Simon Hlungwani
DENOSA President, RN, RM
South Africa

Nursing Innovation in Primary Health Care
Outline

• Introduction
• Practice environment
• Growing disease burden in South Africa
• Economic dynamics
• PHC innovative practices
• Conclusion
Introduction

Innovative ideas are needed to ensure achievement of Sustainable Development Goals.

The aim of this presentation is to:

• Increase awareness of the importance and value of innovations in nursing.
• To provide an improved understanding of the nurses’ contribution to health care through innovation
• To increase understanding of the importance of creating environments that inspire innovation and help shape practice in new and improved ways.
In 2011, in line with a long healthy life for all South Africans, the Minister of Health signed a negotiated service agreement with four components:

- Increasing life expectancy
- Decreasing child and maternal mortality
- Combating HIV and Aids and decreasing the burden of disease from tuberculosis
- Strengthening health care system effectiveness
The primary focus was to alleviate hospital burden

Strengthening preventive and promotive health

Primary health care reengineering was initiated to strengthen health system effectiveness

This paper will highlight some of the PHC best practices that are currently being practiced in South Africa
Nurses within the health sector

• Nurses provide up to 80% of primary health care in most health systems across the world

• Therefore well positioned to provide the most needed innovative solutions to many global health challenges
Practice environment

• Health systems vary depending on the set up and economic status of countries e.g developing and developed countries.

• Developed countries are better resourced
  o Good health Financing
  o Better health systems in place

• Developing countries
  o Poor health financing systems
  o Constrained resources
  o Task shifting due to palpable staff shortages
  o Inequalities
Nurses impact

• Nurses globally have a major role to play in making an impact on the following areas,
  ✓ Health promotion
  ✓ Disease prevention
  ✓ Health care facility waiting time management
  ✓ Access to medication
  ✓ Effective referral systems
  ✓ Integration of indigenous knowledge to health care
Growing disease burden NCD (e.g.)

SA driving Africa's rise in diabetes

In Africa **14.2 million** adults between the age of 20 and 79 have diabetes.

In South Africa it's estimated **2.3 million** adults have diabetes.

South African women from 1980 to 2014

- Diabetes increased from **8%** to **13%**
- Body mass index increased from **27** to **29**

South African men from 1980 to 2014

- Diabetes increased from **5%** to **10%**
- Body mass index increased from **23** to **25**

BMI 25 definition of overweight and 30 is obese so:

- about half of SA women obese
- about half of SA men overweight

The commonness of diabetes is positively associated with being overweight or obese

The Risk Factors

- Being overweight
- Having a family history
- Being physically inactive
- Being 45 and older

The Health Costs

- Risk of death for adults with diabetes is **50%** higher than for adults without diabetes
- Medical costs for people with diabetes are more than twice as high as for people without diabetes

People who have diabetes are at higher risk of serious health complications:

- Blindness
- Kidney failure
- Heart disease
- Stroke
- Loss of toes, feet or leg

Graphic: Nolo Moima Source: Trends on obesity and diabetes across Africa from 1980 to 2014
Long queues in hospitals
Long queues in a clinic
PHC innovative practices

• Ward based outreach teams
• Exercise (sports and parks)
• Nurse led private clinics
• Promotion of Indigenous methods of care
Ward Based Primary health care outreach teams (WBPHCOT) strategy

- **WBPHCOT** is an organized team approach used for primary health care to enhance access to primary health care services.
- The system was also used in Spain, Cuba and Brazil.
- In certain provinces it is viewed as Community oriented primary health care (COPC).
- South Africa adopted the Brazil model.
- The Cuban model is also interfaced through Mandela - Fidel Castro initiative (scaling training of medical students).
WBPHCOT

• Teams of Health professionals are formed per designated area
• Houses in a village/township or municipality are divided into wards
• Assigned to a ward is an ideal team composed of:
  • Medical doctor
  • Professional Nurse
  • Physiotherapist
  • Community Health Workers (CHW)
  • Clinic committee (support structure and link)

• CHW are used to cover the most needed human resource gap
• Nurses work closely with CHW as their supervisors, trainers as well as to mentor and coach them
Ward Based Model
Use of technology

• The WBOT use technology such as e-health and cellphone apps that assist them to record history and diagnosis of clients

• The system link the health care user to the health care professional

• The technology enables all members of the team to access information that assist them to plan care better

• Communication between members of the team is enhanced
Nurse-owned Clinic

• Nurse driven entrepreneurial initiatives where nurses start their own private clinics with the aim of generating profit while increasing access to healthcare to needy communities (eg. Unjani clinics)

• Seed funding support made available

• Government provides essential support for services such as EPI & family planning medication

• Charges minimal fees in comparison to main stream private healthcare providers
Initiatives to combat NCDs

• The use of exercise parks (mushrooming in villages and townships).

• The exercise clubs (e.g. The aged soccer teams).

• Traditional dances and competitions with active involvement of community nurses.
Exercise: health promotion activity
Outdoor gym
Outdoor gym
Indigenous methods

• Back to basics- use of indigenous food to promote health

• Promotion of herbal gardens

• Increased use of herbal remedies (Moringa – a tree of life).

• Training of traditional health practitioners in aseptic technique (washing of hands, use of razor blades, use of disinfectants etc)
## Considerations

<table>
<thead>
<tr>
<th>Enabling Factors</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Embracing innovation by Nurses</td>
<td>• Media continuously tarnishes nursing image</td>
</tr>
<tr>
<td>• Encourage integration of indigenous knowledge systems</td>
<td>• Low confidence on the profession by community</td>
</tr>
<tr>
<td>• Investment technology that includes</td>
<td></td>
</tr>
</tbody>
</table>
Conclusion

• A supportive climate needs to be created by Countries/Organizations to encourage creativity and innovation activities.

• It is up us as nurses to embrace the idea of change through innovation and to make a concerted effort to become involved

• Our slogan should be “Nothing about us without us”
• Gracias
  • Mercie beaucoup
  • Obrigado
    • Baie dankie
    • Ndza nkhansa swinene

• Thank you very much
Follow @ICNurses on Twitter and use #ICNcongress on Social Media!