Kheth’Impilo Pharmacist Assistant Training Programme

**CONTINENT**  Africa

**COUNTRY**  South Africa

**HEALTH FOCUS**  Primary health care

**AREAS OF INTEREST**  Alternate care providers

**HEALTH SYSTEM FOCUS**  Health workforce
KHETH’IMPILO PHARMACIST ASSISTANT TRAINING PROGRAMME, SOUTH AFRICA

A training programme that equips members of marginalised low-income communities to become professional, active contributors in enhancing the efficiency of pharmacy services, increasing access to antiretroviral treatment, and strengthening the human resource capacity of the public health care system.

Authors: Joseph Lim, Rachel Chater, and Lindi van Niekerk

This case study forms part of the Social Innovation in Health Initiative Case Collection.

The Social Innovation in Health Initiative (SIHI) is a collaboration by the Special Programme for Research and Training in Tropical Diseases, at the World Health Organization, in partnership with the Bertha Centre for Social Innovation and Entrepreneurship, at the University of Cape Town, the Skoll Centre for Social Entrepreneurship, at Oxford University, and the London School of Hygiene and Tropical Medicine.

This case study was prepared by the Bertha Centre for Social Innovation and Entrepreneurship, Graduate School of Business, University of Cape Town, on behalf of the Social Innovation in Health Initiative. Research was conducted in 2015. This account reflects the stage of social innovation at that time.

SIHI Academic Advisory Panel: Lucy Gilson; Lenore Manderson; and Rosanna Peeling

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<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ART</td>
<td>Antiretroviral therapy</td>
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<tr>
<td>ARV</td>
<td>Antiretroviral</td>
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<tr>
<td>CDC</td>
<td>Centers for Disease Control</td>
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<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
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<td>DOH</td>
<td>Department of Health</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>NGO</td>
<td>Nongovernmental organization</td>
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<tr>
<td>PEPFAR</td>
<td>U.S. President’s Emergency Plan for AIDS Relief</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>US$</td>
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<td>WHO</td>
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CASE INTRODUCTION

Kheth’l’mpilo is a South African nongovernmental organization with the primary mission to support the National and Provincial Departments of Health to achieve scale-up of quality services for the management of HIV/AIDS at the primary health care level. Over the past decade, Kheth’l’mpilo has developed a range of training programmes in support of this cause. This case study will focus on Kheth’l’mpilo’s Pharmacist Assistant Training Programme, which equips members of marginalized low-income communities to become professional, active contributors in enhancing the efficiency of pharmacy services, increasing access to antiretroviral therapy (ART), and strengthening the human resource capacity of the public health care system. It was formed in response to the shortage of health workers in the public sector in South Africa.

The programme recruits and trains predominantly previously unemployed community members to become pharmacist assistants. One day per week learners attend class at Kheth’l’mpilo. For the remaining four days of the week they work in a designated pharmacy in a government facility. This helps learners gain valuable practical experience while simultaneously increasing the facility’s capacity and quality of care. Learners perform a wide array of clinical activities, ranging from dispensation of ART to counselling patients. Kheth’l’mpilo encourages its instructors to adopt a holistic approach to the training in order to provide not only technical instruction, but also mentorship and counselling on issues outside the classroom to develop learners’ capacity for critical thinking. In addition, Kheth’l’mpilo supports its learners with a living stipend of R 2 000 per month during their training. Since it was launched in 2010, 310 pharmacist assistants have been trained across five provinces in South Africa and a further 200 are in training. Over 95% of these have been employed in the public sector.

This case study shows how health worker shortages in public facilities can be overcome by creating a support-assistant cadre of staff (e.g. pharmacist assistants). Support assistants work alongside higher-qualified health staff in performing select, basic tasks, thus freeing up the higher-qualified health workers to dedicate their time and expertise where it is most needed. This enhances the overall efficiency of health care service delivery. It also demonstrates how young adults from disadvantaged communities are highly motivated candidates to be trained and equipped to work as support assistants in health facilities. Beyond the improved efficiency in service delivery, broader public value is also gained by increasing employment and promoting economic empowerment in low-income areas.

“The value of the programme can be measured in statistics and currency but the real value is observing the growth and inspiration that comes from achieving a goal that you never thought was possible. I am humbled and inspired daily by my learners.” (Jacqui Ramage, Designated Supervisory Pharmacist, Kheth’l’mpilo)
1. INNOVATION PROFILE AT A GLANCE

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2. CHALLENGES

Since its peaceful transition from an apartheid regime to a democracy with multi-racial elections in 1994, South Africa has enjoyed steady economic growth (World Bank, 2015) and been able to develop its infrastructure in housing, sanitation and electricity (Kleinert & Horton, 2009). However, the country still faces numerous socio-economic challenges. The unemployment figure currently stands at over 25% (International Monetary Fund, 2015), and the Gini-coefficient was 63.1 in 2013 (United Nations Development Programme, 2013), marking South Africa as one of the most unequal countries in the world. GDP growth has also fallen to 2% in the short term, exacerbating the country’s current weak economic outlook (World Bank, 2015).

In addition to its socio-economic problems, South Africa faces numerous challenges in the health sector. South Africa has one of the highest prevalence rates of HIV/AIDS in the world at nearly 19% amongst adults aged 15 to 49 (Joint United Nations Programme on HIV and AIDS, 2014). The country faces burdens from tuberculosis, cardiovascular diseases and violence and injuries (World Health Organization, 2013b). South Africa has made some progress in stemming the HIV/AIDS epidemic through rapid expansion of antiretroviral therapy (ART) programmes (World Bank, 2015) and seeks to provide universal coverage through a National Health Insurance system (World Health Organization, 2013a). Yet gaps in human resources for health represent a problem for ensuring sufficient capacity, revitalizing primary care and supporting integration of specific treatment programmes into the health system (George et al., 2012). The health sector also experiences high attrition of health workers relocating to other countries. The problem lies not only in a numerical shortage of health workers, but also in mis-distribution of skills and geographical placement, as well as an evolving, complex health burden that afflicts health professionals as well as the general populace (George et al., 2012). A disproportionate number of health workers work in the private sector and in urban areas.

Mid-level workers who require shorter training periods and lower entry educational qualifications have been presented as a potential tool able to perform many of the same tasks as traditional health professionals, thus helping address the gap in human resources (Dovlo, 2004; McAuliffe et al., 2009). Pharmaceutical services in particular depend upon an adequate supply of mid-level workers (Government of South Africa, 2011) such as pharmacist assistants, pharmacy technicians and pharmacy technical assistants (Boschmans et al. 2015). Although over 1 000 new, post-basic pharmacist assistants were trained from 2013 to 2014 (South African Pharmacy Council, 2014), this figure still falls short of the estimated 2 500 new mid-level pharmacy workers required per annum for the health sector by 2020 (Office of the Registrar, 2011).

3. INNOVATION IN INTERVENTION AND IMPLEMENTATION

Kheth’Impilo is a South African not-for-profit, nongovernmental organization (NGO) with the primary mission to support the National Department of Health (DOH) to achieve scale-up of quality services for management of HIV/AIDS at primary care level. Over the past decade, Kheth’Impilo has developed a range of training programmes in support of this cause.

At the heart of Kheth’Impilo’s innovative approach is its holistic view of health, not only that of an individual, but also of the entire system. Kheth’Impilo
recognizes that health care is not just delivered at a facility, but is also profoundly influenced by the socioeconomic status of communities, opportunities available to the population for livelihood, and the personal situation of each patient and provider. This motivates Kheth’Impilo to target its training programmes to marginalized and low-income communities. The resulting economic empowerment is seen by Kheth’Impilo as valuable for the entire health system. Furthermore, Kheth’Impilo does not only focus on academic training but provides social support to its trainees in the form of a training stipend and mentorship.

I would say Kheth’Impilo’s approach is unique, and that is pretty much what has set our work aside from what other NGOs are doing. The work that they’re doing is fantastic, and many of them are great, but very few NGOs, I think around the world, focus on a holistic approach. (Shane Everts, Marketing and Communications Lead, Kheth’Impilo)

To support the DOH in improving access to ART for HIV positive patients, and to address issues of long waiting times at public pharmacies due to the shortage of qualified pharmacists in the country, Kheth’Impilo developed the Pharmacy Assistant Training Programme. The programme was initiated by Lizette Monteith, the pharmaceutical services manager at Kheth’Impilo. Since it was launched, 310 community members have been trained across five provinces in South Africa and a further 200 are in training.

Kheth’Impilo’s Pharmacy Assistant Training Programme consists of three main components.

3.1. RECRUITMENT OF LOW-INCOME UNEMPLOYED COMMUNITY MEMBERS

For the Pharmacist Assistant Training Programme, Kheth’Impilo recruits from rural, marginalized communities. Kheth’Impilo particularly targets, although not exclusively, previously unemployed candidates. Applicants to the programme are required to have passed Grade 12 (final year of South African high school) and demonstrate sufficient competency in basic English and mathematics by scoring 70% or higher on a screening test. Those who pass the initial screening are invited for an interview to confirm the applicant’s motivation to work in health care. A panel of evaluators determines whether or not to admit the applicant to the programme.

The learners are a diverse group. There is a wide age range from 18 to mid-50s, and all races in South Africa are represented. The attributes that they generally share are impoverished backgrounds and limited access to economic opportunities. “We recruit from the communities that we serve, and that sort of looks at the economic empowerment aspect of trying to direct money back to the people – not just to the benefit of the programme, but also by creating jobs in the community.” (Lizette Monteith, National Pharmaceutical Services Manager, Kheth’Impilo)

3.2. HOLISTIC TRAINING PROGRAMME

One day per week learners attend class at Kheth’Impilo. For the remaining four days of the week they work in a designated pharmacy in a government facility. Kheth’Impilo encourages its instructors to adopt a holistic approach to the training in order to provide not only technical instruction, but also mentorship and counselling on issues outside the classroom to develop learners’ capacity for critical thinking. In addition, Kheth’Impilo supports its learners with a living stipend of R2 000 per month during their training. This enables many low-income community members to gain an education they would not otherwise be able to afford.

They’re not just learning the technical skills and knowledge here. They’re also getting the life skills, because we discuss a lot of stuff that’s not even in the manuals. They’ll come to us with issues and they’ll ask questions and they’ll debate in class. (Jacqui Ramage, Designated Supervisory Pharmacist, Kheth’Impilo)

Learners progress through four stages in the programme: learner basic, qualified basic, learner post-basic, and lastly qualified post-basic. From the
start of training, learners begin working in the health care facility to gain valuable practical experience and increase the facility’s capacity and quality of care. Learners perform a wide array of clinical activities, ranging from dispensation of ART to counselling patients. “The whole thing is actually to train people in there, but also to put an extra set of hands in those facilities, because often you don’t have enough people.” (Jan van der Schyff, National Pharmaceutical Services Coordinator, Kheth‘Impilo)

3.3. EMPLOYMENT OPPORTUNITY WITH THE MINISTRY OF HEALTH

While graduates are free to work in any pharmacy, Kheth‘Impilo specifically works with the Provincial Departments of Health to create posts in anticipation of graduation. This strengthens the technical capacity of the public health system to deliver care. The gainful employment for newly qualified pharmacist assistants also benefits the communities from which they come, as learners often support their families. The entry-level salary for a qualified post-basic pharmacist assistant in the public sector is typically between R13 000 and R13 500 per month. “It’s because of how Kheth‘Impilo is positioned with its networks that we can facilitate employment, and that, I think, sets us aside from any of the other institutions that are offering this particular course.” (Shane Everts, Marketing and Communications Lead, Kheth‘Impilo)

4. ORGANIZATION AND PEOPLE

Founded in 2009 as a non-profit, nongovernmental organization, Kheth‘Impilo envisions an AIDS-free generation and seeks to support the South African government in scaling up services for management of HIV/AIDS care in the primary health care sector (Kheth‘Impilo, 2013). Kheth‘Impilo has partnered not only with the National DOH but also with the National Departments of Education and Social Development. In addition to the Pharmacist Assistant Training Programme, the organization has implemented other interventions, including a health systems strengthening programme, a patient advocate training programme, an early childhood development programme, and accredited training for a variety of health care worker positions.

Kheth‘Impilo exhibits a flat, open management structure that seeks to minimize internal bureaucratic barriers, with an executive committee of six and senior management team of four overseeing an organization of more than 1 600 staff as of late 2015. Chief Executive Officer Ashraf Grimwood maintains an open door policy, allowing anyone in the organization to come and speak with him whenever they wish. Expression of new ideas and open feedback are encouraged. Employees relish being part of a tight-knit culture at Kheth‘Impilo and find inspiration in Grimwood, viewing him as a visionary.

You work with someone like [Grimwood] and he walks in and he’s got this humanity about him. You can’t really explain it ... And you think, ‘Wow, I want to be like that,’ you know? It’s that kind of thing. So that I think is what draws people to the organization. That feeling sort of radiates. It resonates throughout the entire organization. (Shane Everts, Marketing and Communications Lead, Kheth‘Impilo)

Staff at Kheth‘Impilo typically have some background working in the health sector and thrive on continual professional development and personal ownership of projects. The organization also emphasises practical implementation in the field, based on data-driven decisions with rigorous monitoring and evaluation. Grimwood gives staff flexibility with respect to personal constraints, and also shares what he believes are their common values.

It’s passion, compassion, justice, working from a human rights perspective, making sure we always
are putting the individual, that we are looking for, first in all of this. So that’s our external focus, and our internal focus, again, is transparency, it’s openness, it’s fairness, and all those good words that you make sure that you keep on maintaining and that you don’t lose your integrity as the organization. (Dr Ashraf Grimwood, Founder and CEO, Kheth’Impilo)

5. COST CONSIDERATIONS

As a non-profit, nongovernmental organization, Kheth’Impilo relies on a range of diversified income streams comprised of government subsidies as well as grants. Donors who have supported the work include: USAID, the CDC, and the Elton John AIDS Foundation, PEPFAR, and the Global Fund. One of the main cost drivers for the organization is staff costs. Kheth’Impilo is also currently exploring alternative income streams, such as training and research.

The Pharmacy Assistant Training Programme received initial funding from the Elton John AIDS Foundation to train 250 pharmacist assistants across four South African provinces (Western Cape, Eastern Cape, KwaZulu-Natal, and Mpumalanga, and then later the Free State). Training costs per learner are approximately R 170 000 over a two-year period, accounting for costs of supervisory pharmacists, logistics, and a living stipend (for unemployed learners).

6. OUTPUTS AND OUTCOMES

6.1. IMPACT ON HEALTH CARE DELIVERY

The Pharmacy Assistant Training Programme seeks to strengthen the South African public system by building human resource capacity. Kheth’Impilo uses a series of indicators for monitoring and evaluation during training: number of learners trained; number of sites where indirectly supervised learners are placed; number of patients in such facilities; number of patients remaining in care on ARTs; number of interventions performed by pharmacist assistants; and percentage of expired medications in such facilities. Thus far, Kheth’Impilo has graduated 310 learners, with over 95% work placement in the public sector. Two epidemiologists in the organization analyse these data for research, to determine the effectiveness of the programme. Kheth’Impilo also submits monthly reports to the Department of Health to track learners’ progress and is developing a computerized system to facilitate acquisition of data from databases.

It is difficult to measure the impact of the Pharmacist Assistant Training Programme relative to other similar training programmes without a rigorous controlled impact study, which is prevented by lack of data from such competing programmes. Kheth’Impilo solicits feedback from Provincial Departments of Health that have absorbed graduates and attempts to track graduates’ activities after the programme. However, this has proven difficult as it relies on self-reporting and acquisition of proof of graduates’ employment to show to funders.

Kheth’Impilo’s recently published work compares the programme with a nurse-based model of dispensing and shows that the former results in improved patient outcomes, reduced costs, improved compliance with respect to storage of medication, and improved stock control (Fatti et al., 2016).
6.2. COMMUNITY AND BENEFICIARIES

Kheth’Impilo staff, learners, government and other stakeholders alike have voiced positive reviews of the Pharmacist Assistant Training Programme. Staff believe that the training programme compares favourably with traditional tertiary education from a cost-effectiveness standpoint, as trainees immediately begin serving the community at the start of their training, and more easily transition to actual employment in a shorter period of time. Provincial Departments of Health initially resisted the programme, but gradually became accustomed and now value what graduates provide. “It was also a process of managing or changing perception and moving people from being resistant to acceptance in a way, but it’s not drumming it or forcing it. It’s gently allowing it to mature in its own time.” (Shane Everts, Marketing and Communications Lead, Kheth’Impilo)

Learners have appreciated being a part of the programme. They feel that they have adequate support. They have also expressed feelings of empowerment and transformation by the programme, with improved status and ability for communication and social interaction, both with patients and others. “I’m more calm now, humble and calm, [and know] how to handle patients and how to handle my family. They will come to me, ask me what is this about ... I have more respect now, because I am a person in this field now.” (Rifaat Phillips, Learner Post-Basic, Kheth’Impilo)

A graduate of the programme who immigrated to South Africa as a refugee from the Democratic Republic of Congo stated how Kheth’Impilo’s programme allowed him to integrate into South African society, changing his and his family’s lives. “If it wasn’t for Kheth’Impilo, I couldn’t get that qualification. I couldn’t get that registration with the council because without it you cannot work, you cannot practise. I’m able to practise today, I’m able to work today within South Africa. I can go anywhere, I can practise, thanks to Kheth’Impilo. If it wasn’t for Kheth’Impilo, this couldn’t happen. They gave me a life opportunity.” (Blanchard Yota, Qualified Post-Basic Pharmacist Assistant, Ikweze Clinic)

Just as learners have enjoyed the mentorship of the training programme, so facilitators have also enjoyed being a part of it, with the ability to exercise their own creative faculties to deliver the curriculum to learners. They seek to make the programme not just a means of job placement for trainees, but something that transforms and empowers the individual. As one instructor states: “I like to call it a strong, solid foundation of something that they can then find... Opportunity and empowerment: I mean everybody throws these words around, and it’s such a cliché, but essentially that’s what’s happening. It’s opening up a world of opportunity, knowledge and life skills that nobody ever considered might have been there.” (Jacqui Ramage, Designated Supervisory Pharmacist, Kheth’Impilo)

Even with a burdened patient population that frequently experiences long queue times and feelings of shame and stigma around diseases such as HIV, learners in the clinic have been able to provide additional counselling and support beyond their traditional responsibilities. Learners have thus not only increased clinical capacity, they have also helped ease the patient burden, reducing the amount of time a patient has to wait before speaking with clinical staff.

Actually they don’t feel that [stigmatisation] with us. We try to show them some love, some support. We want to give them the best support, because in the community sometimes they are rejected, they are ashamed to disclose to their friends. But when they come to us, we have counselling departments. Also we give them counselling and we can show them that they are still human, they can still live. They still have a future ahead. There is nothing to be ashamed of. And that’s what we try to do: to give them some hope of living. (Blanchard Yota, Qualified Post-Basic Pharmacist Assistant, Ikweze Clinic)
7. SUSTAINABILITY

While Kheth’Impilo has enough funding to sustain itself as an organization beyond 2020, its funding for the Pharmacist Assistant Training Programme is currently due to end in September 2016. Kheth’Impilo needs Health and Welfare Sector Education and Training Authority funding, although this will only support student stipends and training fees, necessitating another donor source for operational costs. Additionally, while Kheth’Impilo actively works with the government to ensure that positions will be available for learners after graduation, Provincial Departments of Health often do not reserve enough funding to absorb everyone into permanent positions.

Kheth’Impilo has started exploring alternative income streams to generate sustainability for its programmes and organization. For instance, it has considered the possibility of becoming an accredited institution of higher education in the health professions, which could lead to enough income to become a self-sustaining enterprise and would support the organization as a whole, as well as the Pharmacist Assistant Training Programme. Kheth’Impilo’s status as a non-profit organization makes registration as a formal institution of higher learning difficult. Kheth’Impilo is also currently seeking more private corporations to adopt initiatives and partnerships based on social responsibility, through which corporations could donate to Kheth’Impilo.

8. SCALABILITY

Kheth’Impilo has already successfully implemented the Pharmacy Assistant Training Programme across four provinces in South Africa. It seeks to scale the programme to all nine provinces, and potentially beyond to neighbouring countries.

To scale the programme locally by increasing learner numbers would necessitate greater administrative capacity at Kheth’Impilo to handle the programme, as well as a greater number of registered full-time pharmacists to render pharmacies eligible to receive learners. While Kheth’Impilo has had discussions with the Northern Cape Province for potential expansion and would ideally like to expand into every single province, this would also require full buy-in from the Department of Health of each province. This, in turn, would require a review of any relevant legalities and administrative requirements surrounding pharmaceutical training. Accreditation of the programme would also be important from national regulatory councils. In navigating these technicalities, Kheth’Impilo seeks to retain the element of on-site training in facilities from day one for learners.

9. KEY LESSONS

9.1 IMPLEMENTATION LESSONS

Getting started

Founder and CEO Grimwood states that by first implementing the Pharmacist Assistant Training Programme, Kheth’Impilo intentionally chose certain districts and facilities within those districts that would be more receptive to the programme. Implementation also entailed aligning the programme with national guidelines.
More broadly, Grimwood attributes the initial growth of Kheth’Impilo and its programmes to the convergence and evolution of ideas from staff. “I think with a meeting of the minds there is quite a lot of processes that happen. You kind of go, ‘Aww! Like, why didn’t we think of that before?’ or it just kind of organically grows.” (Dr Ashraf Grimwood, Founder and CEO, Kheth’Impilo)

Grimwood also believes that innovations are birthed from frontline workers who actually perform the work. “That’s why I believe that your greatest innovation comes from actually doing the work... So when you are in the environment and being quite open to what the needs are, and you’re open to what potential solutions there could be.” (Dr Ashraf Grimwood, Founder and CEO, Kheth’Impilo)

Maintaining efforts

Throughout the process of implementing the programme, Kheth’Impilo has maintained active monitoring and evaluation: “So we’ve not just been an implementer, we’ve not just done the work, we kind of said: ‘Listen, we have got to publish our data, because the things have been really interesting and these are things that people can learn.’” (Dr Ashraf Grimwood, Founder and CEO, Kheth’Impilo)

Higher-level employees at Kheth’Impilo have also been cognisant of remaining focused on individual patients, even as they move into more managerial roles. “You often lose the individual patient focus when you go into management, when you’ve got work plans and deadlines, and funder reports. A lot of people forget why we are doing this work. It is all about the patient.” (Lizette Monteith, National Pharmaceutical Services Manager, Kheth’Impilo)

Overcoming challenges

Kheth’Impilo staff have stated that their greatest challenge in implementing the programme has been handling the legal framework with which the programme must comply. The programme is required to find accredited pharmacies that can be registered as training facilities with enough pharmacists to be registered as tutors. This is even more difficult in rural areas, where qualified pharmacists are scarce. Part of the challenge in this task is overcoming political barriers, specifically individuals biased against the programme or the involvement of NGOs. Kheth’Impilo has leveraged positive relationships with facilities to help the programme go through in spite of these barriers.

Yet even when facilities are willing to train learners, it can still be a challenge to secure full-time employment for them after training, as some facilities often prefer to utilize learners who cost less, rather than graduates, due to restriction in government funding. Although there are not always positions available in the larger facilities where Kheth’Impilo trains, there are many positions in the primary health care sector due to increased scale-up of the ART and the scarcity of qualified pharmacist assistants.

9.2. PERSONAL LESSONS

A sense of commitment to and passion for the organization’s mission embodies Kheth’Impilo, and Grimwood has found that giving employees appreciation and support in both their professional and personal lives is very valuable. “I think it’s appreciation, it’s giving them time, it’s actually being flexible when it comes to their own requirements.” (Dr Ashraf Grimwood, Founder and CEO, Kheth’Impilo)

Grimwood’s motivations for heading Kheth’Impilo are personal. “In the early days of the epidemic, we lost a lot of friends... Losing them and having been part of that generation where you lose these people, you kind of, you can’t afford to have South Africa lose its talent, you know? So there has been that, and that is what has driven a lot of people in this organization.” (Dr Ashraf Grimwood, Founder and CEO, Kheth’Impilo)

Over the course of his career, Grimwood has affirmed the value of humility, collaboration, and patience, as the challenges that Kheth’Impilo takes on are long ones that require sustained, proactive effort. “You’ve got to pace yourself. This is a
marathon. So wherever you can, you do as much as you can, but you’ve really got to be able to take care of yourself and your staff as best you can. And making sure you do well by the minute. You’ve got to be part of the game, you’ve got to, you can’t just be standing on the side. You’ve got to get involved, get your hands dirty, and I didn’t have a problem with that.” (Dr Ashraf Grimwood, Founder and CEO, Kheth’Impilo)

Finally, Grimwood believes in simply being true to one’s cause and benefitting others, advising an optimistic faith that this will ultimately result in good outcomes for an innovator.

I think if one is true to oneself and give yourself space and time to just ask the questions as to what else is needed? And how do we do this? What is it that we can do? And you find the solutions and you go for it. And you mustn’t give up faith and trust in that intervention, especially when people are benefitting from it. It’s one of these universal laws that if we look after other people well and as best as we can with integrity and honesty, you are on the right track. The possibilities that open when you are doing this, it’s like amazing. So you always know that, one thing I’ve learnt is that there will always be space to be innovative, when it comes to helping other people and that in itself is immensely rewarding. (Dr Ashraf Grimwood, Founder and CEO, Kheth’Impilo)

CASE INSIGHTS

1. Health worker shortages in public facilities can be overcome by creating a ‘support-assistant’ cadre of staff e.g. pharmacist assistants. Support assistants work alongside higher-qualified health care staff in performing select, basic tasks, thus freeing up the higher-qualified health workers to dedicate their time and expertise where it is most needed. This enhances the overall efficiency of health care service delivery.

2. Young adults from disadvantaged communities are highly motivated candidates to be trained and equipped to work as support assistants in health facilities. Beyond the improved efficiency in service delivery, broader public value is also gained by increasing employment and promoting economic empowerment in low-income areas.

3. It can be beneficial for governments to engage actively with NGOs in meeting delivery gaps in the health care system as these NGOs are often able to operate more innovatively and test new programmes, which the government can then come alongside and support once effectiveness has been proven.
REFERENCES


International Monetary Fund. (2015). World Economic Outlook Database. Washington, DC.


