

May Podcast: Engaging the Private Sector in Expanding Health Services in Kenya *A conversation with Sonak Pastakia, Jefferson Science Fellow at USAID*

Bea Spadacini: Hello and welcome to USAID's Bureau for Global Health podcast. My name is Bea Spadacini and I am a Senior Communications Advisor to the Bureau for Global Health at USAID. This month's newsletter is focused on private sector engagement to increase access to health services. The involvement of the private sector in health can expand choice and provide seed capital for life saving products or services that need to be scaled up. The private sector can also be involved in the insurance market and complement public sector options or expand coverage to include more specialized services. Either way, there is substantial evidence that the private sector has an important role to play in health care. This holds true also in developing countries, where health care options may be more limited.

So today, in the studio, we have the pleasure to host Dr. Sonak Pastakia, a Jefferson Science Fellow with USAID. He is also an Associate Professor at Purdue University, an adjunct faculty at Indiana University and a visiting lecturer at Moi University in Kenya. Dr. Pastakia is also the Purdue University lead for the Academic Model Providing Access to Health Care (AMPATH). He will tell us a bit more about this fascinating program that links hundreds of health professional students across the United States with health professional students in Kenya and the role of the private sector in this unique model that ultimately seeks to strengthen local capacity.

Q: Today we are talking about the AMPATH project. Tell us a little bit about this.

Sonak Pastakia: So, the Academic Model Providing Access to Healthcare, which I will call AMPATH throughout, started in 1989 as a med school development project. So, with our early roots in providing medical education to start the second school of medicine in Kenya, we found ourselves very much immersed within this healthcare system. What happened without any planning, is that the HIV epidemic hit. So, very quickly - as we saw the toll of HIV take its toll on the population we were serving - we quickly transitioned from a program that focused on medical education to a program that focused on HIV. And we basically, from there, built out a whole health care system that was responsive to HIV. Through the support of the PEPFAR program and other funders within the U.S. Government, we have been able to build a holistic HIV program. From there, we very quickly realized that HIV was one of many health problems that people were facing in that region and so now, we have shifted from an HIV-centric program, to now a comprehensive, holistic health care system that addresses a whole variety of health needs within that community.

Q: So, tell me, who are the partners in AMPATH?

Sonak Pastakia: For AMPATH, what makes it unique is that we are a partnership of roughly about 15 universities of education within North America; that includes schools in Canada and also in the continental U.S. One of the things we have done is, instead of having each of these universities come in separately, we have put them under one umbrella organization of AMPATH and had them link directly with the medical school in Kenya and also the Ministry of Health. So, we are not like a lot of other partners - like NGOs or anything else - we are actually part of the Ministry of Health and part of the Ministry of Education, in that we do a lot of education collaboratively with Moi University and Moi Teaching and Referral Hospital, and we serve a catchment area of roughly 4.5 million people across Western Kenya.

Q: One of the things I wanted to know is what is the goal of this program right now?

Sonak Pastakia: The goal is to provide comprehensive services for the entire population we serve, and we do this through a unique lens in the sense that our goal is to improve population health. I especially emphasize this because most health care providers sit in clinics and wait for patients to come to them. When you start to take on this population health approach, that no longer works because you are not just concerned about the patients that show up to your clinic, you are worried about everybody in that community - and so, our goal was to improve the population level health of this entire community of people that we serve, of roughly 4.5 million people. In terms of partnerships, the only way that we could ever meet such a lofty goal is by working alongside numerous different types of partners. So, one of our biggest partners is USAID, and PEPFAR and a whole variety of other U.S. Government-funded institutions. Now, they fund very specific things, whether it is HIV, or TB or malaria. They fund those things, and if you are trying to create comprehensive services, you've got to fill in the gaps in between that because those three diseases are not the only things these populations are facing. So, what we have been able to do, is work with the Ministry of Health of Kenya to get funding for initiatives that they are interested in and also work with private sector partners. One of the things we have done is we've gotten our private sector partnerships to fund areas that others aren't funding. So, for example, our diabetes program started through a partnership with Abbot and Lilly. Our oncology program started with Pfizer, Lilly, Celgene and a whole variety of other private sector partners. So, what we have been able to do, is bring together a whole variety of partners to create a comprehensive system that is seamless and fills in all the gaps for patients. Other partners like DowDupont and Abbvie have joined us in our goal to make population health a reality by providing overarching support for our program.

Q. Let's talk a little bit more about the private sector. You mentioned names of companies that are fairly well known; how hard was it to get them involved? What's in it for the private sector?

So this question about the private sector is one that is very interesting, because one of the things that we feared when we did this was that we expected a lot of these companies would try to compete with each other within our program, and one of the things that was absolutely amazing was how well these companies worked together - and I'll take a second to go over the example of diabetes, just because it is a perfect example of why you need different partners with different expertise to come together. For diabetes, there are multifactorial needs that patients have. They need medication like insulin which require refrigeration, they need lab devices, they need clinicians who are trained and what we have been able to do is partner the expertise of a lab-focused company like Abbott - which does a lot of diabetes diagnostics, whether it is blood glucose or a whole variety of others - with a company like Lilly, that has figured out cold chain for drugs like insulin. By bringing these partners together, we have been able to create a comprehensive system that responds to diabetes. Now the reason why this is even more unique is that, when we started doing work in diabetes in Western Kenya, nobody was doing work in diabetes for the most part. There were pockets of activity but, for the most part, everybody was focused on these other diseases that were getting a lot more attention. What we saw in Kenya was that there was a large burden of diabetes that was growing, without many answers and so, because of our unique relationship with partners like Abbott and Lilly, we have been able to address a disease that most others couldn't address and that most funders weren't looking at and so these partners have been crucial to us to actually bring up a comprehensive healthcare system that is responsive to the whole array of needs that patients have.

One of the big challenges when we started doing HIV care within AMPATH was that we made pretty good progress - and especially as funders like PEPFAR came along and USAID came along. The care that was being provided to patients with HIV was getting very good. A lot of other parts of the healthcare system weren't that good. You could see service for HIV patients - the drugs were there, providers were there, everything was there - and then you just go down the hall and look at the diabetes clinic and see patients who are waiting in line, traveling hundreds of kilometers and miles, to get to this one clinic that wasn't well stocked with drugs or lab supplies, and so we essentially needed partners to address this inequity because patients don't care whether they have HIV or diabetes. They just care about whether they have a need and whether you as a provider can help them solve that need and address it.

Q: I was wondering whether the private sector in Kenya, through this program, also helps to address the need in terms of insurance?

Sonak Pastakia: So, the next - and most exciting - evolutionary step for AMPATH is that now and over the years we have built HIV services, then we have added on diabetes, then we added on oncology and have basically added a whole array of different services that are very comprehensive in their nature. Now, the key goal for us is to create a system that is sustainable and is integrated into the national government health plans, so no longer are we waiting for an outside funder to set up the plan, we are trying to integrate everything that we do into the Kenyan government health care system. And this is where national health insurance comes in, which is one of the programs that the Kenyan Government has emphasized as a priority. And what the Kenyan Government has started is NHIF - the National Hospital Insurance Fund - which basically provides coverage for both in-patient and out-patient services.

What we are trying to do now with all these different partnerships, is create a unique program that can basically provide the full comprehensive health benefit to people who buy NHIF, and what we are basically doing is leveraging this comprehensive basic health care system that we built through AMPATH, with the Ministry of Health and all of these partners, to basically show patients that by this NHIF insurance program, that they will now have access to this entire comprehensive health care benefit. The thing that is very unique about this is that our calculations have suggested that - if we can get 50 percent of the population we are responsible for insured within this program - we will no longer need donors after three years, and we will basically be fully sustained upon the reimbursements from the Kenyan Government. So this has been our goal all throughout. We have never wanted to be donor dependent. We never had that in mind. Our goal was always to be fully sustained by the local infrastructure and the Kenyan Government and all the other local players - and now that vision is in sight. Through all these investments that have been made by the U. S. Government, other private sector partners, we now have a realistic chance of making a fully sustainable, comprehensive, high quality health care delivery model that could respond to the needs of over 4.5 million people and no longer need continued donor support from outside agencies.

Q: So, the private sector and the insurance component, where do they come in?

Sonak Pastakia: The private sector helped provide the seed capital to get these things started. Because setting up a diabetes program or an oncology program requires a lot of upfront capital, and so they have helped with that and now we are at a point where our infrastructure has risen to a point where now we can say: “We do not need you to continue supporting us”, and we have already started to transition out of that. What we actually need are the customers and the citizens of Kenya to start contributing to this program, and the way they start contributing is by buying an NHIF insurance and having the coverage to get reimbursed for these services that we provide.

Q: Are there private insurance providers?

So, this question of private insurance is very interesting in that countries like Kenya are going through a rapid transition, where they were very low income countries to now being low middle income countries and - even in some countries in sub Saharan Africa - becoming middle income countries. What you are seeing is that in the formal sector people - the people who have reliable jobs, salaried jobs, for the most part - all buy supplemental, private insurance. That has not been the population that we have focused on; but what is happening is that the rural, low income population that we have focused on is now transitioning to these higher income levels, so now they have private insurance and this governmental insurance, and we are basically adapting our program to be responsive to both. So, while private sector insurance is important, it still does not form the majority of the clients that we serve - but it's a thing that we are catering our program to just because it is important that we continue to remain responsive to people that we have served over the years.

Q: How do you engage the private sector? Do you have to do a lot of marketing to the private sector or is a bit of a natural fit, like you were saying?

Sonak Pastakia: One of the great things that we have had with this Academic Model - the first two letters of AMPATH stand for the Academic Model - is that through our academic institutions we have had a lot of collaborations. Indiana University was the first school that led this whole partnership. They have very close relationships with Lilly in Indianapolis because they are very close to each other and so, as we started to do more and more work in this domain, they got more and more interested and were actually very eager to help us in a variety of the things we were looking at. And so, it has basically been this academic approach and some of these networks that we have that have been the thing that made it relatively easy for us to start working with the private sector. We have also noticed that success begets success; once one partner comes in and demonstrates some level of success, other partners say, "Oh we want to help with that too." Lilly and other partners like Abbot have gone out of their way to bring in other partners within their networks to come and help with the parts of the healthcare system that we need assistance with. So, it's been somewhat organic, but at the same time we have had a very focused effort on bringing in this diverse group of partners so that we can meet the needs. We actually have a part of Indiana University Foundation: there is a person who is assigned to develop these relationships, and they have been instrumental in ensuring that the partners get what they need, and we get what we need and basically everybody's needs are met and - at the end of the day - the thing that is most important is that the needs of the patients that we serve are met.

Q: So, if I am a medical student listening to this podcast and want to be an exchange student with AMPATH to Kenya, what do I need to do and where can I find more information?

Sonak Pastakia: If you want to find out more information, you can go to www.ampathkenya.org and visit the website and the reason I specifically refer you to that website is that, if you are a medical student, you must be part of one of the 15 universities that works with us. All of the universities that send students to participate in AMPATH pay yearly dues to have this opportunity to work with us, and those dues go to supporting the overarching program and also ensuring that we provide training opportunities for other students in Kenya. So, it is not just a program that anybody can just sign up and go to. Our commitment is to the patients in Kenya and we basically even design our training program around that and so, if you are an interested student, please feel free to visit our website and see if you are linked to any of those schools - there is a good number of them - and if you are, please reach out to the point person who works with AMPATH and - even if you are not part of these schools - you can reach out to any of the point-people at those schools for more information, because we provide opportunities for research, opportunities in teaching and a whole variety of other opportunities that might allow you to get involved. But the easiest and most effective way would be if you are a student at one of our consortium universities. One visual that I want to give to any U.S. citizen that are listening to this: our program is vast. We serve a catchment population of 4.5 million people, and have 150,000 HIV patients who have ever been enrolled into our program. The primary clinic I work in serves about 20,000 HIV patients who come on a monthly basis. The visual that I want to impress upon anybody is that every day that I go into work I basically see people who would largely be ghosts if not for the support of the U.S. taxpayer, and so as we start talking about the value of U.S. investments in this, understand that all these people that I work with, all these people who are now contributing to the community in Kenya, would largely not be there today if not for the support of taxpayers. I don't think that's a visual you can

truly appreciate until you step into the workplace where I work. Just imagine your own workplace if everyone you work with basically would not exist in the next five years. That is what would have happened in places like Western Kenya if it were not for support from the U. S. Government. My last message is to actually thank anybody who has paid taxes, or has been supportive of the way that we as American citizens have been able to help people who would largely be dead or suffering if not for our support.

Thank you so much Sonak.

Sonak Pastakia: Thank you for having me!