

Capsules

Aspen revenue soars

Aspen Pharmacare has posted excellent results for the year ended 30 June 2009, which it attributed in part to 'unprecedented demand from the state sector' and a strong performance in its international division. Group revenue increased by 80% to R8.45bn while operating profit improved by 82% to R2.18bn. Both the South African and Australian businesses continued to perform well despite the economic downturn, group chief executive, Stephen Saad, said.

New vaccine development

Pharmaceutical companies Merck and Wellcome have developed a new model to bring vaccines to the developing world by creating a research centre, uniting industry and academia. They will each inject \$74m (R520m) into the not-for-profit centre over seven years. Research will concentrate on the development of new vaccines for diseases that particularly affect the developing world and the optimisation of existing vaccines, for instance, by adapting vaccines so they do not need refrigeration. The centre aims to carry products through to the critical 'proof of concept' stage: a step often not reached by vaccine candidates, as academic scientists who identify them frequently do not have the resources to develop them further.

AstraZeneca to expand in Africa

AstraZeneca SA is embarking on robust expansion plans to grow its presence in sub-Saharan Africa through the rollout of an investment and capacity building strategy. CEO, Dr Guni Goolab, has confirmed that the company is already operational in a number of countries in sub-Saharan Africa, including Nigeria, Ghana, Kenya, Uganda, Ethiopia, Tanzania, Mauritius, Seychelles, Botswana and Namibia. Originally managed by its UK operations, a restructuring within the group now sees the responsibility for these countries falling under the stewardship of SA, Goolab said. Other new markets the company will expand to include Angola and Mozambique.

Fedhealth moving up

Following a sustained period of growth, Fedhealth medical scheme is now in fourth place among the country's big five open schemes. In 2007 it moved into fifth position ahead of Spectramed in terms of membership numbers and last year it overtook Oxygen, which had held the fourth spot. In 2008, Fedhealth showed a membership growth of 6.1%. At the end of last year only three schemes were ahead of Fedhealth: Discovery with 865 433 principal members, Bonitas (258 910 and Medihelp (96 996). Fedhealth now has 87 259 principal members. Fedhealth has been given an AA- rating for the past two years by Global Credit Ratings.

US donates H1N1 vaccine to WHO

The US plans to donate 10% of its supply of H1N1 influenza vaccine to the World Health Organisation (WHO) for use in low-income countries. The nation has ordered 195 million doses of the swine flu vaccine, which is due to start arriving this month. The White House said it 'is taking this action in concert' with eight other countries. Other countries making donations are Australia, Brazil, Britain, France, Italy, New Zealand, Norway and Switzerland. Earlier, vaccine manufacturers, Sanofi-Aventis and GlaxoSmithKline, said they would donate 150 million doses of pandemic vaccine to the WHO. Global production, by about 20 makers in all, is projected to be 2-4 billion doses over a year.

Lancet opens in Kenya

Lancet Laboratories recently opened its doors in the Kenyan capital, Nairobi. Run by Dr Ahmed Kalebi, a Kenyan specialist pathologist who trained in SA, the pathology laboratory's offices are close to the Kenyatta National Hospital, medical training facilities and medical centres providing advanced infrastructure for specimen collection and delivery results. The laboratory is proudly Kenyan but is firmly linked to Lancet Laboratories' Johannesburg headquarters. As the major investor in this venture, Lancet Laboratories SA will provide full technical and logistical support and has also invested in fibreoptic links between Nairobi and Johannesburg to facilitate high-speed connectivity and real time communication.

Engagement, Innovative Solutions Key to NHI Success

The move towards the implementation of a National Health Insurance (NHI) system in SA offers healthcare providers the opportunity to come up with a world-class healthcare solution to the benefit of all the people in the country. But this will require all stakeholders to work together on proposals and models that will improve healthcare services in a sustainable way and openly and transparently discuss the many issues pertaining to the implementation of a suitable system for SA, said Dr Trevor Terblanche, director-general of the SA Medical Association (SAMA).

Presenting SAMA's position on NHI at the recent conference of the International Society for Pharmacoeconomics and Outcomes Research (ISPOR), Dr Terblanche urged providers to put 'economic self-interest' aside and be prepared to make short-term sacrifices such as cutting profit rates to ensure the long-term sustainability of a system aimed at providing universal access.



SAMA director-general, Dr Trevor Terblanche

"We must engage all doctors and key role-players and provide input in policy implementation and very importantly practical models to show that things can be done positively and better," Dr Terblanche noted.

However, key to ensuring the buy-in of healthcare professionals to provide services in an NHI system is an acceptable resolution of the Reference Price List (RPL) debacle and the Occupation Specific Dispensation (OSD) for senior and junior public specialists.

"The two issues are intrinsically linked as the OSD payment levels will determine the professional salary component of the

RPL," Dr Terblanche said. "If these issues are not addressed speedily, we will see a further exodus of doctors from the public sector and the country, making it impossible to deliver services as envisaged under an NHI."

He also warned against perceptions that the so called 'fat cats' will be able to fund the system through higher taxes, pointing out that significantly increasing taxes to fund the system will be unaffordable to the bulk of the country's tax payers who earn between R70 000 and R120 000 per year.

But while adequate funding will be critical to the success of the plan, there is a lot more that doctors can do in the meantime to improve the provision of healthcare services and cut costs such as the establishment of group practices as proposed in the ANC's NHI proposals.

"It is silly to have 15 GPs each with his own practice and equipment in one small area. Even if doctors are not located in the same building, they can still establish associated practices linked to satellite centres staffed by nurses and therapists trained to offer the additional services patients may require and where tests and scans can be done," Dr Terblanche said. Citing Medicross, Primecure and Carecross as examples of such integrated services; he said consideration should be given to apply these models to smaller provider groups.

According to Dr Terblanche, doctors need to use current best practices as their point of departure and make value-based decisions key to the way they practice.

This will require doctors to reconsider costly treatments and interventions that will only marginally prolong the lives of terminally ill patients.

"If you have a terminal patient and you can 'buy' two weeks with an intervention, is it justified to spend R2m if the money can be used more effectively elsewhere?" Dr Terblanche asked.

HASA Launches Best Care Initiative to Improve Quality and Safety

Hospital-associated infections (HAIs), such as those caused by the use of ventilators, central lines, catheters or surgery, are among the most common and serious adverse events in hospitals across the world, with nearly one in 10 hospital admissions related to these infections. Together with increasing antibiotic resistance, HAIs are a significant contributor to patient morbidity and mortality.

It's against this backdrop that hospitals within the Hospital Association of South Africa (HASA), together with key funders and clinical leadership organisations, recently launched a new collaborative initiative entitled 'Best Care...Always!' It is aimed at accelerating the pace and scale of quality and safety improvement initiatives in both public and private sector hospitals in SA.

"A few simple quality improvement interventions can make a marked difference to patient morbidity and mortality by reducing adverse events in hospital patients," said Dr Dena van den Bergh, chairperson of the 'Best Care...Always!' Task Team and HASA's Quality Committee. But to ensure effectiveness, these interventions require sustained implementation of evidence-based clinical protocols, teamwork and commitment from all providers.



The chairperson of the 'Best Care...Always!' task team and HASA's Quality Committee, Dr Dena van den Bergh

The initiative is based on successful international programmes including the Institute for Healthcare Improvement's '100k lives' campaign, the Canadian 'Safer Health Care Now' initiative and the World Health Organisation's World Alliance for Patient Safety.

Teamwork and industry collaboration

'Best Care...Always!' relies on teamwork between funders, doctors, nurses and hospitals, the pharmaceutical and medical devices industries and healthcare associations, Dr Van den

Bergh said. The programme has secured active partnerships with key professional societies specific to the interventions that will be focused on, including the Critical Care Society; Federation of Infectious Disease Societies; Infection Control Society and the Society of Anaesthesiologists.

It is focused on implementing a few procedure-specific clinical tasks known as 'bundles'.

When reliably performed together, these bundles have been shown to be highly effective in reducing patient safety events such as infection, to very low levels. Initial bundles include preventing ventilator-associated pneumonia, surgical site infections, central line-related bloodstream infections and catheter-associated urinary tract infections. A fifth pilot intervention on antibiotic stewardship has also been adopted using action research methodology.

Measurement criteria are in place for each intervention and a target has been set for all participating hospitals to develop the ability to measure and define a target for improvement within a specified timeframe.

Who can participate?

Any interested healthcare organisation is invited to become an active member.

Enrolling in 'Best Care...Always!' is straightforward and costs nothing aside from participants' willingness to fast-track the implementation of the programme and develop the ability to measure and set a goal for improvement within a specified timeframe.

The implementation of the programme is a call to action for all healthcare stakeholders to come together to find ways of improving quality and patient safety in SA," said Dr Van den Bergh. "By creating a partnership forum for multidisciplinary collaboration, we'll be able to share knowledge of interventions that really work in South African hospitals."

Parties interested in enrolling or sponsoring the initiative should call Dr Dena van den Bergh on 082-451-2284 or Dr Gary Kantor on 076-120-7560 or send an email to