

Giving Africa's medical innovations a global audience



By Leigh Andrews

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What do the realms of TV, medical issues and Africa have in common? The *Med in Africa* show says Alex Jakana, Executive Producer, Editorial Partnerships for BBC Africa...

Africa's often seen a different category altogether to the rest of the world when it comes to the general state of our healthcare. But that's not necessarily a bad thing. The fact that we face different medical challenges here means we often come up with innovative solutions that are just not seen elsewhere across the globe.



Alex Jakana

Jakana tells us more about how *Med in Africa* highlights the continent's often innovative approach to medical dilemmas.

1. Firstly, tell us more about your daily responsibilities as Executive Producer, Editorial Partnerships for BBC Africa.

Jakana: In a sentence, my job is to bring BBC journalism closer to our audiences across Africa.

As the executive producer of editorial partnerships, my primary role is to establish bespoke editorial relationships between the BBC and chosen affiliates or digital providers in Africa. I also work towards maintaining and enhancing existing relationships, while at the same time broadening our portfolio of partners to include academic institutions.

My role has an ambassadorial aspect for the BBC in Africa as well. I take great pleasure in opening up the BBC and its values to audiences, institutions and broadcast affiliates.

2. Sounds interesting. Moving on to *Med in Africa*: How were the innovations for each show selected?

Jakana: We spent over three months doing research and talking to key players in the global health innovation sector in South Africa, Tanzania, Uganda, Ghana, Kenya and Cameroon. We were looking for innovations that were already in use or in their final pilot phases. Innovations designed to make a tangible difference in the lives of patients, their families and communities.

Our desire was also to showcase an approach to health care delivery that was designed with local needs and conditions in mind. For example, in Uganda we discovered the mobile Medical Male Circumcision (MMC) clinic, a mobile surgical van that provides residents in previously unreachable areas of Uganda with access to safe MMC.

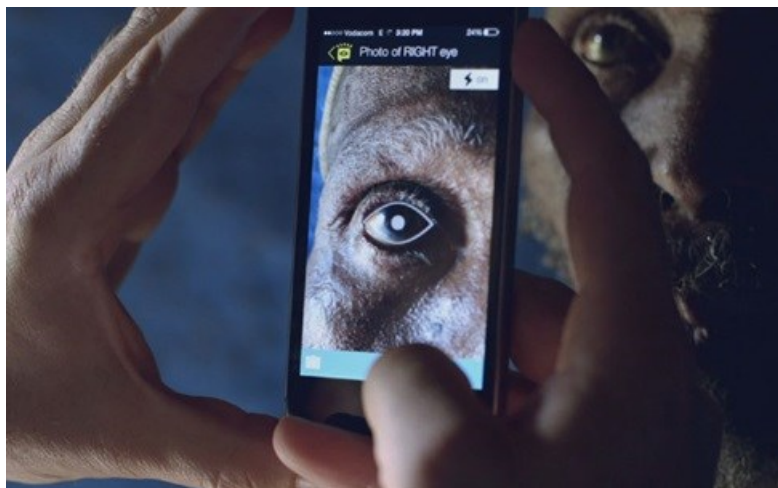
After we had drawn up a shortlist, we went out and visited each of the innovators/innovations before finally choosing them.

3. Good approach. Tell us a little about the South Africa-centric shows, in particular.

Jakana: In the first episode of *Med in Africa*, the team travelled to South Africa to find out about an innovative app that's connecting health workers in rural eye clinics to some of the country's leading eye specialists in the major hospitals.

The free Vula Eye App is also able to facilitate a live chat between the patient and a specialist hundreds of miles away. It is currently being used by a growing number of hospitals in the Western Cape and is being rolled out across the OR Tambo district for nurses to use in the clinics. Dr William Mapham, an ophthalmology registrar at Tygerberg hospital, is the brains behind the app and believes that this technology has the potential to be adapted for other medical fields, including

orthopaedics, tuberculosis, occupational health and HIV/Aids.



The Vula App in action

Then, the fourth episode in the series took us to the Red Cross War Memorial Children's Hospital in Cape Town where, over a period of 22 years, they have enabled hundreds of children with tracheostomies, who are reliant on artificial ventilation, to be cared for at home, rather than remaining in hospital indefinitely. This has been made possible by Breatheasy, a unique home care programme founded in 1989 by Sister Jane Booth, Professors Louis Reynolds and Max Klein and social worker Sheila Berger. The programme empowers parents, through rigorous training, to take over the responsibility for their children's care from medical professionals. Since its inception, it has facilitated the return home of over 700 technology dependent children. You can see more about the Breatheasy home care programme [here](#).

These two innovations came to our attention through a collaborative effort with the University of Cape Town.

■ **4. Sounds good. This is the first series to be produced by the BBC Africa Partnership Initiative unit (API); how did this partnership come about?**

Jakana: The Africa Partnership Initiative was born out of a need for the BBC to meet the changing needs of our audiences across all African countries. Audiences, local broadcasters and academic institutions expressed a desire to be a part of the storytelling process. So the API was born and, with it, all the collaborations that have resulted in the Med in Africa series. That is why each of the Med in Africa reports is fronted by either a local journalist or the innovator themselves.

■ **5. Let's broaden our scope: How do health issues in Africa differ from the rest of the world?**

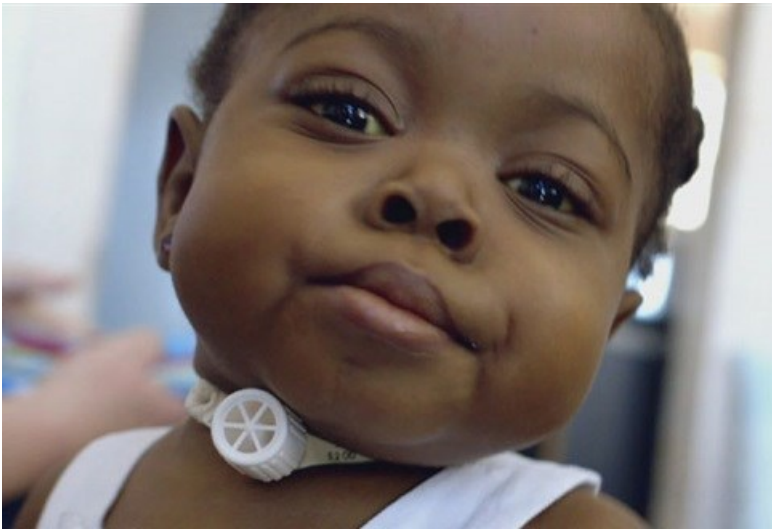
Jakana: I am not a global health expert but, drawing from my experience producing this series, all I can say is that the major challenge for patients in the African countries we visited was access to healthcare. Each of the countries we filmed in has highly experienced and qualified health professionals but we found that many of the patients in need of their help live in rural areas with limited access to specialist health care - or no access at all.

That being said, we also found that the innovations we highlighted were addressing problems that are faced in the developed world too.

■ **6. Glad it's not all negative. Explain the rise of health innovations across Africa and what these might mean for the future of healthcare on the continent and beyond.**

Jakana: One thing is for sure - this trend means that doctors and nurses will now have the tools and programmes to reach many more patients than they could before. The innovation of low-cost devices also means that health centres in deep rural areas can now also afford to acquire desperately needed lifesaving equipment.

The rise in African health innovation also increases the chances of healthcare solutions being designed in a way that is relevant to the communities and settings that the patients live in. For example, solutions that accommodate challenges such as unreliable electricity supplies and poor road networks.



Breatheasy

■ **7. So it's becoming all-inclusive. In closing then, give us a little teaser of what to expect from the remaining episodes of *Med in Africa*.**

Jakana: In the sixth episode, *Med in Africa* travels to Uganda, where a working proof-of-concept prototype has been built to help new-born babies with breathing difficulties. Ugandan paediatrician Data Santorin is the brains behind the Augmented Infant Resuscitator, an inexpensive add-on device for existing emergency ventilation equipment. He was motivated to come up with this innovation by the fact that asphyxia and breathing trouble after birth causes more than 1.8 million infant deaths per year, most in low and middle income countries (LMIC). The Augmented Infant Resuscitator has caught the attention of doctors in Boston, US. They say it has the potential to help address challenges they are facing when helping new-born babies with breathing difficulties.

In the seventh episode, we look at one woman's efforts to help the growing number of drug addicts in Tanzania. With no medical background and in the face of strong opposition, Pili Misana set up an alcohol and chemical dependency in-patient treatment centre called South Beach Sober House.

Riveting viewing. Watch *Med in Africa* on Tuesday, 21 and 28 April and Tuesday, 5 May on Focus on Africa, BBC World News at 19.30.

ABOUT LEIGH ANDREWS

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