



Launching the “Kamba Ya Shanga” Project

While COVID-19 is seen as a major threat to healthcare systems and human life across the world, it has also created an opportunity to re-evaluate our healthcare environment, to fast track regulatory challenges that may have otherwise been slow to implement, and it has thrown up resources within our communities that were previously overlooked for the more traditional methods. The digital space¹ is an area, especially in South Africa, that was slow to be utilised but COVID-19 allowed for quick regulatory review to allow virtual consultation as both healthcare professional and patient attempted to choose safety over face-to-face consultations. While the lockdown in most countries saw the closure of many healthcare environments, pharmacies, which remained open even during hard lockdown, became the location of choice² for community members needing to access healthcare.

It is, therefore, logical to combine these two resources, the digital space and community pharmacy, to deliver a basket of services that could improve patient outcomes in the high mortality and morbidity conditions and those that drive high healthcare costs. This we believe could change the trajectory of chronic care in South Africa. It is also clear that any attempt to provide solutions to these chronic conditions, some of which we have been struggling with for more than 20 years³, requires a combination of healthcare professionals and resources. The ***Kamba Ya Shanga (A string of beads [Swahili])*** project combines the skills of the pharmacists (Independent Community Pharmacy Association-ICPA), the resource of a global biopharmaceutical company (AstraZeneca - AZ), a training platform, the technology of Medici and the referral network of the General Practitioner (GP) to provide this unique Asthma Programme. It is the first of many intervention models for patients that attempt to better manage chronic conditions as we progress towards Universal Health Coverage.

South Africa is ranked 25th worldwide for asthma prevalence and is ranked fifth for asthma mortality, with an estimated 18.5 deaths per 100,000 asthma cases⁴. The lack of appropriate diagnosis, treatment or access to care may be important considerations in tackling asthma morbidity and mortality in South Africa. Where patients do have access to medicines in both public and private sector, lack of knowledge, inappropriate medicine use, non-adherence to treatment, or simply poor patient management, outside of recommended guidelines, leads to unnecessary morbidity and mortality.

Studies by Kosse R, et.al (2019)⁵ concluded that mobile health interventions support self-management and adherence in daily pharmacy practice. It further supports contact between patients and pharmacists with proper reimbursement models. Both having huge potential to improve pharmaceutical care. Further, asthma education provided by pharmacists has a positive impact on asthma care, it improves medication adherence and



control, decreases hospital utilisation and has the potential to significantly decrease healthcare costs⁶. The Italian researchers of Manfrin and Krsha (2018)⁷, suggested that the use of standardised templates for Medicine Use Review (MUR) contributed to a degree of consistency and allows for easy replicability. An important area of intervention for pharmacists is to improve the quality of life (QOL) of their patients. Pharmacist-led counselling in the intervention group showed QoL improvement⁸ in terms of both physical activity and day-to-day activity.

Collaborative practice between community pharmacy (CP) and general practice (GP)⁹ has become the norm in many countries including England and Scotland. The findings from a review by Mubarak and colleagues (2019)¹⁰ established comprehensive evidence in support of the positive impact of collaborative practice between CP and GP in the management of asthma. The effective management of a structured CP/GP programme, combined with appropriate training and an effective data collection tool within digital technology can improve adherence and effectively help elevate the health status of a patient¹¹ and a community.

The ***Kamba Ya Shanga*** project allows us to create a new approach to multiple conditions, with the project having emphases on asthma care as the first joint venture.

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