UPSCALING OF RENAL CARE SERVICES IN KENYA 2019

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COMPANY BACKGROUND

Incorporated in 2003 to address the issue of reliable and affordable medical supplies.

Our team comprises of biomedical engineers, technicians, clinical instructors and various support staff. Total of 26

Our partners include Medtronic, Becton Dickinson, Pfizer, GE, Carestream, DWA, Internacional Farmacéutica

Our Customers include: Ministry of Health, KEMSA, County gov, WB, AFDB
DEMOCRATICS

Kenya’s current estimated population is 51 million: 49.7% male - 50.3% female

75% of the population is under 30 years old

Life expectancy is 67 years

Estimated incidence of ESRD is 250 per million = 12,500
TIMELINE OF EVENTS

2011
A task force to upscale renal services in Kenya was set up by the Kenya Renal Association (KRA).
There was strong patient lobby group pushing the government to improve the state of renal services in Kenya, especially HD.

2012

2014
A tender to equip and maintain haemodialysis units in all the 47 counties of Kenya and 2 national referral hospitals, was advertised by the government. Bellco (OEM) and Angelica (Implementing Partner) were awarded the contract.
Machakos county referral hospital was the first center to start offering dialysis services under the medical equipment services project.

2015

2016
The government of Kenya through the national health insurance fund (NHIF) began paying for dialysis services in the public sector.

2019
There are 52 dialysis center offering services across the national territory.
THE PARTNERSHIPS

- Ministry of health, Kenya – procuring entity
- Bellco/Medtronic – original equipment manufacturer
- DWA (Germany) – water treatment plan
- Luckmed – other functional units
- Angelica medical – implementing partner

Subsequent Partners

- Roche – anemia treatment and blood sugar monitoring
- National referral hospitals - clinical capacity building
- East Africa kidney institute – clinical capacity building
- Kenya renal association – clinical support
Challenges & Risks
- Government bureaucracy
- Infrastructure
- Human resource capacity
- International partner trust
- Financing

Mitigation
- Negotiate with individual county hospitals
- Expand partnerships – Training facilities
- Increase partnerships not covered in the contract to enhance patient outcome
- Letter of comfort from Kenya government
- Stakeholder consultation
After construction
Complete and functional renal unit
Water treatment plant
THE END