big Four Agenda' in response to the concerns encountered on the campaign trail. The other priorities were: food security, affordable housing and manufacturing.

"In our conversations, it was obvious that the cost of healthcare still stresses our families. We can end that pain by providing medical insurance cover for every Kenyan within the next five years. That entails major policy and administrative reforms in the medical sector, to ensure that all of us have access to quality and affordable medical cover by 2022," President Kenyatta declared.

The ambitious UHC plan sought to bring medical insurance within every Kenyan's reach. This would call for collaboration between the National Hospital Insurance Fund (NHIF) and private insurance providers as well as a review of industry regulations.

With the declaration, work began to deliver a universal medical cover. Incidentally, it happens to not only be a Kenyan initiative, but also a global aspiration. The World Health Organization has been mobilizing nations to work towards UHC.

In a factsheet on its website, WHO states: "Countries that progress towards UHC will make progress towards other health-related targets and goals. Good health allows children to learn and adults to earn, helps people escape from poverty, and provides the basis for long-term economic development." Further, the organization notes that universal health care is one of the targets tied to Sustainable Development Goals (SDGs).

> **"We can end that pain by providing medical insurance cover for every Kenyan within the next five years. That entails major policy and administrative reforms in the medical sector, to ensure that all of us have access to quality and affordable medical cover by 2022," President Kenyatta declared.**

Implementation of UHC in Kenya kicked off with a pilot in four counties – Kisumu, Machakos, Isiolo and Nyeri – by the national government in partnership with the respective county governments.

These pilot counties were selected based on unique health challenges, ranging from prevalence of communicable and non-communicable diseases to injuries from traffic incidents and maternal mortality. During the pilot, households were signed up for free health insurance using digital technology that was conducted by M-Tiba.

A WHO report estimates that 1.6 million more visits to health facilities were recorded during the pilot. This was attributed to a fee waiver in local and county referral facilities.

Upon conclusion of the pilot, it was expected that UHC would be scaled up nationally, based on the lessons learnt. Key actions expected during the scale up include: reforming the NHIF, enhancing manpower and leveraging technology to enhance service delivery.

A report prepared by Kisumu County Government from its experience implementing the UHC highlights the need to address governance structures between county governments and the Ministry of Health on one hand and health workers on the other. The report also recommends enhanced efficiency in allocation and disbursement of finances; the need to address human resource gaps and the manner of collecting and utilizing data.

With the 2022 deadline set by President Kenyatta for delivering UHC fast closing in, there have been concerns that the dream may not be fully realized. Besides, according to the Parliamentary Budget Office (PBO), only about 17 per cent of the 2021/22 budgetary allocation to health is earmarked for UHC. This has been attributed to distractions occasioned by the need to manage the COVID-19 pandemic. Being the fourth financial year since the Big Four Agenda was announced, it is feared that it might not do the magic if the three preceding cycles failed to move the needle.

However, experts recommend that for UHC to stand a better chance of success, it needs to focus on the demand side. This would mean putting money providing every citizen with medical insurance instead of focusing on the supply side which involves building and equipping health facilities. It is argued that access to medical care is more due to limited means of paying for it than lack of the service. Exorbitant healthcare costs have been known to drive families, most of whom pay out of pocket, to poverty.

The PBO has also expressed concerns on the lack of a grounding policy for coordinating UHC implementation that would ease its monitoring and evaluation. It also warns that inefficiencies in designing a national rollout plan, complete with costs is likely to slow down implementation.

> **Countries that progress towards UHC will make progress towards other health-related targets and goals. Good health allows children to learn and adults to earn, helps people escape from poverty, and provides the basis for long-term economic development," WHO factsheet.**

Business of sports and outdoor equipment

How demand for sporting equipment is growing the sports industry

Kenya is known globally for track prowess in athletics among other sports.

Competitive sports is not the only thing Kenyans engage in. Over the years, in a trend that is taking root deeply, many have been taking up leisure sports activities such as hiking, biking and camping. Every weekend, at least 30 buses leave Nairobi to various hiking locations while others opt to ride their bikes and many more go camping.

This has led to the growth of businesses in the sports and sports fashion industry. Among those who have been in the industry for a while are Nairobi Sports House and Toi Market, the secondhand clothes giant, and other outlets that have been at the forefront providing the necessary kits and clothing for outdoor activities .

In 2018, French sporting retailer, Decathlon, opened its doors at the Hub Karen, Nairobi, as part of its expansion drive across the African continent. The store was the first in Eastern Africa by the retailer.

Two years down the line, Decathlon now has two stores in two major shopping malls in the country

According to Mr Sammy Malova, the operation leader at Decathlon, the Hub Karen branch, business has been impressive in the past two years, with Kenyans being very receptive to their products.

"Our main mission is to make sports accessible to as many Kenyans as possible. Initially, it was not easy for Kenyans to access a wide range of sports equipment at affordable prices, most of them used to import which makes it more costly. This motivated us to enter the Kenyan market, says Mr. Malova

With a vision to make sports equipment accessible to Kenyans, the company opened its doors to offer a wide range of products under one roof. However it has not been easy as they have had to constantly monitor and study consumer behavior in their target market as some products stayed on the shelves for months while others moved fast. The team had find out which products and equipment were on demand.

"The first two years have been a learning season to us because we discovered some products and equipment were not moving at all while others were not staying on the shelves. We are always learning the seasons and what products and equipment are needed at those times to ensure they are stocked," says Mr Malova.

Every Friday, thousands of leisure sports enthusiasts - whether hikers, bikers or campers - flock Decathlon stores to stock up their equipment, shoes and regalia for the outdoor weekends.

Is there demand for sporting equipment?

Every Friday, thousands of leisure sports enthusiasts - whether hikers, bikers or campers - flock Decathlon stores to stock up their equipment, shoes and regalia for the outdoor weekends.

According to Mr Malova, customer traffic normally starts to build up from Wednesday all the way to the weekend.

Some of the products and equipment on demand include: mountain sports (26 percent), fitness sports (20 percent), running gears (12 percent), water sports equipment (9 percent) and biking equipment (9 percent).

The demand, however, changed during the pandemic as more Kenyans took up biking and fitness activities. Equipment that sold the most included fitness equipment, mountain sports, biking and running equipment.

Business and COVID-19 pandemic

Just when the retailer was basking in the glory of the growing business and successfully opening a new store, the COVID-19 pandemic descended on the country.

Like for many other businesses, the pandemic also caused uncertainty at Decathlon. However, as they were adjusting to the situation, people started taking up outdoor activities due to the cabin fever that came with the lock down and working from home, hence creating new demand for their wares.

According to the store's operations leader, the closure of gyms and sports clubs skyrocketed the demand for home equipment.

"We actually ran out of stock as people established home gyms, while others started to work out from home individually or with personal fitness instructors. For instance, if a gym has 40 members they are likely to buy about 10 treadmills, but now those 40 members were buying a treadmill each for themselves," Mr Malova said.

According to Decathlon, the rise in demand for exercising equipment and gear not only presents an opportunity for them, but also the sports industry at large to meet the needs of the growing numbers taking up outdoor activities and working out.

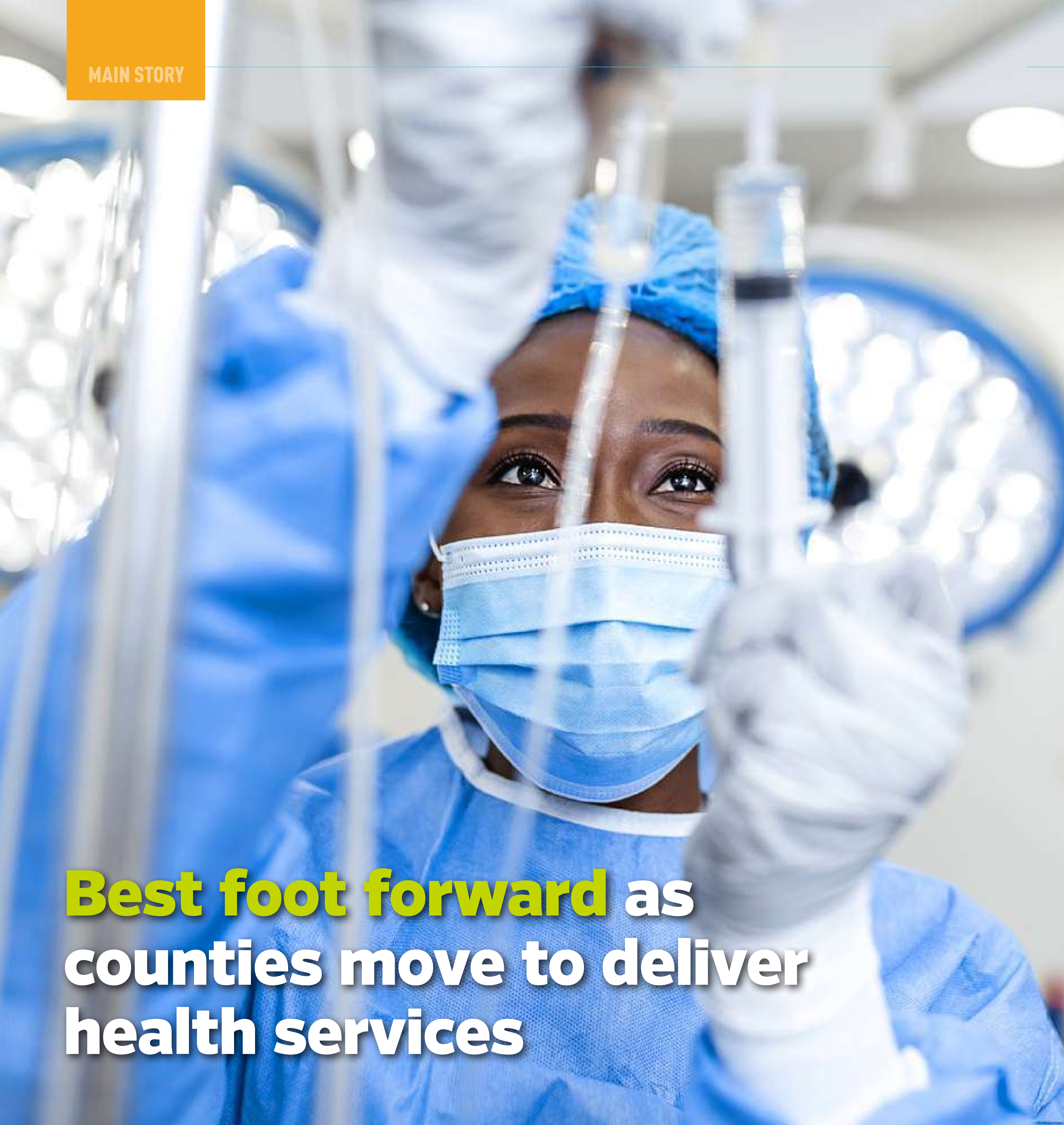
Demand for jogging shoes for instance was escalated by the growing number of people going for jogs and short runs.

The company is currently planning to expand to other parts of the country to enable more people access affordable outdoor and sporting gear.

Despite having an already set up e-commerce site, the pandemic has made Decathlon think of more innovative ways to reach their customers and ensure that they meet the growing demand.

"Our biggest challenge has been getting supplies for our stores as there was an interruption in the flow of supplies to the market, but we have been trying our best to stock up the products and equipment that are on demand," said Mr Malova.

Currently, the retailer is in 12 African countries: Morocco, Tunisia, Algeria, Egypt, Senegal, Ghana, Ivory Coast, Congo, Kenya, South Africa and Mauritius as well as production in Ethiopia.



Best foot forward as counties move to deliver health services

The responsibility of ensuring that all Kenyans access quality healthcare is on the shoulders of county governments.

Healthcare is a devolved function. This has had counties putting their best foot forward. Investment in health infrastructure, manpower and supplies has grown. In his 2020 State of Devolution address, then Council of Governors chairman Wycliffe Oparanya indicated that on average, county governments were allocating 24 percent of their budgets to the health sector.

Across the counties, there are 4,318 doctors, 6,050 clinical officers, 26,767 nurses and 18,789 other health workers. Plans are underway to hire an additional 9,790 health workers in the next year and 3,795 interns over the next three years. Counties have been equipping the health facilities, acquiring 40 CT scans and 132 X-ray machines besides opening up specialized cardiac and cancer treatment centres. The COVID-19 pandemic has also had counties ramping up their emergency response and management through investment in isolation units, ICU facilities and ventilators.

Further, counties are going the extra mile, investing in out-of-the-box innovations to further oil the wheels of healthcare service delivery to reach the underserved.

Here is a peek into some initiatives from across the country:

MAIN STORY

1. Kisumu goes the universal health care way for residents with insurance targeting vulnerable households in initial phase

The Kisumu County Government has a universal health insurance scheme that seeks to make quality healthcare affordable and accessible to all.

Dubbed Marwa Kisumu Solidarity Health Insurance Scheme, it targets 90,000 vulnerable households in its initial phase. It is executed by the National Hospital Insurance Fund (NHIF) and backed by PharmAccess Foundation.

At the scheme's launch, the county government paid a whole year's NHIF premiums for the first 45,000 households amounting to KSh. 67.5 million. Beneficiaries can access in-patient and out-patient care in 48 public health facilities across the county's seven sub-counties. This includes oncology, radiology, chemotherapy, MRI, road ambulance services, maternity, dialysis, kidney transplant, surgical services, referrals, and overseas treatment.

Dubbed Marwa Kisumu Solidarity Health Insurance Scheme, it targets 90,000 vulnerable households in its initial phase.

"The County Government of Kisumu remains steadfast and committed to attaining improved access to healthcare to all persons, regardless of socio-economic class or background. The aim is to ensure everyone accesses quality care equitably, with more focus on indigent households and vulnerable communities of Kisumu," says Kisumu governor, Prof Anyang' Nyong'o.

The county intends to progressively expand the insurance scheme to all residents. The next phase targets self-paying members. A 24-hour emergency helpline is supporting the rollout of the insurance scheme.

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MAIN STORY

2. Kakamega reveals incentives to entice more mothers to seek skilled health services and care

Vulnerable pregnant mothers in Kakamega County who adhere to antenatal and postnatal clinic appointments for general care, growth monitoring and immunization for their babies, receive cash transfers.

Under Imarisha Afya ya Mama na Mtoto Programme, mothers qualify for a KSh2,000 payout every time they hit one of six milestones: completing four antenatal clinics; skilled delivery; postnatal care and immunization of children at six weeks, six months, nine months and 18 months.

It is implemented in 39 health facilities across the county, three per sub-county and one for each of the two municipalities. Mothers are registered on an electronic platform and a questionnaire administered. A community health worker then visits those who qualify to verify household details before enrolment.

Those enrolled in the programme get reminders for clinic visits and informative health messages on nutrition, family planning and malaria prevention.

"A total of 61,773 mothers are in the programme of which 24,071 have benefited from the cash transfer, with 15,965 still in the programme cycle. It has led to increased uptake of ante-natal clinics, skilled delivery, and the proportion of fully immunized children in the county," says Kakamega County Health Services Executive Committee Member, Dr. Collins Matemba.

The programme is funded and implemented by the County Government of Kakamega with technical support from UNICEF. It was inspired by the need to enhance access to skilled healthcare and knowledge.

Dr Matemba says the programme is seeking opportunities to economically empower teenage mothers and those living with disabilities.

> **Under Imarisha Afya ya Mama na Mtoto Programme, mothers qualify for a KSh2,000 payout every time they hit one of six milestones.**

3. Another first in Makueni as health care workers and patients delve into telemedicine

Level IV hospitals in Makueni County are remotely linked to Makueni County Referral Hospital to facilitate consultation between healthcare workers in the facilities over the Internet.

Leveraging technology, this is an attempt at telemedicine implemented through the county's Comprehensive Community Healthcare Initiative.

Patients at the remote facilities are assessed by a resident nurse and results relayed in real-time to doctors at the referral hospital. When the results are logged on the web and android system, the doctors receive alerts on their phones. They then analyse, give a diagnosis and prescription or request for tests for further examination. Patients can also have remote one-on-one consultation with the doctors.

This is a joint initiative between the county government and Africa Brotherhood Church through the National Council of Churches in Kenya.

4. Kiambu's bulk oxygen system takes war against COVID-19 a notch higher

All Level V hospitals in Kiambu County and the Tigoni COVID-19 Centre have been connected to bulk oxygen supply that is piped to patients' bedsides.

Before then, oxygen, which is essential in treatment of COVID-19 patients, was delivered in cylinders. However, after announcement of the first case of the virus, the County Government of Kiambu saw the need to install bulk oxygen systems in major isolation centers and at Tigoni COVID-19 Center, thereby saving thousands of lives.

The county's tanks have a capacity of more than 10,000 litres of oxygen, which is then piped directly to patients' beds. This initiative has made it possible for patients to get free treatment during the pandemic.

According to the Kiambu Governor, Dr James Nyoro, it costs Sh30,000 a day to treat a COVID-19 patient.

5. Medical equipment leasing hastens access to medical services in Laikipia

With two newly-constructed 120-bed capacity hospitals that needed to be utilized immediately, Laikipia County Government resorted to a medical leasing programme to equip them.

> **This is to mitigate inefficiencies and high costs and unnecessary delays to delivery that come with fragmented public procurement services," says Dr. Timothy Panga.**

This way, patients could enjoy services from medical equipment at the two Mother and Child Hospital complexes, besides expanded diagnostic and operational capability for the combined 600-bed capacity at the two county referral hospitals in Nanyuki and Nyahururu.

"The medical equipment leasing program is an operating lease where equipment, their comprehensive maintenance and associated consumables are bundled together as one cost item, the master lease agreement to the hospital. This is to mitigate inefficiencies and high costs and unnecessary delays to delivery that come with fragmented public procurement services," says Dr Timothy Panga, the acting CEO of Nanyuki Teaching and Referral Hospital.

6. Elgeyo-Marakwet ropes in community health volunteers to deliver services closer to the people

In all the wards of Elgeyo-Marakwet County, community health units have been set up and are run by community health volunteers. This initiative is part of the Community Health Strategy that is meant to deliver basic health services to all.

The volunteers' roles include visiting homes to screen residents for non-communicable diseases and conducting health education including sexual and reproductive health. In the COVID-19 period, the community health volunteers have been involved in house-to-house sensitization.

The volunteers are given motorbikes to ease mobility and facilitate speedy referrals to health facilities during emergency, supporting the county's ambulance service.

MAIN STORY

From research labs to the people:

An intricate world of drug manufacture, importation and supply

In the pharmaceutical world, there is a saying that "Africa has the triple burden for diseases."

The poor health trio are location, urbanisation, and infrastructure.

We come up with new molecules which can target diseases and sell them to doctors all over the world," said Mr. George Onyango, the Managing Director of GSK Kenya.

Africa is within the tropics which means the weather automatically causes diseases such as malaria to thrive more than in regions outside the tropical zone. The continent's beautiful geography and weather is fertile ground for organisms that cause and spread diseases.

The second burden is that Africa is urbanizing rapidly. Data by Statista shows that in 2019, 40.71 percent of sub-Saharan Africa's total population lived in urban areas and cities. With this increase in urbanization, our lifestyles are changing; we're spending more time in offices and adversely altering our diets giving room to lifestyle diseases such as diabetes.

The third burden is the fact that healthcare infrastructure in Africa is poor. The number of doctors and hospitals per population is quite low. In 2015, the World Health Organization (WHO) revealed that about 44 percent of its member states in Africa had less than one doctor per 1,000 people in the population.

In Kenya, only eight percent of the GDP goes into the healthcare system. This allocation is very low. To paint a picture of how dire the situation is, back in April for example, there was a week when there were 150 patients in Intensive Care Units (ICU) in different hospitals across the country. These ICUs were at full capacity of the COVID-19 allocated units. This is very low compared to countries like China where the 150 patients would probably have been in only one hospital.

However, the potential for growth in the healthcare system is quite promising. The region is growing day in, day out. We are learning and advancing our technologies, thus improving the sector.

GlaxoSmithKline popularly known by its abbreviation GSK, is in the business of ensuring that people get the best of what medicine has to offer. GSK's mission is to help people do more, feel better and live longer.

The global business – which has three arms: GSK Pharmaceutical, GSK Consumer, and GSK Vaccine – ranks among the top 10 pharmaceutical companies in the world. Headquartered in London, the company has set up shop in different countries, enabling it to research, develop and sell medical products worldwide.

"There is a whole process of generating a molecule that targets a particular disease. It takes years and a lot of money to research and develop this molecule. Once this R&D is done, you get registered and get a patent to market it all over the world. This is basically what we at GSK do. We come up with new molecules which can target diseases and sell them to doctors all over the world," said Mr. George Onyango, the Managing Director of GSK Kenya.

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The global pharmaceutical (pharma) research and development business has its presence in different sites mostly in Europe and in other manufacturing sites dotted across the globe such as the UK, Australia, and Italy.

"The difference between a normal supply chain and the pharma supply chain is very significant. The regulations are tight, the safety levels have to be very high and there has to be traceability of the products as they tend to be tiny. When patients swallow these small tablets we need to know what it is they swallowed and what the adverse effects are. So this makes it difficult to, for example, a beer factory where you can set up anywhere close to the consumers," said Mr. Onyango.

In Kenya, the pharmaceutical company has an over-the-counter medicine factory on Likoni Road, Nairobi, producing pain medication such as Panadol, ENO anti-acid and Sensodyne toothpaste.

The most popular categories of medicine in Kenya are the anti-infectives which include antibacterial and antimalarial drugs followed by painkillers and medicine for the respiratory system such as asthma and allergy relief products. Products related to lifestyle diseases have the highest growth in demand.

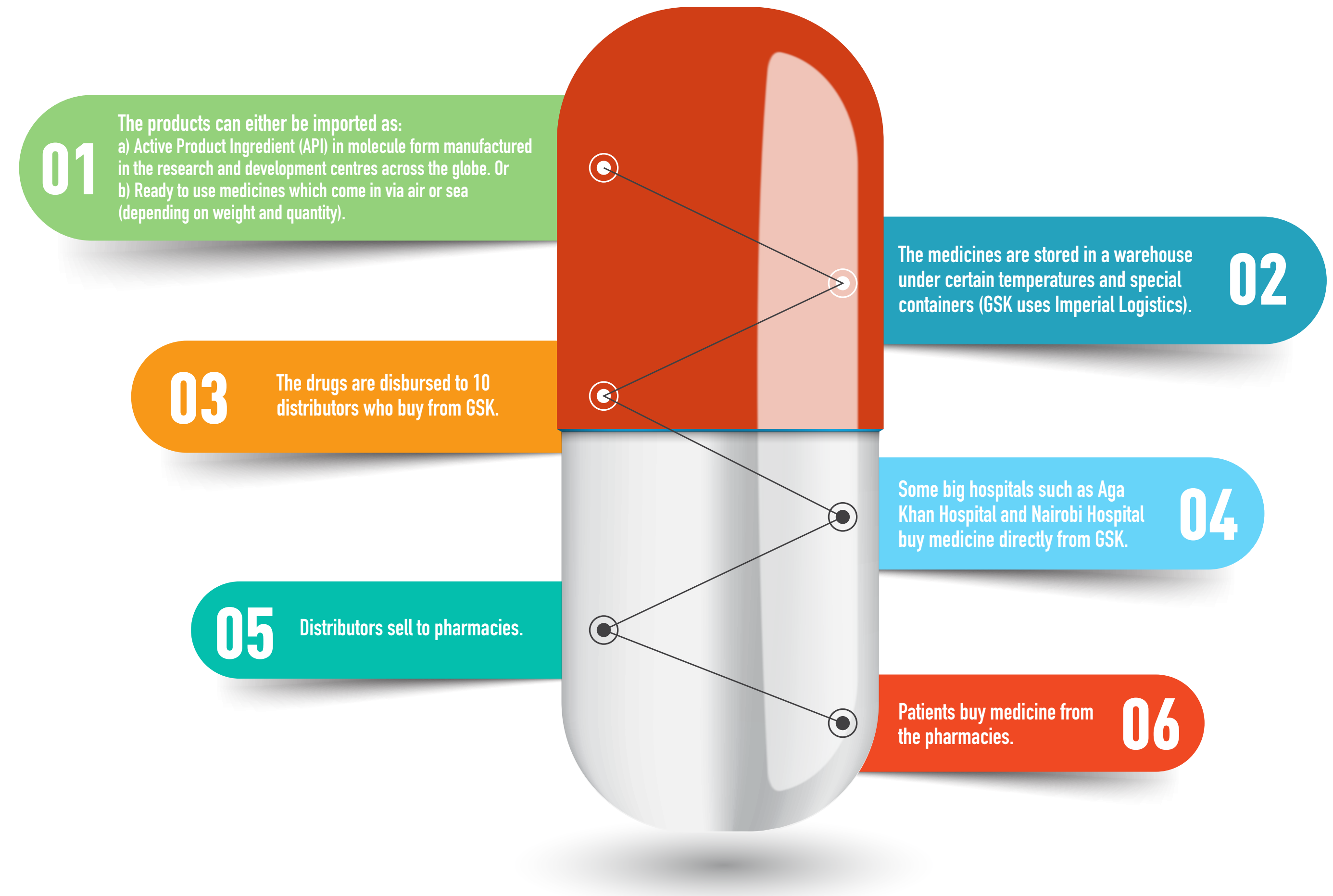
Shipping in medicine from GSK factories to Kenya for example, requires knowledge and expertise on the importation process.

> **When patients swallow these small tablets we need to know what it is they swallowed and what the adverse effects are.**

"The medicine importation process is quite complex. Importation of vaccines and pharma medicine is different. For vaccines, the old production technology was agricultural and mostly from Europe. But today, some companies in India and China have the technology and licences to produce vaccines where we get vaccines from. Most of the vaccine brands such as GSK products in Kenya are sold directly to the government, mostly part-funded by Gavi and the Bill and Melinda Gates Foundation. This includes vaccines such as polio given to kids," said Mr. Onyango.

For pharma medicine, imports to Kenya either come by sea or air, depending on the weight and quantity. Syrups come in via sea as they are heavy but and tablets are brought in by either air or sea. Timelines for the whole process depend on factors such as agreements with partners including financiers, and quantities ordered.

The process of pharma products importation



Just like in most sectors, the COVID-19 pandemic, ironically, has negatively affected the health industry. Since the outbreak of the Coronavirus disease, more people are taking extra caution to ensure their safety and wellbeing. More people are washing their hands frequently, surgeries have been suspended, there is less travel from rural to urban areas to see doctors, many people are working from home and some institutions of learning have opted for e-learning etc. While these lifestyle changes are good to help contain the spread of the disease, they have negatively affected antibacterial sales which went down significantly.

"In general, the pharma business is estimated to have declined in Kenya by almost 20 percent in 2020 due to pandemic effects. However, it is interesting to note that chronic (disease) medication such as asthma products and anti-pain medication such as Panadol were not severely affected by the pandemic. Their sales went up as these are some of the drugs needed to fight the symptoms of COVID-19," explained the MD.

> **To catch up with global standards, different players have to play their role to drive universal healthcare.**

Hoarding of medications by countries and high flight costs as a result of the pandemic are some of the challenges that the USD 500 million prescription pharmaceuticals market Kenya is battling with.

"To catch up with global standards, different players have to play their role to drive universal healthcare. Players such as insurance companies can develop packages accessible to all patients and industry regulators can set up policies to present Africa as a lucrative market where manufacturing sites can be set up," concluded Mr. Onyango.

MAIN STORY

Telemedicine:
Changing how Kenyans access medical care one step at a time

Benefits of telemedicine have been enjoyed for long, but never have they been felt and needed more than in the middle of the coronavirus pandemic.

The raging third wave of the COVID-19 outbreak in Kenya is steadily straining key resources in public and private healthcare facilities amidst soaring infections and deaths. As a result, healthcare providers and consumers are adjusting their expectations of what healthcare will look like now and in the future.

Fortunately, the doors to digital healthcare are opening up access and providers are fast adopting telehealth technology to deliver risk-free, convenient and affordable care.

With the dire need to restrict in person hospital and clinic visits, the Ministry of Health has been urging Kenyans to call the *719# hotline to report suspected or probable cases of COVID-19. The specially created hotline was unveiled in 2020. On the other end of those calls are doctors from the Ministry of Health who give virtual consultations to the callers, screen them and assess their symptoms for potential coronavirus disease cases.

During a virtual consultation, the doctor will ask about your travel history and if you've been in contact with a person who has tested positive for COVID-19 or if you work in a healthcare facility.

Should there be a suspected case, it is escalated to the Rapid Response Team who then take over.

Telemedicine is a fairly new practice in Kenya, and though underutilized, healthcare providers have come to the realization that a number of in person visits can be done online via telephone or videoconference while delivering end-to-end medical care.

One such provider is SASA Health Ltd which runs SASAdoctor clinics. The SASAdoctor clinics have physical as well as virtual clinics which run on android and IOS platforms as well as a USSD code. The App, SASAdoctor, offers access to real time virtual medical clinic services.

Patients using the app can consult a doctor for any ailment, get a prescription, place an order for the medicine and have the drugs delivered at home or office. If the patient requires lab services, they pay first before the hospital sends a rider or a phlebotomist to collect the sample. Once the lab results are processed, they are uploaded onto the SASAdoctor application where the patient can access them.

Dr. Francis Osiemo, one of the founding directors of SASA Health, says many Kenyans visit hospitals for conditions such as respiratory tract infections which can easily be diagnosed and treated virtually. Other conditions that can

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be treated without having to set foot in a health facility include gastrointestinal problems, skin problems, psychology issues and nutritional support.

One of the many benefits of telemedicine is that while patients are attended to in a virtual setting, their medical history or data is collated at one touchpoint making healthcare personalized.

"Sometimes, people use fitbits, phones, and apps to measure vital signs. But remember these gadgets don't give us medical grade vital signs. So, we've worked with some companies to integrate devices which relay medical grade vital signs onto our application and that information is relayed into the application where we use the Rothman Index to analyze this data," Dr. Osiemo says.

He continues: "Because we have all these records in one place, we know how we are going to do things like vaccinating people according to the types of exposure and nature of their health. We can also prevent some of chronic diseases such as diabetes and when we monitor remotely, we'll know this is a pre-diabetic patient who needs to adjust their diet. We are moving from the age of going to a physical clinic to have your vital signs taken to taking them yourself because most of these devices are self-administered. And when people upload their results we can make individualized or personalized health care plans for everyone."

Compared to Western countries, the uptake of telemedicine in Kenya had been slow but the onset of the pandemic caused a shift. According to Dr. Osiemo, the use of telehealth skyrocketed because of the need to access medical care due to social distancing requirements.

The uptake of telemedicine during the pandemic has been tremendous for SASAdoctor which was established in 2018.

"In 2019, the uptake was really low to be honest, but in 2020 our growth was more than 80 per cent. The number is still going up in 2021 and more people are accepting to use telemedicine," he says.

The practice is, however, not new to all health facilities. Metropolitan Hospital is all too familiar with telemedicine. Theirs is a journey that began about seven years ago with teleconsultations, and today, the hospital is equipped with modern diagnostic machines such as digital X-Ray equipment supported by experienced radiologists and a panel of teleradiologists available round the clock.

"The greatest area we apply telemedicine, from way back, is in radiology. Kenya does not have enough radiologists, so expecting to have somebody scanned with a radiologist on the premises was a challenge back then. Many radiologists are around Kenyatta (national hospital) and Parklands and we are out in the east. So because of our location, we had to look for ways to make sure our X-rays and our CT scans, and to some extent ultrasounds, were reported. So about seven years ago, we went into radiology and our X-ray images have been remotely reported for that period," says Dr. Kanyenje Gakombe, the founding Chief Executive Officer of Metropolitan Hospital.

The hospital, even before the onset of the pandemic, runs an appointment-based system where they send patients reminders to their phones. Those in far flung areas such as Mandera, Wajir or Murang'a and cannot always make their appointments do so via teleconsultation.

However, telemedicine is significantly underutilized in Kenya. According to Dr. Osiemo, one of the reasons is slow behaviour change; while people have quickly switched to shopping and doing business over the phone, they would rather see a doctor the traditional way than have a virtual consultation. The other reason is that information about telemedicine is not as widely available.

Still, he reckons that doctors have to initiate this behaviour change by showing how efficient telemedicine is.

Another challenge is data privacy. To assure their patients that their data is safe, SASAdoctor has been certified Health Insurance Portability and Accountability Act (HIPAA) compliant to ensure that they follow the correct procedures and processes to have a robust system that can be trusted.

"We've gone an extra mile and gotten HIPAA compliant to assure people that their data is safe. We've had several instances where people don't trust the system and ask 'where are you taking the information that you're collecting?' They are scared that you're going to use it for some other things. So, that becomes a really big problem for us. But we are a health care company and we safeguard their data. And that is why we educate people to understand how we collect, use and store their data," says Dr. Osiemo.

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In the wake of the coronavirus disease outbreak, the number of people going to seek treatment in health facilities declined as fears of contracting the virus heightened. On the other hand, hospitals across the country started using telemedicine to ensure patients receive health services to avoid unnecessary hospital visits.

To accelerate the pace of telemedicine, the Kenya Medical Practitioners and Dentist Council (KPMDC) in February this year, began issuing licences to various registered and licensed health institutions to offer telemedicine services in the country.

The council had issued provisional approvals to 20 registered and licensed health facilities to offer the services. The move is not just a COVID-19 preventive measure, but also a way to ensure access to medical care.

"The move by the council to issue licences to facilities to offer telemedicine is a response to a growing need for the service due to physical distancing rules imposed by the government to curb the spread of COVID-19," said the KMPDC acting corporation secretary, Mr. Michael Onyango, in an interview.

GE Healthcare,
delivering state-of-the-art equipment to hospitals

Healthcare has never been more accessible, intelligent, or dynamic. However, it also has never been under more pressure. As the COVID-19 pandemic unfolds, so too is an awakening to the deeper challenges facing Africa's healthcare systems. The crisis brings a renewed sense of urgency to create momentum around health-system reform and reimagination across the continent.

That's where GE Healthcare comes in to deliver intelligent devices, applications and services to the clinicians and professionals on the frontlines of delivering better healthcare for patients and communities.

GE Healthcare East Africa Country Manager, Jennifer Kinyoe says with over 100 years of healthcare industry experience and around 50,000 employees globally, the company operates at the centre of an ecosystem working towards precision health, digitising healthcare, helping improve outcomes for patients, providers, health systems and researchers around the world.

"As a leading global medical technology, diagnostics and digital solutions innovator, GE Healthcare enables clinicians to make faster, more informed decisions," she says.

GE Healthcare East Africa covers Kenya, Ethiopia, Uganda, Rwanda, Tanzania and South Sudan, with a team of 70 professionals providing healthcare technologies, services, and solutions to GE Healthcare customers across the region.

"I am responsible for driving commercial strategy for our business within the region to address our customers' needs, working horizontally to strengthen local presence in order to improve lives in moments that matter," adds Ms Kinyoe.

In 2014, KCB, GE Healthcare and USAID (US Agency for International Development) announced a USD 10 million partnership in a move to make financing available to small and medium enterprises. The funds were allocated for the development of private health facilities including small clinics, diagnostic centres, and hospitals in Kenya.

According to Ms Kinyoe, banks in Kenya have liquidity to finance businesses but have limited knowledge of the specific features of the private healthcare sector and especially in equipment financing. Revenue streams are erratic due to the high dependency on out-of-pocket payments in health, which affects the business case of private care providers. Also, in most cases, providers' administrative capacity is weak and do not have financials and credit history. This makes funding healthcare very difficult. Sustaining improved health outcomes requires a sustainably financed healthcare system.

"GE Healthcare has mitigated this with programmes like this one to enable customers get financing/loans easily from financial institutions. The GE Healthcare service team and the service centre helps to mitigate the risk of non-payment of loans by connecting all our customers to service engineers in the region to ensure minimal downtimes and to reassure revenues from the equipment," she notes.

This first of its kind financing programme was designed in response to the lack of local credit services for health facilities in Kenya to purchase medical and diagnostic imaging equipment. The GE Healthcare agreement with USAID allows KCB to lend to the health practitioners seeking to purchase GE equipment, including related products manufactured in the United States. This partnership marked the first time a Development Credit Authority (DCA) facility was established directly with the support of a multinational company. Under the programme, qualifying health facilities have the opportunity to access more favourable financing through improved risk-sharing, training, and services. Advantages include longer loan terms, competitive interest rates, and small upfront capital investments.

Jennifer Kinyoe, Country Manager GE Healthcare

"In 2014, KCB, GE Healthcare and USAID announced a partnership amounting to USD 10 million in local financing which was made available to small and medium enterprises for the development of private health facilities, including small clinics, diagnostic centres, and hospitals in Kenya.

Nuclear Medicine equipment

Ultrasound machine

Magnetic Resonance machine

Breast Imaging equipment

Computed Tomography equipment

The uptake of the programme has been commendable, and several hospitals and diagnostic centres have benefited from the financing arrangement and have been equipped with essential diagnostic equipment.

GE Healthcare continues to innovate and make the much-needed healthcare equipment more affordable and more accessible. One recent example is the introduction of a wireless, hand-held ultrasound machine, the Vscan Air, accelerated by the COVID-19 pandemic pressure on health systems. The hand-held machine has become an essential tool to quickly image the heart and lungs both in and outside the hospital. VScan Air is a cutting-edge, wireless pocket-sized ultrasound device that provides crystal clear image quality, whole-body scanning capabilities, and intuitive software – all in the palm of the clinician's hands.

Unique challenges

The COVID-19 pandemic has brought some challenges to the health sector. Hospitals are overwhelmed by COVID-19 cases and are unable to take in more patients who may need different medical attention.In the meantime, some patients choose to defer procedures they deem as not urgent, thereby reducing the cash flow for GE Healthcare customers. Patients are worried about catching the virus in hospitals and will only do these procedures when the COVID-19 situation improves.

Banks have also had to contend with increased non-performing loans due to the impact the pandemic has had on healthcare businesses in addition to the programme not having much traction because of restricted institutional spending.

To help with COVID-19 situation in hospitals, GE equipment such as CT scanners, X-Ray machines, ventilators, and monitors are coming in handy to support the healthcare practitioners with the diagnosis and treatment of the COVID-19 disease.

GE Healthcare continues to support the health sector with the equipment and training for healthcare professionals as well as the financing solutions for them to be able to acquire this equipment.

"We continue to support our customers to obtain the financing needed to purchase these equipment, we have specialist teams who support the customers with some of the technical requirements from the banks such as cash flows from the equipment as we have a good understanding of the equipment and how they work," the country manager says.

She adds that GE Healthcare will continue with partnerships to deliver precision health for Kenyans.

INVESTMENT

KU Hospital:

How one-of-a-kind facility was baptized by pandemic fire at inception

Located on the Northern Bypass near Kahawa West in Nairobi, KUTRRH grew out of an area that was once 'abandoned'.

In late October 2019, a man on his way to the Kenyatta National Hospital, Nairobi, from Meru County, remembered something just before reaching Kenyatta University on Thika Road.

He had heard the university opened a hospital and thought it was worth his time checking it out.

After all, he probably reasoned, he would simply proceed to Kenya's renowned referral hospital if the new facility was not ready to offer the radiotherapy services he needed.

It turned out Lady Luck was smiling at him and he became the first patient at Kenyatta University Teaching, Referral and Research Hospital (KUTRRH). He was lucky for two reasons: the institution is designed to handle referral patients only and oncology is one of the hospital's specialisations.

Located on the Northern Bypass near Kahawa West in Nairobi, KUTRRH grew out of an area that was once 'abandoned'.

The land on which the facility sits was initially part of the 1,000-acre Kenyatta University, but on the western edge and close to Kamae and Kiwanja villages. Before the Northern Bypass was constructed, there was no direct access by tarmac road.

The idea to establish the hospital was the brainchild of Prof Olive Mugenda during her 10-year tenure as the Vice Chancellor of the university. Prof Mugenda led the team that drafted the proposal for presentation to the then Finance minister, Mr Uhuru Kenyatta, who is now President, and received his backing.

A government-to-government agreement between Kenya and China followed and the China Exim Bank financed the construction, with the groundbreaking for the project presided over by President Mwai Kibaki in 2011. The hospital was constructed and equipped at a cost of more than KSh. 8 billion. It is now a 650-bed hospital, 24 of them in the Intensive Care Unit and 10 in the High Dependency Unit.

One of the ambitions that informed the establishment of the hospital was to reduce the need for Kenyans to travel abroad for treatment. The hospital's services were rolled out in phases.

"When we started, we knew that we could not do everything, so we started small," said Prof Mugenda at an event to launch the specialised clinics.

For a referral hospital, a patient must have visited a lower level facility and a decision made that they need specialized medical attention and treatment at a Level Six hospital.

"The reasoning behind this is that it avoids congestion of the facility where you find you have a tertiary or a Level Six hospital but it's of patients with mild conditions which would otherwise be handled at a lower level hospital. So when you get a patient with severe illness and who requires Level Six care, then they might not access the care at that point because the staff are obviously busy handling these other cases," said Dr Victor Njom, the acting Chief Executive Officer at KUTRRH.

Dr Victor Njom, the acting Chief Executive Officer at KUTRRH.

The concept is relatively new in Kenya since the existing referral hospitals, such as Kenyatta National Hospital and Moi Teaching and Referral Hospital in Eldoret, handle walk-in patients.

Having an exclusive referral hospital means that the community around the facility and the rest of the public need to be informed that they cannot just walk in whenever they need medical attention. For the authorities, this is done through engagements with the community around the hospital, offering support to lower-level hospitals, and efficiency in the Accidents and Emergency Unit, where patients are stabilised and referred elsewhere.

> **The concept is relatively new in Kenya since the existing referral hospitals, such as Kenyatta National Hospital and Moi Teaching and Referral Hospital in Eldoret, handle walk-in patients.**

"When we started, we were not sure we would keep it that way but I think we have managed to keep it that way," said Prof Mugenda.

Dr Njom was among the first employees deployed to the hospital. He recalls the excitement within the medical fraternity when word reached them that there was going to be a second training and research hospital in the Nairobi region.

"Most of us in the medical field were very excited about it because it was probably the first dedicated teaching hospital to be built in this country," he recalled.

Medical students at the University of Nairobi were long told that there was a plan in the pipeline to establish a training and research hospital and had been looking forward to it.

"It's something we hear a lot about in other parts of the world, that teaching hospitals usually are amongst the crème de la crème in terms of patient care. And a lot of the specialists work

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Mr Edward Omondi, Director - Administration and Corporate Services at KUTRRH

in these teaching hospitals," Dr Njom explained.

Among the most well-known teaching hospitals in the world are Johns Hopkins Hospital in Baltimore, Maryland, and Maricopa Medical Center in Phoenix, Arizona, in the United States. Teaching hospitals are ranked highly because of their specialization in treating rare diseases and complex patients, specialized services and advanced technology as well as research.

Many medics aspire to work in a teaching and referral facility as there is a lot of learning since patients do not just come and go but may help in the generation of new knowledge that may help with treatment.

That is why even as Kenyatta University hospital continues to receive referrals, teaching and research is the constant hum in the background.

"In terms of research, we do both clinical and non-clinical research," said the acting CEO. However, he was cautious about revealing the specific projects they are undertaking at the moment since with research, it is advisable to wait until the end when there is an outcome.

COVID-19 is one of the natural areas into which research has gone, and the management hopes that they will have an outcome in the fullness of time.

Members of staff are encouraged to go into research, and the existence of a robust Health Management Information System (HMIS) is a key part of enabling research as patient data is well kept and accessible.

The team at KUTRRH has learnt to ride the waves of the disease, where a surge comes after a lull, and they begin to prepare for a surge as soon as they see the number of COVID-19 patients increasing.

For teaching, the hospital works with organisations within Kenya, from universities to other facilities.

Oncology is one of the areas where KUTRRH has specialised and today, the hospital has a 72-bed capacity. It can also handle up to 80 radiotherapy patients in a day.

There are also plans to install a Positron Emission Tomography (PET) scan machine, which will advance diagnosis and treatment of a variety of illnesses. If the plans come to fruition, the facility would be the first public hospital in East and Central Africa to acquire the technology, which would enable the management to achieve another ambition – making the hospital a medical tourism hub.

While the hospital was relatively quiet for the first few months after it was established, it roared to life after the COVID-19 pandemic hit Kenya in mid-March 2020 and it became one of the quarantine, isolation and treatment centres.

KUTRRH had to quickly learn how to handle COVID-19 patients, separate them from the rest, and train and retrain staff on how to treat them.

"It comes to a lot of resource allocation challenges, but we have managed to surmount that. And we are able to run both kinds of services," said Dr Njom.

Handling such a serious global issue on a national scale comes with a lot of lessons, and the acting CEO has had time to reflect on that.

"Personally, I think the biggest lesson I've learned is about having a close working relationship with staff, and having a good team," he said.

For the management, having the right Human Resource practices to keep the team motivated and ready to take on such a risky task was one of the key lessons from the pandemic.

Mr Edward Omondi, who oversees operations and is holding the fort in the nursing directorate, said the experience presented a steep learning curve for everybody.

"The best thing about it was that the teamwork was just infectious. You had the Director of Clinical Services, the Director of Nursing, then all teams coming together working tirelessly regardless of what they had on their plates to make sure that whatever processes we had, whatever procedures and protocols, all were to the benefit of our patients," said Mr Omondi.

The team at KUTRRH has learnt to ride the waves of the disease, where a surge comes after a lull, and they begin to prepare for a surge as soon as they see the number of COVID-19 patients increasing. At its highest point, the hospital had 300 COVID-19 patients admitted.

"When these waves come, we start seeing a gradual increase, and we know that we need to do something. From the first wave, we were not quite sure what was happening. But on the third wave, we really knew that this is going to be worse, and we had to continue staffing, opening new wards, making sure that the wards were up to standard as far as infection control measures are concerned and all that," said Mr Omondi.

The pandemic has also demonstrated early in the hospital's short history the importance of partnerships and relationships as the facility has had to work with the National Emergency Response Committee, private insurance companies, transporters, and banks as it handles patients.

Through a partnership with the Christie Foundation, Kenyatta University hospital has collaborated with the University of Manchester in the United Kingdom for the treatment and care of cancer patients.

"Overall, I think we have handled the weight of responsibility of handling the disease quite well. We have done many adjustments within the facility in terms of infrastructure and Human Resource as well as some financial alignments to help tackle this condition. But overall, I think we've handled the challenge quite well," said Dr Njom.

INVESTMENT

Rwanda's model healthcare system

The Rwandan healthcare system has significantly advanced universal health coverage, becoming a model on the continent.

Rwanda has advanced in medical and economic development over the past 20 years and has emerged as a leader in healthcare in the East African region.

The Rwandan government borrowed best practices from global healthcare financing and developed a comprehensive financing framework for health. This funding framework resulted in two main channels for financing, one from the supply side – transfer from the Treasury to districts and health facilities, and the other from the demand side – the insurance system.

The two channels were designed as part of a remarkable post-genocide effort at institution building. On one hand is the implementation of financial decentralisation with increased transfers from the central government to local governments and peripheral health facilities on the basis of needs and performance. On the other was construction of a health insurance system including three levels of risk pooling and cross-subsidies from richer to poorer groups.

Rwanda has a robust health referral system. Under this system, the burden of the disease is handled at the bottom of the pyramid by Community Health Workers (CHWs). From the CHWs, the case can be scaled up to a health post.

The country has about 1,700 health posts, 500 health centres, 42 district hospitals, and five national referral hospitals.

For Rwanda, Universal Health Coverage (UHC) means that all citizens have access to the medical services they need, anywhere and anytime without financial constraints. This includes a full range of essential health services, from promotion to prevention, treatment and care to minimize out of pocket payment. The government also runs a Community-based Health Insurance Scheme (CBHI) called Mutuelle de Santé.

The country has over 84 percent of its citizens covered by the scheme, ensuring that they have access to primary healthcare. Under the CBHI programme, funds are used to help subsidise care for the citizens and clinic functionality, enabling them to access care and pay for services based on a tiered premium system according to socioeconomic standing.

The central government through relevant agencies is responsible for policy formulation and regulation while districts are responsible for local planning and coordination of public service delivery. This implies that funding for healthcare delivery and health systems is decentralized at the district level to ensure targeted programming that fits the needs of each individual community.

> **The country has about 1,700 health posts, 500 health centres, 42 district hospitals, and five national referral hospitals.**

Equally, Rwanda has a vibrant private healthcare sector, comprising of two general hospitals, two eye hospitals, 50 clinics and polyclinics, eight dental clinics, four eye clinics, and 134 dispensaries.

Legacy Clinics

Legacy Clinics & Diagnostics is one of the modern private health facilities in the country with state-of-the-art medical equipment, supporting the government in ensuring that its citizens have access to primary healthcare.

The clinic, established in 2016, is a one-stop-outpatient centre for all clinical and diagnostic services. The facility has a unique model embedded in the ability to offer a range of medical services under one roof by an array of experienced specialists.

Legacy Clinics Operations Manager Mariam Nkubito says they have more than 17 services with 53 specialties. The clinic is currently offering outpatient services only.

Ms Nkubito says before theCOVID-19 outbreak, the clinic used to have a system of rotation where different doctors could come and attend to patients even late in the night. "But with the pandemic, we had to reduce working hours and our patients couldn't see every doctor or every specialist as they used to," she adds.

However, the management has ensured that delivery of quality services is maintained and patients are getting the same services even as they observe COVID-19 protocols.

With pandemic control strategies in place, patient experience has directly been impacted. For long, the doctor-patient relationship has been linked to patient satisfaction, treatment adherence and outcome, and remains the cornerstone of medical practice.

Due to the COVID-19 pandemic, physical distancing measures and movement restriction imposed to contain the pandemic, abruptly and ubiquitously restricted access to routine healthcare services.

The expansion of the facility is underway given the increasing number of patients. This is being done in collaboration with KCB Bank Rwanda, and according to Legacy's management, the expansion programme includes establishment of a maternity ward, modern theatres, admission wards, paediatrics unit, orthopaedics unit, and emergency/intensive care unit (ICU). The management is very optimistic that the development will elevate the facility to inpatient hospital status.

"KCB Bank Rwanda is financing the ongoing project and we intend to have this completed by early next year," says Ms Nkubito.

Investment opportunities

The Rwandan government plans to expand the provision of better healthcare and develop medical tourism through the attraction of state-of-the-art and specialised medical facilities.

Opportunities are in the areas of manufacturing of health products and equipment, provision of advanced healthcare services, and medical schools to generate skilled staff for the health sector.

According to Rwanda Development Board - a government department that integrates all government agencies responsible for the attraction, retention and facilitation of investments in the national economy - opportunities are available in production of pharmaceutical products and medical equipment as well as opportunities for medical supplies distribution companies to ensure that the products are accessible.

In the provision of advanced healthcare services, the board points out opportunities in the facilities such as clinics, super-specialty hospitals, and diagnostic centres which are on high demand. To pave the way for medical tourism, three niche sub-sectors have been identified for Rwanda to focus on – Oncology, Cardiology, and Nephrology.

In medical schools to generate skilled staff for the health sector, the board notes that with just one physician per 15,428 residents and one nurse per 1,200 residents, Rwanda has opportunities in medical education and training institutes such as medical schools, nursing paramedical schools, medical engineering schools, and eLearning platforms. There is also need for a qualified health workforce that will help to respond to emerging healthcare needs.

Incentives

The government has introduced incentives to support the health sector such as introduction of Corporate Income Tax holidays of up to seven years to investors who invest at least an amount equivalent to USD50 million.

There is accelerated depreciation of 50 percent for the first year. Foreign companies investing at least USD 250,000 are allowed to recruit three foreigners without a labour test. And, there is exemption of VAT on imported medical equipment.

KCBNEWS

INVESTMENT

Pandemic births gamechanging ideas in Tanzania

Baobab Energy keen to end importation of meter parts

> **Almost everything stopped and we got stuck because we couldn't receive the metal parts from our suppliers and that subsequently affected the assembly and our ability to deliver the meters on time.**

By 2023, Baobab Energy Systems Tanzania Limited, a business venture that assembles electricity meters and metering systems, is seeking to locally manufacture its own meter parts in the country instead of importing from China.

It's a bold move that has been triggered by the pandemic and forced the company to reimagine its operations to perform better in this new normal.

Allan Magoma, the Deputy General Manager, says the strategy is meant to keep up production after COVID-19 disrupted supply chains around the world.

"We have learned a lot from the effects of COVID-19. We have been hard hit and that has led to the formation of a strategic plan that will see the company embark on manufacturing the meters in Tanzania by 2022 or latest 2023. The effects of the pandemic have pushed us to ensure that we complement and achieve this objective within that duration," he says.

When the infectious disease broke out across the globe in 2020, there was a sudden shortage of the products and supplies which led to a slump in business at Baobab Energy Systems.

Normally, operations would to be smooth; the meter parts would arrive on time and the company would assemble and deliver them to customers promptly.

However, with disruptions in the supply chain, their shipments have greatly been impacted. What usually takes four to five months to ship in, after ordering a consignment of metal parts for the metering systems, came to a total standstill.

"Almost everything stopped and we got stuck because we couldn't receive the metal parts from our suppliers and that subsequently affected the assembly and our ability to deliver the meters on time. But we are certain that manufacturing the parts here is going to address this problem of spare parts and other parts for assembly. So, we are looking forward to have a complete manufacturing line in Tanzania," says Magoma.

He continues: "The dependency on importing most of our parts for meter assembly is a big challenge. So, making them right here will ensure that we no longer have delays in payments because we can't assemble the meters on time. There are also quite a number of benefits of having a facility like that, for instance, job creation will thrive because we will scale up,"

Baobab Energy Systems was established in 2012 but began operations in April 2018. The company offers services such as submetering and provides automated metering facilities. Its main clients are Tanzania Electric Supply Company Limited (TANESCO) and the Rural Electrification Agency (REA).

The deputy general manager says the capacity for assembling the meters is currently at 500,000 units with a potential of scaling up to 1,000,000 units per year.

The COVID-19 pandemic aside, the business has built a good capital base supported by KCB in terms of working capital.

"KCB addresses most of our issues and we are very happy working with them. Since we established the relationship, it has not only financially supported us but it has also nurtured our businesses. You see, in banking, there are limits set by the bank which you're not supposed to exceed, which is normal and practical. But based on the requirements that we have, KCB has been very considerate in ensuring that it unlocks the challenges we have related to those limits," he says.

INVESTMENT

A shot in the arm for Burundi's pharmaceutical sector

Burundi relies heavily on the importation of pharmaceutical products and other related healthcare goods to meet its requirements.

Most pharmaceutical products used in Burundi are imported from India, China, Belgium, France, Germany and the United States.

The country has only one pharmaceutical manufacturing firm – Siphar Pharmaceutical Industries. The main importers and distributors of pharmaceutical products are Alchem Industries, Uniphrama and Shamchem Pharmaceuticals Limited who account for 70 percent of the pharmaceutical products supplied in Burundi.

The country's healthcare system has been suffering from lack of adequate medical equipment and consumables, and the demand for such products are projected to increase in tandem with Burundi's annual population growth rate of three percent.

The Burundi Special Economic Zone, a partnership between the government of Burundi and the private sector, is striving to change this reality and grow the pharmaceutical sector.

In the capital Bujumbura, businessman Jean Gakozi, has since seized the opportunity to import pharmaceutical goods and distribute them across the country with a dream of making it big in the sector.

His business is gaining traction and has been accepted as one of the ventures of economic development and employment creation in the country. The venture has the same characteristics as other regional Small and Medium Enterprises (SMEs), and is facing similar obstacles despite fuelling economic growth through creating jobs at low capital cost, expanding the country's tax base, and driving new innovations.

"We have a very big impact. We pay a lot of taxes. We pay a lot of clearance fees. Everything in an effective and transparent manner. We have created jobs for unemployed Burundians. We have made a big impact and we need more support to keep it going," says Mr. Gakozi.

Reduced business

However, measures imposed to combat the spread of COVID-19 pandemic such as social distance, lockdowns, travel restrictions, curfews, cessation of movement and reduction in operating hours led to reduced business activities and workforce.

"Our suppliers were affected causing delays on the delivery of goods since most

> **Presently, we are distributors, we import goods and distribute them across the country. But we do not want it to stop there.**

of them scaled down production rendering hundreds of thousands of people under-employed or unemployed. For instance, industries that had 500 or 1000 workers, now have 100 employees working, so the production has been very slow and that caused us not to receive deliveries on time," says Mr Gakozi.

The COVID-19 crisis has brought a new way of life upon the world and businesses have to learn how to cope and realise new capabilities of facing the digital and environmental future. He says business operations had to transform as close personal interaction with clients which had been an integral component stopped.

The venture had no option but to search for ways of adapting and adjusting.

"Some of our clients avoided the city and started making orders online and used bank transfers to settle payments. They started sending their orders using WhatsApp or email, and we then shipped the goods using freight agencies with clients making payments through KCB MOBI."

Challenges

Despite facing challenges like maintaining quality customer relationships, meeting customer needs, preserving a good reputation, retaining employees, building the brand, and marketing in a saturated marketplace, his business has to struggle with higher shipping cost.

For instance, before the pandemic, to ship a container from China, India or anywhere else he had to pay USD5,800 for it to arrive in Bujumbura. Currently, it is costing between USD8,500 and USD10,000. "That is a serious challenge that we didn't have before, but we have to manage it," he adds.

Another challenge is slow administrative services, like when a process that should take three hours or a day to complete drags for five days or even a week. "This is a serious setback for our business".

Mr. Gakozi says as a business they need support from financial institutions for cheaper and affordable loans for the sector to thrive.

"We have a very good relationship with KCB Group," he adds.

The businessman says it took the bank manager a while to convince him to join the bank, but after joining the KCB Bank family, in the long run, he has realised that the financier is a trustworthy and serious bank.

Future plans

Mr. Gakozi says they have many plans that he can't enumerate.

"Presently, we are distributors; we import goods and distribute them across the country. But we do not want it to stop there. We want to implement to produce goods locally and create jobs for our people, and since KCB Bank has been part of our growth journey we shall work together," he says.

INVESTMENT

Bursting the myth of air evacuation to boost access to all

For many Kenyans, air evacuation is a luxury reserved for the rich and wealthy. It is regarded an expensive luxury that is largely out of reach for average citizens. This is the perception that Mr. Stephen Gitau, the CEO of AMREF Flying Doctors, is determined to change.

"Air evacuation without proper arrangements can be expensive due to the necessities of chartering an aircraft. This is the reason we provide a low-cost subscription package. Subscribers will insure one another's risks in this manner, making evacuation more affordable and efficient," Mr. Gitau argues.

For only Kshs. 2,500 annually, AMREF'S Maisha Air Ambulance Plan gives subscribers access to unlimited air and ground evacuations within the country. This makes the service cheap given that it costs approximately Kshs. 350,000 to charter a flight from Nakuru to Nairobi, a distance of 158 kilometers.

"Evacuation is not a luxury. It is important for a functioning health system to provide medical emergency response capabilities, that can be effectively assisted by air evacuation. By subscribing to medical evacuation services, you avoid the need to fundraise or liquidate assets to cover these expenses. My dream is for all Kenyans to have an evacuation subscription, similar to the National Hospital Insurance Fund (NHIF)," he says.

MR. Stephen Gitau, the CEO of AMREF Flying Doctors.

> For only Kshs. 2,500 annually, AMREF'S Maisha Air Ambulance Plan gives subscribers access to unlimited air and ground evacuations within the country.

At the moment, the Maisha Air Ambulance Plan has approximately 50,000 subscribers, representing a diverse clientele that includes corporations, government agencies, non-governmental organizations (NGOs), learning institutions, the tourism industry, religious groups, families and individuals.

"Kenya has long been a leader in terms of medical excellence, with patients coming in from other parts of the region. As a result, we must constantly improve this by providing services such as affordable and efficient medical evacuation," Mr. Gitau adds.

One way AMREF Flying Doctors is driving the uptake of the Maisha Air and Ground Medical Evacuation Plan is through strategic partnerships, such as the one recently signed with the National Bank of Kenya (NBK). Under the terms of the agreement, the bank's customers and employees receive air and ground ambulance services at a discounted rate in the event of a medical emergency.

"A medical emergency can happen to anyone at any time. There is need to be prepared in order to ensure that you will be attended to by experts in case of such a scenario," the CEO explains.

Apart from the strategic partnership with NBK, the firm is also collaborating with the Government of Kenya, through NHIF, to incorporate evacuation in the insurance scheme.

These efforts to ensure universal access to air and ground evacuation, are consistent with AMREF Flying Doctors' history and heritage. It was founded 64 years ago by three surgeons committed to saving lives by bringing advanced medical expertise to pre-independence Kenyan communities. They figured out that flying would be the most efficient way to provide immunization, basic surgery, and treatment of common diseases, among other services.

Over the years, the firm has grown into an international air ambulance service provider, providing aeromedical services within Africa and the rest of the world.

Mr. Gitau states that the move has necessitated continued investment in a combination of long-haul and short distance aircraft in order to efficiently continue the dream of saving lives. Its current fleet consists of five aircraft: two short distance turbo-props predominantly used within East and Central Africa, and three medium long haul jets capable of flying non-stop from Nairobi to Johannesburg or from Nairobi to London with a single fuel stop.

"The aircraft's ability to fly without stopping for fuel is crucial for critically ill patients whose life depends on prompt access to appropriate medical treatment. Our pressurized bush aircraft can also take off and land on short runways, such as the many unmanned airstrips found in the country," the CEO explains.

He adds that the aircraft are fitted with state-of-the-art medical equipment and their interiors fully configured as air ambulances for swift deployment in the event of a medical emergency.

Apart from its core business of air and ground ambulance transport, the company also provides other assistive medical services such as: medical escort on commercial flights, hospital guarantee of payment for international insurance and assistance companies and repatriation of human remains.

During the COVID-19 pandemic, AMREF Flying Doctors received an influx of evacuation requests. The situation was exacerbated further by air travel restrictions imposed to contain the spread of the virus.

"We were able to solve this logistical nightmare and continued transferring patients in and out of Africa as a result of strategic partnerships," Mr. Gitau says.

Despite the initial challenges associated with operating in the COVID-19 context, the organization was able to continue carrying out medical evacuations while assisting the government in moving critical medical personnel and delicate equipment to far-flung areas.

Faced with the challenge of transporting patients, some of whom were infected with the highly contagious virus, AMREF invested in six Portable Patient Isolation Chambers and other related medical equipment to safeguard its staff.

"We were the first emergency response organisation in East and Central Africa to make this investment. We successfully transported over 18 COVID-19-related cases within the first six weeks of installing the isolation chamber, and have successfully transported more than 300 COVID-19 associated cases to date," Mr. Gitau reveals.

"Going forward," he concludes, "our strategy is to continue investing and deepening our capability to support the fast-growing clientele on the continent and beyond."

INVESTMENT

Metropolitan Hospital:

Top notch cost efficient health facility at the heart of Nairobi's Eastlands

Dr. Kanyenje Gakombe, the CEO of Metropolitan Hospital.

> We intended to be very big here in Nairobi, and from there go to Mombasa, Kisumu, Nakuru, Embu and those other provincial (at the time) headquarters.

About 26 years ago, a group of young doctors banded together to set up a hospital. The need to found their own health facility was driven by two things: one, to have an affordable hospital for residents and two, if by ill luck they too fell sick, they could afford treatment.

All they had at the time was a grand idea with no money to fund their vision; they were medical students training at Kenyatta National Hospital and their salaries were nowhere near getting the idea off the ground. Luckily, they convinced about 180 people - doctors and potential patients - to fund the startup and today, Metropolitan Hospital in Buruburu, Nairobi, stands tall as a 150-bed capacity healthcare facility.

"When you stand on the top floor of Kenyatta National Hospital, Nairobi Hospital is visible across the road on Ngong Road. We knew that across there was much better quality health care but it was unaffordable to us. So we figured out that to solve our own problem as doctors and potential patients, it was best that we built a hospital that we could work in and afford treatment. That was the founding vision.

"But, where are most of the people who needed affordable health care? They were in eastern Nairobi. Parklands had Aga Khan, people in Karen had Nairobi Hospital and since now have Karen Hospital. The place that didn't have health care, the place where the patients we had in mind lived was in the east," says Dr. Kanyenje Gakombe, the founding Chief Executive Officer.

In the early 90s, healthcare institutions in Eastlands area were few; for example there was Jamaa Mission Hospital, which at the time was started as a home for pregnant girls in distress and Makadara Mercy Sisters which was a dispensary. Mama Lucy at the time did not exist. So there needed to be a hospital that could cater for everyone's needs.

Dr. Gakombe says their vision was bigger than what they have accomplished today. The plan was to have a presence in every county, but what they didn't realise was how expensive building a hospital is. To date, over KSh1 billion has gone into building Metropolitan Hospital.

"We intended to be very big here in Nairobi, and from there go to Mombasa, Kisumu, Nakuru, Embu and those other provincial (at the time) headquarters. But we've never raised the money to go outside of Nairobi," he adds.

However, the hospital has managed to use technology and innovation to penetrate into other counties and venture into Uganda by providing software to hospitals to help them achieve operational excellence.

Additionally, the fcility is now part of a larger ecosystem after teaming up with Evercare Group which invests in hospitals to provide accessible and quality healthcare for people in Africa and South Asia.

Evercare has also invested in Nairobi Women's Hospital, Avenue Healthcare and Ladnan Hospital.

"By teaming up with that larger ecosystem, it means we can influence healthcare outside of Buruburu into other parts of Kenya, Nigeria and probably even in India and the rest of the places where the ecosystem is," says Dr. Gakombe.

> The latest development in the hospital is the launch of an oxygen plant. This is a big feat for the facility in the face of the oxygen shortage in the country as the number of COVID-19 patients surges. The hospital plans to supply the surplus to other health facilities.

Since 2005, Metropolitan Hospital has been involved in healthcare financing reforms and just recently, they were one of the 12 inaugural pilot sites for NHIF's new claim management system since they were already well versed in Information Technology.

Since its inception, when the idea was simply to provide quality cost effective care, Metropolitan Hospital has evolved to a surgical hospital. In Kenya, cost is a major barrier to surgery and Dr. Gakonye believes it is possible to receive high quality cost effective care.

The hospital has since built seven theatres, including some that are transplant capable.

"There are few hospitals where you can get spine surgery done, and they are not many because you need a spine surgeon and you need pretty expensive equipment. We have both. So essentially, we are evolving into a surgical hospital, and to do that we are building a doctors plaza. We have five floors and this building should accommodate about 40 to 50 doctors," he says.

The founding CEO continues: "Eastern Nairobi has one challenge; the doctors don't live here and that means you have patients without doctors to provide care. And it's not just doctors, finding an ICU nurse specialist was a major problem during the pandemic. So if you need a specialist, this will be the place to find one. You will find a doctor, a laboratory and diagnostic imaging capacity to support the doctor. We want this to be the medical hub for Eastlands. The overarching objective is to have a hospital with the supportive capabilities and infrastructure. Between us and Mama Lucy hospital, we should have a private public hub where patients who need care can find specialists and treatment without having to cross over to either Parklands or Ngong Road," says Dr. Gakombe.

The latest development in the hospital is the launch of an oxygen plant. This is a big feat for the facility in the face of the oxygen shortage in the country as the number of COVID-19 patients surges. The hospital plans to supply the surplus to other health facilities.

To complement these efforts towards being a surgical hospital, the hospital is refurbishing its parking lot, buying more equipment and improving its IT processes.

KCB Bank has been part of the hospital's growth since 15 years ago when they implemented a payroll system and has since been funding its capital projects.

The hospital building was financed by KCB as well as a residential area, Metro Villas, next to the hospital.

"Their ability to collect money, bank it and use it well without fraud or losses is key. They have been a key partner for a spectrum of solutions from mobile banking, credit cards, insurance to internet banking," says Dr. Gakombe.

KCBNEWS

HEALTHCARE

Passion to fight cancer leads to well-equipped centre waging an all-out war against disease

Mr. Navnit Singh Arora, the Country Head and CEO of HCG

About a decade ago, some like-minded individuals were drawn together by a shared desire to take on the dragon that is cancer.

They wanted to aid this war by addressing treatment gaps in Kenya. That was in 2010.

At the time, Kenyatta National Hospital's cancer treatment centre was the only one in the country, though without cutting-edge technology. This led many cancer patients to seek treatment outside the country which was expensive.

The individuals set up what would become East Africa's first privately-run comprehensive cancer centre. Years later, the facility, then known as Cancer Care Kenya (CCK), struck a strategic partnership deal with Healthcare Global Enterprise Limited (HCG), a global oncology hospital network with 27 cancer centres in India, Kenya and Tanzania. The partnership birthed HCG CCK Cancer Center in 2017.

The centre that sits in Nairobi's Parklands neighborhood, adjacent to MP Shah Hospital, attends to 60 cancer patients daily on average. It has 42 staff members with expertise spanning from clinical, technical, nursing to operational.

HCG CCK Cancer Centre recently opened a day care chemotherapy suite on the 1st floor of UAP Towers, Upper Hill, Nairobi. This is in addition to strategic partnerships with Tenwek Hospital in Bomet County, Tumutumu Hospital in Karatina, Nyeri County and Nanyuki Cottage Hospital in Nanyuki, Laikipia County, where the hospital's oncologists and other specialists conduct outreach clinics. Plans are underway to strike strategic partnerships with health facilities in other parts of the country, particularly at the Coast and Western Kenya regions.

"Previously, cancer treatment was offered as an in-patient service in Kenya. We pioneered an outpatient model," explains Mr. Navnit Singh Arora, the Country Head and Chief Executive Officer of HCG, citing a significant cut in cost of treating cancer as one of the facility's biggest impacts.

"In 2017, the average cost of treating cancer through radiation was KSh300,000. Today, it is about KSh180,000. We are consistently working to bring down the cost to make treatment affordable to more Kenyans," he adds.

Enhancing access and affordability of cancer treatment is a key aspiration of HCG CCK. It is the reason its specialists prefer prescribing approved generic drugs to keep treatment costs low.

A partnership with Faraja Cancer Support Trust also bails out patients

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> **Previously, cancer treatment was offered as an in-patient service in Kenya. We pioneered an outpatient model,** explains Mr. Navnit Singh Arora, the Country Head and Chief Executive Officer of HCG

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Dr. Peter Rotich, the chief radiotherapist at HCG CCK.

who cannot afford treatment. This is in addition to offering emotional, practical and healing support to patients and their caregivers in a holistic approach that includes information, advice, counselling and complementary therapies

Right from the start, KCB Bank supported the venture, financing construction and setting up the infrastructure for acquisition of cutting-edge technology. This included acquisition and setting up of the digitally-based Linear Accelerator Radiation Technology (LART).

"KCB has been very supportive to our expansion and growth. Throughout the journey, they have not only provided financing, but also encouraged us to do better," Mr. Arora says.

> **On average, 48,000 new cancer cases are diagnosed in Kenya daily, yet the country only has about 12 modern Radiation Therapy machines for a population of 55 million people. Compare this to South Africa that has scaled up and has over 100 such facilities for its 60 million people,**
> Dr. Rotich says.

Since June 2010, when the facility opened its doors to cancer patients, it has attended to over 30,000 patients. Out of these 10,000 have received radiation therapy, with the rest receiving chemotherapy.

According to Dr. Peter Rotich, the chief radiotherapist at HCG CCK, gaps still exist in availability of advanced cancer treatment and management facilities.

"On average, 48,000 new cancer cases are diagnosed in Kenya daily, yet the country only has about 12 modern Radiation Therapy machines for a population of 55 million people. Compare this to South Africa that has scaled up and has over 100 such facilities for its 60 million people," Dr. Rotich says.

This, against a backdrop of rising cases in recent days, particularly breast cancer, cervix and esophagus, which Dr. Adarsh Chandra, the clinical oncologist at HCG CCK, attributes to increased awareness and early detection.

"We have been seeing more and more cases over the last five years. We also need to pay more attention to prevention instead of cure by adopting healthy lifestyles, including regular exercise and good dietary habits. Practicing safe sexual behaviour also reduces risk of cancers associated with multiple partners," Dr. Chandra counsels.

To handle the upsurge, HCG CCK has ordered an additional LART equipment, which has advanced capability to treat cancer, which is scheduled for delivery by end of 2021.

"This equipment is a first-of-its-kind in the country. It is capable of non-invasive surgery, which is good for elderly cancer patients who cannot go under the knife; as well as those suffering from advanced neuro and lung cancers, which are delicate," Mr. Arora explains.

Advanced technologies also have the advantage of posing less treatment side-effects compared to older technologies according to Dr. Chandra.

HCG CCK takes a multi-disciplinary approach for all cases. The team holds weekly meetings that bring together oncologists, surgeons, pathologists, radiologists and various specialists to plan on the best course of treatment.

"Our aim is to have a common plan for treatment and to sequence it without missing anything," Dr. Adarsh adds.

The goal is to deploy advanced technology for good treatment outcomes and better quality of life after the patients get better.

"Successful treatment of cancer patients with good outcomes has a lot of socio-economic and emotional benefits to the patients and their families, as well as the economy. Not many families can afford the cost of treatment and it causes them to struggle financially," Dr. Rotich says.

Though the original dream of the like-minded individuals is being realised, there is still more they hope.

Dr. Rotich dreams of HCG CCK Cancer Centre expanding and setting up centres across the country to keep the cost of cancer care accessible to as many people as possible, even in remotest areas.

Besides the shortage of facilities, getting qualified cancer specialists still remains a challenge, which HCG CCK is helping address by serving as a training center for the radiation-oncology programme by the University of Nairobi.

"There are only about 15 radiation oncologists in Kenya today. This country needs more of them," Mr. Arora says.

In the ravaging wave of the COVID-19 pandemic, HCG CCK was not spared its effects either. Some patients from outside Nairobi could not keep their clinic appointments in the city due to cessation of movement orders.

Dr. Adarsh Chandra, the clinical oncologist at HCG CCK

> **Our aim is to have a common plan for treatment and to sequence it without missing anything,**
> Dr. Adarsh adds.

This resulted in missed treatments and eventual death. Besides, one of the machines was grounded for two months as a spare part could not be shipped in due suspension to of flights across the globe.

Nonetheless, Mr. Arora looks at the future with optimism. Lined up for the future is a bone marrow transplant centre for treatment of blood cancers that currently has to be done outside the country.

"We need to reverse medical tourism out of the country by having facilities that will cater for Kenyans affordably, as well as patients from other parts of Africa," he adds.

Mr. Arora's parting shot: "Cancer is an aggressive disease that requires aggressive treatment. We all have to be vigilant and to get screened at least once a year; and if detected, to commence treatment without delay.

KCBNEWS

HEALTHCARE

Tenwek Hospital:

Our COVID-19 dose

The COVID-19 Pandemic shook every foundation and system across the globe. There is no sector the pandemic has not tested in its wake.

Health systems and their capacities have been in the line of COVID-19 fire and have been tested across the globe and more so in low and middle income countries.

During the initial peak of the pandemic, many healthcare facilities were concerned about how the situation would unfold in the coming months.

As the coronavirus disease outbreak continued to evolve, leaders in health care service provision such as Tenwek Hospital, took steps to reorganise and reprioritize their services in order to support front-line workers and patients.

"We had to reprioritize and make some difficult decisions that would ensure our expenditure was around COVID-19 preparedness because this was a top priority,' says Mr Shem Tangus, the CEO of Tenwek Hospital.

Tenwek is a teaching and referral mission hospital that was established in Bomet county back in 1937. The hospital has a 361 bed capacity and it's an approved Level 6 (b) teaching and referral hospital.

"We exemplify Christ in all aspects of what we do and we strongly believe that 'we treat but Jesus ultimately heals'. Our work is to provide compassionate and affordable health care services to those who would otherwise be unable to afford treatment," says Mr. Tangus.

Before the pandemic, the hospital was almost always full to capacity. However, when the first cases of COVID-19 were reported in the country in March 2020, they saw a significant drop in the number of patients that visited the hospital. Due to fear, patients postponed their check-ups, ongoing treatments and even surgeries.

"As we continued to put in place the necessary precautions to ensure that the staff and patients who came to the hospital were safe, we slowly began to see an increase in the number of patients coming to the hospital," says the CEO.

In April 2020, the World Health Organisation (WHO) reported that there were only 2,000 ventilators across 41 African countries and a paltry 5,000 intensive care beds across 43 countries.

In Kenya, as the numbers continued to significantly rise, local media houses reported that hospitals had run out of intensive care beds. Moreover, there was a massive shortage

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of personal protective equipment (PPE), ventilators, testing equipment, medications, and other general infrastructure to protect both the health care givers and support infected patients.

"When we began having issues with PPEs, we struggled to get them locally. Because of the shortage, we had to directly start sourcing them from abroad. Over and above that, one of our partners helped us acquire a new oxygen concentrator which enabled us to be better equipped to treat our patients," says the CEO.

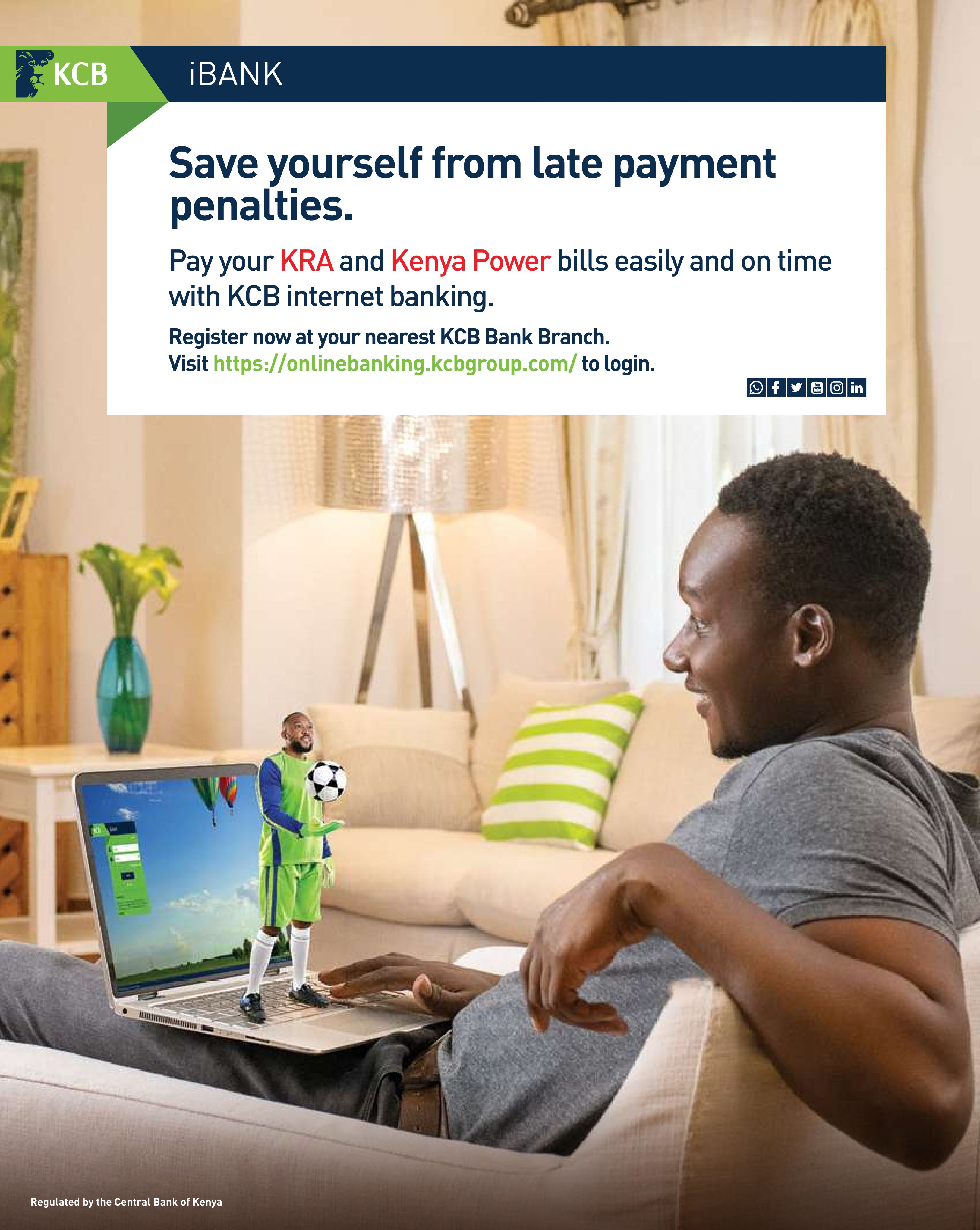
He says partnerships are very important to the success of the hospital and one such partnership they value is with the KCB Group.

"KCB is the first bank that came to the Bomet region and we were so blessed when they opened up a branch. Over the years we have grown to become great partners. They are very responsive, the leadership at the branch has been very supportive of us and we have really enjoyed the services they offer the hospital as an institution and our staff who are able to easily access loan facilities from them," says Mr. Tangus.

We see so many patients and because of some of the cases that come to us, we realized that we needed to expand our services. At the moment we are constructing a cardiovascular center that will be one of a kind in this region.

As the hospital continues to ramp up efforts to ensure that its community and healthcare workers are well supported and protected, it is also keen on expanding services, a plan the management had set out in 2019.

"We see so many patients and because of some of the cases that come to us, we realized that we needed to expand our services. At the moment we are constructing a cardiovascular center that will be one of a kind in this region. We are also expanding our services to renal and oncology, it's something we had started before COVID-19 but now we are looking forward to pursue these plans," explains the CEO.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