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# HEALTH AFRICA

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Real stories about building healthier and more resilient organisations

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At Liberty Health we are dedicated to helping build better, more resilient organisations across the African continent. This is done through creating a healthy workforce.

Health Africa is dedicated to telling real stories from the African business community. This first ever Health Africa event featured a group of experts that brought real stories from different perspectives throughout Africa.

Many stories, many perspectives, all leading towards us working together to create a healthier Africa. We are here to help you create better business together. We are in it with you.

**Andrew Schwulst**
**Chief Executive, Liberty Health**



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# Professor Morgan Chetty.

In 2020, Professor Chetty was appointed onto the Minister's Advisory Committee for COVID-19.

This year Professor Chetty was appointed to the Service Delivery Platform at B4SA: COVID-19 vaccine Distribution. He is a registered Specialist Family Physician.

Professor Chetty has been involved with peer reviews for 25 years and is the Chairman of the IPA Foundation of South Africa and Chairman of KwaZulu Natal Doctor's Healthcare Coalition.

He serves as visiting Professor to the Department of Health Sciences at the Durban University of Technology.

He has been awarded a doctorate from the Nelson Mandela University in South Africa. He was also awarded the Fullbright – Humphrey Scholarship to the USA in 1993 – 1994.

He has written two books on managed care, is a regular speaker at national and international conferences, and writes for the Medical Chronicle.

# The COVID-19 pandemic and the economy.

COVID-19 is more than just a healthcare crisis and has caused unprecedented disaster. Millions of people are infected, there is a rising number of deaths, which places urgent responsibility on us all to participate in actions that manage the pandemic.



We have essentially two strategies to adopt:

1. We can slow the spread by using non-pharmaceutical interventions: use of masks, social distancing, sanitising and avoiding crowded and public spaces.



2. We can stop the pandemic with a vaccine, this will help us attain herd/population immunity, protect the country and also have a global impact. We are challenged to prepare for the "new normal" post-COVID-19, that will help enhance our productivity and revive our economy. However, we are uncertain of when we will arrive at a new norm.



The present pandemic is like a black hole drawing in all our resources and challenging our prospects of survival for years to come. The longer we delay, the more chance of transmission, viral reproduction and emergence of variants/mutations, which compromises the vaccine's efficiency.



## What are the challenges to acquiring vaccines?

- Vaccine availability
- Vaccine equity in distribution
- Pitching developing economies against "superpowers"
- "Superpowers" leveraging their financial might
- "Vaccine nationalism" vs "vaccine solidarity"
- Variants/mutations impact on choice of vaccines
- Vaccine hesitancy, which is ranked by the World Health Organisation (WHO) as one of the top 10 challenges with vaccine rollout

It is very pertinent for me to discuss variants and why they are important if we are to return to a new normal.

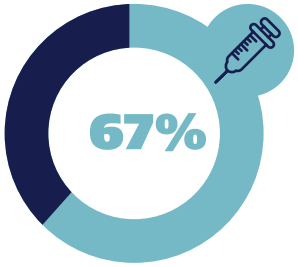
In South Africa we witnessed the Beta variant, giving rise to the surge and second wave in summer, with increased morbidities, hospitalisations and deaths. Now we are encountering the Delta variant which is highly transmissible, affects the young and results in a sick population, but with fewer deaths than the Beta variant. The Delta variant is displacing the Beta variant and will impact us seriously.

The Lambda variant, first seen in Peru, is evident in 23 countries. South Africa is free of it as of now. NPI and vaccines are our only saviour in managing the third wave - for us to have any chance to return to normal, being mindful that we may encounter future surges. The World Health Organization's initiative to set up COVAX so that all countries can contribute to a central fund to allow for equality in distribution, did not happen due to "vaccine nationalism", a concept opposed to "vaccine solidarity". Vaccines will not eradicate COVID-19 across the planet, but will contain it.



Many people are hesitant to take the vaccine. The vaccines are licensed to be used after scientific research and outcomes of clinical trials. The COVID-19 vaccine development followed similar "pathways of approval" as other vaccines e.g., Smallpox, Chicken Pox, Measles, Rubella, Hepatitis-A, Shingles, and others. Vaccines are safe, except for the short-lived side effects experienced by a few people. Vaccine hesitant groups are peddling misinformation, untruths, fake views and conspiracy theories.

Vaccines will prevent resurgence and, for us to be safe, we need to vaccinate 67% of our country and the African continent.





These rumours go back to the 1800's when the Smallpox vaccine was developed, but this vaccine allowed us to eradicate Smallpox in the world. Misinformation can be convincing because activists can package these false theories to erode trust in the COVID-19 vaccine.

We have a responsibility to dispel these theories and convince our constituents on the benefits of the vaccine, its scientific development and the fact that it is the only means available to us to eradicate the virus.

Everyone must weigh the benefits against the risks and let science guide our decisions, and not the emotionally packed misinformation and untruths.

## No one is safe until everyone is safe

*by Professor Morgan Chetty*

# Three reasons to get the COVID-19 vaccine.

## 1. It's safe

Most of the technologies used for COVID-19 vaccines are already in public use against other existing diseases. The approved vaccines have also undergone the required medical trials and safety checks. In fact, the risk of developing a serious complication from COVID-19 is much higher than the risk of having serious side effects from the vaccine.

To date, over 3 million people have died from COVID-19. The risk of dying of COVID-19 after vaccination is 0.0001%. According to the US Centre for Disease Control (CDC), you are more likely to get struck by lightning.

## 2. You help protect others

Although you may be young and healthy, by getting vaccinated you protect your own loved ones and other people in your community who may be at higher risk of getting seriously ill.

## 3. You protect yourself

Even if you are only mildly sick or asymptomatic when you have COVID-19, you can still develop long-term or even permanent health problems. Getting vaccinated reduces the risk of you becoming seriously ill from COVID-19.

Even if you've had COVID-19 before, it's not known how long a person's natural immunity will last and if the vaccine will boost your immunity.



| | Viral vector | RNA | 'Whole' virus | Protein subunit |
|---|---|---|---|---|
| **How it works** | Uses a harmless virus that is altered to contain part of COVID-19's genetic code.<br><br>The code tells our cells to make the COVID-19 'spike' protein, which triggers an immune response. | Contains a synthetic version of part of COVID-19's genetic code (messenger RNA). | Contains a weakened or inactivated version of the COVID-19 virus.<br><br>This triggers the immune response. | Uses pieces of the COVID-19 virus, sometimes fragments of the 'spike' protein. The spike protein is the part of the virus that attaches to the human cell wall. |
| **Company** | • Oxford-AstraZeneca<br>• CanSino Biologics<br>• Gamaleya Research Institute (Sputnik V)<br>• Johnson & Johnson | • Pfizer-BioNTech<br>• Moderna | • Sinovac (inactivated)<br>• Bharat Biotech (inactivated)<br>• Sinopharm (inactivated)<br>• Medicago Inc. (virus-like particle) | • Novavax<br>• Chinese Academy of Sciences |
| **Other vaccines using this technology** | • Ebola | • No other licensed vaccines | • Whooping cough (inactivated)<br>• Rabies (inactivated)<br>• Hepatitis A (inactivated)<br>• HPV/cervical cancer (virus-like particle) | • Hepatitis B |
| **Suitable for people with weak immune systems** | ✓ (depending on the viral vector used) | ✓ | ✓ | ✓ |
| **Number of doses required** | 1 – 2 | 2 | 2 | 2 |
| **Storage conditions required** | 2 – 8°C | • Pfizer-BioNTech -70°C and 2 – 8°C for up to 5 days<br>• Moderna -20°C for 6 months and 2 – 8°C for 30 days | 2 – 8°C | 2 – 8°C |





# Isaac Thembo.

Isaac is a diligent and passionate development practitioner with 9 years work experience, integrating faith and development work in peace and conflict resolution. He also handles technical programming in maternal, new born, child and adolescent health. He has a passion for supporting the members of staff at World Vision with psychosocial, spiritual and mental wellbeing, in order for them to thrive in their work. Isaac has a diploma in English and Religious Education.

He taught as a secondary school teacher for 10 years before joining the NGO sector. His career with World Vision motivated him to study Project Management. Additionally, he holds a degree in Theology as well as a Master's degree in Peace, Leadership and Conflict Resolution from the University of Zambia.

It is Isaac's strong conviction that his spiritual calling is to take care of his people and champion the importance of mental health to workers and families.

# Nurturing the mental wellbeing of our staff.

> Children's wellbeing cannot be achieved without investing in the mental wellbeing of the staff of World Vision Zambia.

There is no good programming without mental health. We are living in a time and age when people are stressed, traumatised and depressed. The employees of World Vision Zambia are not exempt from these challenges. This has become more critical following the onset of the COVID-19 pandemic.





In October last year, World Vision management decided to give me a new role as Staff Care Coordinator. My responsibility is to provide pastoral care support to the members of staff that test positive to COVID-19, as well as those staff members going through stress, depression and trauma as a result of testing positive to COVID-19.

The mental health of the people in the organisation is my responsibility. I combine my job with my Christian faith and belief of prayer. Many people appreciate prayer. And people who pray together stay together. Unfortunately, there are so many myths and misconceptions that surround the issue of mental health. In certain Christian circles, a person with a mental health problem is often considered to be under attack by demons.





Others think that a person lacks faith or perhaps he or she is cursed if they are suffering from mental illness. Traditionally, people with mental health issues are looked upon as being crazy, and society does not want to associate with such people. The attitudes of religious and traditional communities can push them into isolation.

I remember calling a colleague, Charles, who was part of the staff who had tested positive to COVID-19 during a meeting in Livingstone. I called him and the other 20 employees to pray with them and give them the much needed spiritual support in my role as pastor and staff coordinator.



"Pastor Isaac, thank you for calling me!" said Charles.

"Yes, my brother, I tested positive to COVID-19; nothing is paining, except this loneliness of me being away from my children and my wife," he responded.

"I miss talking and being with my family," he continued. What my colleague told me puzzled me, "Pastor, many people are dying from depression, and not from the symptoms of COVID-19."

He emotionally appealed to me to ask the management of World Vision Zambia to call, encourage and pray with the affected staff. This suggestion from him changed the narrative. I quickly divided the 21 affected staff among members of management. After a week, they called me back to testify about how encouraged they felt to receive a call of encouragement from the directors.




Two months ago, we decided to change our medical insurance provider to Liberty Health. One thing that attracted us to start doing business with them was their interest in supporting clients affected with COVID-19. My prayer is for Liberty to identify companies and organisations that offer support with mental health.

By so doing, you will be helping us realise our vision of children having life in its fullness. When employees experience good mental health, children will experience the fullness of life.

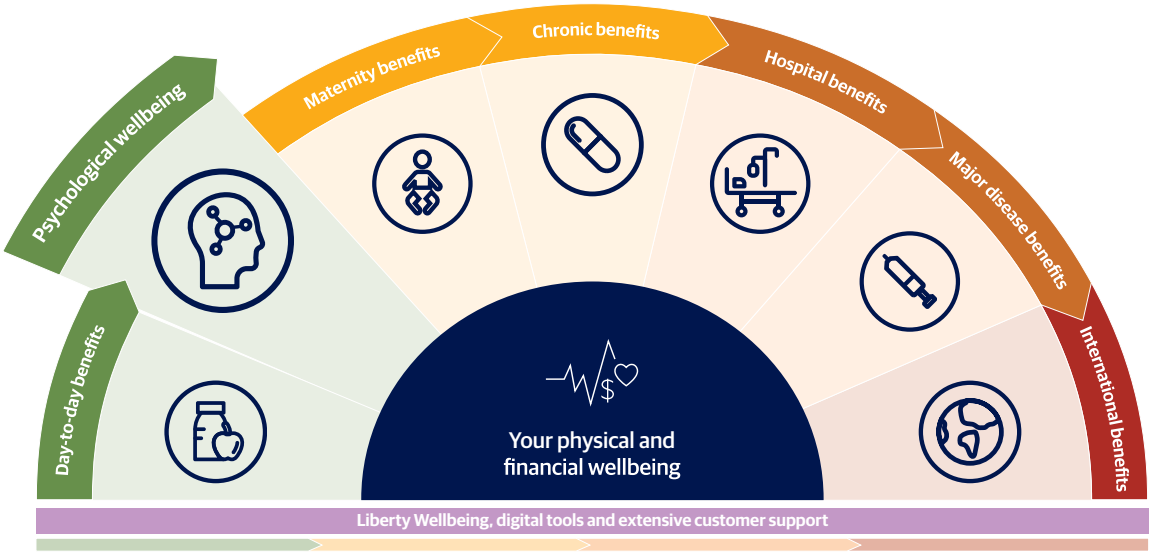
*by Isaac Thembo*

# At Liberty Health, we believe that a healthy body and a healthy mind go together.

There has been an increased prevalence of mental health issues due to COVID-19. In low- and middle-income countries, more than 75% of people with mental, neurological and substance use disorders receive no treatment for their condition at all. We provide cover for the necessary treatment to manage mental health so that members can live life optimally.

Both employers and staff benefit: a physically and mentally healthier workforce is a productive and happier workforce.

We provide a comprehensive, relevant benefits package that includes a range of categories of cover, including psychological wellbeing, as shown below. We also focus on education about this important topic because the more we can all be educated about mental health and reduce the very prevalent stigma and discrimination associated with this, the better.





# The Expert Speakers



## Paul Egan.

Paul is the Director of the UCT Liberty Institute, one of South Africa's leading marketing think-tanks. He has an MBA from the UCT Graduate School of Business and has more than 15 years marketing experience with companies like Barclays, Telewest, London Waste and The Qualitative Consultancy. He has also produced four films.

# One step from catastrophe.

> I'm here to talk about a journey that we went on, one that began pre-COVID in the context of many booming African economies.

And of course, what everybody wanted to know was about Africa's new middle class. Why middle class? Well middle classes are associated with disposable income, being able to afford many of the products and services that the companies and multi-nationals want to market.



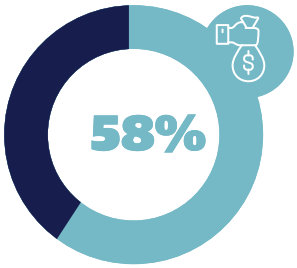
So, in response to this, we conducted the largest consumer study of its kind, researching middle classes across 10 cities and nine countries across the continent. And we literally asked everything. What do you buy? Where do you buy it? Tell us about your family. How do you manage your finances? What do you think about the future?

So, with all this information, all this data, what did we learn? And I think more importantly, what did we learn that is pertinent to the area of healthcare? Well of course Africa is not a country, but the themes that I'm going to talk about today cut across borders - they were prevalent in every single city that we went to. And I think the big thing that stood out for us was that the middle classes were saying they were under severe financial strain.



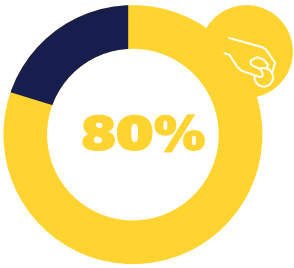
Now at first glance that seemed very odd. These people, although sometimes surrounded by extreme poverty, are relatively well off . So where is this financial pressure coming from? I'm going to unpack the answers through three statistics which help tell a story as to why people are under financial strain and why it's important to understand.

1 The first statistic is that 58% of the middle-class people we spoke to said they give money to family members every month.



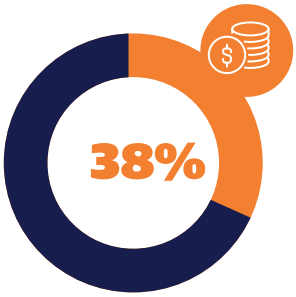

One could almost describe the middle classes as the giving class, as most of the people who have full time jobs are supporting family members every month and that is placing a strain on their financial resources.

2 The second statistic is that 80% say they've experienced an unexpected expense in the last year.




This means that the unexpected is actually to be expected. It's what economists commonly refer to as an economic shock. In practical terms, an economic shock is a family member getting sick, or perhaps there's a funeral or a roof falling in at home. These are all incidences where all eyes will be on the person who has the job, the middle-class person, to provide financial assistance. Again, another contributing factor to this financial pressure.

3 Now the third statistic is that only 38% said they have money left over at the end of the month.




So there is demand on their income. They are looking after other people living in other households. So you can see that even though in relative terms the middle class is well off compared to those around them, they are still under financial pressure. And yes, much of that will come from supporting people living in other households.

Are they then, in a position to afford health insurance? Probably not.



As you've seen, this group is under financial pressure, but perhaps let's look at it another way. They're also the safety net for so many people connected to them. But what happens when they get sick or they can't work? They've been helping everyone else all this time, but who is there to help them?

As we've seen, it's unlikely that they can rely on the money they put away, or savings to pay for expensive treatments or hospital stays. What they're also facing is a double whammy - not only are they losing their income, but also, they're incurring an additional expense associated with a medical emergency.




But there's also another aspect to this. This financial setback is obviously going to affect them and their immediate family, but it also has the potential to have a knock-on effect on several households, as the support that they give dries up.



I'd like to leave you with one final thought. We are now in the age of Covid, when the risk of getting sick is arguably higher than it's ever been. Health insurance therefore ensures the financial wellbeing of employees. They can get the care they need when needed, without having to go into their already limited pockets, or non-existent reserves or savings. But importantly, what health insurance can also do is place them in a better position to look after their families.

I've been talking about the financial strain, the burden and responsibility, but I think there's an important aspect which we mustn't forget - that beyond helping family or extended family, that responsibility is also a great source of pride. So, clearly it seems that it makes business sense in terms of retention, productivity and even reducing levels of anxiety, to be there to help the helpers.

*by Paul Egan*

## We provide peace of mind about your health and your finances.



Day-to-day medical care is by far the biggest need of our members and makes up over 90% of healthcare events and over 50% of claims by value. We alleviate the financial impact of your employee's having to cover these costs themselves. On an ongoing basis, we keep a close eye on affordability and costs. We increase benefit limits in line with inflation and increasing medical costs to ensure that members can access the care they need.

## The financial impact of a health emergency can be extreme.



It is the unexpected high-cost and high-impact unexpected serious medical events that can affect your employees.
We understand the real cost of this care.
We cover most of these serious medical events or conditions that tend to require hospitalisation or specialised treatment in full.




### Care that's needed most often.

**How often do you need your healthcare benefits?**

Day-to-day medical care is by far the biggest need of our members, and makes up over 90% of healthcare events and over 50% of claims by value.

We ensure that you have comprehensive day-to-day cover that meets all your basic healthcare needs.

### Care that's expensive and can affect your health and finances the most.

**What would be the financial impact if you had to cover the costs yourself?**

We understand the real cost of care. Unexpected serious medical events or conditions tend to require hospitalisation or specialised treatment.

We cover most of these high-impact and high-cost events in full.

- Enjoy comprehensive benefits that ensure access to quality care when you need it
- Receive treatment on credit (without having to pay cash upfront), with 96% of claims paid directly to providers
- Have peace of mind with dedicated customer care support, including 24-hour assistance for medical emergencies





# Maziko Kumbani.

Maziko Kumbani is a conscientious and results oriented Finance HR and Benefits & Compensations expert. He is technically-savvy with extensive experience in payroll management, employee benefits and tax management. He is experienced in human capital management, financial management, pension administration, regulatory compliance, costing & budgetary controls, as well as general human resources.

Currently, Maziko is working as a Manager, People & Culture Shared Services, for Standard Bank PLC Malawi. In this role, he has played a lead in the implementation of key reward strategic projects and employee benefits strategies.

Maziko holds a bachelor's degree in Business Administration with a major in Accounting, obtained from the Malawi Adventist University.

# Health insurance - the new currency.

If you value something you want to protect it. Your health is linked to your ability to work and earn an income. Your health is linked to your ability to have a good quality of life and enjoy the things you work for.

> Without good health, pretty much everything stops.

My name is Maziko Kumbani and I work as a People & Culture Shared Services Manager for Standard Bank PLC in Malawi. Amongst other duties, I'm responsible for employee benefits, of which dealing with medical schemes is the order of the day.

Based on the exposure that I've received, I've learnt that your health is a prized possession and that once it's gone, it is very expensive or even impossible to get back.

This is why it's important for employers to ensure that their people have the right level of cover when it comes to health insurance. Having the wrong cover can break your employees, both financially and mentally.

Many health insurers offer cheap payments, but often these fail when it is time to put them to the test.



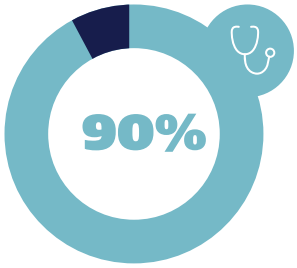
Not all health insurance is the same. It can be complicated, with many exclusions in the fine print. The job of managing employee benefits is very tough, as it requires one to navigate and make sense of volumes of complex documents, or to find the best solution for employees while balancing the cost.

The wrong health insurance can be a waste of money. The right one, even if it is more expensive, often pays for itself, especially when considering your employees' peace of mind and their productivity. They have the feeling that they are progressing in life, even when health knocks occur, because the right product can ensure they don't fall back in terms of lifestyle.




My role gives me the privilege to interact with people regarding their employee benefits and I receive quite a lot of feedback as far as medical aid is concerned.

For example, I administered a mini survey to understand how impactful our health scheme or health insurance has been on our employee's finances and there was a lot of exciting news that was shared. About 90% responded to my questions and only 10% did not respond to the questions.




I will now go into a personal story about a journey to childbirth and how having the right level of health insurance was key.



This is a message that came from one of our employees:

> **Our medical aid is quite vast, and it covers almost everything when it comes to medicare.**
>
> **The fact that we are not required to pay any excess, like how other people do in their medical schemes, makes it even more reliable and brings in the financial freedom that most people do not understand. In 2019, my wife and I had our firstborn child. I was so shocked with the total bill for her to stay at the clinic. When I checked with Liberty, they indicated that they will cover the whole amount, as well as all postnatal costs, once we were discharged. Without medical aid, I would have broken the bank to get that bill sorted.**

Well, the fact is, it's not the everyday cold or flu that is a problem, even though many people focus on a day-to-day benefit.

It's when people have a big life moment or must go into a clinic or a hospital, that the benefit of having the right insurance cover becomes clear.

These are the moments that can break your employees financially. We need to explain that in your case, having the right health insurer is critical. But more than that, having the right level of cover is a financial lifesaver.





Rather than focusing just on premiums, look at the needs of your people first and find the right solutions for them.

The question we all need to ask is, what are you going to do differently for your employees?

Your people are your organisation's biggest asset. You need to look after them and their financial wellbeing.

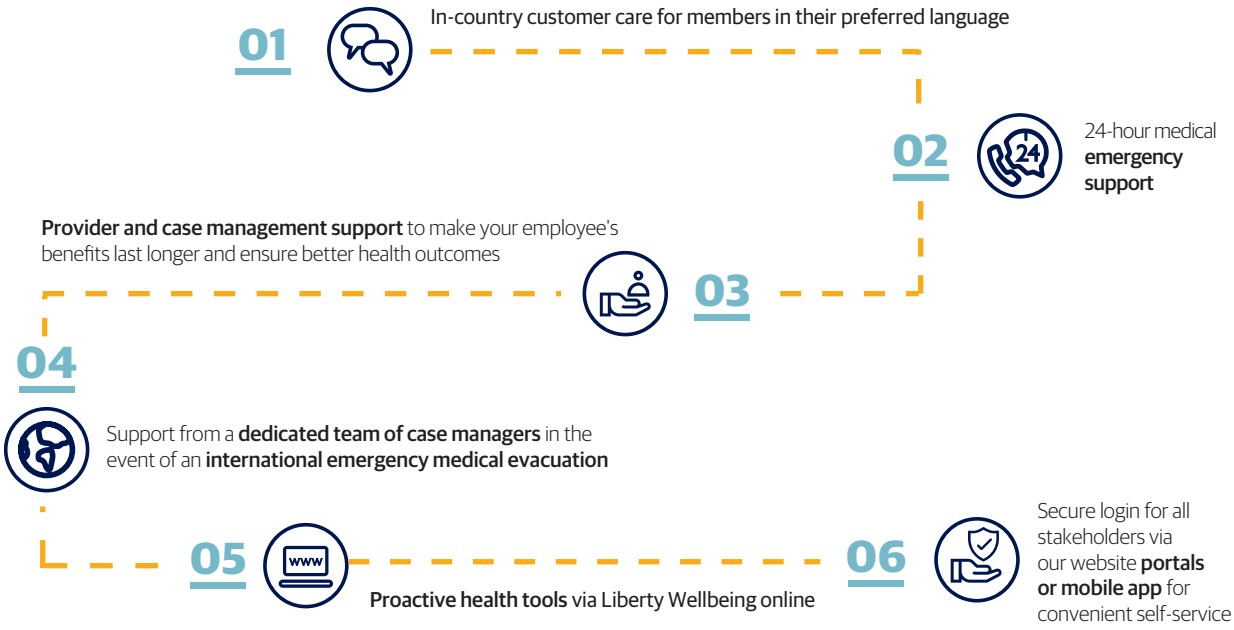
*by Maziko Kumbani*

Studies have shown that health insurance does not only bring financial freedom but also brings psychological freedom, as it takes away the uncertainties of getting medical support when needed.

We know that many health issues and events are unexpected and don't keep office hours. So, when it comes to access to service, support, your employee's benefits, claim and other healthcare information, it is time-sensitive, and you need to do this easily and efficiently.

We are here when you and your employee's need us: over the phone, in-country, in your language and digitally. We have invested in a wide range of services and support to enable you to be in contact with us when you need us.

Extensive support services and valuable features underpin our comprehensive offering.




**Our online self-service facilities and wellbeing portal provide secure access to policy cover- and health-related information and resources.**

How you benefit from our digital services and support

- ✓ Convenient 24/7 access to a wealth of policy information
- ✓ Faster response time to queries
- ✓ Saves time and effort
- ✓ Leads to better informed, healthier, more productive employees





# Gregory Rockson.

Gregory Rockson is the Co-founder and CEO of mPharma. mPharma is a vendor managed inventory and retail pharmacy operator with operations across seven countries in Africa: Nigeria, Kenya, Ghana, Rwanda, Zambia, Malawi, and Ethiopia. mPharma manages a network of over 500 pharmacies that serve millions of patients each year.
The company also owns Haltons, Kenya's second largest pharmacy chain.

Gregory received his Bachelor's degree in Political Science from Westminster College, was a PPIA Fellow at the Woodrow Wilson School at Princeton University, and a Rotary Scholar at the University of Copenhagen.
Gregory also founded the Big Brother Big Sister programme in Denmark and the Six Days of Peace Project in the Middle East.

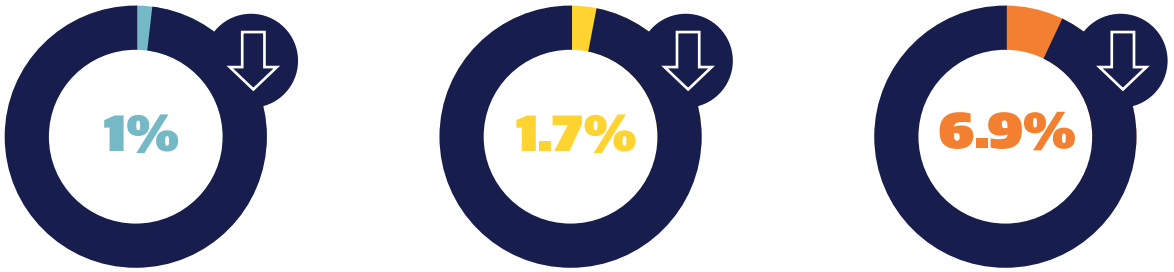
# Innovating how we deal with chronic conditions.

> Thank you for saving my life, the voice on the other line said to me.

This wasn't how I expected to start my Sunday. What surprised me the most was the identity of the caller.

It was my 77-year-old dad. Mr Rockson, as we call him, is famously stubborn for refusing to seek medical care when he is ill. He would instead let nature take its course, rather than go to the hospital. I decided to change things by having a lab technician go to his house to do a wellness check and the results from the tests were alarming.

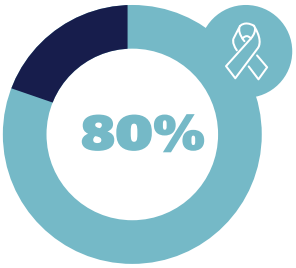
He had an HbA1c level above 12.5. His blood pressure had him on the verge of developing a stroke. Lucky for me, mPharma had established a chronic disease management programme to provide remote patient monitoring and coaching for people like my dad, who do not like going into hospitals. Within three months his HbA1c levels had reduced by 30%.

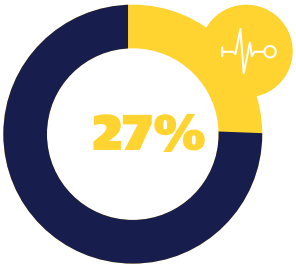



Research has shown that a 1% reduction in HbA1c is associated with a 1.7% reduction in total healthcare costs, and a 6.9% reduction in diabetes related healthcare costs.

My dad is just one of the millions of people who live with a chronic disease, but don't know, or cannot get care because of prohibitive costs.

Chronic diseases account for 80% of all deaths in low- and middle-income countries.




Over the next decade, the prevalence of chronic disease in Africa will increase by 27%.

The irony is not lost on me that this is the centenary anniversary of the discovery of insulin. However, millions of diabetic patients cannot afford insulin treatments.

At mPharma we are reimagining how we transform local pharmacies into chronic disease management hubs. We are linking community health workers to their local pharmacies, so that they form a care coordination team to serve their communities. Every diabetic patient that walks into a partner pharmacy can leave with a glucometer, at no cost to him or her.

They can pay a small fee to be assigned a community nurse who reviews their blood glucose results, and coaches them on maintaining or improving good glucose levels. The more adherent they are to care, the less they pay over time, through cashbacks and free HbA1c testing.





The annual supply cost for minimal care for diabetes treatments ranges from $255 in Pakistan to $1,185 in Burkina Faso. mPharma's Diabetes Testing Suite Programme lowers the cost to less than $180 a year.

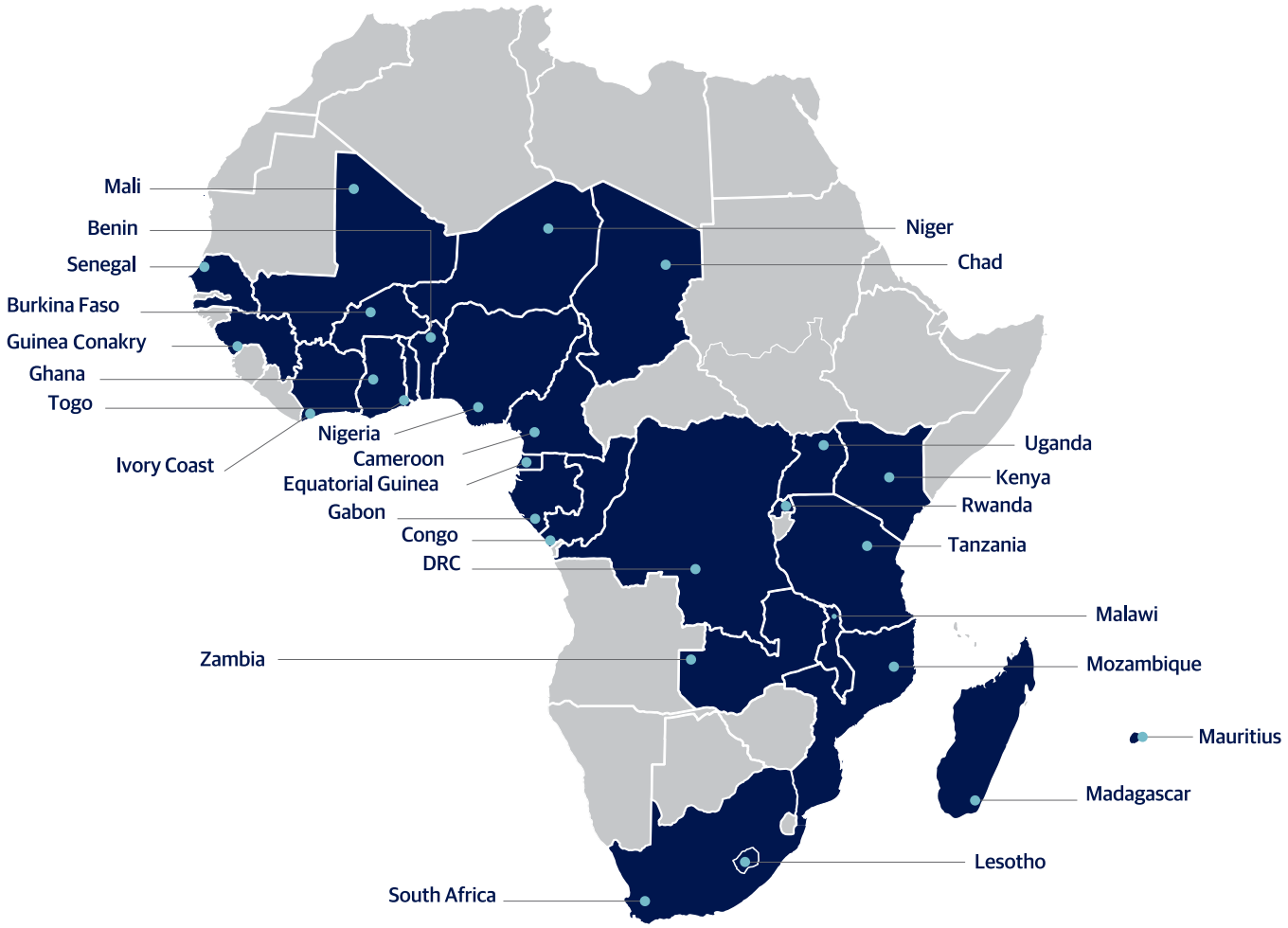
Over 80% of enrolees in the programme have improved or maintained optimal HbA1c levels.

The future of healthcare is one where everyone has access to a health coach. The health system needs to move away from treating illness, to providing wellness. Your local pharmacy should not be seen as just a drug dispenser, but as a wellness centre that promotes good health. Your local pharmacy can actually become your health coach.

*by Gregory Rockson*

# Our scale is an advantage when it comes to providing cover for evidence-based affordable care.

With a presence in 27 countries in Africa, we understand the unique challenges of providing and getting access to reliable comprehensive and quality care. This is why, over the past decade we have invested in long-term partnerships with all stakeholders to build a sustainable healthcare ecosystem.






# At Liberty Health, we consider and invest in the entire health ecosystem so that this is sustainable and accessible.








## Roger Wiseman.

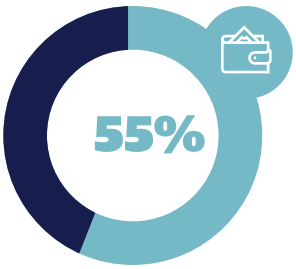
Roger is currently Head of Clinical Risk Management at the South African-based health insurer, Liberty Health. Over the past 20 years, his focus has been on the application of evidence-based medicine principles in promoting the rational, cost-effective and affordable use of medicines in the health insurance sectors, in both South Africa and across the broader African continent. He holds both a B.Pharm and an M.Sc degree from the Nelson Mandela University (formerly the University of Port Elizabeth), as well as a Postgraduate Diploma in Health Economics from the University of Cape Town.

Roger has been ministerially appointed as vice-chair of the South African National Department of Health's Tertiary/Quaternary Level Expert Review Committee and serves on the executive of the National Essential Medicines List Committee. Roger is a founding member of the South African Medical Journal's Editorial Sub-Committee for Guideline Review and has supported South Africa's Covid-19 response as a reviewer for the Department of Health's COVID-19 Essential Medicines List Sub-Committee.

# Clinical governance: changing perceptions in the delivery of sustainable health insurance in Africa.

> "Nearly $1.5 trillion of annual global healthcare expenditure is derived from out-of-pocket payments."*

In fact, the World Bank estimates that in 2017, out-of-pocket (OOP) expenditure for health services constituted 55% of total health spending in low- and middle-income countries. As the economies of these countries develop and become less reliant on development assistance for healthcare financing and delivery, citizens of these countries are forced to resort to OOP expenditure.




This often leads to a reluctance in seeking healthcare services, thus negatively affecting clinical outcomes through the late presentation of life-threatening but potentially curable diseases. The self-financing of healthcare by means of OOP payments bares the risk of catastrophic healthcare spending, potentially rendering families financially destitute to afford these medical treatments. OOP health expenditure exacerbates both inequitable health outcomes and broader socioeconomic inequality.

* Institute for Health Metrics and Evaluation IHME. Financing Global Health 2019: Tracking Health Spending in a Time of Crisis. Seattle, WA: IHME, 2020.

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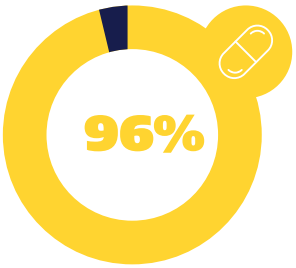
# Making Africa healthier, together.

As a health insurer focusing on insurance solutions for multinationals, clients and small-to-medium enterprises across Sub-Saharan Africa, we believe as Liberty Health that we have a significant role to play in developing health care systems through Africa. Having established a significant network of approximately 7000 healthcare providers across the continent, we have been able to ensure that patients are able to access healthcare on credit through direct payment to these providers.



**7000**
healthcare providers across the continent

In fact, over the course of 2020, 96% of all healthcare services required no payment at the point of care.




This statistic, on its own, fundamentally impacts the lives of thousands of people, positively influencing the timeous delivery of care, impacting on patient outcomes and preserving their financial well-being.

Today, I'd like to challenge your perception around delivering sustainable health insurance in Africa and how rational decision-making is a key differentiator and enabler of this process.



## Crash Test



When you buy a new car, key to this decision is an assessment of safety - there are a variety of ratings for new cars - the Euro NCAP score, for example. We know the number of air bags it has, whether there is an anti-lock braking system, seat belts and stability control systems. We assess the safety for ourselves and our family and factor this information into our purchasing decisions.

**Yet do we afford the same level of due diligence to the medicines and interventions we buy?**

As we see to seek to contribute to the delivery of care in a sustainable manner and fulfil our vision of forming long-term partnerships with our clients to improve the health status of the continent, there is a requirement for enhanced decision-making in the benefits offered and funding decisions made.

More so than ever, as the flow of medical research surges towards the notion of 'More is Better', and where the cost of care continues to rise exponentially, we need to know:

- Which interventions work and which don't?
- To what extent do they work?
- And which interventions are harmful?



## Evidence-based medicine

Applying evidence-based medicine principles to funding decision in the health insurance environment is one such approach to rational decision-making that we believe is fundamentally important to attaining this vision.

In the environment of healthcare financing, there is always a tension between the delivery of care and the funding of care. Irrespective of which healthcare sector you are exposed to (public or private), healthcare needs are infinite, financial resources are limited and there are competing interests.



Perhaps we would like to operate like Donald Trump – in that you're really rich and you can pay for everything! However, as funders and purchasers of healthcare, we must decide on how to spend money in the context of these competing interests. This calls for transparency and accountability in decision-making and a fairness in the way resources are allocated.



In the funding context, it is easy to say yes - giving people what they want is the path of least resistance. The problem goes away and no questions are asked. It's in the no that lies the key differentiator in delivering sustainable, high-quality care in Africa - which ultimately elevates the health system for all citizens living in the various regions.

Never before has the importance of applying evidence-based medicine principles been made so prominent than this time of COVID-19. A time which has been characterised by uncertainty and fear - much of which has been fueled by social media and misinformation.



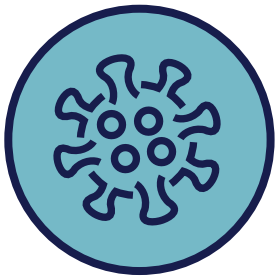
Here are two contrasting examples and how, in an attempt to find quick fixes, we've allowed ourselves to be influenced by the political elite and social influencers, who spread their opinions, whether fact or fiction, through both conventional and social media:

# 1 Hydroxychloroquine



Firstly Hydroxychloroquine - a widely available, inexpensive medicine that has been around in its current format since the Second World War. Effective for the prevention and treatment of uncomplicated malaria and is also useful for the management of other chronic inflammatory diseases.

The urgency of a pandemic has made conditions abnormal in the extreme. Faced with intensive care units full of severely ill patients, physicians became impatient, waiting for published statistics, before their patients become one. Enter the likes of politicians, like former American President Donald Trump, who get involved looking for progress, or at least something to signal the problem was being dealt with.



And here was Hydroxychloroquine. Viable. Safe. Available. Inexpensive. What more could you ask for? As time passed, and we allowed a more systematic, evidence-based approach to be followed in the evaluation of a medicine, doubts started to emerge around whether in fact this drug was of any value.

There has been much criticism around the involvement of politics in science and the results of the landmark Recovery Trial: a large scale, global randomised controlled trial designed to evaluate a variety of possible treatments for COVID-19 demonstrated that the use of Hydroxychloroquine offers no benefit in reducing the incidence of death in patients with COVID-19 infection.



To the extent now, that governments are asking for a refund after having stockpiled substantial supplies of Hydroxychloroquine. Patently a wasteful allocation of resources that could have been avoided through the application of a rational and systematic approach to resource allocation.

While governments have wasted money for stockpiling supplies of Hydroxychloroquine for COVID-19, we must also reflect on the opportunity cost for those patients with non-Covid cases, whose access has been constrained through the redirecting of resources for this futile purpose.

As Professor Philipp Rosof, of Duke University Medical Centre in the US, was quoted in the a recent British Medical Journal, advocating for "the supposed benefits of an unproven therapeutic when the sole justification is the desperation of the situation, and the relative 'safety' of the drug is inherently dishonest, and (hence) ethically problematic."

*by Roger Wiseman*

# 2 Dexamethasone



Let's contrast this with Dexamethasone - a potent anti-inflammatory medicine and one that has also been in existence for many years. Inexpensive and one not subject to the many patent controversies. A drug where there has been far less media hype. However, the same Recovery trial, published in June 2020, showed that the use of Dexamethasone reduced the rate of death in hospitalised people needing ventilation due to severe COVID-19 infection by a third, and by one fifth in people treated with oxygen therapy. It also revealed that there was no benefit in using Dexamethasone among people who did not require oxygen.

As a result, global practice guidelines have been amended to incorporate Dexamethasone as a standard of care in hospitalised COVID-19 patients requiring oxygen. Since then, for every 15 people treated with Dexamethasone who meet these conditions, one additional life is saved. In fact, the British Pharmaceutical Journal estimates that the use of Dexamethasone during this Covid pandemic has saved more than 1 million lives.

These examples demonstrate the importance of clinical data in rational decision-making and its power to positively influence the allocation of resources. It shows us how external pressures, impatience and competing interests can result in wasteful expenditure.

Rational decision-making is also fundamental to ensuring the relevance of the benefits offered. Again, COVID-19 has presented another example of where we, as Liberty Health, have needed to reflect and remain true to our evidence-based medicine approach in offering a health insurance solution. Against the backdrop of pandemic illnesses being a standard policy exclusion, we have seen the need to shift our approach to allow beneficiaries access to health services for the management of COVID-19 related complications, to ensure that patients have access to appropriate COVID-19 testing and at once available, we are able to fund the administration of vaccines by accredited private healthcare providers in key, high-risk patient groups.
Throughout this process, we have sought to align with the work and recommendations of leading international health authorities, including the World Health Organization and the American Centres for Disease Prevention and Control. This has been key to ensuring access to clinically relevant care in the context that allows for financial sustainability.



From our perspective, health insurance is more than just an employee value proposition. Certainly, better employee health leads to improved productivity, but it's about ensuring that the policy that is offered pays for what makes a difference in the context of where people live, and at a time when they need it and, if it is not where they live, then getting people to where the healthcare is.

As a testimony to this, during the 2020 benefit year despite COVID-19 restrictions, we were able to transfer more than 320 individuals from their hometowns to larger centers to access more specialised care where it was clinically needed, but not locally available.





And secondly, there needs to be a sense of comfort and assurance that when an insurer says yes to funding an intervention, that there is a confidence that funds are being directed towards interventions of proven benefits, with the intention of maximizing clinical outcome.

As I close, we have spoken about the detrimental impact of out-of-pocket payment, especially in low- and middle-income countries and the benefit that private health insurance can have on financial security of individuals as they seek care. We've reflected on the need for transparency and accountability around decision-making when funding healthcare and the need for an evidence-based medicine approach to support this.

And we have spent time looking at the importance of rational decision-making in ensuring the relevance of benefits offered.



So, ladies and gentlemen, whatever cap you are wearing today, we all seek to improve the delivery of healthcare in Africa, that we ensure access to relevant quality healthcare for yourself, your family, colleagues and employees on credit, and in times of need, eliminating the possibility of financial catastrophe in the event of unforeseen life altering health events.

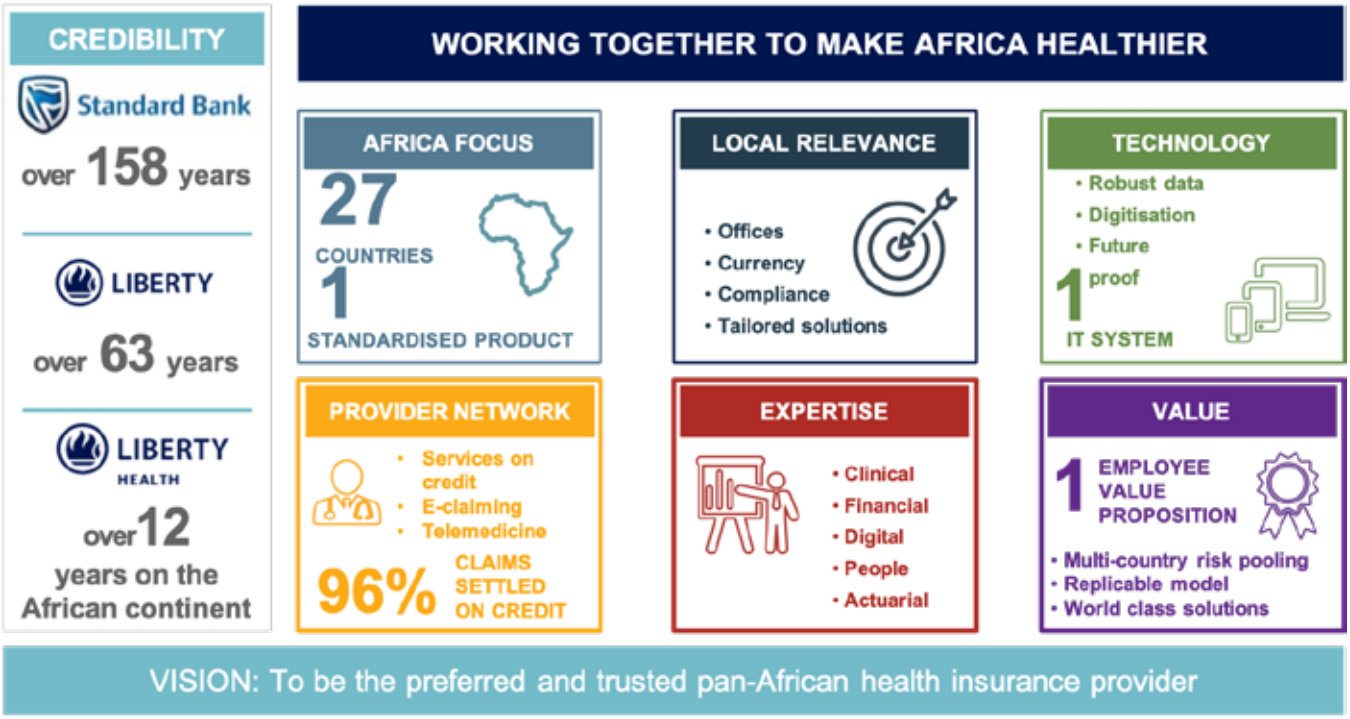
As employers, many factors will require consideration as you choose health insurance benefits on behalf of your employees. I trust that my engagement with you today has alerted you to the importance of rational decision-making in the delivery of healthcare and health insurance in Africa, and that product quality, fundamentally depends on the quality of decision-making, benefit design and long-term sustainability.

I encourage you to ensure that the principles of evidence-based medicine fundamentally underpin the health insurance policy to which you and your employees subscribe. Because ultimately, sustainable health insurance is founded on the triumph of rational decision-making for the betterment of health for the people we insure, as well as the communities around them.

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# Based on years of experience, local knowledge and clinical data in Africa, we have identified and understand what our members need when it comes to healthcare.




We provide:

- Sound clinical governance process to ensure quality of care
- Relevant benefits and generous limits
- Peace of mind about minimal out-of-pocket expenses
- Predictable premium increases
- Enhanced reporting and analysis capabilities to contain costs

# Where to next?

We hope you have found the information within this report both useful and enlightening. It is the result of the shared thoughts and expertise of six expert speakers from across the continent. They are real stories that bring real insights into the health status of the African continent. It is through these stories that we can learn and follow the best practices of how to make Africa healthier, together.

It is clear that our African middle-class are under extreme financial pressure.
This is over and above the physical and mental pressure that everyday life brings.
Thankfully, there is rising awareness around the importance of mental health on the African continent. It is up to all of us to break the stigma that surrounds mental illness in Africa. In order to create a healthy workforce, we need to make sure that the African middle-class is healthy in all aspects of life - mentally, physically and spiritually.

We need to create a system where health screening and health checks are accessible and frequent so that we can manage chronic disease before it becomes a huge expense, and a huge burden. We need to practice prevention rather than cure.

We are encouraged by the news that the COVID-19 vaccines have shown a positive impact in combating the spread of COVID-19. We need to highlight the scientific facts, and stop the spread of misinformation around the vaccine. We need a vaccinated population in order to manage this disease.

It is through rational thought, and rational decision-making that we can create a healthier, more resilient and happier Africa. A workforce that is empowered financially, physically, mentally and spiritually. And we as Liberty Health want to be your partner in creating this vision. We can do this together. We are all in this together. We want to help you build a better business together.

Look out for the next Health Africa event, where we will bring more stories from across the continent, and more insights from the front line that will help you make Africa healthier, together.

Visit libertyhealth.net for more information.