



REPORT 2019

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DAY 1

AHF Opening Ceremony

SPEAKERS



Hon. Amir Aman Hagos
Minister for Health
Ministry of Health, Ethiopia



Hon. Amira El Fadil
African Union Commissioner
for Social Affairs



Dr. Amit N. Thakker
President
Africa Healthcare Federation

MODERATOR



Dr. Markos Feleke
Chairman
Ethiopia Healthcare Federation



A Welcome From Our Ethiopian Hosts *Dawit Moges & Dr. Markos Feleke*



“Welcome to your home, Ethiopia, the land of origins, where humankind began. So welcome home!”

Dawit Moges
Secretary, Ethiopia Healthcare Federation

Welcome to the opening of the first Africa Healthcare Federation (AHF) Summit. We are proud to have delegations from 51 countries, 35 of which are from Africa. Today is about acknowledging the progress that has been made, while also determining a way forward. We can be proud of our past, but there is much work to be done.

Partnership is key to providing a platform to achieve the dream of universal health coverage (UHC). AHF has grown into a continental platform that unifies the private sector and provides an effective way to engage with governments and the African Union. AHF currently has more than 16 members, but still looks forward to growing its membership. We speak on behalf of the private sector, giving a unified voice to the many companies, organizations, and industries it represents.

The economic engine of every country is health. A healthy population is a productive, active, and innovative population. This should provide us with the motivation and drive to ensure we achieve healthcare for all.

The Ethiopian Healthcare Federation represents more than 1,000 healthcare actors in Ethiopia.

Ethiopia's government has shown it is committed to joint action with the private sector, as well as development partners. The involvement of the private sector in healthcare delivery is progressing. We are committed to working with the government to harness PPP models. In Ethiopia, the delivery of quality specialty care is the focus. A lack of specialty care has resulted in significant social, economic, and psychological burdens on the population because people have to go to other countries for their care. One of the things we hope to accomplish in the future, in partnership with the public sector, is an alignment of actions at the policy level.

The focus of this symposium is integration: integrating regions, integrating sectors, and integrating systems across the continent.

This can only happen if we leverage the use of free trade agreements, share best practices, have structured and consistent communication, and foster trust.

The Africa Healthcare Federation, Voice of the Private Sector



“Nothing can be done without TRUST!”

Dr. Amit N. Thakker,
President

AHF is building a strong relationship between the public and private sectors, not only at the national level, but at the overall Africa level. Within just four or five years, we have made significant progress. There was a time when it was difficult to convince Ministries of Health (MOH) to attend our meetings. In the last few years, however, this has changed. MOH wants to learn what works in the private sector, unlocking efficiencies. They also are willing to work with the private sector to bring them in line with national priorities. This has meant we have had more active participation from the public sector and today we have the honor of spending time with leaders who are making a difference.

Nothing can be done without trust. In order to make change, we need to trust each other. We have heard a lot about PPPs. We've heard that PPPs are the way to go. But do we actually know what that means? The private sector has organized itself into associations and federations. Thirty-five countries in Africa have formal private health sector entities that are engaging with their respective governments. It's difficult for the government to engage with a private sector that is fragmented. As the private sector, we have a responsibility to unify, sorting out our internal challenges when it comes to coordination and trust, in order for us to engage effectively with the government.

The private sector has been accused of only looking after the rich and only being interested in money. But the vast majority is interested in strengthening both the private and public sector, removing businesses that are fake or operating in corrupt or illegal ways, and contributing to better health. Legitimate private sector organizations are investing in their countries, hoping to make money, yes, but also very invested in doing good. The private sector is not just interested in making money, we also want to strengthen health systems. Working together, we will ensure that we leave no one behind.

Welcome from the Ethiopian Government



“It is a pleasure that Ethiopia has created the Ethiopia Healthcare Federation to show change through this platform.”

H.E. Tadesse Lia,
State Minister for Health

It is wonderful to hear that more than 50 countries and 80 organizations are represented in this symposium. Many countries have started creating effective organizational structures in the form of associations of private sector organizations in order to engage effectively and productively with the government. It is a pleasure that Ethiopia has created the Ethiopia Healthcare Federation to show change through this platform. We are committed to working with the private sector to accelerate UHC, especially in tertiary care, high impact private health interventions, and the pharmaceutical industry.

For the private and public sector to work together, trust is key. We want to take these partnerships beyond theory and into practice, learning from the success stories of other entities in Africa as we move forward. It is an honor for Ethiopia to be hosting this event. Working together, we will realize the Africa we want.





Hon. Amira Elfadil,
Commissioner of Social Affairs,
African Union Commission

“If we all work together,
we can create a
healthier, happier,
more successful Africa.”

Having participated in the AHB symposium last year, I am thankful to return and represent the African Union (AU) once again. We want to promote the health of the African Union, bringing together the private sector and public sector and fostering goodwill between all stakeholders.

The government sector has historically been easier to engage with because it is more organized and coordinated, while the private sector is naturally more fragmented. There has been significant progress through the creation of private sector associations and federations, but there is opportunity for more integration at the private sector level. Congratulations to those regions who have already formed their federations. Governments alone cannot achieve the targets and goals we have set for ourselves. We need the private sector, development partners, and civil society organizations to work with us.

The theme of this symposium is “Integrating Africa” and we are pleased to confirm the successful signing of the Africa Continental Free Trade Agreement (AfCFTA), which will come into effect in 2020. This is a significant achievement led by the African Union. Most of the states that came signed on the spot. Thirty member states have ratified it and 58 have signed. Our inspiration is social, political, and economic integration between all African countries. We are continually moving toward the Africa we want. In line with Agenda 2063, we have also promoted the free movement of people across Africa. Eventually, we want the free movement of people, commodities, goods, and so on. Then we will have one Africa.

Another way that Africa is being integrated and strengthened is through continent-wide technical institutions. The Africa Center for Disease Control (CDC) is a first for the continent and is functioning well to combat disease across the continent. The work they have been doing in the DRC to address the Ebola crisis is a good example of the need for these types of organizations. We are now working on the Africa Medical Agency (AMA), which was adopted in early 2019. It has taken three years of negotiations to reach an agreement on the details of this institution. This will form a regulatory body for African pharmaceuticals, and we hope that more pharmaceutical manufacturing will take place within Africa, rather than only importing from outside the continent. The African Union needs the pharmaceutical industry to come on board and work together to make this a success.

As we move towards the Africa we want, progress is slow in some areas, but fast in others. There are many exciting things happening, but there is significant room to grow. We need to see more women in leadership. We need to create effective frameworks for collaboration between sectors. We need more resources. Symposiums like this can provide the space for conversations that can overcome these challenges. Ministers coming from member states, you have a role to play.

Private sector organizations, please work with us, rather than in parallel or contradictory initiatives. If we all work together, we can create a healthier, happier, more successful Africa.

“We need to see more women in leadership. We need to create effective frameworks for collaboration between sectors. We need more resources. Symposiums like this can provide the space for conversations that can overcome these challenges.”

Fostering Investments Through Regional Integration

SPEAKERS



Hon. Manthabiseng Arcylia Phohleli
Deputy Minister for Health,
Lesotho



Amadou Diagne
Senior Partner
Gilend Sciences Inc, USA



Michael J. Katende
Principal Health Officer
EAC Secretariat

MODERATOR



Prof. Khama Rogo
Lead Health Specialist
World Bank

INTRODUCTION

- Health is a human right, and no one should be left behind. Therefore, health should be included in all constitutions in all countries.
- Universal health coverage (UHC) is achieved when all citizens have access to quality care that does not result in financial hardship. UHC is expensive for countries to deliver to the whole population, so private investment is needed to achieve this goal.
- There is an AU meeting to attract donor investment to help fight the Ebola outbreak in the DRC. However, it is hoped that in the future, Africa will be so integrated that we will not need special meetings to raise funds.
- Resources need to be mobilized within the region in order to provide all with access to care.
- Africa is a rich continent in many ways (mineral resources), but has the difficult task of translating what is underground to improving the health of its people.

“Yes, Lesotho is a small country in South Africa but, yes, we do need private sector investment in healthcare as the government cannot do this alone.”

Hon. Manthabiseng Arcylia Phohleli

“Ministries of finance consider healthcare as a consuming sector, but it has shown the most consistent growth even when the economy is poor. Where is the opportunity to build business partnerships to ensure more local businesses in the healthcare sector are created?”

Amadou Diagne



Main Points:

“Money spent by Africans on healthcare outside Africa is as much as some countries’ health budget.”

- The platforms and frameworks for engaging private investors are there in East Africa, but they are not fully utilized.
- Public-private partnerships (PPPs) can help provide treatment for millions of people across Africa for diseases such as HIV and Hepatitis B and C.
- PPPs can help create and strengthen African institutions that will train healthcare workers and healthcare business innovators of the future.
- The Common Market Protocol of East Africa, which allows for free movement of people and services as well as improvements in the regional transport networks, favors and incentivises local investment.
- Japan is interested in forming PPPs in emerging markets such as Africa, but there is a need to develop trust, particularly with international business interested in investing in the continent for the first time. A round table meeting with Japanese delegates and interested parties was announced.

“Countries with small populations in Africa, such as Lesotho, are open and ready for business. Africans need to trust in their own capabilities and invest in health systems, infrastructure, and capacity”



Dr. Matshidiso Moeti,
Regional Director, WHO
Video Address Statement

- In February 2019 at the AU summit, heads of state adopted a declaration on increasing domestic funding. They also discussed the private sector’s role in healthcare and committed together to improve health outcomes.
- Leaders in business in Africa, together with the UN Economic Commission for Africa (UNECA), launched the Africa Business Coalition for health to create a platform for high level collaboration, mutual accountability, and to encourage investment along the value chain for health.
- In Africa, the private sector delivers 50% of health services and so governments working with business partners will be key in bringing UHC.
- The private sector can provide skills, management, and research that can improve health by expanding access to specialised and quality services. They can also add value in areas such as supply chain and logistics, laboratory and diagnostic services, as well as communications technologies.
- Conducive legal and policy environments are needed, as well as regulatory mechanisms and supportive local industry. We also need to build more trust between and among sectors.
- Strengthening of health IT systems is needed to adequately capture data on public-private sector performance and the establishment of effective accountability frameworks.
- Financial management capacities across both sectors is critical for ensuring efficient service delivery and bottlenecks here need to be addressed.
- Vulnerable populations need to be at the forefront when developing UHC, as we need to ensure people are protected from financial hardship when accessing services, as well as providing ROI.
- WHO is committed to continuously supporting countries to put in place laws, frameworks, and accountability systems to attract local and foreign investment in health and to strengthen institutional capacity for policy dialogue with the private sector.
- WHO will continue to support engagement of the private sector by documenting experiences across countries and analyzing how we are progressing together towards UHC.

Statement from the Kenyan Hon. Sicily Kariuki, Minister of Health



Hon. Sicily Kariuki,
Kenya Minister of Health



Read by George M. Orina,
Ambassador for Kenya to Ethiopia

- The private sector has been major player of quality health care services contributing greatly to healthcare in Kenya, with 50% of facilities being privately funded.
- The private sector is involved in the training of mid-level healthcare workers which supplements the training in government colleges.
- Quality healthcare is a right which is stated in the Kenyan constitution.
- UHC Policy framework 2030 and the Kenyan Health Policy call for healthcare for all.
- There is political will in Kenya, with UHC being set as one of the big four on the political agenda, so we are committed to working with all healthcare stakeholders.
- UHC in Kenya will begin in two counties and, subsequently, a full rollout will take place in all 47 counties.
- To build effective health systems, we need to build effective partnerships. We have been

working with AHF to ensure a conducive environment for private investment.

- Non-communicable diseases are becoming a real issue in Kenya and there is competition for resources.

Partnerships have helped in achieving;

1. Reductions in maternal and child mortality rates.
2. The scaling of antiretroviral (ARV) drugs to cover 1.1 million patients. The proportion of HIV infected mothers taking ARVs has increased significantly, resulting in the reduction of HIV vertical transmission.
3. The increase in skilled deliveries has resulted in the reduction of maternal mortality rates.
4. An increase in the number of specialized equipment, such as dialysis machines.



Co-Creating Health Systems for Fragile and Vulnerable Settings

How Can the Government and Private Health Sector Work Together?

SPEAKERS



John N. Nkengasong
Director, Africa Centre
for Disease Control



Frank Loeffler
Country Manager, East Africa Roche



Mohamed S Abdilahi
Deputy Minister for Health,
Somalia



Varsay Sirleaf
CEO, Snapper
Hill Clinic, Liberia



Sahra Noor
Founder and Principal,
Grit Partners Consulting

MODERATOR

When talking about fragile and vulnerable settings, places like Somalia, South Sudan, and other war-affected countries frequently come to mind. However, a fragile setting is really one with weak institutions, which can be caused by war, but also by other factors such as poverty and climate change.

We need to dispel the misconception that fragility is always associated with war and conflict.

Additionally, when health systems are non-existent in certain areas of a country, such as in urban slums or remote or rural regions, then we see the effect: high disease burden, high maternal and child mortality, and so on. **So many countries may not**

be fragile as a whole, but have vulnerable areas within their country.

Vulnerability and fragility is not just a problem for humanitarian actors to address, but also for government, development partners, civil society, and the private sector. It takes a village to build dynamic, equitable health systems that the African continent needs. These collaborations require significant effort to establish and maintain. There needs to be trust, accountability, sharing of best practices, communication, and mitigation of risk from all sides.

The Need for Political Commitment and Appropriate Systems

Investing in strengthening health systems is a wise economic investment. Not investing in the health sector is bad for the economy. It's not just about political leadership, but also about commitment. Diseases with known interventions, such as measles, are reemerging and affecting many countries. The reason for this is that there isn't enough commitment.

Disease threats are serious economic threats. For the Ebola outbreak, for example, 53 billion dollars within three cycles of funding have been spent.

When talking about fragile states and what that means, the examples of SARS can be taken. The SARS outbreak occurred in 2002 in South East Asia. In February, a cluster with six deaths were identified in a city in China. The doctor who treated these patients fell sick in a hotel in Hong Kong. Then a few weeks later, cases were reported from Vietnam. Therefore, it is not about whether a country is fragile or not but whether you have the right system in place or not. Fragile countries should form appropriate partnerships with private companies such that threats are rapidly identified and, therefore, do not become a global threat. We have to look at this collectively and not just for fragile states.

Experience of Somalia



The international community and the private sector have made a positive impact through their engagement during Somalia's long civil war. The government, for the past 20 years, has seen the private sector as very important. When government and private join hands, incredible things can be done.

In 1991, the government collapsed in Somalia. Before that, the central government provided most services, including health. Therefore, citizens only looked to the government and, when that collapsed, there was nowhere to go. But as resilient people, they founded private businesses; not just in health, but in many different areas.

The government's job should be to have laws and rules in place. We should not blame the private

EXAMPLE OF

In places like Libya, Sudan, Yemen, Syria, Iraq, and Afghanistan, Roche has been able to reach patients and set up supply chains, so that services could be kept running. There may be issues, for example, with transportation being compromised due to security, but we still managed to reach patients. Looking at other countries like Somalia and Eritrea, we are almost not present. The difference for this can be understood by looking at what our relationship with the country was before it became a fragile country. It is easier to continue engagement with a country we previously had an active relationship with prior to it becoming fragile.

Having business partners in private clinics, wholesalers, or government, we found that we can maintain our interventions.

We could always build on the experience we had before and we could pin-point what was not working, be it logistics or financial. We can then work on those things.

sector for when the government is corrupt or does not have rules set in place. In Mogadishu, there are counterfeit medications, but it is the government's responsibility to control and monitor these things. African institutions are weak and there is a need to work on this to build better systems.

External partners often view the public sector with suspicion, but this is less the case with the private sector. The government machinery is slow, while the private sector is quicker without the same bureaucracies involved. **For Somalia, work is ongoing to build a Ministry of Health, which will hopefully be as strong as other countries. This is feasible, as other countries who have not suffered civil wars are actually not too far ahead.** Somalia has strong involvement from the private

sector and there is a need to regulate it and set some laws. However, the strong presence of the private sector is something the country appreciates as Somalia works to get back some of its institutions.

The plan for the future is to create strong institutions that can adapt, be trusted, and are sustainable. We want institutions that are not dependent on any certain individual and can run on their own. That is the future and hopefully other fellow African countries can learn from that.

Somalia is still working on public-private partnership. A clear understanding of the role of the private sector and the role of public sector is needed. For example, the government of Somalia's contribution to the health sector was very small

(1.16%), which shows how much further we need to go. The priority is in ensuring that patients and vulnerable groups, such as internally displaced persons, have access to care. And if a private company offers that, then they are welcome.

It is easier to learn when you lose everything. It is also important who you are learning from. We are learning from our past history and are not aiming to replicate the experience of those whose systems are not doing well. We believe that we can progress much faster once the system has been established. With the help of partners, we are bringing in people to work for us and the diaspora are also coming back because someone has to walk the walk.

Assessment of Private Health Facilities in Liberia



The assessment looked at how care was delivered in Liberia and found that 40-50% of all healthcare delivery is run by private companies. The findings from the assessment seem to apply in many fragile countries or countries whose institutions are not self-sustaining.

The first thing that came out of the assessment was that there needs to be a clear policy on how to engage with the private sector. A number of ministries operate on the delivery of care and in terms of capacity building for healthcare workers, but there was no clear guideline on how to interact with private partners. Therefore, **having a private sector policy is key.**

The second finding of the assessment was on the delivery of commodities. Commodities from different ministries are available to address needs in HIV, family planning, malaria, etc. But there was no consistency in how the private sector was delivering the commodities to the community at large. **Having a consistent delivery is important,** and this could be a subset of the needed private sector engagement policy.

The third finding of the assessment was on the **exchange of information and feedback.** There was not a lot of information going between private and public sectors. District healthcare workers would visit health facilities and collect detailed information, but there was never a feedback loop. There were no surveillance reports or feedback on disease trends or how services should be changed to address issues.

The fourth finding of the assessment was on sharing resources. Leveraging **the resources the public sector gains (e.g. on training of healthcare workers) can be spread out to the private sector such that the entire sector's capacity is built** and not just the public sector.

These issues are pretty consistent across countries in Africa, especially because institutes across the country are found to be lacking. If these are addressed, then it can contribute to addressing and moving forward on achieving UHC.

Balance of Power Between Public and Private Sectors

There needs to be a body that provides some framework for the private sector to operate within. We need to respect the sovereignty of individual countries and it is also necessary for the private sector to work within the rules and laws of the country.

When speaking of the private sector, it should be noted that this term includes a diverse set of people and organizations. If the private sector can invest in a horizontal system then everybody benefits. For example, if Roche has a good supply chain system, that could be something it can set up in other contexts and can be utilized within fragile states.

Fragile states offer a unique opportunity to have new innovations tested, such as drone systems. The perspective should be that by forming partnerships, the private sector can benefit, but at the same time can reinvest that money to building up systems in the country.

Infrastructure and System Challenges

The same regulatory rules that apply in the US, EU, or Germany cannot be requested of countries in other settings. Companies should have to ask “what works best in this setting?”.

At the end of the day, patients deserve access to healthcare. Secondly, when offering products to countries, the proposals should incorporate the training, capacity building, etc. into the package. The aim should be to form partnerships, not just sell drugs, etc. Governments should also approach the private sector to let them know what their country needs so that the needs can be addressed.

Challenge of Effective PPPs

If private and public health sector partnerships are to work well, then there is the need to identify where the barriers lie. There is a need to make an adaptive change. Admitting the existence of the problem is an important step. We should admit the challenges when bringing partners into problematic areas. We cannot hope to fix all governance issues before we engage in those areas, but it is a work in progress.

It is not always that the government is bad at managing, but the machinery of the government is heavier than the private sector. There is a need for platforms like this symposium in order to have open discussions, and the government needs to be transparent about its weakness. Strong and transparent institutions are needed.

Addressing the Challenge of Disease Outbreaks

While acknowledging that there are fragile states, **there are also countries which may be strong in general, but if the appropriate system is not in place, then that could also be fragile in addressing the problem at hand.** There is a need to recognize the different areas that exist within the private sector (grass roots, multinational, etc). Moreover, work needs to be conducted so that the appropriate partnerships with the private sector are supported by the government and other private sector entities.

Additionally, there is a need to **look at innovation as one way to create strong systems.** Technology should be used to deliver services to the neediest populations in remote areas. Social innovations can also support the creation of strong systems. The newly launched African Public Health Foundation (APHF) will become a vehicle for building partnerships between the public and private sectors. For example, in Somalia and the DRC, workforce development can be one major area for PPP.

Cultivating Risk-Mitigating Marketplaces in Fragile States

For many countries, there is first the need to create a marketplace. The establishment of such markets can be facilitated by organizations like the healthcare federations, but also through governmental bodies such that the demand and supply can come together. If technology is brought into it, online markets can also be explored.

In terms of transactions, there are challenges, but those can be resolved by working with WHO, Amref, Red Cross, MSF, etc. who often have existing supply chains. These organizations would be compensated for when their infrastructures are used, but this is much better than setting up parallel systems.

On the finance side, the private sector has a role to play. For example, in Sudan where there was a shortage of foreign currency, the UN played the role of a bank, where they exchanged USD for local currency which was then used in the local market. The WHO has also stepped in in Yemen to overcome some transactional challenges in the past. But all of these areas for intervention need to be customized to the setting and not generalized for all settings.



Primary Takeaways

- Strong institutions and systems are needed to ensure that threats are identified early and acted upon.
- Problems faced by fragile states present an opportunity to come up with and implement innovations designed to address unique challenges.
- Fragile states have the opportunity to revolutionize their health system as they will be building these from the ground up, instead of trying to change systems which have been running for a long time.
- There is the need to collaborate to develop a roadmap, such that the workforce development in the continent can be accelerated.



Roundup of Regional Healthcare Federations

SPEAKERS

EASTERN AFRICA



Dr. Peter Kamunyo
Director
East Africa Healthcare
Federation



Danny Mutembe
Director
Rwanda Healthcare
Federation

WESTERN AFRICA



Clare Omatseye
President
West African Private
Healthcare Federation



Dr. Lucien Dossou-Gbete
President
PSSP Benin

SOUTHERN AFRICA



Prof. Morgan Chetty
Chairperson
Healthcare Federation
of South Africa



Dr. Mohamed El Sahili
CEO
Medland Hospital
(Zambia)

CENTRAL AFRICA



Dr. Jean Daniel Ovaga
Director
ASPS-Congo
(Congo Brazzaville)

MODERATOR



Dr. Amit N. Thakker
President
Africa Healthcare Federation

NORTHERN AFRICA



Layla Sentissi
Director
AMIP (Morocco)



Dr. Hatem El Gabaly
Director
Private Health Sector
Egypt (Egypt)



Dr. Ghada Ganzouri
Director
Union of Private
Healthcare Providers
(Egypt)

VOTE OF THANKS



Dr. Ian Clarke
Chairman
Uganda Healthcare
Federation



Ikuo Takizawa
Deputy Director
General, Human
Development
Department, JICA

This session welcomed a wide array of speakers each representing several healthcare federations in Africa. The below overview focuses on the main points of the presentations.

Recognition Update: AHF has won the Association of the Year award by the Association Awards Africa 2019.



Regional Updates:

WESTERN AFRICA Clare Omatseye - President, West Africa Healthcare Federation (FOASPS)

- West Africa Regional Summit was held in July 2019 where new elections took place and a new President, Vice President and Second Vice President were chosen.
- Inception of Healthcare Federation of Liberia has started, first AGM to be held in Q1 2020. Interim Chairperson: Dr. Nicole Cooper

NORTH AFRICA

In the absence of a unified regional North African Federation, three country representatives spoke on the progress of private health sector unification in their countries.

Speakers: Dr. Hatem El Gabaly & Dr. Ghada Ganzouri – Egypt

- North Africa is traditionally a bit secluded from the rest of Africa, but we want to be united under the Africa Healthcare Federation as private health sector.
- The process of establishing the Egyptian Healthcare Federation has been set in motion.

Speaker: Layla Sentissi – Morocco

- There is not a unified private healthcare federation combining all health sectors in the private sector yet, but there are several associations representing sub sectors of the health sector such as AMIP that is representing the Moroccan pharma industry.

Speaker: Dr. Amit N. Thakker, Africa Healthcare Federation

- AHF has the momentum and commitment from individuals that represent the private health sector.
- What is missing is significant financial support to move to the next level as a federation in order to create real, sustainable and achievable impact towards a stronger enabling environment for the private health sector.
- If you believe in our cause – to leapfrog and make a difference – especially development partners come and support us financially as we have been self-financed since the start but this can only reach a certain level and we want to do more!

EAST AFRICA Speaker- Dr. Ian Clarke - Director, East Africa Healthcare Federation (EAHF)

- EAHF is the longest serving regional federation, having strong national secretariats in Kenya, Uganda, and Tanzania (founding members).
- Ethiopia Healthcare Federation is the youngest member of EAHF.

SOUTH AFRICA Prof. Morgan Chetty, Chairman Healthcare Federation of South Africa

- April 2018 - Healthcare Federation of South Africa (HFSA) was incubated
- October 2018 - HFSA concept endorsed
- July 2019 - Launch of HFSA
- Vision: To create partnerships with various stakeholders to achieve universal accessible quality healthcare for all.

CENTRAL AFRICA

In the absence of a unified regional Central African Federation, two country presidents spoke on the progress of the private health sector unification in their countries.

Dr. Jean Youmba, President Private Healthcare Federation of Cameroon

- The private healthcare federation in Cameroon will be launched Q4 2019

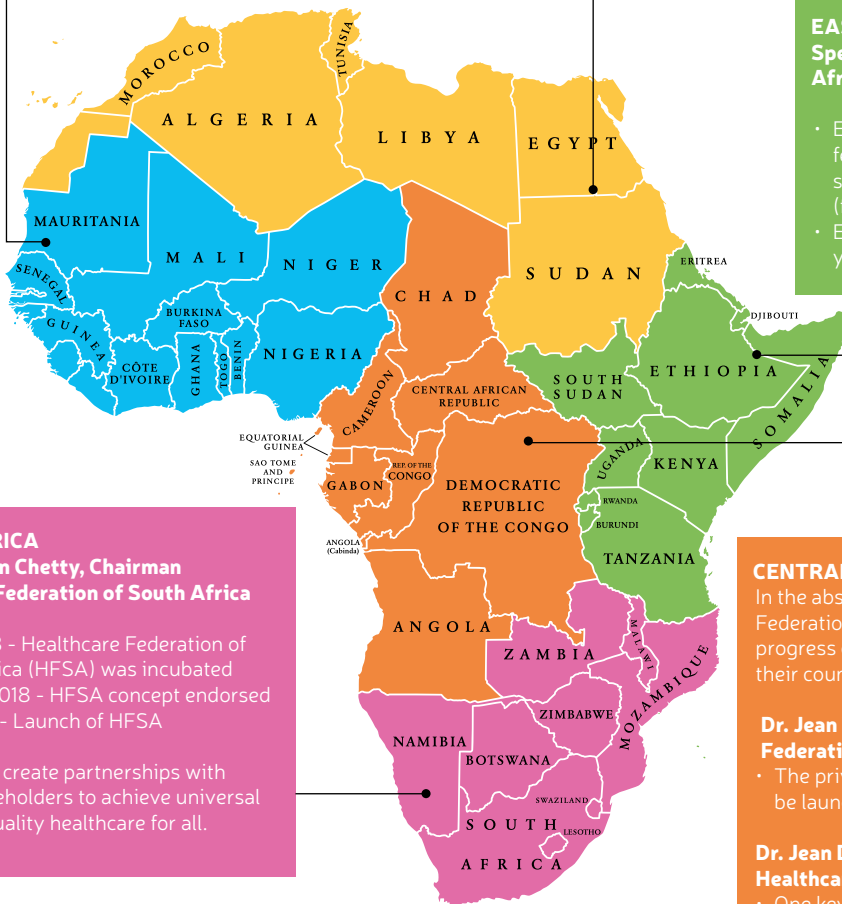
Dr. Jean Daniel Ovaga, President Private Healthcare Federation of Congo Brazzaville

- One key challenge in unifying the African private health sector is communication. Anglophone versus Francophone – we need to invest in clear communication strategies to avoid challenges.

VOTE OF THANKS

Speaker: Ikua Takizawa, Deputy Director General, Human Development, JICA

- Excellent to know more about so many private healthcare federations in Africa that promote partnerships.
- PPP is the way to go to improve health.
- In Japan the average age is high due to strong and workable PPPs in health that deliver quality and affordable care to the Japanese population.
- Looking forward to the strengthening of PPPs in health in Africa to follow the trend that has been put in place in Japan with a great role for the federations.



SPEAKERS



John N. Nkengasong
Director, ACDC



Amb. Dennis Awori
Chairman, Toyota Kenya

Announcement



The Africa Public Health Foundation

Capacity: Conduct disease surveillance and outbreak response in Africa.

The first foundation created by Africans, for Africans and run by Africans.

The foundation will ensure it has its own capacity to conduct disease surveillance and outbreak

The foundation will be a separate entity and has been registered in Mauritius. It will have a director and nine counsellors. Ambassador Awori, the current chair of Toyota Kenya, will play the role of counsellor (other counsellors to be invited). The founder of the Foundation is Dr. Bernard Haufiku, former Minister of Health in Namibia and current advisor to the Namibian President.

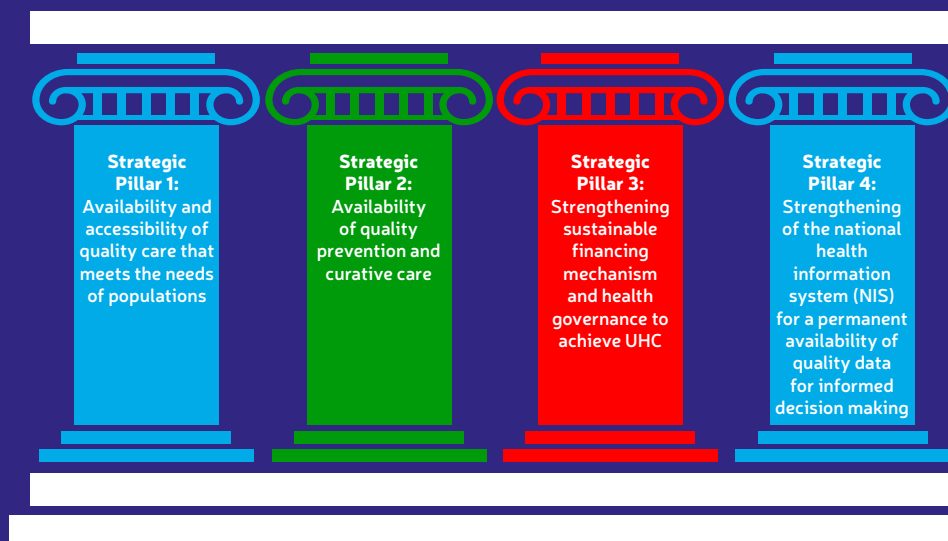
Africa CDC is the primary supporter, but it is key to establish more partnerships in order to grow.

MINISTRY OF HEALTH, DJIBOUTI



Dr. Sahel Bonti

DJIBOUTI FOUR STRATEGIC PILLARS IN HEALTH



DAY 2

Integrating Health in Africa – The Role of the Private Sector AHBS Opening Ceremony

SPEAKERS



Dr. Karim Bendhaou
Head of Africa Affairs,
Merck



Samba Bathily
CEO and Founder,
ADS Group



Hon. Amir Aman Hagos
Minister of Health,
Ministry of Health Ethiopia



Dr. Amit N. Thakker
Executive Chairman,
Africa Health Business

MODERATOR

“Welcome, everyone, to the 4th edition of AHBS in Addis Ababa, the political capital of Africa.”

The focus of today will shift to companies, as compared to yesterday which mainly focused on countries. Yesterday, H. E. Mrs Amira El Fadil opened the Africa Healthcare Federation Summit and highlighted the need to work together with the private sector. She also introduced the African Medical Agency (AMA) and highlighted the regional blocks and the opportunity for business. This has laid the groundwork to introduce the different regional and country-specific health federations which are creating enabling environments in their own settings. Following on these discussions, today we will embrace the real art of doing business to engage those who are investing in Africa or are looking to invest in Africa.

Private sector players have often been labelled as simply greedy profiteers and we have been dealing with these challenges and trying to build trust between the private sector and governments, as well as within ourselves. Profit is being mistaken for plunder. It is sometimes the case that we are ashamed to say we are making real profit. The

reality is, the private sector is the engine of growth and, according to the World Bank’s indicators, if governments can create environments that increase the ease of doing business, then the private sector can be engaged in a way that is beneficial to all.

One of the biggest problems is regulation and legislation. Many take advantage of loopholes that exists between governments and the private sector. This results in substandard offerings, counterfeit medication, and other problems that can tarnish a PPP. If we, together, can weed these problematic and damaging practices out, then we can move faster towards UHC. Those people in the middle who do not pay the license fees in time, who pay off corrupt port officials to bring in counterfeit medication, those who employ non-qualified staff and charge the amount required for services provided by real experts, that is what we need to put a stop to.

“The same people cheating the public sector are cheating the private sector. Your enemy and our enemy are the same.”

It would be delightful to see the partnership between the public and private sectors bring the

trust that is needed. The people here today are fully dedicated to Africa's growth and development. We believe that Africa has risen already, we are not waiting for it to rise. As can be seen from the AHB symposiums throughout the years, they have gotten stronger and stronger.

We want to move away from the shackles of the past where we, as the private sector, thought that

public sector is where you go if you want trouble. We want to move away from public sector thinking that the private sector is only interested in seeing their stock value growing. Political leaders and young emerging leaders are repositioning to make Africa a continent of choice not only to live in but to invest in. There is no better time to cement these relationships.

The Role of Private Sector: Reflections from Africa

Dr. Karim Bendhaou, Merck

While managing a for-profit company for the past 20 years, we generated quite a substantial profit with a flexible business model.

"In 2007, I spoke with the board and explained to them the two different situations in Africa. One is the business which is profitable and the other is the underserved population and neglected diseases. I enquired whether we can reinvest some of our profits back to address the second issue. The board then granted me the go ahead. Subsequently, I went to the WHO to see what we can do together to improve the situation in Africa. Seeing the interest in neglected diseases, they explained the situation and we started to set up a PPP which, at that time, was still a very new concept.

We chose to work in Schistosomiasis control, which affects more than 200 million people. A strong partnership addressing different areas was established. We conducted research internally to adapt the tablet to the paediatric population and we provided health education and water treatment. "

By 2010, Merck had donated 250 million tablets (with 2 tablets needed to treat one child). As of today, 1 billion tablets have been donated. This means that approximately 400 million school-aged children have been treated in 46 countries throughout Africa.

Replace corporate social responsibility with socially responsible corporations. The key questions is: **How can you make a program sustainable?"** To shift from corporate responsibility to creating a socially responsible corporation, there is a need to move to a long-term program. As long as the business is making profit, we need to take care of the neglected areas in partnership with the

government. Corporations need to move away from engaging in short-term intervention for the sake of fulfilling their corporate responsibilities. They need to start creating socially responsible corporations with long-term and sustainable engagements.

Fake Medication

Counterfeit pharmaceutical products represent a worldwide problem. If you invest \$1 in tobacco, you earn \$10. Someone investing \$1 in cocaine will earn \$100 return. If caught, they may be jailed for 20 years. For \$1 invested in counterfeit drugs, the return is \$800. Those engaged in this work are hard to convict and they usually get around a two-year sentence.

It is essential to ensure controls exist around counterfeits. Countries have indicated that it is difficult to distinguish counterfeit drugs from genuine ones, as they look and feel the same. To confirm whether a drug is real or fake, there was the need to conduct lab tests and the result would only come in a month's time. By that time, the person selling the fake drugs has already disappeared. Therefore, an on-site system to prove whether drugs are fake or real is needed. Merck has designed a suitcase with 100 SPI which can be tested on site. Eight-hundred of these suitcases have been distributed across 100 countries.

At the early stages in 2010 in Nigeria, Merck launched a product for diabetes and the sales picked up. But about six months later, sales dropped immensely. It turned out that this was due to fake products. The fake products were actually being sold for a higher price, claiming to be a genuine product. Merck therefore adopted a technology created by a Ghanaian who was piloting the use of mobile authentication services. By scratching and sending the number, a response confirming whether the drug is genuine or fake was sent. Merck is now supporting this mobile authentication service (MAS).

Samba Bathily, CEO and Founder of ADS Group

African Development Solutions (ADS) was founded 15 years ago to promote and support innovations that contribute to African development. Three years ago, they established Equally, a digital health platform which is a suitcase that holds diagnostic equipment that can easily be transported to rural areas. It also enables digital health data recording.

For the past six years, we developed PPPs with governments (18 so far), and have been able to use solar technology to electrify 1,800 districts, impacting more than eight million people. The solar capabilities make this medical device effective even in very remote areas, bringing healthcare services to areas that were previously unable to receive what they needed.

We also want to change the perspective of health professionals and the local community from one of curative and treatment-oriented care to one focused on prevention. We often only go to doctors when there is a problem. But if we wait to treat

patients only when they need treatment, we will not be able to serve everyone. We want to focus on prevention because we cannot achieve UHC unless prevention is prioritised.

Therefore, we want to do yearly check ups with diagnosis of people using this technology. If we need to work with government, we need to be innovative and create a space where the government is not expected to be the only investor. We should be co-financing with the government instead of just expecting them to bear the whole burden. We applied this in Mali and we were able to transform the way the system works. People can now get a passport within six hours instead of the month it used to take.

These are the kind of efficiencies we want to bring to health. We want to bring services where they are needed. In one case in Burkina Faso, we used our existing presence in rural areas to roll out other programs. The same thing can happen in all areas of the health sector, making it affordable and accessible to all, which is what is needed in Africa.

Dr. Amir Aman Hagos Minister of Health, Ethiopia

For the past two or three decades, Ethiopia has focused on primary healthcare, reducing maternal and child mortality rates and making huge strides in reducing malaria, TB, and HIV. Ethiopia has also achieved all three MDGs related to health prior to the set deadline. Like many other African countries, however, Ethiopia continues to suffer from a triple burden: preventable communicable diseases, non-communicable diseases (NCDs), and injury.

There is usually a line that separates the government and the private sector. From the government side, there is the attitude that private companies are only here to collect money. This kind of perception exists across different government sectors. But it needs to change. The private sector does have some players who bring in fake medication, provide substandard services, and charge expensive fees. Although they are not representative of the entire private sector, they do significant damage to the perception that the government has of the private sector. The government of Ethiopia and MOH would like to be pioneers in showing that government and private sector can work together. We are committed to creating an enabling environment for business in Ethiopia.

I do not believe there is ever any service that we can call purely private or purely governmental. In any government system, the private sector can be

involved to make a system more efficient or provide more quality care. We can improve entrepreneurship so that good services are provided at all levels.

When it comes to the private sector, there is a need to work with government in the area of regulations. In terms of providing health services, the demand is so large that it is not possible to fulfil that with just government efforts. The private sector can contribute to filling this gap. One of our main challenges in Africa is youth unemployment, which can result in destabilization and conflicts. The private sector can help us create employment opportunities for youth.

Africa has a very large market. We are definitely not fighting for space in the market; we have not even addressed the need.

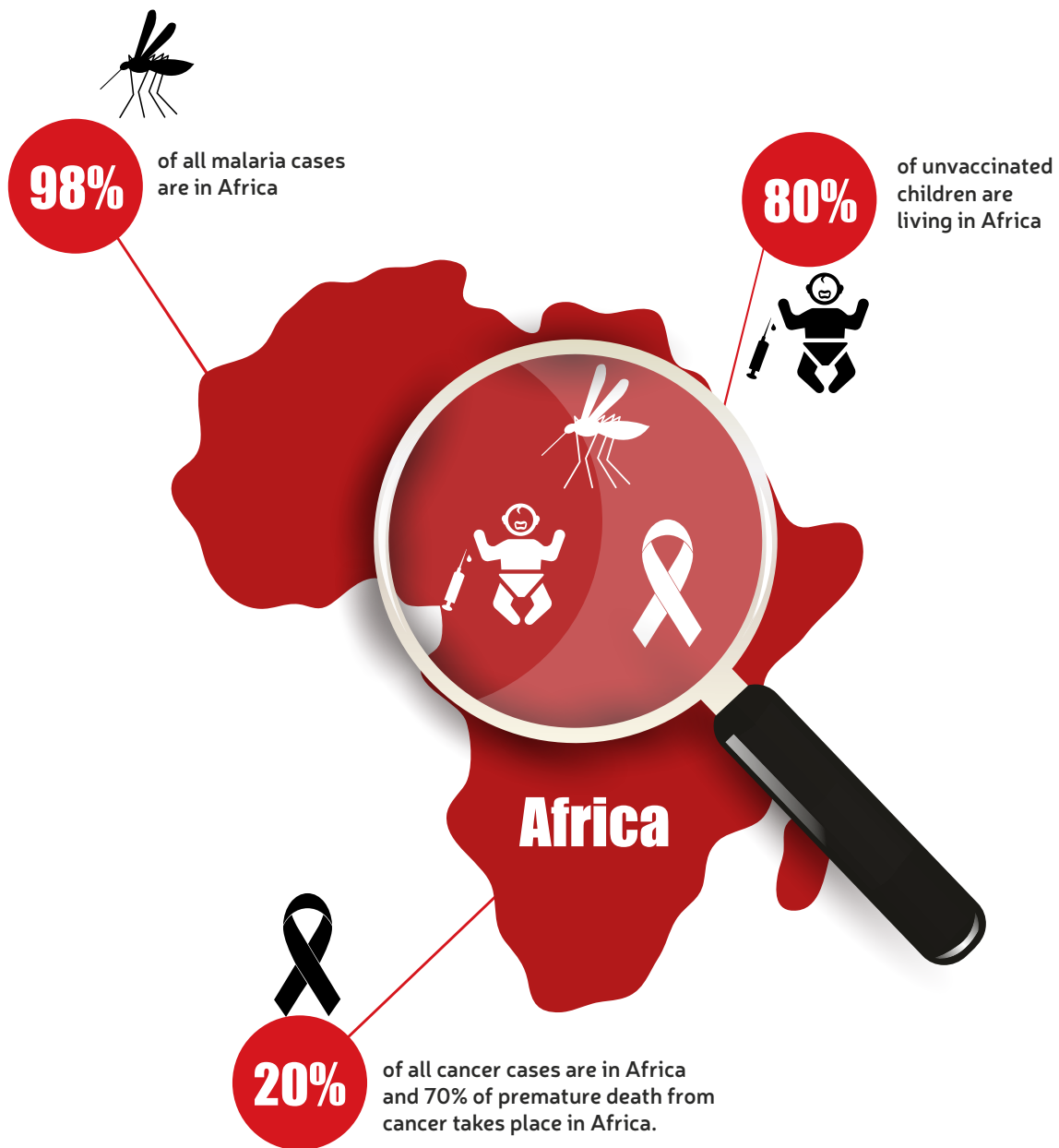
With the new direction set by Ethiopia's Prime Minister, we want to set an example that we can open up all markets, from primary healthcare to tertiary hospitals, to the private sector. I call on private companies, federations, and ministries of health to work together for Africa's prosperity.

I am not only speaking for investments be made in Ethiopia alone but that it should be done in other African countries, so that different countries can offer specialised services that the rest of Africa can then benefit from. Ethiopia is committed to this regional integration. We are participating in setting

up the Africa CDC and now we are working with the AU to make sure the regulatory scheme on the continent becomes fruitful. Ethiopia was the first one to sign the regulatory statute that says regulatory requirements that have been approved in other countries can come into their own country without having to go through a separate approval process. Moreover, the Ministry of Health has established a dedicated team to cultivate such partnerships. This is also reflected at the Ethiopian Investment Commission. To you companies doing business in Ethiopia, please encourage others to join as well and let us know the challenges

you have faced so that we can improve in those areas. I express my renewed commitment to work with ministries in African countries to ensure a prosperous Africa.

The Ministry of Health, Ethiopia declared the symposium officially opened!



Private Sector Partnerships for Africa: Examples from the Continent

SPEAKERS



Dr. Jabu Munalula
Medical Director
Medland Hospital



Denise Van Dijk
President
The Female Health
Company



Dr. Eric Anyira
Consultant Physician
Kakamega County
Teaching Hospital



Belinda Ngongo
Senior Technical Advisor
Medtronic Foundation



Chris Bonnett
Development Executive
GE Healthcare Africa
Business and Market



MODERATOR

Prof. Khama Rogo
Lead Health Sector
Specialist World Bank

Belinda Ngongo, Medtronic Foundation, Senior Technical Advisor

The Medtronic Foundation has its roots in the Medtronic company and focuses on expanding access to healthcare for underserved populations worldwide. We have therefore joined the UHC movement. We have looked at established systems that already exist and build their capacity. For example, we work with community health workers, providing training to ensure they are motivated and well integrated into healthcare systems in Africa. We also work with impactful, sustainable partners to achieve our ultimate goal of delivering quality healthcare outcomes. We want to ensure that projects are scalable and sustainable. We do this by making sure we are aligned with the government, that our partners are accountable, and through building capacity.

Medtronic Foundation signature programs are multi-country, multi-stakeholder, multi-year initiatives and focus on the following:

- **Integrated Care Models for Diabetes and Hypertension:** HealthRise is a program that aims to reduce premature mortality associated with diabetes and cardiovascular disease through community-based diabetes and hypertension diagnosis and management projects.
- **Rheumatic Heart Disease:** RHD Action is a coalition of global organizations working to improve Rheumatic Heart Disease (RHD) prevention and control globally, with nationally scalable demonstration models in Tanzania and Uganda.

A global resolution to strengthen primary and secondary prevention of RHD and to integrate RHD services into primary healthcare was agreed at the World Health Assembly in Geneva, Switzerland.

Chris Bonnett, GE Healthcare Africa, Business and Market Development Executive

GE brings innovative lifecare solutions to market. Africa has a massive disease burden, so GE runs sustainable projects on the continent that help to reduce this burden.

In Kenya, we have partnered with the Ministry of Health to upgrade the radiology infrastructure of 100 hospitals, resulting in 50% more access to these services, less referrals to tertiary hospitals and an overall 30% cost reduction to the patient.

In Ethiopia, we have partnered with the Pediatric Society of Ethiopia for a mother and child program which has focused on improving deliveries and has resulted in a reduction of 24% in the neonatal mortality rate. Ninety-five percent of our employees on the continent are from Africa, which is good for the economy. These are some of the things that good partnerships can bring to Africa.

Denise Van Dijk, The Female Health Company, President

The Female Health Company manufactures, distributes, and promotes the female condom (FC2), as well as educating health workers and community members on its use and efficacy. The product was first invented in response to a need during the AIDS epidemic in Africa in the early 1990s. It provides women with a way of protecting themselves from HIV and other STDs in a predominantly patriarchal society.

Studies have shown that you can get an economic return on investment with these products. In Kenya, a \$1 investment can result in a \$1.94 return. Prevention is better than treatment. In South Africa we distributed 40 million condoms per year. Before the project started, the prevalence of unprotected sex was 43%. After one year, the prevalence of unprotected sex reduced to 8%.

“When you base your business model on what is needed, then a return on investment can be achieved.

Aside from fulfilling a basic human right, when you focus on improving women’s health then not only do you see a

health impact but you also improve the economy of the country.”

Dr. Jabu Munalula, Medland Hospital, Medical Director

Non-communicable diseases (NCDs) are increasing in Africa and we need to be able to diagnose and treat these diseases here on the continent. Medland Hospital opened in 2017 and provides the full spectrum of clinical services, including oncology as well as a specialist cardiac centre, as a way of addressing this gap.

Our partnership with the Ministry of Health and other partners, such as Medtronic and GE healthcare, took four years to establish. Our main challenges were due to the bureaucracy from several government agencies. We have also faced issues in bringing in skilled professionals in to provide training. We need governments to work with us to help develop the PPP process to make things faster and easier.

“...it is about working with the right partner so that the [necessary] outcomes of [the country] are met. Ministries, please engage with us (private partners). We do have knowledge and expertise, but we also need help from the government.

In Zambia, we need a true healthcare federation to be able to engage in better dialogue with the government.”

Dr Eric Anyira, Kakamega County Teaching Hospital, Consultant Physician

Kakamega Hospital in Western Kenya is a good example of effective PPP. For many years, the focus in Africa has been on diagnosing and treating communicable diseases, but now we are starting to see an increase in the burden of NCDs

When people develop diabetes in Kenya they are unable to access good quality, affordable healthcare in the public sector hospitals.

Our PPP with MOH Kenya and Novo Nordisk has helped create a centre of excellence for diabetes diagnosis and treatment. The programme also includes education and awareness for the population and training of healthcare professionals and community health workers in comprehensive diabetes care. We are also scaling down services by training healthcare workers from lower tier clinics. The programme has ensured a steady supply of affordable insulin for patients. In 2015, there were

2,000 patients enrolled. This has now doubled to around 4,000 and we have also seen a decline in the number of patients presenting with diabetic complications.

“We are not a poor continent if finances are managed well; with less corruption then we would have sustainability.”



Challenges in Establishing PPPs:

- The average time to get a project off the ground is around three years and by this time ministry personnel may have changed.
- A more institutional mindset is required as getting approvals often relies on personal connections and if that person is replaced with another, the whole process often has to begin from the start, which translates into delays.
- Most challenges for private investors are legislative and regulatory.
- There are major dialogue constraints between the public and private sectors. There needs to be more dialogue and education so that private partners can understand what governments want, for governments to understand what private partners need, and for trust to be established.



Critical Needs Identified:

- We require innovations with supply chain solutions so that we can ensure low cost medications for our populations.
- Private partners need local partners to put in more investment.
- Solutions need to have a holistic approach not just focus on infrastructure and equipment, but also capacity, education, and awareness.
- Governments need to attract investment through incentives such as tax holidays, fast clearing at ports, and more relaxed legislations.



Key Takeaways:

- PPP can work and can provide many benefits regarding the health of populations, but it can take too long to get a project off the ground due to high levels of bureaucracy.
- More data is needed on PPPs so that other investors can see the benefits and also how things might be done better in the future.
- Establishing PPPs should not require a relationship with one person at a ministry; the relationship should be institutional. Better harmonization/ training within ministries is required so that when personnel changes, transitions can be more efficient.

Leveraging AfCFTA for Seamless Supply Chain Management

Dr. Magued George - African Pharmaceutical Market Analysis

In Africa, \$15.5 billion dollars of pharmaceuticals are imported into the continent each year. Africa is the largest importer of pharmaceuticals in the world. However, we are not exporting even 5% to other countries. We need to promote the export of medical and pharmaceutical supplies from Africa. We have agreements in place but we need to move to implementation. By 2030, the goal should be to increase inter-African trade of pharmaceuticals by 30%. Right now it is 0.631%.

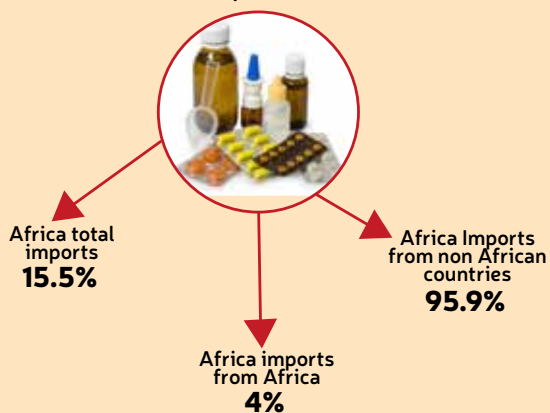
2018 Top African countries importing pharmaceuticals from Africa (value in USD mn)



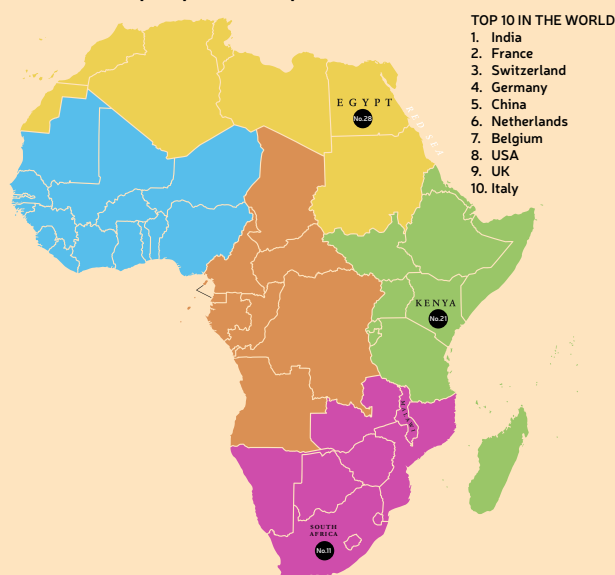
2018 Top African importing countries to pharmaceuticals value in USD billion



Africa trade in pharmaceuticals 2018



2018 Top exporters of pharmaceuticals to Africa



SPEAKERS



Clare Omatseye
President
West Africa Private
Healthcare Federation



Loice C Kikwai
Managing Partner
LCK Pharmaceutical
Consulting



Sanjeev Gadhia
CEO
Astral Aviation

MODERATOR



Dr. Ademola Oladjide
Country
Representative, Kenya
UNFPA

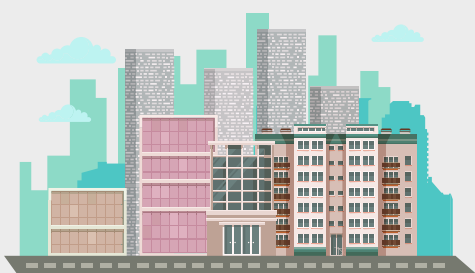
Dr. Ademola Oladjide Country Representative, UNFPA Kenya - Moderator

“If Africa is not united then we cannot truly break free from colonialism.”

It is not just about separating; it is about development. Across Africa, the financing targets set by the Abuja Declaration have largely not been met. So what can we do for healthcare financing? One way is through the African Continental Free Trade Agreement (AfCFTA), which was signed in 2018 in Kigali, Rwanda. Unless we can move goods between African countries, we cannot optimize our potential and will continue to be dependent on other countries and continents.

Clare Omatseye, President, West Africa Private Healthcare Federation

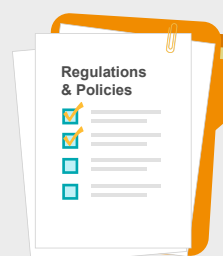
Challenges of trading within Africa



Some countries have poor infrastructure and hold goods at their ports for several months.



Taxation systems make it difficult to export drugs.



The ease of doing business varies widely throughout the African region due to different levels of infrastructure, regulations, policies, and receptivity of the government.

We can change this narrative by promoting the free movement of people, goods, and services across the continent.

However, inter-African trade needs to increase, which means that we need to reduce tariffs by around 90%. Integration, however, comes at a cost. We need to have regulatory reform and political reform. There can't be any individuals who get special treatment or favors. We will need to be even more mindful of

counterfeit drugs. Additionally, in the short term, our local SMEs (local small and medium size enterprises) may suffer.

Air travel and transportation are other key issues. How can you have drugs move from one place to the other if you do not have effective air, shipping, and land transportation? When traveling to some parts of the world, like Benin, one has to go on a much longer route due to border issues. This results in the inefficient use of resources.

The benefits of improving trade across the African region



The benefits of improving trade across the African region include economic growth, lowering costs due to competition, better paid jobs, new markets, improved efficiency and sales, and a reduction in input costs. We can close financial deficits if we take advantage of the free trade zone. Those who are poised to have policies and laws in place will find it easier to do business.

In order to accomplish a well-functioning AfCFTA, we cannot allow the government to do it themselves. It is important to include healthcare as part of all negotiations of this free trade agreement in order to ensure sustainability and buy-in. Think Pan African: how will you start involving individual countries in the plan? There is a need to form strategic alliances within Africa for a united African region.

As a health sector, we need to leverage technology in all aspects of the supply chain equation. We also need to stop allowing countries in the region to become dumping grounds for foreign drugs from India and China. We need stronger regulations and

controls.

There are a number of strengths in the African region that can be leveraged. Not only natural resources but also infrastructure. For example, Egypt has an effective canal system, South Africa has a wide airport network, and Kenya's cold chain is known for being strong.

Where the institutional capacities exists, start harmonizing policies. There is a lot of work that needs to be done to fix the supply chain in Africa to create a brand new product and service. The ultimate goal is to create a United States of Africa.



Sanjeev S. Gadhia
CEO, Astral Aviation

Astral Aviation is a Kenyan based airfleet and drone company that is sending medical supplies and pharmaceuticals to emergency care areas such as in Mozambique in the cyclone season, during the ebola crises both in West Africa and currently in DRC. The last mile delivery of vaccines is often a challenge. The entire process can take weeks from origin to destination, often because of poor coordination on the ground.

We see a lot of gaps and room for improvement in the overall process. Drones can be valuable in getting the vaccines where they are needed, even if there is poor transportation infrastructure.

We are taking part in healthcare provision in Yemen, which is currently experiencing the largest humanitarian outbreak of cholera. It is a big privilege for a Kenyan airline to help address a problem in outside the continent. We fly into Yemen once a week but have to get a lot of clearances. There is no airport infrastructure, no facilities, no forklifts, no equipment, and the war is ongoing.

Dealing with regulation has been a challenge in operating drones. A lot of countries are ratifying

regulations related to drone operations.

- 14 countries have adopted drone regulations including South Africa and Rwanda.
- Ethiopia did not want to have regulation.

Another challenge is the skill and technology transfer to operate drones. As a result, we have established a drone training academy in South Africa on the safe use of drones and have also trained a number of people from Kenya.

The largest cargo drone in the world is coming to Africa.

- It can fly a range of 1200 km and for 31 hours.
- It can land on water or unpaved airstrips.
- Astral aviation has pioneered the use of a 3 kg drone, which can travel up to 80km. It can carry blood, medications, antivenom, lab samples, diagnostic tools, etc.

To solve the African problem, we need African leadership. No one will teach us how to solve our problems. We have to identify our own challenges and solve them the African way. Innovation is not a choice, but a necessity.

Loice C. Kikwai
Managing Partner, LCK Pharmaceutical Consulting

The role of pharmaceutical companies is fairly straightforward: we have an obligation to ensure that whatever is available for sale at our pharmacies are of good quality and meet user expectations. This means that they need to be safe and effective prior to entering our markets. The patient has to trust the people providing healthcare; the provider needs to trust the pharmaceutical supplier. This can only be possible through a strong supply chain system.

Strengthening supply chain is not simple, due to many factors including globalization. Africa is currently dependent on imports, with 70-90% of all drugs being imported. How do we know we are getting drugs that are safe and effective and high quality?

Between 2013 and 2017 Africa accounted for 22% of counterfeit pharmaceuticals.

The AU will have a major role to play in unifying pharmaceutical policies in the African region. We need harmonization of health regulations around the continent, making it an African initiative and not a regional initiative. The AfCFTA needs to ensure a level playing field so all countries in the union can benefit.

We need an African initiative to implement traceability tools for locally produced medical products, close loopholes by creating policies that have higher pharmaco-vigilance, address systemic vulnerabilities, allocate resources appropriately, and bring the public and private sectors together to innovate.

Integrating Investments in Health – Funders and Fundees Relationship

SPEAKERS



Peter Wamicwe
African Region Associate
Convergence Finance



Millicent Olulo
Regional Director
Advocacy & Partnerships
PharmAccess



Bruck Teshome
Principal Advisor to the
Commissioner, Ethiopian
Investment Commission



Dr. Angela Gichaga
CEO
Financing Alliance
for Health

MODERATOR

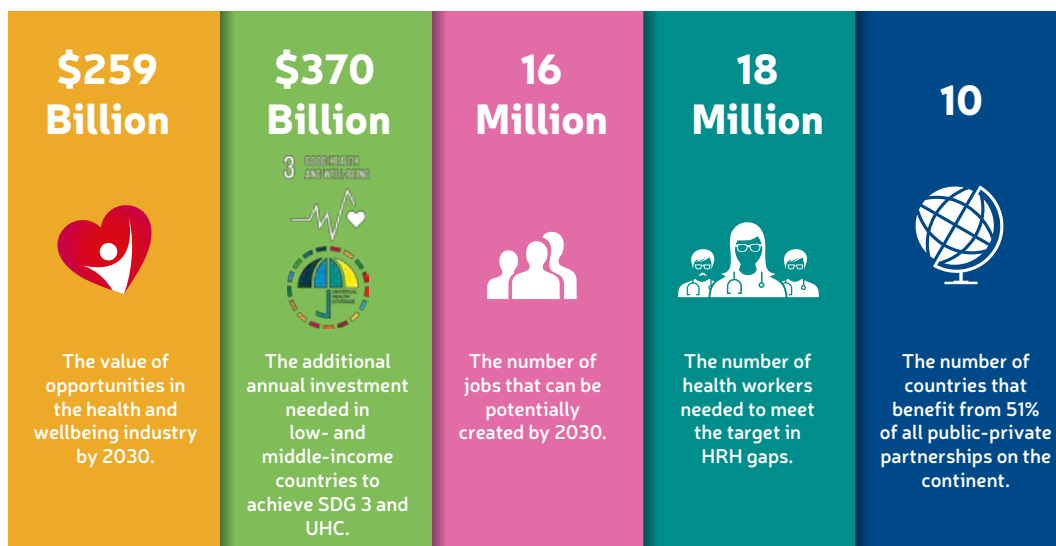
The Financing Alliance for Health advises governments on health financing strategies and helps them think of new and non-traditional sources of funding, including determining how feasible it is and how likely they are to attract the funding.

The aim is to narrow the gap between communication and partnership, both within government and also between governments and non-state players.

It's important to work with both ministries of health and ministries of finance to bring together the technical arm with the purse strings to set the

agenda in the continent. Ministries of health need to know how to best engage with ministries of finance. Political will is good, but this needs to be turned into action by investing in prioritised areas. The reality is, health is an investment; it is not a cost. You are investing in human capital which goes on to generate a higher GDP.

Health systems need to reduce inefficiencies and fragmentation. The health sector needs catalytic investments and to leverage finances well. Funding and financing is not the silver bullet; we also need a well-designed system that uses the investments well.



Peter Wamicwe
African Region Associate, Convergence Finance

When considering the global capital market, it has \$218 trillion and Convergence Finance has realised there are vast resources that could be channelled. The key question is how to mobilise big money into these transactions. What will it take for private sector investors to come to the sector and right the big checks?

Convergence aims to make the SDGs something that can be invested in. It uses catalytic capital from public or philanthropic spaces to increase private sector investment. Blended finance leverages a concessional approach to balance the risk of a particular transaction in order to appeal to investors. The criteria for our investments include:

- Expected positive financial return
- Contribute towards achieving SDGs
- Have some sort of leverage effect

Since the financial crisis, which stabilised in 2009, investors have been looking for high yield investments. On average, across all sectors

(macro-level) \$10-15 million is the typical investment size and the sector distribution has shown 57% are in private sector investment. However, looking at the health sector specifically, the deals are significantly higher at \$50-250 million.

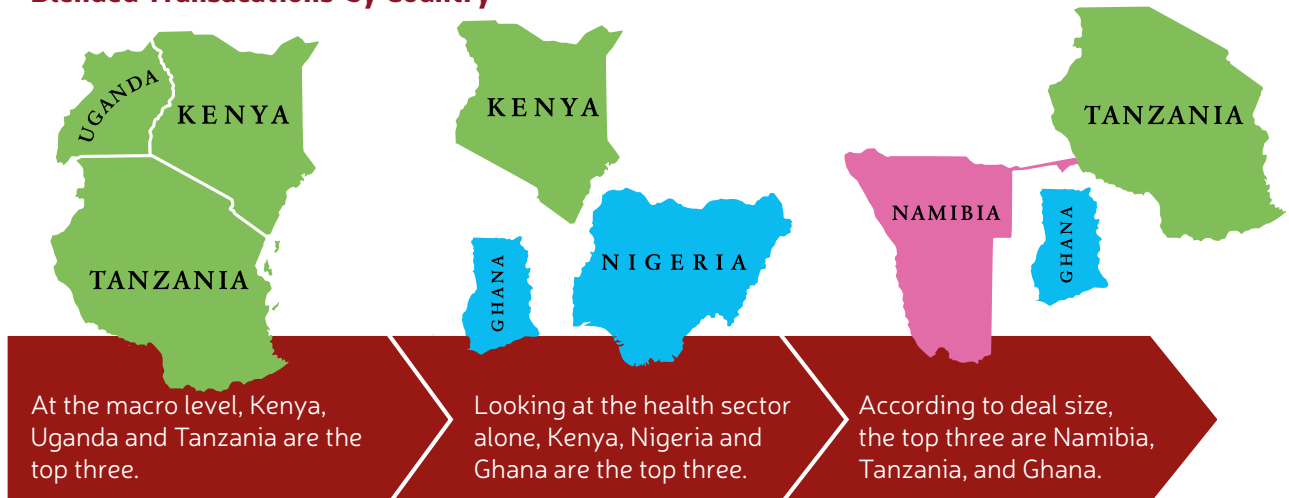
Once we find investors, we want to do the transaction through blended financing, which includes:

- Concessional structure
- Risk mitigation activities
- Provision of technical assistance (TA)

Health transactions are not performing too well compared to agriculture and energy, which rank at the top, because of the various risks required in these transactions. Africa ranks high in terms of the number of transactions that are blended.

It is now time to embrace blended finance so that we can finance these transactions and meet the SDG targets.

Blended Transactions by Country



Millicent Olulo
Regional Director Advocacy and Partnerships, PharmAccess

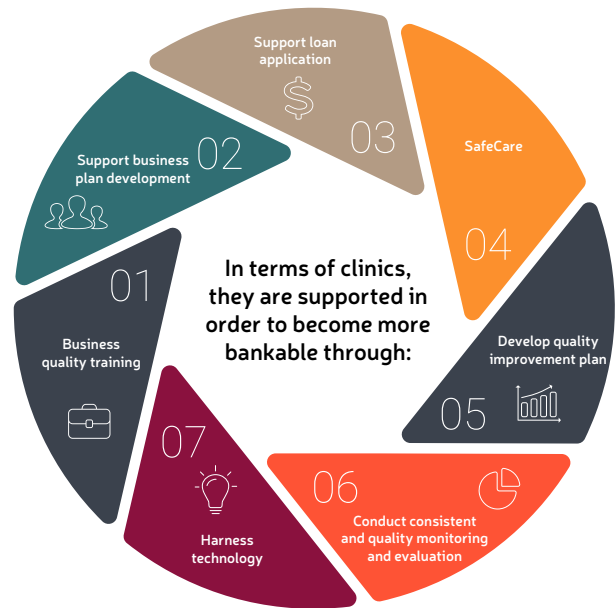
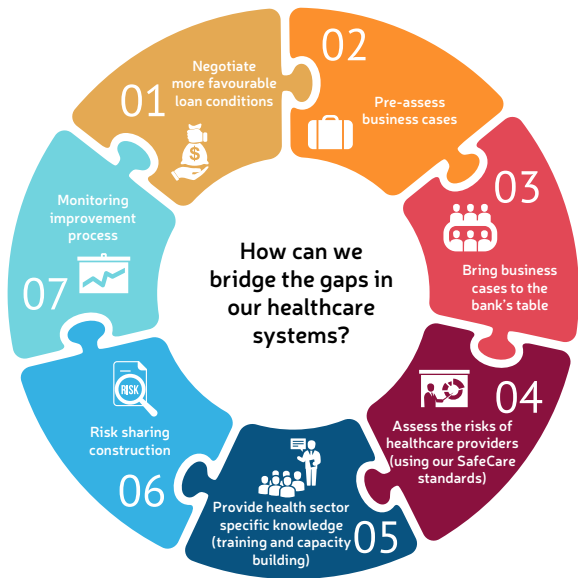
PharmAccess focuses on improving access to healthcare through digital transformation. We mobilise both private and public capital, focusing more on the supply side. The Medical Credit Fund is tailored to finance quality improvement gaps in health institutes so that better quality services can be provided. We work in different countries in Africa including Kenya, Ghana, Nigeria and Tanzania.

The organization has disbursed over 60 million loans and works with local banks in each country. The loan size ranges significantly, depending on

the borrower, from anywhere between \$100 to \$2.5 million.

Due to the technical assistance offered with the loans, it has achieved 96.2% loan performance. The loans are given to private and not-for-profit faith-based institutes.

Critical to what we do is quality improvement in order to improve trust and influence the outcome of the care that is given, through our SafeCare quality assessment program. Our investment is designed to close the existing gaps in healthcare. The idea is medical quality upgrading at the clinic level and then financial access to risk capital at the bank level.



Example of Nairobi facility:

This facility took a first loan in 2011 of \$5,700 to buy computer hardware and an x-ray processor. The facility was at the very lowest SafeCare level. In 2013, they took a loan for \$48,000 for the construction of wards, staff housing, and improving their theatre and maternity services. It took another loan in the years following this. Through this process, by 2018 the facility was at the highest SafeCare level, demonstrating significant quality improvement as a result of the investment they received. They have doubled their revenue and doubled maternity care patients.

**Bruck Teshome
Principal Advisor to the Commissioner,
Ethiopian Investment Commission**

The Ethiopian Investment Commission (EIC) is working to attract investment in health and medical products manufacturing.

Ethiopia has had an average growth of 9.6 % over the past 10 years, making it one of the fastest growing economies. It has a productive labour force with more than 60% of its population between the ages of 15 and 65.

And Ethiopia's government has a track record of improving health indicators through public investment in primary healthcare.

The Government of Ethiopia (GOE) is dedicated to becoming a manufacturing hub in Africa by 2025. There have been seven strategic sectors identified for investment, one of which is pharmaceutical manufacturing (others include textile, leather, floriculture, agro-processing, tourism, and energy). Ethiopia is one of the first African countries to develop a national strategy for pharmaceutical manufacturing, which was launched in 2015, and the government has developed a state of the art industrial park specialising in pharma manufacturing.

The park is fully funded from concessional loans secured by the government and is 95% ready. Investors have the chance to construct companies the way they want, but the park has all the necessary amenities already in place.



Regional comparison

TOP 5 Foreign Direct Investment (FDI) destination in Africa

Consistently in **TOP 5 LIST** for the past 3 years

Most of this investment is going into the **MANUFACTURING SECTOR**



Industrial Park

- Located within Addis Ababa
- 279 ha, with 177 ha allocated to manufacturing
- Next to Expressway and the Ethio-Djibouti rail link
- 25 min to the Modjo dry port



EIC pharmaceutical investment profile

- 9 MOUs signed with investors
- Majority from South East Asia: India, China, South Korea
- 155 companies in the pipeline
- 5 investment license granted



DAY 3

Keynote Address

SPEAKERS



Karim Bendhaou
Head of Africa Affairs
Merck



Prof. Francis Omaswa
Executive Director &
Founder, Africa Centre
for Global Health



Dr. Tedros Adhanom
Director General
WHO
(Video Address)

HOST



Dr. Peter Kamunyo
Director
Kenya Healthcare
Federation

Karim Bendhaou
Head of Africa Affairs, Merck,

Merck is a classic pharma company that has been developing into a socially aware technology company. As the world evolves into a more digital place, we need to become more digital. We also need to involve more women in the innovation process. Women provide a different kind of intelligence that is absolutely essential.

Young people are coding and producing apps to address a range of problems, but we are not doing a good enough job of hearing them. Leaders and companies need to be more curious and flexible in our approach and listen.

Merck has two innovation centers in Darmstadt and Beijing where we run accelerator programs that foster mutually beneficial collaborations. We want to help ideas to grow and scale up to businesses. Currently, Merck have 11 successful collaborations with start-ups as well as satellite activities in Africa. Merck's Africa Satellite program is looking to collaborate with start-ups in the following areas:

- Biosensing and Interfaces
- Liquid Biopsy Technologies
- Digital Solutions to Healthcare

If we want to reduce the health gap between Africa and developed countries, we need to focus on including digital technologies, young people, and women.



**Prof. Francis Omaswa
Executive Director and Founder,
Africa Centre for Global Health**

There is a great divide between healthcare in developed countries and countries in Africa. Healthcare is a right and everyone should have a responsive healthcare system. Inequalities are unacceptable and we need to drive forward to achieve the SDG's and UHC. It is possible. As Africans, we are starting to make progress towards UHC, but we need political action.

The problem is that there is a disconnect between economics and people's well-being. We need to be socially responsible, but we are often apathetic and this needs to change. The concept of Ubuntu, "I am because we are," is lacking. All sectors need to look at what they do and be more socially responsible.

The private sector must play their role, as it has tremendous potential. In Uganda, PPPs have provided funding for faith-based organisations who operate existing clinics rather than building new clinics. This has dramatically improved the health of the populations they serve. Partnerships such as the Uganda National Onchocerciasis Elimination Program, which has many stakeholders, has achieved elimination of the disease in several areas of Uganda.

In order for Ministers of Health to improve their performance, they need proper inductions into their roles so they can better serve their people. We need well managed and transparent governments if we are going to be able to deliver universal health care. We cannot accept avoidable deaths in Africa, and we must act. Involvement of the private sector can work well and we need good governance and political will to drive this.



Dr. Tedros Adhanom
Director General
WHO



At the UN General Assembly in September 2019, world leaders from all UN member states endorsed a political declaration on UHC which is the most comprehensive international declaration on healthcare in history. The role of the private sector is clearly outlined in this declaration and the private sector has an important contribution at every level of the health system.

This is especially true in Africa, where more than 50% of healthcare services are already provided by the private sector. However, access to quality healthcare services remains lower in Africa than any other region. With strong national leadership and robust regulation, the private sector can and must play an important role in delivering quality health services for all.

The WHO is committed to working with the private sector to realize this vision of a fairer, healthier and safer Africa.

(Ameseginalehu) Thank you



Key Takeaways:

- Consider engaging with the AU to form a collaboration / platform for public private partnerships in Africa
- Focus on workforce development in strengthening healthcare systems
- Engage with the African Federation of Public Health Associations



The Global Fund is a partnership designed to accelerate the end of AIDS, tuberculosis, and malaria as epidemics, and today they announce their partnership with AHB.

Africa has achieved significant progress in reducing the burden of HIV/AIDS, tuberculosis (TB), and malaria. Despite this, the diseases continue to pose a major public health threat across Africa. In particular, Sub-Saharan African countries continue to be the worst-affected, mostly in regions where gender imbalance and social inequalities are more pronounced.

Recognizing that only together, we can step up the fight; through our new partnership with the Global Fund, Africa Health Business will focus on creating mechanisms to further engage African-based private and philanthropic sectors to play a key role in advocacy, innovation, and resource mobilization to fight the three diseases.

In particular, the partnership will focus on spearheading innovative solutions across African systems, the success of which will depend largely

on capacity to invest, deploy, and scale-up solutions that are integrated, sustainable, and impactful.

Through its broad continental and global networks, AHB will further support the engagement of non-profit and private sector leaders to develop a greater advocacy role in the prevention and control of diseases.

AHB is committed to engaging Public-Private Partnerships and advocating for an enabling and pro-growth environment where innovative health partnerships and policies are developed with broad participation from private sector, civil society, people affected, governments, and Africa-based institutions. In this regard, we welcome opportunities to further explore and engage new partners with a likeminded commitment to turning the tide on HIV/AIDS, TB, and Malaria.



Patient-Centred Healthcare: Innovations from the Private Sector

SPEAKERS



Kingsley Diores
Area Manager Africa,
Ottobock



Ernest Darkoh
CEO, BroadReach



Christopher LeGrand
President
DAI Global Health



Isaiah Okoth
Country Director, Kenya,
PharmAccess

MODERATOR



Kennedy Njau
Medical Director,
Sub-Saharan Africa,
AstraZeneca



Pape Amadou Gaye
President and CEO,
IntraHealth International

Moderator:

We always have to put people at the centre of what we do. There are eight principles that people that have been working on when it comes to patient-centred healthcare and it is only by addressing these principles that patient-centred healthcare can be ensured.

What we have seen through the last few years is a wave of systemic change towards empowering the individual. The focus has finally been recognised that to have patient-centred healthcare is to empower patients to ask for what they want. They need to be empowered to judge what they are getting and the quality of care that is being delivered.





RESPECT

respecting the patient's values, preferences, and expressed needs



COORDINATION & INTEGRATION OF CARE

patients need to know what is coming next and each of their medical professionals need to know what their colleagues are doing



INFORMATION & EDUCATION

many patients lack information about their condition, need to continue emphasising on giving adequate information



PHYSICAL COMFORT

from pain management to ensuring our patients are in the best possible condition



EMOTIONAL SUPPORT

and alleviation of fear and anxiety



INVOLVEMENT OF FAMILY

and friends



CONTINUITY & TRANSITION



ACCESS TO CARE

Kingsley Diores Area Manager, Africa Ottobock

The rehabilitative orthopaedic sector is something that people do not often talk about in conferences like this. It is always in the outskirts and it is great that these issues have been included in this symposium. Ottobock is a German-based global leader in rehabilitating orthopaedic centres. It helps people maintain or regain their freedom of movement.

The loss of limbs is a traumatic experience and people begin to wonder what happens to them next. "How do I earn a living?" "Where do I get money to get prosthetics?" It is, therefore, a topic that deserves significant attention.

The sector we work in is very different from other areas in the health sector. There is usually a standard treatment when treating diseases, for example, while in this space every solution is based on the individual and custom made. Therefore, the topic of patient-centred care fits perfectly into what we do. The higher the patient-centredness, the better the outcome.

How to do we achieve patient-centred care? We have found that it is important to understand the patient's journey. There are a lot of people and situations that patients come into contact with following the initial diagnosis. It is important to understand the different actors that influence the patient directly or indirectly. Having analysed this, we have identified a nine-step treatment cycle where the patient is the centre, with all the other players coming after. From the time amputation happens right up to the fitting of a prosthetic, the patients are at the centre.

1. The first step is therefore to have multidisciplinary team.
2. The second point is that each member of the cycle performs their allocated task correctly.

Of the millions of wheelchairs that come into Africa, 95% are not used. The 5% that are used cause the users more trouble and they are often left in a worse situation. The issue is that wheelchairs were not tailored for them. This shows the importance of making the correct fitting recommendation.

A combination of a multidisciplinary approach, plus providing customised solutions based on the needs of the patient are important features in effective treatment. We recognise that there may be challenges in finding professionals who can make these right decisions. Ottobock has therefore created the Ottobock Grading System, which gives patients a mobility grading that can help practitioners make correct recommendations, as Ottobock manufactures products according to this grading system.

Following the multidisciplinary approach, where each member plays their role correctly, outcomes can be improved. Ottobock runs service provision centres in different parts of Africa and we are struggling to implement concepts we have developed ourselves because of problems which exist in these countries (e.g. HR, transport, etc). We therefore call upon the private and public sector to engage with Ottobock in order to tackle these problems.

Ernest Darkoh
CEO, BroadReach

With the advances that have come about with the fourth industrial revolution, such as artificial intelligence (AI), we have been asking how we can use this to improve healthcare at the individual-level, as well as across population bases, at scale.

BroadReach is working in 25 countries, with over 1000 employees and with nine offices in five countries. The fundamental challenge we face is that the demand greatly outstrips supply. The population of California has more healthcare workers than the whole of Africa does. To reach UHC 2030 we need new solutions.

BroadReach is focused on two specific supply-side challenges:

1. Stakeholders often cannot make the right decision at the right time
2. Decisions often are not implemented consistently and at scale

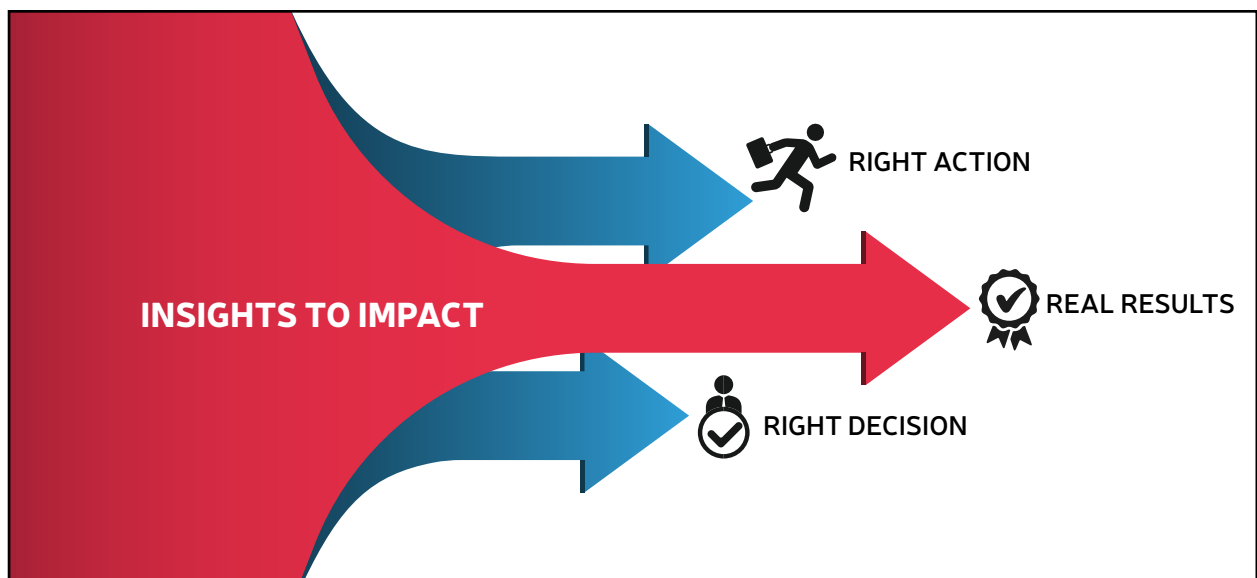
It is important that the six building blocks of health all work together. We have been trying to do this manually for the past 10 years, but have since

realized that there must be a better way, especially through the use of technology. This gave birth to Vantage.

Vantage ensures the next hour and dollar is spent in the right way. To understand situations, we need data and there are a lot of data sources. So Vantage creates a way to mine these multiple data sources, aggregate it, analyse it efficiently, and provides insights. There is therefore no replication caused by creating new databases.

Vantage provides information on program performance, workforce management, adaptive management, reporting, and so on. Within workforce management, it provides a summary on the activity of staff. It can also help with facility benchmarking, identifying poor performing facilities in order to see where things need to be improved. It also affects patient retention by helping to identify patients to follow up.

Version 1 was launched in 2014 and Version 4 will come out in late 2019/early 2020. Vantage focuses on mining the available data instead of establishing a separate data collection system.



Christopher LeGrand
President, DAI Global Health

DAI Global Health is a business within the larger DAI. DAI is used to working with the public sector, but also brings the private sector into the conversation and is currently working on a largely private sector approach to primary healthcare in Nigeria. Nigeria is a thriving, vibrant, powerful, resource-rich country, but is ranked 187th out of 190 countries on healthcare performance and scores low on many health indicators. The Nigerian health ecosystem is complex with many actors and approaches, but what is missing is the patient.

The primary healthcare run by the public sector in Nigeria is over-utilised, understaffed, and paper-based, so the public sector cannot carry the weight on their own. Meanwhile, the private sector is thriving in Nigeria but is highly fragmented. It is almost exclusively in urban areas, with unpredictable quality and access while also being driven by market forces and, therefore, targeting only those who are able to pay.

The private sector is disconnected from the public sector, and both sectors are essential to solving the problems faced by the health sector. So we need to

bring together the best of what the public sector has to offer with the best of what the private sector has to offer.

DAI aimed to create an ecosystem of networked partners that provide low-cost, tech-enabled, quality primary healthcare geared to where patients are. They targeted the working poor and informal sector. It was branded and recognised for quality. It included the privatisation of government run facilities that are not running well.

What do we mean by “close to where patients are”? We want to reach where they work and live, offer quick visits, deliver what they expect and want, and treat them how they expect to be treated.

The future is the influence of networks, including associations, governments, regulatory bodies, employers, health systems, and research communities. In the developing world, there is a divide between healthcare quality and access based on the wealthy and those from a poor background. Access to healthcare that is near you and does not bankrupt you is a right and that is a possible future worth working towards.

Isaiah Okoth
Country Director, PharmAccess

PharmAccess aims to increase access to better care. Focusing on Sub-Saharan Africa, we are an international NGO that works to improve healthcare markers so that they can deliver for everyone. We want to enable trust through patient centricity and value-based care models.

We focus on quality improvement (based on the quality assessment tool SafeCare), access to finance, and digital innovation for health research and analysis.

Working principles

- a. Start private, grow public
- b. Work with partners, both private and public
- c. Innovate, scale via others
- d. Focus our work through problem analysis and underlying root causes

We focus on patient centricity because of trust. Trust is needed between various different players: the patient, the healthcare provider, the insurance companies, the government. Trust is not just an issue in Africa but a worldwide issue. Providers

need to manage costs and to prove value, which in turn influences and causes innovation, convergence, consolidation, and transformation.

There has been a technological shift towards democratization. Instead of following the many steps that other countries have taken to get there, Africa has the opportunity to leapfrog to digital transformation and put the customer/patient at the centre. This helps build trust because there is transparency.

You cannot implement value-based care without putting the patient at the centre. It is the right time to look at value-based care intensively because you can now start moving the pieces so that the patient can start giving feedback. Patients will then be able to start paying for outcome rather than visits.

M-TIBA is a mobile platform that aims to create a single and transparent marketplace for healthcare financing and delivery. Momcare provides patients with a way to choose relevant bundles according to their healthcare needs and link the finance aspects with quality healthcare services. Data is then used to advise stakeholders. A program similar to Momcare is now being implemented to address NCDs.

Kennedy Njau

Medical Director Sub-Saharan Africa, AstraZeneca

Adolescents are such an important section of our population and AstraZeneca has a program specifically focused on them. NCDs are the world's leading cause of premature deaths. Of these deaths, 82% take place in low- and middle-income countries. In terms of income, that will mean \$47 trillion by 2030. It is estimated around 70% of premature death in adults are largely caused by behaviours that are started in adolescence.

The Young Health Program (YHP) is improving the health of young people around the world. It is an innovative behaviour change program that focuses on the most common NCDs. Our aim is to prevent tomorrow's diseases today. The program targets the following risky behaviours in adolescents:

- e. Tobacco use
- f. Alcohol use
- g. Physical activity
- h. Poor diet
- i. Mental health
- j. Sexual and reproductive health

We step into the world of adolescents in economically distressed environments. This population presents plenty of challenges, but also many opportunities. There is generally a great appreciation for and value of knowledge and learning. We provide grants, learning, and mentorship in order to promote healthy living.

So far, we have reached close to three million people, among which is almost 14,000 health workers. In 2016, we were recognized as a best practice program in Access to Medicine's Index. We also generate data on the impact of our program.

AstraZeneca is committed to working towards sustainable community engagement. We want to work with government, private sector, and other partners. Preventing disease is far more cost effective than curing disease, so we want to attract healthy people in order to help them remain healthy.

Concluding Remarks from the Moderator

I invite all to reflect on the kind of leadership it takes to navigate in such a complex situation. We are grateful we have many tools and systems we are inheriting from organisations. We have come far, but we are not there yet. There is still a long way to go. I challenge you to accelerate progress, because we are now talking about how health will spur economic progress. It is clear that the private sector is key.

“The private sector is going to be the driver of this economic growth. I challenge us to be committed. Not to take the 50 years it took us to get to where we are today but to accelerate progress because there are enough resources, willpower, and brain power. Let us push ourselves so that we create a solution that we own.”

Pape Gaye

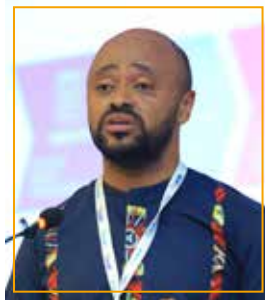


The Future of Health is Digital: Examples from the Continent

SPEAKERS



Dr. Vena Arielle Ahouansou
Founder & CEO
KEA Medicals



Patrick Singa
Medical Director
Babyl



Antonia Stroeh
Senior Vice President,
Humanitarian &
Development, Mastercard

MODERATOR



Maraki Fikre Merid
Advisory Partner
CHS

KEY POINTS:

- There is a misunderstanding around how digital technology can work in healthcare.
- Governments want to ensure that quality is controlled but how can this be done?
- How do governments use digital technology to help achieve the SDGs and how do they know which to scale up?

Dr. Vena Arielle Ahouansou **Founder and CEO, KEA Medicals**

If we want to ensure that our populations can access quality healthcare, neither the private or public sector can do it alone. I started KEA because I lost a patient when the information we needed could not be located in time. We created a web application to interconnect all stakeholders in a single database through the Universal Medical ID to facilitate the feedback of medical history of patients.

The application can be downloaded by anyone. Details and medical history can be added to the platform by healthcare workers and also be accessed by healthcare workers when required

to care for the patient, only with the patient's authorization.

Implementation in Benin was initially quite difficult, as this was a new system and in many hospitals they were used to manual recording systems. However, once trained on this new system, it has been very successful. Following implementation, hospitals have recorded a 35% increase in efficiency and insurance companies and governments saw a 20% reduction in costs.

Our pilot in 2018 covered 7,328 patients. By 2019, we are now in 100 hospitals and the number of patients is around 150,000. In 2020, our platform will expand to Ivory Coast and Mali.

Patrick Singa
Medical Director, Babylon Health

How can we leverage mobile technology in order to address the gap in healthcare? Babylon's aim is to put an accessible and affordable health service in the hands of everyone. We have existing operations in the UK and Rwanda with plans to expand with major providers in China, USA, and the Middle East.

In 2016, Babylon was invited by the Government of Rwanda to address the gap in their healthcare system. Rwanda has around one doctor per 16,000 people and only 12 psychiatrists for its entire population. Especially given their difficult recent history, this represents a significant shortage in the healthcare services of the country.

Our solution operates on both smart and feature phones and the user does not require airtime as we use Unstructured Supplementary Service Data (USSD) to send messages. We have dozens of highly trained clinicians in our headquarters. When a patient dials and requests an appointment, they are offered a proposed appointment time. After payment via mobile money or via the insurance provider, the appointment is confirmed and the patient receives an SMS confirmation.

A triage nurse will call at the scheduled time and have a short consultation to see if the patient's condition is treatable through digital health. The nurse will either book a follow-up appointment with a Senior Nurse or GP, or refer to a partner health facility for treatment. In all cases, the patient will receive an SMS confirmation.

If you have a follow-up appointment, our GP or Senior Nurse will call you at the appointment time and finish your treatment, including prescriptions and laboratory tests. To date, we have 2.1 million registered users and 500 partner health facilities. Over 2,500 consultations are completed on a daily basis.

Digital health has a lot of potential, but has become a fancy thing that governments want but don't fully understand. The process needs to start from what a government needs and what they are trying to achieve in the long term, but they also need guidance from tech companies because most Ministries of Health don't have a tech specialist to advise, and there is often no relationship between Ministries of Health and Ministries of Information Technology.

Antonia Stroeh, Mastercard

Mastercard's strategy is to grow our share of commerce through innovation and execution. We drive our strategy by growing our core businesses, diversifying geographies and customers, and building new businesses. We want more people more frequently using safe, simple, smart digital solutions. Despite heavy investment, people living on less than \$2 a day struggle to meet their basic needs, so financial inclusion is core to what we are doing at Mastercard.

One solution we are providing is in the area of vaccination records, because many children living in remote, impoverished communities don't have them. Additionally, Kupoa is a digital solution that allows parents, guardians, or other family members to pay for school fees using a mobile phone, as well as allowing communication between the school and the caregiver. We are looking for partners, such as technology companies who already have solutions, and scaling partners who understand the local cultural context, so that we continue implementing innovative projects like these.



TESTIMONIALS



“I applaud all for the great work done, this was fabulous. I know how much it takes to pull such an event in an organized way, you guys did it. Keep up!”

Millicent Olulo
Regional Director, Advocacy & Partnership
PharmAccess



“We had pleasant time, and met old friends, made new friends, and gained a lot of useful knowledge and information, thanks to the high quality of delegates.”

Mohamad Ezzeddine
CEO, SERVYMED



“The AHBS IV was a very good event. As always you have been a fantastic host!”

Detlev Berndt
Managing Director Middle East
Africa & Asia Detlev Berndt



“A big congratulations to you and the team again for pulling of yet another successful and very high level event! It was a pleasure to be a part of it again.”

Denise Van Dijk
President, The Female Health Company



“The meeting was well organised, it was helpful and provided a clear opportunity to engage with the private sector investors. Given an opportunity, I wish to participate in subsequent events.”

Michael J. Katende
Secretariat, East African
Community



“You’re a fantastic team and it was another top-notch event bringing public and private sectors together in extremely relevant and timely conversations. I’m so glad to have been there and to have interacted with all of you.”

Natalie Africa
Senior Health Expert,
(formerly UN Foundation)



“Thanks AHB! The AHBS IV was a success, we were able to connect with some of the delegates present for partnership. AHBS IV was a good forum to showcase your work/innovation to the private and public sector across the continent for potential partnership and business opportunities... Plan for Morocco!”

Elizabeth Ombech
Director Operations, Afya Research Africa



“On behalf of the Ottobock team I would like to thank you as well for your great support in making the thematic session a success. We all agreed that we experienced an engaging, fruitful and valuable discussion and really enjoyed being part of the AHBS. We are looking forward to continuing our collaboration and partnership in the next symposium.”

Berit Hamer
Director International Cooperation, Ottobock SE & Co. KGaA



“A big thank you to the entire AHB team – we had a productive side session, and a valuable time attending the conference. You really put together a great event, and thank you for that!”

Antonia Stroeh
Senior Vice President , Government & Development
Mastercard



“The AHBS Vision for Africa is need of the hour and very challenging in itself. Our experience as a participant was exuberant. The participation gave us the much-needed exposure in the field of diagnostics services and also introduced us to knowing the various people being associated with development of the Africa Healthcare Federation.”

Wasim Moideen
Principle Advisor, Colorimetr Consulting







AHBSV

Africa Health Business Symposium

EFFECTIVE PARTNERSHIPS FOR HEALTH IN AFRICA

When:
22nd - 23rd
October 2020

Where:
Casablanca
Morocco

**ABOUT
THE
SYMPOSIUM**

**Towards resilient
and sustainable
health systems**



For partnership opportunities and details contact:

**NISHIT SHAH
DIRECTOR**

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