Patients at Lodwar District Hospital in Turkana county, Kenya

RESEARCH

Ashley Potter finds out how a visit to Kenya galvanised Gerry McGivern to apply his expertise in organising healthcare to Africa

A lifeline for Kenyan babies

Rows and rows of incubators stood before Dr Gerry McGivern, Associate Professor of Organizational Behaviour. More than 20 of them packed into the room and when he looked closer there wasn't just one baby, but two in each one. In another room to his right a doctor was using an oxygen mask to revive an hour-old baby. He walked through another door to find more premature and newborn babies in heated plastic cots. There were no mothers to be seen, just a handful of nurses. In all more than 60 babies were stuck wriggling and squirming in incubators and plastic cots. The memory of the complicated but ultimately joyous birth of McGivern's now two-year-old son flashed through his mind. There was no joy here. Just a strange hush filled with the tension of life struggling to survive. This was a major public hospital in Kenya, 2012.

As he left that neonatal ward, McGivern knew he must help. And after years studying and researching the organisation of the UK's National Health Service (NHS) he knew he could.

McGivern arrived in the country during a national strike of Kenyan doctors over the state of public healthcare.

Marisol Grandon/Department for International Development

Emergency rooms frequently don't have gloves or medicine, and power cuts sometimes force doctors to use the light from their phones to complete a procedure.

The strike made things worse. Already short of medical staff, Kenya's government fired 1,000 of the 2,000 striking doctors (although they have since been reinstated). At least two patients died due to lack of treatment during the strike, according to union officials.

With no doctors around, any birth complications meant no chance of survival for babies and huge risks for mothers. Most stayed at home to give birth, some went to witch doctors for help. Yet the government claimed health facilities coped well without the striking workers.

Suddenly, the problems and controversies surrounding the NHS paled into insignificance. This was a real crisis in public health – people and babies literally dying because of a lack of doctors, equipment, facilities and organisation.

There was not much McGivern could do about the lack of doctors, but he knew his expertise on the NHS's organisation and management could save lives. "Many of the babies I saw that day will have died," says McGivern, now back at Warwick Business School (WBS). "When I walked into that ward, I was thinking this could be my son, it could be him. I realised how lucky we are that he was born in an NHS hospital. You come away thinking if there is any important work to do it is this, if you can make a little bit of difference you can save babies' lives."

Dr Gerry McGivern (far left) with Kenyan healthcare staff

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Pouring out

McGivern had already been to Malawi helping Warwick Medical School train clinicians, so when he was contacted by the KEMRI – Wellcome Trust Research Programme about a project to improve paediatric and neo-natal care in ten Kenyan hospitals, he jumped at the chance. The English trust works with the Kenyan Ministry of Health to improve care for children, and they need McGivern's organisational expertise.

"Malawi is a really poor country but they do have a public healthcare system," says McGivern, an Associate Professor of Organisational Behaviour at WBS. "Kenya has one as well, but I heard stories about children being diagnosed with cancer who could have been saved by hospital treatment, but because their parents had no money had to go home to die. You have to pay an entrance fee."

With a strike and appalling conditions, McGivern says morale among doctors and nurses is understandably at rock bottom. Many Kenyan (and Malawian) doctors leave their country to earn ten times as much in the UK or in South Africa.

"It is like pouring doctors into a bucket with a big hole in the bottom," says McGivern. "They pour out just as fast as they pour in. I don't know the answer. One doctor said to me, 'I had seven babies die on me one day and at that point I had to disassociate myself from it all'. Many doctors have given up trying."

McGivern won't be able to work miracles and turn them into Africa's version of the NHS. Kenya spends only two per cent of national income on public health care, a quarter of the amount in the UK, and national income per head is Kenya is one twentieth of that in the UK. But he believes better organisation can help. "Compared to the British NHS, public healthcare in Kenya is shocking," says McGivern. "But it could be slightly less shocking if better organised. In Kenya, and Malawi, many of the biggest problems are organisational ones. It is about taking and adapting proven ideas from healthcare services being used in the UK to improve African healthcare."

"You are never going to solve all the problems, but you can make it slightly better. That is why I want to get more involved in this Kenya project, because they are trying to bring evidenced-based best practice to how you treat babies and children, and see how that makes a difference."

"This project will measure clinical outcomes. They will say to the hospital 'x per cent of the kids you were treating died this week, is there anything we can do to make it better, did you follow this guideline? '

"The idea is for me to bring some organisational expertise to that. It is basically supporting people, developing clinical leaders and trying ideas we have seen work in the NHS."

Of course, there are rays of hope even in the Kenyan public healthcare system, inspiring doctors trying desperately to fight against a tsunami of poor practice. "I met a great Kenyan consultant paediatrician. She is trying to make things work, trying to bring in best practice guidelines," says McGivern. "She is saying to clinicians: 'when a kid comes in and he is dehydrated, get some liquid in them so they don't die, you did know that didn't you?' "

McGivern brings up the example of his work researching improving cancer services in the UK, where various organisations were pulled together in a well-structured pathway for patients. "In Kenya we can organise a similar network. Then you can get everybody together to develop best practice."

"Healthcare is all about people, so it is trying to get everybody to buy into creating the best pathway and standard of practice. I have studied the way they do that in the NHS and observed good examples of best practice. This Kenyan paediatrician is trying to bring in best practice, but when she leaves, everybody goes back to not bothering again. When you get teams of doctors, nurses and management working together that is much more effective."

McGivern is planning to return to Kenya next year and is excited that his work will actually save lives. "We are encouraged and pushed to demonstrate the impact of the research that we do, so this is an example of how you could have a massive impact by bringing some academic ideas into practice," says McGivern. "You see those babies lined up in incubators and you think this is important, I could make a real difference." ■