

TANZANIA HEART INSTITUTE (THI)

“From the Heart to the Heart”

www.tanzaniaheartinstitute.org

THE JOINT STATEMENT ON STRATEGIES TO FURTHER DEVELOP MEDICAL CARE FOR HEART AND RELATED DISEASES IN AFRICA 10th – 22nd JANUARY, 2011

Following a meeting of African Heart Surgeons, Cardiologists, Perfusionists, Biomedical Engineers and Cardiac Nurses held in Pretoria South Africa, under the auspices of the Amayeza Abantu Medicals (sole distributors of St Jude Medical products in Sub-Saharan Africa) from November 22nd – 27th, 2010, it was agreed that an inaugural committee should meet at the Tanzanian Heart Institute. The committee comprised four members, Dr. Ferdinand B. Masau, Thoracic and Cardiovascular Surgeon from the Tanzania Heart Institute, Dar-es-Salaam-Tanzania (Chairman), Dr. Adamu Yahaya Baba, Lecturer and Consultant Cardiothoracic Surgeon from National Hospital (The Presidency) Abuja-Nigeria (Member), Dr. Hellen K. Nguchu, Consultant Cardiologist from Karen Hospital, Nairobi- Kenya (Member) and Dr. Albert Nana, Consultant Cardiovascular Surgeon from Cameroon and presently Consultant Thoracic and Cardiovascular Surgeon Edith Cavell Clinic, Brussels, Belgium, (Member).

The members met in Tanzania at the premise of the Tanzania Heart Institute from 10th to 22nd January, 2011 under the sponsorship of Dr. Ferdinand B. Masau and the Tanzania Heart Institute who provided free accommodation, food and local transport to all participants (members and non-members). Other participants of the Amayeza Abantu meeting were able to attend under the invitation of the Chairman, Dr. Ferdinand B. Masau. These included Dr. Delia Ibrahim Zira, Lecturer and Consultant Cardiothoracic Surgeon from Ahmadu Bello University Teaching Hospital, Zaria-Nigeria, Ms. Thuli Madiba, Clinical Perfusionist from Johannesburg General Hospital, Parktown-South Africa, Mr. Mohammed Umar, Certified Cardiovascular ICU Nurse and President of Nigeria Nursing Association from National Hospital, Abuja-Nigeria, Mr. Dogo Manasseh Alatu, Biomedical Engineer cum Perfusionist from University National Hospital, Abuja-Nigeria.

Dr. A. Thomas Pezzella, Cardiovascular Surgeon, Founder and President of the International Children's Heart Fund and former President of the World Heart Foundation from Worcester, Massachusetts-USA who was visiting the Tanzania Heart Institute during that time was also invited to participate in the discussion and give his extensive and experience in global cardiac surgery programs.

Also invited in the discussion were some senior officials from the Tanzania Heart Institute, Mr. Joel Deus Sasabo, MBA (former Director

of Business Support Services) and Rev. Andrew Mwanja, MA (Administrative Manager).

It was agreed by the participants that the outcomes of this meeting be disseminated to our institutional and government leaders for information and action. Cardiac centers and Cardiac Programs in process of being established in Africa both government and private need and should be supported by local and international institutions and more importantly local governments and their leaders and their organizations.

Also, it was suggested and agreed by the participants that the next meeting be held in Cameroon under the sponsorship of Dr. Albert Nana and his institute in cooperation with the Cameroonian government. Otherwise, any member of the committee and his or her institution is invited and can volunteer to host the meeting.

The following is the resolution taken at the end of the meeting at the Tanzania heart institute, Dar-es-Salaam, Tanzania:

It was reported that the African Cardiac Specialists forum held in Pretoria (South Africa) at the Amayezwa Abantu Headquarters at the end of last year noted that cardiac programs in Africa were not faring well. Factors hindering implementation of the programs included lack of equipment, funds, non awareness of the public on the real capacities of Africa heart centers to conduct the programs, and patients being

unable to pay the costs and especially lack of cooperation among the team.

The Visiting Cardiac Specialists: Dr. A. Thomas Pezzella – Founder/Director of International Children’s Heart Fund (ICHF) based in U.S.A; Dr. Zira Delia - Lecturer/Consultant Cardiothoracic Surgeon – Ahmadu Bello University Teaching Hospital (Nigeria); Dr. Adamu Yahaya Baba - Consultant/Cardiothoracic Surgeon – National Hospital Abuja (Nigeria) and Ms. Thuli Madiba - Perfusionist - Johannesburg General Hospital (South Africa);

Mr. Dogo M. Alatu, Perfusionist cum Biomedical Engineer (Nigeria); Mr. Mohammed Umar, Cardiac ICU Nurse (Nigeria) jointly with Dr. Ferdinand B. Masau and the THI staff discussed and shared opinion on the strategies for further development of medical care of heart diseases in Africa.

Annual global mortality is 60% from heart and related diseases, non-communicable diseases (NCD). It was noted that financial support from governments and other sources of funds are directed to facilitate medical services for communicable diseases (CD), HIV/AIDS and malaria etc. This status has created a major challenge on how heart centre facilities can meet the higher costs of medical care.

Hitherto, cardiovascular disease was thought to be rare in developing countries including sub-Saharan Africa, but this trend is changing with an increasing disease burden of cardiovascular disease. In addition the

care for cardiac disease is unfortunately unavailable in most of Africa especially sub Saharan Africa.

Treatment of cardiovascular disease is not inexpensive added to this there is a dearth of heart centers in Africa and there is a strong need for the creation of a more functional heart centers. These therefore call for urgent need for the establishment and sustenance of functional heart centers in the region to curb this unavoidable surge in cardiac disease.

In the interim the United Nations is preparing policy to reverse this direction of cash flow in order to achieve balanced windows for both NCD and CD.

Heart centers and other medical facilities in Africa should plan to develop the sub sector along the following strategies;

1. Improve Communication among the heart centers.

Effective communication focusing on human resources communication and relationship counts in any business sector. Heart centers will reap the harvest, if they become involved in the state of shared new technologies, equipment procurement, and organizing surgery programs.

Communication can be done at various levels and categories e.g. public and private heart centers within a nation and countries. India and China have made significant advances in surgery programs for heart

diseases and related medical care, African countries need to learn from India and China's state of the art of heart centers facilities.

Modern tools for communication e.g. web sites, emails and face book, etc. should be effectively used by these developing heart centers for information sharing and other functions.

2. Medical Equipments Lease.

Medical equipment leasing allows developing heart centers to maintain a state of the art technology for health care facilities. They can afford the status within their limited cash flow. It requires no full down payments. The value of the equipment will be depreciated during the lease term.

Lease arrangement can be implemented in the equipment categories of cardiology, surgery, laboratory, monitoring ICU, CCU, and Examination rooms depending on the requirements of a given heart centre at that particular time.

It should be noted that medical equipment represents a greater investment of cash for any heart centre, so it makes sense to find ways to control cash flow by leasing or buying used equipment. This will maintain cash flow reserve for other expenditure, including remuneration of staff and purchase of drugs. Where possible heart centers can arrange to share the medical equipment.

3. Cardiac Surgeons and other Medical Staff in the Cardiovascular Health Sector.

Specialized cardiac medical staffs are very few in numbers in Africa. There is a major shortage of trained staff in private hospital facilities. Tanzania Heart Institute was mentioned to be a good example of a private heart centre, which trained its staff that later left the Institute to join public hospital facilities and some staff never come back after their training in USA. There is a need to train more staff with multiple skills for some of our staff, and up dating their knowledge and skills. However, private hospital facilities must ensure that the recruited and trained staffs are retained by all forms of motivation and signing of training bond.

4. Need for Medical Insurance Companies to cover Heart Diseases Care.

Insurance companies do not cover heart and related diseases in their medical schemes. The governments, civil societies, NGO's, and the hospital facilities must unite to educate these companies on the need to cover heart diseases Even if the annual premiums may be marginally increased to cover up the deficit. Heart centers can provide required information and act as a linkage by utilizing their marketing departments.

5. Effectiveness and Efficiency Management of Private Hospital Facilities.

Hiring and keeping hold of competitive human resources is one of the best management approaches, which should be adopted by all private hospital facilities.

This approach will normally be enhanced by a competitive pay structure implemented along a management approach that recognizes the importance of human resources in a business environment. The combination of these strategies can afford to retain competitive staff. A higher rate of turnover is cost to the organization.

However, the basic concept in this strategy is re-organization of structure. The private hospital facilities must adopt formalized, departmentalized, and decentralized systems and procedures. Supervisors and departmental managers must be empowered and delegated with adequate authority that is currently centered at the authority to the Chief Executive Officer.

6. Semi autonomy for running of special consumables/drugs, which are specific for heart surgery.

This concept applies to heart centers of Government hospitals. There is a need for the governing bodies of the hospitals to delegate authority to the management of the heart centers on areas of procurement and control of special consumables and drugs.

7. BUILDING COOPERATION AMONG AFRICAN CARDIAC PROGRAMS.

The committee members recognize the importance and encourage building cooperation among Cardiac specialists and their cardiac programs on the African continent.

It should be understood, it is needed and it is important for patients in Africa to be treated at the African continent. Various efforts must be done to improve and support current existing cardiac programs and establish new programs. Cardiac specialists on the African continent must build cooperation among themselves. Almost their problems facing their cardiac programs in their countries are almost the same. They must learn from each other through visiting, working together and assisting each other. Competition among them and their programs should not be an issue at the moment. The issue is building cooperation among themselves and their programs working together to tackle various challenges facing them for advancement of cardiac programs on the continent.

Signature

Dr. Ferdinand B. Masau
Chairman