

IN

HEALTH

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A Liberty publication



SPILL THE BEANS

The merits of an African diet

DOUBLE-DEALING

Protect your benefits by managing your fraud risk

PREVENTION INTERVENTION

Life-saving malaria tools and treatment

Dear readers

Welcome to the fourth edition of our *In Health* communication. Despite being preventable and curable, malaria remains one of the biggest killers in Africa. According to the World Health Organization (WHO) estimates, 90% of the 584,000 global malaria deaths in 2013 occurred in sub-Saharan Africa. The good news is there is a measurable reduction in the number of Africans infected with malaria, despite the significant increase in the population living in malaria transmission areas. Read more about malaria and how we can play a part in eradicating this disease.

As usual, we have interesting science snippets and nutritional information on why beans are best. Enjoy the read. Please feel free to share this newsletter and health insights with your family, friends and colleagues. You can access past editions on our website libertyhealthblue.com. If you have any suggestions or input for our communications, please contact us at inhealth@libertyhealthblue.com. We welcome your feedback. Liberty Blue Health Cover is expanding its reach and client base every month. We have a presence in 15 countries on the African continent, giving you access to services across the continent at a network of providers that you can have complete confidence in.

On the last page of this newsletter, you will find contact details for our offices in each country. If you find yourself in need of assistance with healthcare, wherever you may be, please contact us and we will try to help you wherever possible.

The Liberty Blue Health Cover team

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SCIENCE SNIPPETS

BREAST IS BEST

Breast cancer is less likely to recur in women who have a history of breastfeeding, says a study published in the *Journal of the National Cancer Institute*. This research focused on women who had been diagnosed with the most common breast cancer – luminal A tumors. These women had a 30% decreased risk of breast cancer recurrence if they breastfed, and were 28% less likely to die from luminal A breast cancer. Those who had breastfed for six months or more had the strongest levels of protection.



GREY MATTERS

The more we use our brain, the better and longer it will function, according to a new study published in *Neurology*. The research found that those working in more challenging jobs – involving things like public speaking, conflict resolution, developing strategies and managerial tasks – experienced better protection against failing memory and cognitive decline than those engaged in more menial tasks. The study suggests that your working life may play an even more significant role in your brain health than your education.



IN THE GENES

Ever noticed that some people are covered in mosquito bites and others have none? Researchers from the London School of Hygiene & Tropical Medicine discovered that people who are less attractive to insects produce natural repellents, and that this process is genetically controlled. This is good news as further investigation of this genetic mechanism could produce more ways to keep us safe from malaria and other diseases caused by biting insects.



HOOKED ONLINE

Online technology is everywhere and it dominates our lives. A recent study by Intersperience, a UK consumer research organisation, highlights the potentially addictive nature of the internet. It asked people to refrain from going online for 24 hours, and the results were revealing. Very few people were happy with the idea, and some claimed it was the hardest thing they had ever done. Over half the participants stated they were upset at being denied access, and 40% said they were lonely without it. Younger people found it hardest.

(Sources: webMD.com, healthnews.com, sciencedaily.com, medicalnewstoday.com)

IT'S ALL ABOUT THE... BEANS

Good nutrition and exercise are both important, but you can't outrun a bad diet.

Regular exercise certainly plays a role in keeping serious disease at bay. But when it comes to tackling the obesity crisis, experts writing in the *British Journal of Sports Medicine* say too much sugar and carbohydrates are the enemy, not physical inactivity. They claim high calorie diets now cause more health problems than alcohol, smoking and a lack of exercise combined.

SO, IF FOOD IS SO IMPORTANT, WHAT SHOULD OUR DIET LOOK LIKE?

A new study in *Nature Communications* has hailed the wonders of the rural African diet, claiming it may reduce the risk of colon cancer.

Researchers swapped the diets of a group of African Americans – whose food is high-fat and meat-heavy – with the diets of a group of rural Africans from KwaZulu-Natal, South Africa – whose food consists mainly of beans and vegetables. The changes were dramatic. In just two weeks, the African American volunteers showed a drop in the biological markers for cancer. And conversely, the Africans on the Western

diet experienced changes in gut bacteria consistent with an increased cancer risk. The traditional African diet is largely plant-based and contains only a minimal amount of meat. Meals include lots of fruits and vegetables, tubers like cassava, nuts, grains and all kinds of beans. Beans are such an important aspect of the African diet that a lot of research has focused on the development of new kinds of beans, which will endure climate change, in order to protect this staple crop for millions of consumers. CGIAR, an international food research partnership, estimates that globally nearly 400-million people depend on beans for their livelihoods and nutrition.

BEANS ARE BEST

Beans are nutritional powerhouses packed with protein, fibre, B vitamins, iron, potassium, calcium, magnesium and folate, and they are low in fat. They have also been linked to various disease-fighting properties, including preventing heart disease, fighting cancer, lowering cholesterol, helping with weight loss and managing diabetes. Black-eyed beans, mung beans and red kidney beans are some of the most commonly used beans in African dishes.

They make great vegetarian meals and are perfect for side dishes.

TRY THIS KENYAN BEAN RECIPE

Githeri is a simple but nourishing dish that originated with the Kikuyu people. This is the basic recipe, but you can add other ingredients according to your preference.

WHAT YOU NEED

2 cups of corn
2 cups of cooked beans (any type)
Salt and pepper, to taste

WHAT YOU DO

Place the corn and beans in a large pot and cover with water. Season with salt and pepper and bring to the boil over a medium heat. Reduce heat to low and simmer for 8 to 10 minutes until cooked. (In Kenya, dried corn and beans are usually used and need to simmer for at least 2 hours until soft.)

TIP

Try adding sautéed onions, garlic, tomatoes, carrots, cubed potatoes or cassava, and your favourite spices to give the dish more flavour and texture.





THE PERSISTENT PLAGUE

Despite being preventable and curable, malaria remains one of Africa's biggest killers.

Significant strides towards the global elimination of malaria have been made, but the African continent still has a way to go.

Since 2000, our malaria mortality rates have declined by an impressive 54%, and by 58% for childhood mortality.

However, the majority of deaths continue to occur among our children – an African child dies every minute from malaria, according to the World Health Organization.

And the organisation's latest figures also show that Africa still accounts for 82% of malaria cases and 90% of malaria deaths worldwide.

WHAT IS MALARIA?

Malaria is a life-threatening disease caused by parasites that are transmitted to people through the bites of infected mosquitoes.

Malaria is caused by Plasmodium parasites, and there are four species that affect humans – Plasmodium falciparum, Plasmodium vivax, Plasmodium malariae and Plasmodium ovale.

In recent years, some human cases of malaria have also occurred in Southeast Asia with a fifth species, Plasmodium knowlesi.

Plasmodium falciparum and Plasmodium vivax are the most common, and Plasmodium falciparum is the most deadly.

HOW IS IT TRANSMITTED?

The parasites are spread to people through the bites of infected Anopheles mosquitoes.

These critters usually bite between sundown and sunrise. The mosquito becomes infected when it bites and draws blood from an infected person. When that mosquito bites someone else, it then passes the parasite on.

Anopheles mosquitoes breed in water, and transmission can depend on factors such as rainfall patterns and temperature. This means that transmission may be seasonal in some places, peaking during and immediately after the rainy season.

Human immunity is another important factor in the transmission of the disease.

Exposure to malaria over the years can provide partial immunity, but not complete protection. This is why most malaria deaths in Africa occur in young children. It also means epidemics can occur when people with little or no immunity to the disease, for example refugees, move into areas with intense malaria transmission.

WHAT ARE THE SYMPTOMS?

Malaria symptoms usually start within a few weeks. However, some parasites can lie dormant in your body for much longer.

Typically, malaria infections are accompanied by symptoms such as high fevers, muscle pains, headaches, chills, sweats, fatigue, nausea and vomiting. These may occur in cycles. At first, the symptoms may be mild and you may not be aware you have malaria.

Infection may also lead to more serious problems such as damage to the brain, kidneys, heart and lungs.

Symptoms also vary according to your general health and what parasite you have. With Plasmodium falciparum, you can become very ill and may die if you are not treated early.

WHO IS AT RISK?

Around half of the world's population is at risk of being infected by malaria, according to WHO. Apart from Africa, you could also be at risk in other parts of the world, such as Asia and Latin America, and also the Middle East and parts of Europe.

Last year, ongoing malaria transmission was reported in 97 countries.

Anyone can be affected, but certain population groups are particularly at risk. These include:

- Young people who have not developed immunity
- Pregnant women, as malaria causes high rates of miscarriage, low birth weight and can lead to maternal death
- People with HIV/AIDS, who have weak immune systems

- Immigrants and international travellers from non-endemic areas, because they lack immunity.

WHAT TREATMENT IS AVAILABLE?

Early diagnosis and treatment of malaria limit the severity of the disease and can prevent death. They also help reduce transmission.

WHO suggests that all suspected cases of malaria are confirmed using parasite-based diagnostic testing (either microscopy or rapid diagnostic test) before administering treatment. Once done, it recommends artemisinin-based combination therapy (ACT) as the first-line treatment, particularly for Plasmodium falciparum malaria.

However, there are several medications on the market to treat malaria, and the choice will depend on the Plasmodium species and if the parasite is drug-resistant. For example, in some areas of sub-Saharan Africa, older drugs like chloroquine are no longer very effective.

Your health and age are also important considerations when selecting medication.

In an exciting recent development, the world's first malaria vaccine may be available by October this year.

The new vaccine (RTS,S/AS01) is the first to reach phase III clinical testing and has been found to be partially effective against the disease in young African children up to four years old. Although it does not offer complete protection, results suggest that the vaccine could make a substantial contribution to controlling the disease.

The European Medicines Agency still needs to assess the data, but researchers believe the tests carried out on 15,500 toddlers and babies in sites across Burkina Faso, Gabon, Ghana, Kenya, Malawi, Mozambique and United Republic of Tanzania indicate clear benefits of the vaccine.



90% OF ALL MALARIA DEATHS OCCUR IN SUB-SAHARAN AFRICA

198 million

The number of cases of malaria worldwide in 2013

584,000

The estimated global number of malaria deaths in 2013

90%

of all malaria deaths occur in sub-Saharan Africa

78%

of all malaria deaths occur in children under five

3.2 billion

people (half the world's population) are at risk from malaria

1.2 billion

people are at high risk of contracting malaria

97

countries had ongoing malaria transmission last year

5.1 billion

The number of US dollars needed every year to fund malaria control

LIBERTY BLUE HEALTH COVER

Malaria medical treatment that **requires hospital admission** is covered under the Inpatient (In-hospital) Benefit.

Malaria medical treatment that **does not require hospital admission** is covered under the Outpatient (Out-of-hospital) Benefit.

Please note that treatment is subject to benefit limits.

(Sources: WHO, rollbackmalaria.org, webmd.com, mayoclinic.org)

BEATING THE BATTLE

There's good news in the fight against malaria, but the war is far from over.

The number of people dying from malaria has decreased significantly since 2000, and the number of malaria cases is also steadily declining.

This is the comforting message contained in the World Health Organization's World Malaria Report 2014.

Its figures from across sub-Saharan Africa show the number of people infected decreased from 173 million in 2000 to 128 million in 2013. This is a reduction of 26%, despite a 43% increase in the African population living in malaria transmission areas.

The news sparked a moment of optimism from WHO Director-General, Dr Margaret Chan. "We can win the fight against malaria," Chan declared. "We have the right tools and our

defences are working. But we still need to get those tools to a lot more people if we are to make these gains sustainable."

The progress in Africa, and around the world, has been due to a variety of prevention and control interventions. These include timely diagnosis and effective treatment, indoor spraying with safe, long-lasting insecticides, and the use of bed nets treated with long-lasting insecticide.

The last 10 years have seen a dramatic increase in the number of WHO measures implemented into malaria-endemic countries in Africa. Between 2001 and 2013, an estimated 4.2-million lives were saved as a result of a scale-up of malaria interventions. 97%, or 4.1 million, of these saved lives were in the under-five age group in sub-Saharan Africa.

NETS

Mosquito nets reduce transmission and infection by helping to keep mosquitoes away from people.

Since mosquitoes tend to bite at night, sleeping under a net is a relatively simple and cost effective means of protection. Nets can be made much more effective if they are treated with insecticide. The insecticides kill mosquitoes and other insects. They also repel them, thereby reducing the number of mosquitoes that enter the house.

However, it's not just about owning nets – people also need to use them. The more people in a community that use nets, the better, as this also provides protection to those who do not sleep under them. Although the number of households owning insecticide-treated nets (ITN) has risen substantially, there are still too many people without them.

SPRAYING

Indoor residual spraying (IRS) is when the inside walls of homes are sprayed with insecticides.

IRS does not directly prevent people from being bitten by mosquitoes. The idea is that mosquito species will rest on a nearby surface after feeding and be killed by the insecticide before they can bite and transfer the parasite onto someone else.

IRS needs to take place in a large number of households in a community if it is going to be effective.

In 2013, WHO figures showed 124-million people were protected from malaria by indoor residual spraying around the world, 55 million of those were in Africa.

TESTING AND TREATMENT

The percentage of suspected malaria cases receiving diagnostic tests has significantly increased in the last five years.

In the WHO African Region, it has jumped from 47% in 2010 to 62% in 2013. This is mainly due to an increase in the use of rapid diagnostic tests (RDTs).

RDTs assist in the diagnosis of malaria by providing evidence of the presence of malaria parasites in blood. Blood is usually

taken from a finger-prick and these tests are a useful alternative when good quality microscopy services are not available.

WHO recommends artemisinin-based combination therapies (ACTs) for the treatment of uncomplicated malaria caused by the *Plasmodium falciparum* parasite.

By combining two active ingredients with different mechanisms of action, ACTs are the most effective antimalarial medicines available today.

An increasing number of malaria cases are now being treated with ACTs, but millions of people continue to lack access to these interventions.

For example, the percentage of children with *Plasmodium falciparum* malaria receiving an ACT in sub-Saharan Africa remained below 20% in 2013, largely because feverish children are not brought in for care.

SOME CONCERNS

The cost to maintain measures implemented to beat malaria, let alone build on them, amounts to millions of US dollars every year, and the current state of funding is inadequate.

WHO's report states that the annual funding for malaria control in 2013 (US\$2.7 billion) was three times the amount spent in 2005. However, this represented only 53% of global funding needs, leaving a gap of US\$2.4 billion.

A second concern is that the malaria parasite has begun to develop resistance to the currently available insecticides and drugs, and these resistant strains will spread.

Thirdly, progress on malaria is at risk in countries affected by the Ebola virus. The recent outbreak in West Africa has had a devastating impact on treatment and the rollout of other malaria interventions.

Lastly, WHO notes that tracking progress is a major challenge. It says stronger malaria surveillance systems are needed for an effective response to prevent outbreaks and resurgences, and to make sure governments are fulfilling their commitments.

Although progress has been impressive, much work remains. Malaria is both curable and preventable, and the world needs to build on these gains in order to eradicate this deadly disease.



BETWEEN 2001 AND 2013, AN ESTIMATED 4.2-MILLION LIVES WERE SAVED AS A RESULT OF A SCALE-UP OF MALARIA INTERVENTIONS

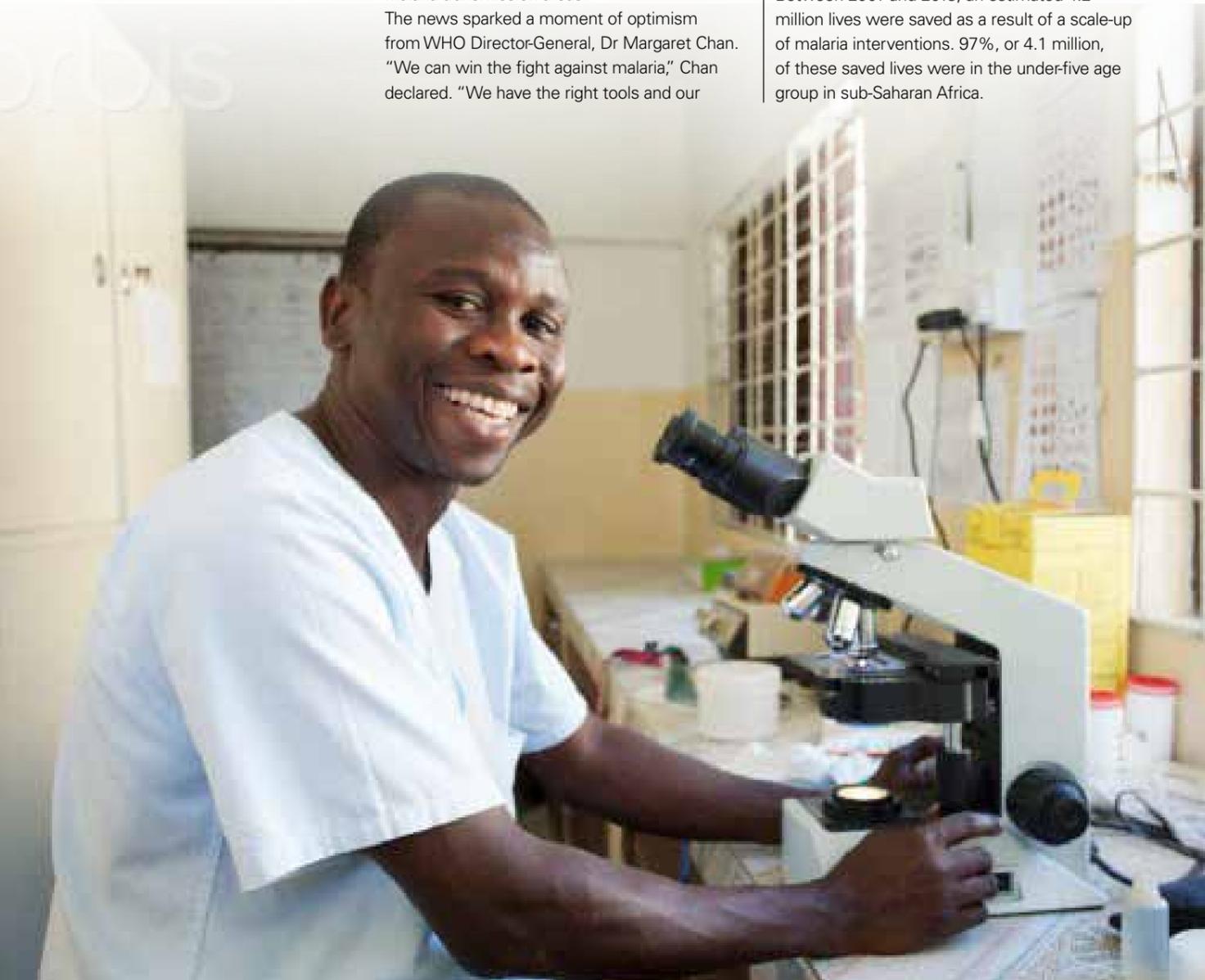


WHO definitions

Malaria elimination is the interruption of local mosquito-borne malaria transmission in a defined geographical area – i.e. zero incidence of locally contracted cases.

Malaria eradication is defined as the permanent reduction to zero of the worldwide incidence of malaria infection caused by a specific agent – i.e. applies to a particular malaria parasite species.

(Sources: WHO, rollbackmalaria.org, East African Community Health Sector, gatesfoundation.org)



HELPING LIBERTY BLUE PROTECT YOUR HEALTH COVER

MANAGING FRAUD RISK



To protect your benefits and ensure that your cover is always in the right hands, Liberty Health has a dedicated forensic team responsible for managing fraud risk in countries where Liberty Blue operates. Please be on the lookout for the following red flags and warning signs that can be reported anonymously:

- Abuse by members and providers
- Claims fraud
- Over-servicing by providers
- Collusion between members and providers (agreeing with your doctor or service provider to send in a false claim and then sharing the proceeds once the claim is paid)
- Theft, fraud and corruption.

UNETHICAL BEHAVIOUR

Unethical behaviour is an action that falls outside of what is considered morally right. The following are indicators of unethical behaviour that constitutes fraud:

- Using someone else's medical aid card or letting someone else use your card
- A provider giving non-medical services (e.g. selling nappies) and claiming for it
- Not disclosing accurate information on your application form
- Submitting false information on your claim form.

DID YOU KNOW?

- You should check your claims statement to ensure you are not billed for a service that you have not received.
- The more fraudulent claims are paid, the more you pay for medical cover.
- You can help us prevent fraud by reporting it.

REPORTING ALLEGATIONS OR SUSPICIONS FOR INVESTIGATION

To report matters directly to us, you can contact us on fraud@libertyhealthblue.com or use the following anonymous fraud hotline numbers:

Kenya	0800 2213 268
Mauritius	800 2122
Mozambique	800 411 411
Namibia	0800 001 124
Zambia	350 377
Zimbabwe	0800 4104
Uganda	0800 200 160

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