

The Poisoned chalice in Healthcare: 'Task Sharing & Task Shifting'

I have had the great and humbling honour of working in government innovating around safe mother and child health in pastoralist communities, raising millions of dollars from development partners for access to safe reproductive services to youth and women in peri-urban areas in Africa and building a onetime largest and first corporate chain of community pharmacies in Sub Sahara Africa and outside South Africa.

The catastrophe and disaster of drug misuse, drug abuse & inappropriate drug use

I would like to bring to the attention of PJK readers that we are witnessing a catastrophe and disaster of drug abuse and misuse that is leading to loss of lives and livelihoods of Kenyans and indeed Africans in great proportions.

This catastrophe is inadvertently and actively perpetuated by:

1. Professionals who lease their licences to investors and donors without giving a care to the levels and practice standards of care being offered.
2. Professional societies in healthcare who have not taken up the role of benchmarking Best Practice Standards abroad, tropicalising and modelling them in the peculiar local set up.
3. Governments and regulators allowing for aid/support in private & public health programs without ensuring that practice standards of highest level of care as promised by Kenya 2010 Constitution, Article 43 (1) (a) are available. That structures or support needed to be given for upholding and promoting Best Practice, Public Interest and Professionalism in healthcare are enshrined in the donors & investors project designs.
4. Donors & Investors who in their quest to help are also conflicted at how to make their 'forex' count by making healthcare accessible but quickly get their return in a short time. They then are only left with the agenda of task sharing and shifting to reduce standards from Best Practice to accommodate 'realities' on the ground.
5. Public and payers of healthcare who now are getting sub-par quality of care than their counterparts in industrialised and developed countries are now left seeking healthcare that is price sensitive and getting short changed. Forgetting that they are guaranteed

healthcare of the highest quality by Article 43 (1) (a) of the Kenya Constitution 2010.

What is task sharing and what is its impact in this catastrophe?

Task sharing or shifting in our Kenyan set up, is when in the quest to increase access to essential services the project or investment funders seek to move services offered by higher cadres to lower cadres of healthcare workers either because the higher cadres are not available in good numbers or even accessible.

Monitoring medication use, medication reconciliation during admission and discharge of patients, collaborative & independent prescribing, pharmacokinetics and genomics among others are key to getting the right clinical, economic and quality of life outcomes from the indicated therapeutic options given to patients. These, due to task sharing & shifting are now not featuring in meeting the patients drug related needs as they are not only not being done by pharmacists when initially devolved to the technologists, but are now being done by non pharmaceutical professionals and leading to thousands of premature, accidental, undocumented and preventable deaths and morbidities.

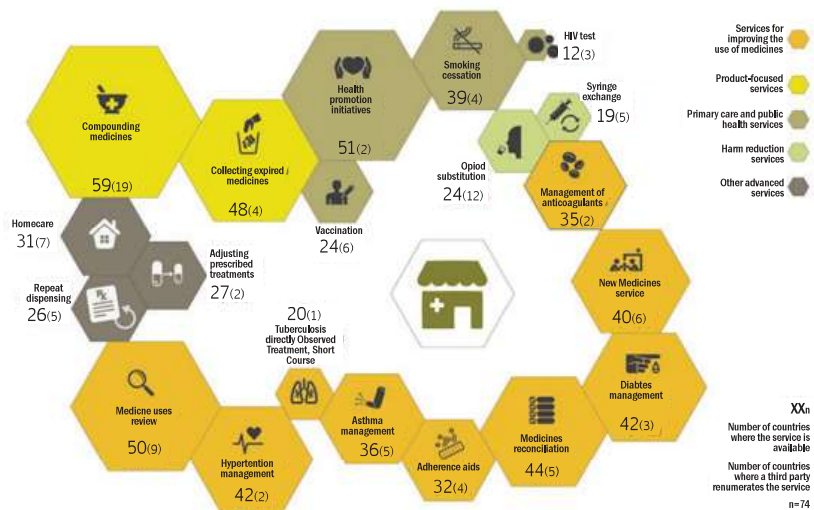


Figure 1: A sample of services offered at the Community pharmacy level by responsible Community pharmacists in developed countries. These pharmaceutical care services guarantee the healthcare system the best bet at getting the intended Clinical, Economical & Quality of Life outcomes & highest quality level of care to its citizens. These services are as captured in page 12 of the Pharmacy At A Glance 2015 – 2017 report by the International Pharmaceutical Federation FiP.

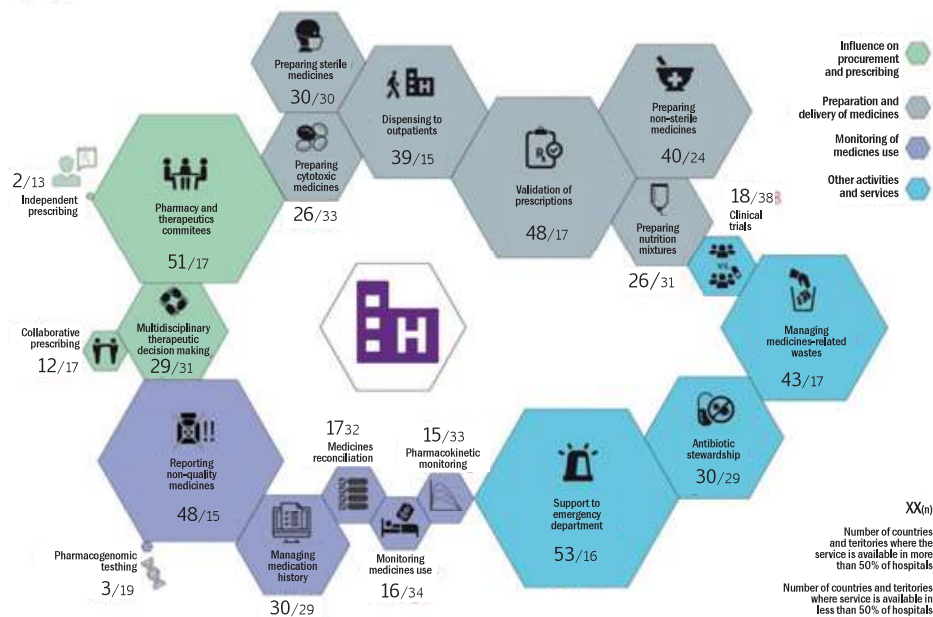


Figure 2: A sample of services offered at the Hospital pharmacy level by responsible hospital pharmacists in developed countries. These pharmaceutical care services guarantee the healthcare system the best bet getting the intended Clinical, Economical & Quality of Life outcomes & highest quality level of care to its citizens. These services are as captured in page 14 of the Pharmacy At A Glance 2015 - 2017 report by the International Pharmaceutical Federation FIP.

The catastrophe and disaster of drugs misuse, drug abuse and inappropriate drug use as occasioned by this task sharing & shifting in pharmaceutical care is now manifesting through:

- High numbers of Kenyans living with drug related and induced mortalities and morbidities because their 4 drug related needs are not being met i.e. they are not accessing the qualified cadre of pharmaceutical professionals who can guarantee them the i. Indicated ii. Effective and iii. Safe medication in a manner that ensures iv. Compliance.
- Proliferation of unregistered healthcare premises and professionals (Quacks)
- Proliferation of counterfeit products (between 10% to 40% in Africa),
- High cases of drug abuse
- High cases of drug misuse
- High cases of inappropriate drug use
- High Cases of Antibiotic resistance
- High and growing rate of unemployment of higher & mid level cadres of healthcare providers (right now we have over 1,500 medical officers, dental officers and pharmacists unemployed not to mention thousands of

mid level care providers). The rate of unemployment within the high level of care cadres is at the rate of 1,000 per year

Conclusion

It is time that all the stakeholders in healthcare sat down and started having bold discussions around the issue of task sharing and if it has a role in African and developing countries where technology and skills are available in plenty and only place where this is being practiced the world over.

I particularly have witnessed how a focus on Social Impact outcomes such as i. Clinical (are patients getting and

staying better) ii. Economic (are patients consistently accessing quality and affordable healthcare that gets it right the first time) and iii. Quality of Life (are patients productively living with their ailments) has allowed for the Financial Return on investment (ROI) being met. However the magic number for a proper monetary ROI is an investment horizon of over 15 years.

Some will say, but no - we have seen others do it in a shorter time! The only way to achieve the 'double your money' return in a shorter time period is by selling the project or investment to an unsuspecting buyer - whom you will have to inflate the outcomes and impact - further compounding the mess - now they will have to push for further lowering the standards thresholds to get a descent return on their investment. Let us break out of this negative cycle and do things right the first time.

Readers now need to engage in research and interventions that seek to shed more light into this matter and how Africa can get Universal Healthcare Coverage that is sustainable. No need in the next round of donor funding and investments in healthcare to take us lower, we can change that tide - we all deserve better! It is the right thing to do!

The Professional Societies in Healthcare as well as other stakeholders should also support the Government with reviewing and implementing the Ministry of Health Norms and Standards as well as crafting Best Practice & Expanded Care Packages, Standards and Guidelines to spur innovation and investment in the higher cadre healthcare workers segment, academia, access, practice & business models, public health programs and PPPs towards affording Kenyans and indeed the African citizens, Healthcare of highest quality that is effective, efficient and sustainable.

Dr. Louis Somoni Machogu is the Pharmaceutical Society of Kenya President

Is the pharmacist doing enough about cancer?

The pharmacist has increased their scope over time, from the narrow dispensing role to a wide range of services aimed at promoting patient care. More recently, discussions have moved towards deeper involvement in managing non-communicable diseases such as heart disease and cancer. This presents the opportunity for the pharmacist to include activities such as cancer-screening in their practice. For decades pharmacists have been involved in conducting important tests such as blood sugar, blood pressure, as well as counselling patients on health matters.

Patients often visit pharmacies for health information, making them an important first port of call. In addition, the pharmacist continues to play an important role in preventive medicine across different areas, including advising on identification of toxic chemicals in plastics, lead in paints found in household items and children toys, as well as acrylamide found in crispy baked foods. These roles are particularly important when one considers the increasing influx of plasticized items from China, whose disposal mechanisms are not fully elaborated. These may end up in ground water, or get burnt and create new hazards all together, predisposing communities to carcinogens. Community pharmacists can play a vital role in promoting public awareness on prevention and screening and educating the public on cancer prevention among vulnerable populations like those in the jua kali industry. They can carry out risk assessment within the pharmacy setting and refer where required. A comprehensive approach to cancer management within Kenya's universal health care (UHC) plan provides opportunity for those who may be interested in cancer.

In hospitals, oncology pharmacists provide evidence-based, patient-centered medication therapy management and direct patient care to cancer patients, including treatment assessment and monitoring for adverse drug reactions and interactions. The fight against cancer requires an all-inclusive approach that begins with clients having proper information on risk factors.

Sadly, the emphasis on purchasing costly radiation equipment across the health system downplays the importance of focusing effort towards prevention. This creates perverse profit-chasing incentives that seek to cash in on the increased numbers of cancer patients, putting professional ethics to test. A robust UHC plan should emphasize preventive and curative services in equal measure. The Pharmacist has knowledge of drugs as well as skills in engaging the public on cancer. Pharmacy training covers a wide range of areas, most of which remain underexploited by the pharmacist. As opportunities in the traditional practice fields reduce, specialization becomes the inevitable pathway. Pharmacists are expected to meet current and future demands through continuous professional development, which should catapult them in a certain trajectory.

Cancer research is a wide area with numerous opportunities. With the recent focus on the use of natural products in cancer treatment, pharmacists have the opportunity to exploit their knowledge and skills in medicinal chemistry, and drug discovery and development. Carcinogenic substances are not confined to laboratories or industries; they are increasingly finding their way into our kitchens and places of work. The pharmacist specialized in toxicology becomes an asset in the creation of a bank of toxicants associated with cancer within our context. Establishing a Material Safety Data directory that includes all our local foods and plants may help address unanswered questions on what could be contributing to the increased cancer incidences among rural populations, most of who consume fresh farm produce that is seen to carry lower risk.

Obesity is a major risk for endometrial, esophageal, liver, kidney, pancreatic, breast and ovarian cancers. The increasing incidence of obesity is linked to lifestyle changes associated with urbanization and increased uptake of processed 'junk food'. Convenience, access, and enhanced taste and affordability of fatty foods have contributed to parents making poorly informed decisions on nutrition for their children. This has resulted in increased incidences of diabetes, cardiovascular diseases and cancer. Obesity is associated with chronic low-level inflammation, which can, over time, cause DNA damage that leads to cancer. Adipose is similarly known to produce excess amounts of estrogen, high levels of which have been associated with increased risk of breast, endometrial and ovarian cancers.

According to the American Society of Clinical Oncology, more than 14 million people worldwide will learn they have cancer in 2018, putting it shoulder to shoulder with other global pandemics. With science moving from treating cancer patients based on tumor site to treating based on the tumor's genetics, the pharmacists are challenged to explore the role of genetic therapy and develop it as an area of work. The world is changing fast and the dynamics surrounding our DNA appears to hold answers to many of our health problems.

Natural products have a potential to help solve health problems, including cancer. Recent studies indicate that cannabinoids from cannabis sativa may have some value in cancer treatment as well as helping to regulate memory and pain, energy metabolism, heart function, the immune system and reproduction. Are we able to study these and other plant and animal products in our context? Opportunities for exploration and drug discovery present opportunity for the pharmacist. Pharmacy practice requires continuous infusion of new knowledge from pharmacists to strengthen the profession. The Pharmacist needs to identify emerging opportunities in order to increase their value in the fast changing world.

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