COVID-19 Vaccine: Partnerships towards accelerating access

A webinar hosted by Africa Health Business
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SPEAKERS

MODERATOR

Dr. Amit N. Thakker

Executive Chairman
Africa Health Business

KEYNOTE SPEAKER

Dr. Nicaise Ndembi

Senior Science Advisor
Africa CDC

SPEAKER

Mr. Kennedy Njau

Government Affairs Director
Sub-Saharan Africa
AstraZeneca

SPEAKER

Mr. Samba Bathilly

Founder
ADS Group

SPEAKER

Dr. Walid Zaher

Group Clinical Research,
Development & Innovation Director
G42

SPEAKER

Dr. Karim Bendahou

Head of Africa Bureau, Merck
& Chair of Africa Committee, IFPMA

Introduction

MODERATOR

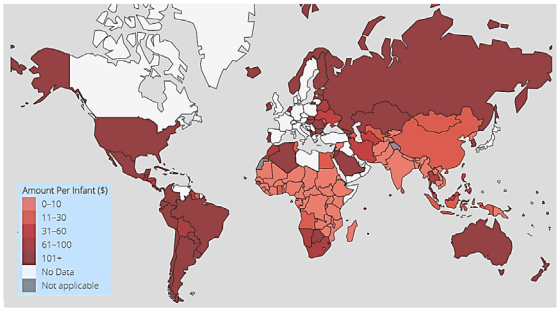
Dr. Amit N. Thakker

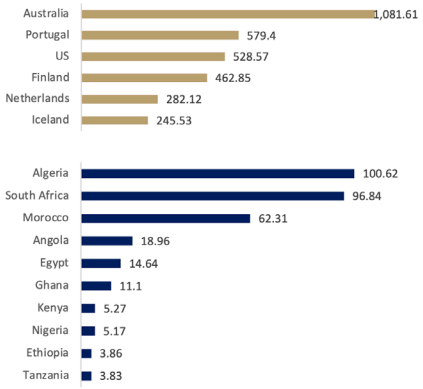
Executive Chairman

Africa Health Business

For the next six months, the vaccine roadmap for Africa, along with the rest of the world, will take center stage. When the pandemic first started, the health sector responded with testing, tracking and treating. Even as that continues, the vaccine discussion is now going to take priority. Everyone would like to receive a vaccination that is safe and effective so that we can get back to contributing to our economies, and making a difference in our communities.

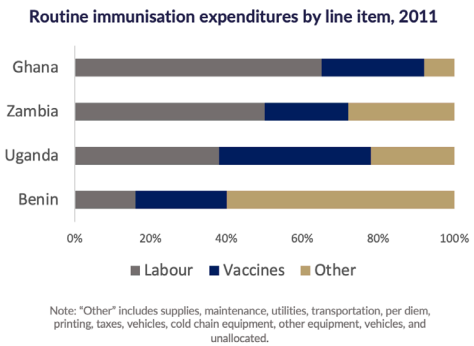
Government funds spent on vaccines (US$ per infant)



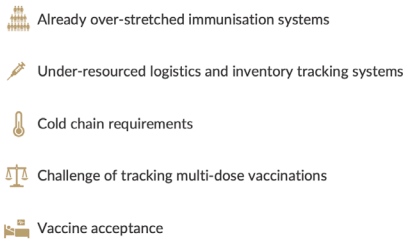


The amount of money spent in Africa on infant vaccines stands at 10% or less. We end up having to depend on GAVI and others for essential vaccines that have been put into our health systems. If vaccines were not supported by donors, what would be the penetration of vaccines to the children of low- and middle-income countries? When it comes to the COVID-19 vaccine, economics and finances will also play an integral role. We are looking at equitable distribution and saving lives, which will only be possible if we have the money we need. We need to ensure that we have appropriate financing.

Challenges with vaccines roll-out



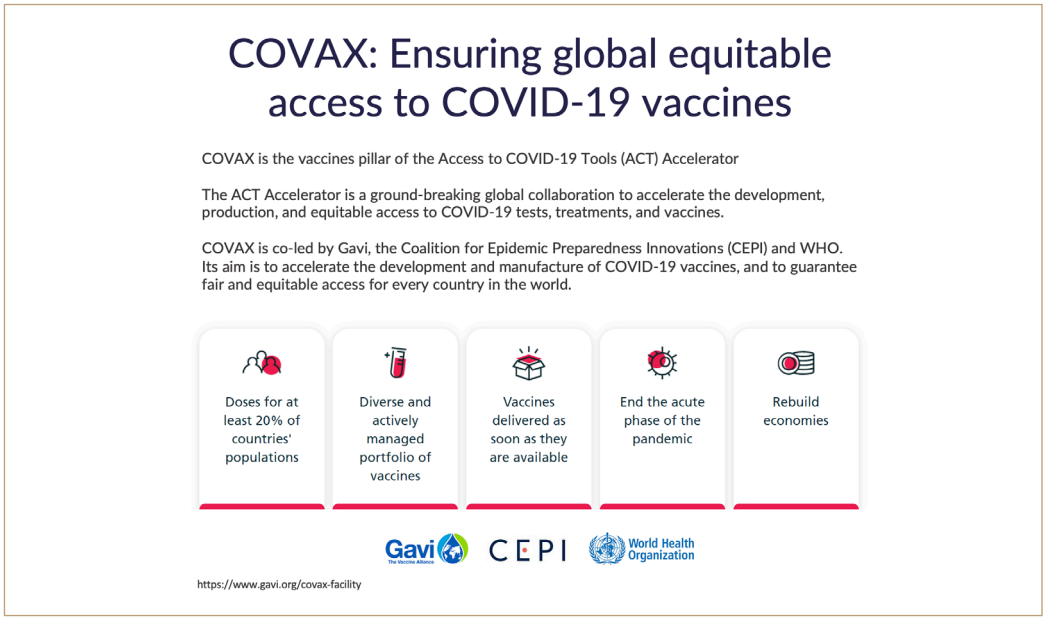
Note: "Other" includes supplies, maintenance, utilities, transportation, per diem, printing, taxes, vehicles, cold chain equipment, other equipment, vehicles, and unallocated.



R4D, https://www.r4d.org/wp-content/uploads/Immunization_Financing_Resource_Guide_2017_FULL.pdf
Dalberg, Challenges, opportunities, and actors for Covid-19 vaccines in LMICs, Primer For The Africa Donor Collective October 30 , 2020

There are many models around the COVID-19 vaccine that have been discussed, but there are five primary cross-cutting challenges:

1. An already overstretched immunisation system
2. Under resourced logistics inventory tracking systems
3. Cold chain requirements
4. Tracking multi-dose vaccinations
5. Vaccine acceptance



In light of the costs related to the COVID-19 vaccine, I must applaud everything that's going on around COVAX, the vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator, which is a “global risk-sharing mechanism for pool procurement and equitable distribution of eventual COVID-19 vaccines.” It's incredible how this collaboration between GAVI, CEPI and WHO has worked. The aim is to have doses for at least 20% of Africa’s population delivered as soon as they're available, bringing the acute phase of the pandemic to an end so that we can then rebuild economies.

The Africa CDC has led the way in created models of responding to the pandemic that are designed for Africa. They have advised on testing early, restricting movement and providing training. There were only two labs on the whole continent that could produce effective COVID-19 diagnoses. Now there are equipped labs in virtually every country in Africa. These efforts received significant support from the private sector, heads of state of national governments as well as philanthropic organisations.

Keynote

KEYNOTE SPEAKER

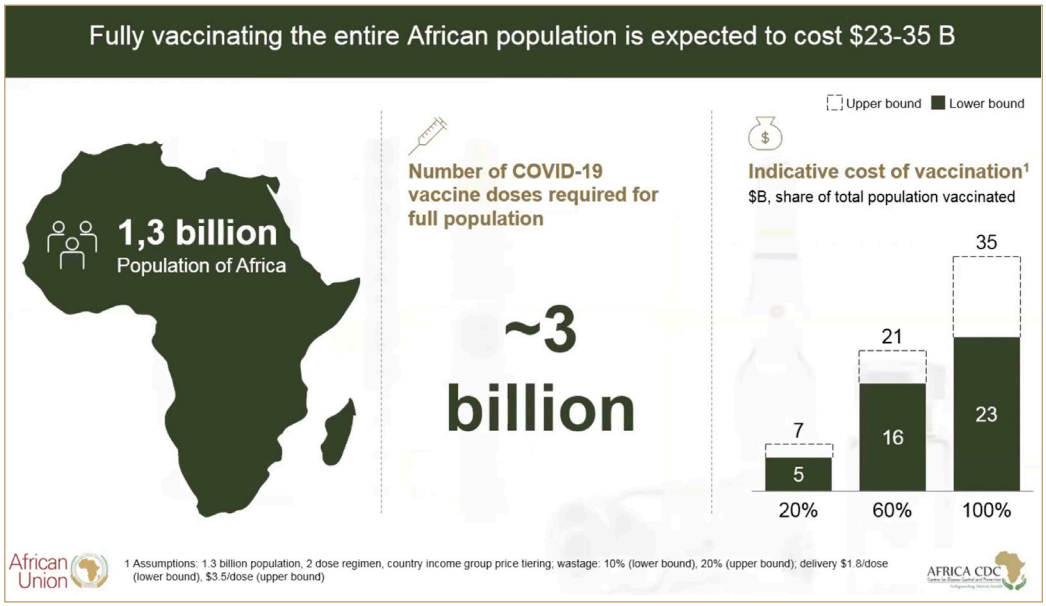
Dr. Nicaise Ndembi

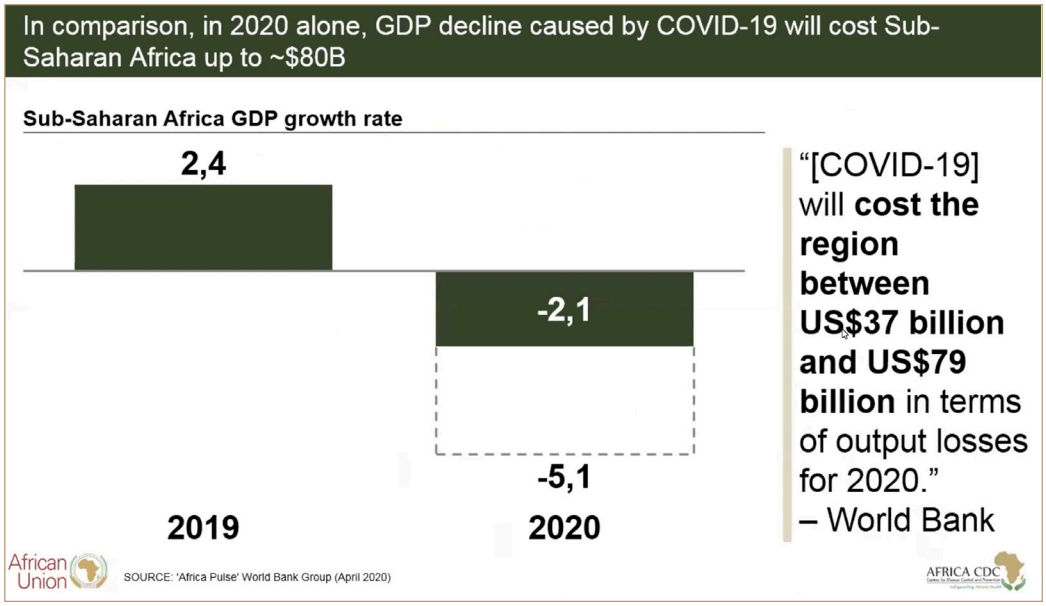
Senior Science Advisor

Africa CDC

The Africa CDC continental COVID-19 vaccine strategy centers around three key pillars, including preventing transmission, preventing death, and preventing social and economic harm. Today I will focus on pillar one, which the COVID-19 vaccine strategy falls under. Vaccines will allow economies to return to their development agendas, which is going to protect the most vulnerable populations. So what was our vision when we developed this COVID-19 vaccine strategy?

The population of Africa is almost 1.3 billion and most vaccines require at least two doses. This means that if we want a fully vaccinated African population, we will need about 3 billion doses. We have done some modeling around those numbers, including the 20% target set by COVAX, Africa CDC is working to vaccinate 60% to reach the minimum amount needed for herd immunity. It's an unprecedented effort where we are looking at rapid distribution of the vaccine but also sustainability and durability.





So what do we need for successful immunisation once we have a safe and efficacious COVID-19 vaccine? There are three pillars for the Africa vaccine strategy.

1. Accelerate African involvement in clinical development.

In June, we had a continental consultation with around 3,000 delegates from across the continent for a virtual conference discussing African leadership in terms of access and equity. Following that, we launched the Consortium for COVID-19 Vaccine Clinical Trials (CONCVACT) through which we have engaged over 50 vaccine manufacturers who were willing to undertake clinical trials. The goal was to have at least three well chosen COVID-19 vaccine candidates. We started with mapping all sites that are experienced with clinical trials (either malaria, TB or Ebola) and had about 300 potential sites. We then narrowed down the list to 50, looking at various criteria including experience, epidemiology, capacity, and more. Twenty of these sites are ready to go and the other 30 require some capacity building.

2. Ensure Africa's access to sufficient vaccine supply.

This means having the financing and procurement in place and also developing the manufacturing capacity so that we also look beyond COVID-19. If something similar happens in the next coming years, how prepared will we be, what have we learned from the COVID-19 pandemic?

The African Union strategy plans to achieve 60%, above and beyond the 20% set by COVAX. We are fully committed to the financial and political support of the COVAX facility. We encourage all eligible member states to sign up. The second opportunity is for members to pursue non-competing direct deals with manufacturers, which we are also open to.

3. Prepare for at-scale delivery of the vaccine in Africa

This includes enabling rapid regulatory decisions and ongoing safety monitoring, ensuring effective supply chains and immunisation activities, and engaging communities to maximise vaccine acceptance and uptake.

As African Union, Africa CDC, and Afreximbank, we have created a financing instrument that is a promissory note, a kind of vaccine bond. So far, we have mobilised about $5 billion, but we need about $12 billion. This is a very promising financial instrument that has been endorsed by the head of states and government. We have a specific tax team working with the best minds on the continent on how best to mobilise the remaining $7 billion.

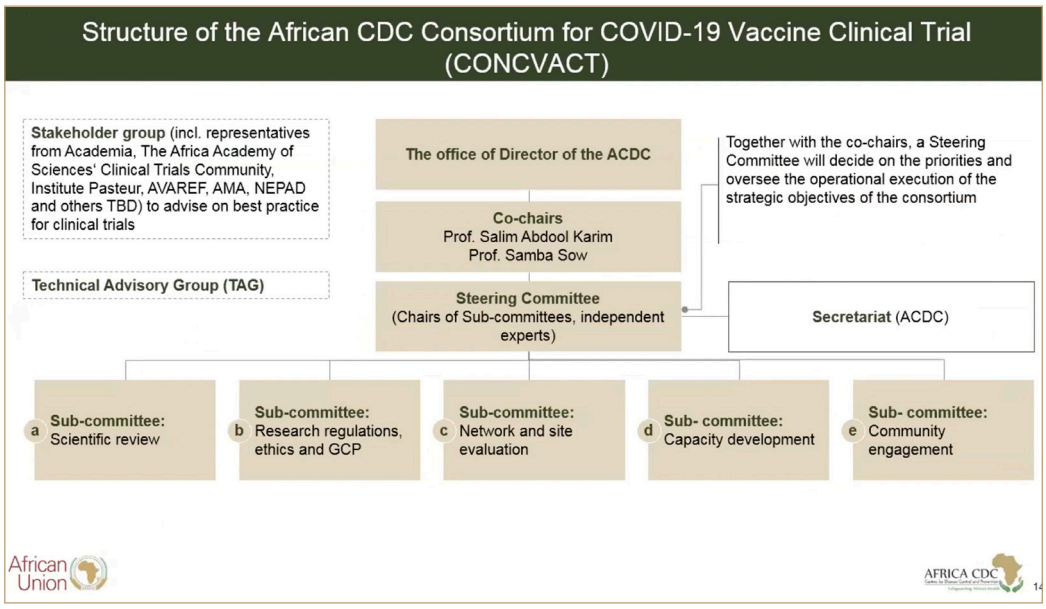
Vaccine manufacturing capacity is really key. We want to talk about equity, access and allocation. With the limited capacity on the continent, how do we move forward in the short and long term? We are encouraging vaccine manufacturers in setting up some of these plans on the continent. We have already seen Aspen in South Africa, and

the governments of Egypt and Morocco are also encouraging manufacturing on the continent. This goes a long way in boosting the production and access for countries.

When it comes to regulations, we're working with AMRH, AUDA_NEPAD, WHO and others to fasttrack the pre, post, and market authorisations for both global authorisation and continental utilisation. What is key is to be sure that once we have vaccines, there are no delays in terms of access because of regulatory bottlenecks. What we're doing currently is to map all the challenges, all the potential barriers and then provide solutions to be able to unlock some of these barriers in the next couple of months. We want to fast track approvals, indemnifications, and issues around pharmacovigilance, which are a component of the post-market authorisation.

Delivery is a key challenge. There are several tools that have already been deployed and member states have completed some of these exercises and questionnaires. What we're doing now is looking at the level of readiness and how the supply chain is prepared. What level of financing do we need so that we don't overstretch our immunisation system? How do we prepare to roll out and deploy some of these vaccines? We have a lot to hear from the vaccine manufacturers in terms of storage conditions and logistics, but so far we're thinking through how best we can mobilise resources to support our member states.

On uptake, we are pleased to inform you that Africa CDC has already been conducting a continent-wide survey on vaccine perceptions and acceptance. So far, we have collected data in 15 member states. We have preliminary data from about 10 member states that we are currently analysing, but the overall message is that, when asked the straightforward question, "If a COVID-19 vaccine that is safe and efficacious is available, will you take it?," there is a 60-80% level of acceptance. This is quite good for us as a continent, and we're going to work to increase that number in the coming days so that we make sure we are protecting the most vulnerable population.



Speakers

SPEAKER

Mr. Kennedy Njau

Government Affairs Director
Sub-Saharan Africa
AstraZeneca

AstraZeneca has a global development and supply agreement with University of Oxford on the recombinant adenovirus vaccine candidate. This collaboration with Oxford is aimed at accelerating the development and the production of this vaccine and to ensure its broad and equitable supply throughout the world at no profit during the pandemic.

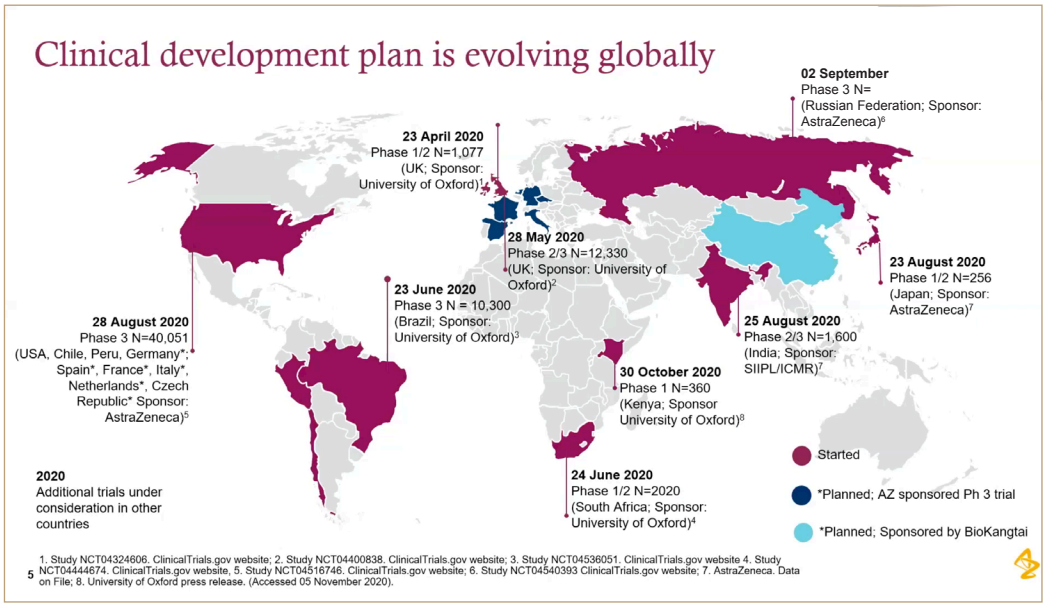
The vaccine candidate uses a non-human recombinant viral vector, which contains the genetic material, and this vector offers the advantage of provoking a strong immune response. As it's not replicating, it cannot cause an ongoing infection in a vaccinated individual.

Our approach ensures broad and equitable access by collaborating with a variety of partners. We are collaborating with governments and multinational, multilateral partners to start planning distribution. We will continue to work with the University of Oxford on the clinical development program. And we are also working with supply partners to ensure increased production and distribution around the world.

Agreements are in place to hopefully supply capacity of 3 billion doses at no profit during the pandemic. Our procurement and partnership teams have been very hard at work to secure these agreements around the world. We have a collaboration with the COVAX facility. AstraZeneca's agreement with CEPI is to deliver 300 million doses of our vaccine, once it is approved. So the CEPI/GAVI/COVAX facility will be very relevant for the African continent in terms of supply to governments. Many of our governments are already in touch and speaking to GAVI and CEPI through the COVAX facility, and we hope that there will be at least one route through which the African population can access the vaccine.

We are very cognizant, however, that supply may not be adequate. With that in mind, we have a separate sub-licensing agreement with the Serum Institute of India (SII), which will augment the supply to Africa. If the trials prove the vaccine to be successful, safe and effective, the agreement is to have a supply from SII of 1 billion doses for low- and middle-income countries. SII will have the rights to approach and supply to governments. Several governments have already approached us to ask us to put them in touch with SII, which is one of the largest vaccine manufacturers in the world in terms of numbers of doses produced. They supply vaccines to over 170 countries around the world, so we believe that our collaboration with the SII is ideal and relevant for our region. We also have agreements in Brazil in China and various countries around the world, and we are committed to equitable supply, not just one or two continents, but across the world.

In terms of the clinical development plan, currently the phase three study is ongoing in the US, UK and Brazil, but Africa is also represented in the phase one and two study. It is quite unique to the vaccines world that the phase one and phase two has been ongoing in parallel with phase three studies. So Africa is represented by Kenya and South Africa. This is ongoing and evolving and we have countries where the trial will soon start as well.



This is an unparalleled response to secure and establish supply globally. We recognise the fact that this cannot be done alone. And, ultimately, it's not a competition. It's about what we can do as a community in collaboration with stakeholders in collaboration with governments to ensure equitable supply around the world.

SPEAKER

Dr. Walid Zaher

Group Clinical Research, Development & Innovation Director
G42

G42 Healthcare is based in the United Arab Emirates and is a subsidiary of Group 42. Our portfolio spans healthcare technologies and solutions as well as pharmaceuticals. Group 42 Healthcare has launched a campaign through a collaboration with Sinopharm, one of the largest pharmaceutical and vaccine manufacturers in China. That campaign was launched on July 16 in the UAE, and was aimed at launching the phase three clinical trial of the inactivated COVID-19 vaccine developed by Sinopharm. In that regard, they have developed two vaccines: the Wuhan vaccine and the Beijing vaccine, both which were included in the trial. The trial has recruited 45,000 volunteers and quickly gained momentum. We were able to recruit that number in only the past three months since the launch. Building on our success in the United Arab Emirates, this clinical trial has centers outside of UAE in both Middle Eastern and African countries and include Bahrain, Jordan and Egypt. A parallel clinical trial is being conducted in Morocco, Brazil, Peru and Tunisia. The aim of these trials are efficacy and to continue the safety already demonstrated in the phase one and two clinical trials that were conducted in China.

At this moment, we have successfully recruited people from multiple ethnicities, with more than 125 registered nationalities. All of our volunteers have completed their first does and many have completed the second dose.

As previously mentioned, this is an inactivated vaccine. We haven't faced significant challenges regarding the logistics because we didn't need a cold chain to transport the vaccines during the clinical trial, since it was inactivated. It's a vaccine that you can just keep

in a regular refrigerator. So far, we are seeing the safety profile is excellent and we haven't had any serious side effects so far in the 45,000 volunteers that we have recruited.

We are very close to announcing the results. I would have hoped that by today we already would have announced it, but in the next few days the results will be announced and it's very promising. We are really happy about our progress and about how this clinical trial has been conducted. We are proud of the momentum that we have gained. This clinical trial, being developed on almost every continent, with recruitment from all over the globe, has assured us that whatever we are going to announce will be a continuation of whatever we announced at the beginning, which is, we are doing this trial to ensure that this vaccine is deliverable to most countries around the world.

We already have plans in motion to ensure that this vaccine is delivered, not only to highly developed countries but to every country around the globe. We're already in talks with countries in Africa and Asia about how we can move from the clinical trial, announcing the results, and when we reach the production stage we are ready to supply the vaccine to every country around the globe.

SPEAKER

Mr. Samba Bathilly

Founder

ADS Group

My desire is to have an ecosystem that throughout the process of development, from the manufacturer to the operation and structure of financing, it is easier for Africa. I understand that there will be a lot of issues around logistics and packaging, so Africans should come together to create strong partnerships and systems to build up our industrial capacity. Everyone around the world wants this vaccine. If we don't move fast and effectively, Africa will be left behind. So this is the time to come together with CDC and all the African governments to structure a way that we will have easy finance, logistics and manufacturing.

Open Forum

Dr. Githinji Gitahi
Chief Executive Officer
Amref Health Africa

It's great how much activity and investment of time and resources there has been into the future of vaccines to ensure that we can go back to full economic activity. As we move forward, it is important to remember that vaccines alone don't save lives--vaccine programs save lives. Vaccines on their own do not save lives unless proper regulation, delivery, cold chain capacities, and community acceptance is in place. We need to focus on how African governments can look beyond the vaccine to vaccination programs. I would like to see African governments focusing right now on how to prepare for the COVID-19 vaccination programs, not just wait for the vaccine. In fact, I want to see African countries actually launch their vaccine programs ahead of the vaccine availability. I haven't yet seen an African country launching their regulatory frameworks, policy frameworks, infrastructure, who will receive the vaccine and how it's going to be delivered. Because without vaccine programs, vaccines are useless. Who is counting the cost of the vaccination rather than the vaccine? We need to factor in the costs of the entire vaccination program.

Additionally, there's a difference between efficacy and effectiveness. The pharma and research companies are working so hard, and are going to tell us about efficacy, which is really important. But that efficacy is only necessary once it has been delivered. The vaccine effectiveness could drop from the efficacy of 85% to to an effectiveness of 10%, because we don't have the structure to deliver the efficacy. So how do we support governments, even before the vaccine has been approved, to develop regulatory and policy frameworks

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Sanjeev Ghadia
Chief Executive Officer
Astral Aerial

Astral Aviation specialises in the airfreight of vaccines. We have participated in a number of immunisation projects. We are engaged in three levels of intervention:

1. The logistics of getting the vaccine from its original source to a hub within the region where it needs to be delivered.
2. Storage of the vaccine in that central hub. We currently have a 90,000 square feet cold storage facility in Jomo Kenyatta International Airport in Nairobi.
3. Distribution of vaccines to the rest of Africa.

During the COVID-19 pandemic, we have flown to 42 countries in Africa with PPE, testing kits, etc. And now we are preparing for the biggest challenge in the history of our company, which is the logistics of distributing the COVID-19 vaccine. We have a fleet of 14 cargo aircrafts and every one is going to be available for the transportation of vaccines. We are already working with UNICEF at the COVAX project, along with other organisations, as a part of the vaccine initiative within Africa. We're very confident that we will meet the requirements of the 20% of vaccines that have been earmarked for 2021.

We are not the only airline participating in this effort. Airlines from across the continent and the world are ready to contribute to making sure that every vaccine is able to reach the final destination in a safe and secure manner. We are very confident that in 2021, we will be ready for the task of transporting the COVID-19 vaccine, and we look forward to collaborating with vaccine manufacturers and organisations to make sure that Africa receives its vaccines in a safe and in a timely manner.

Dr. Ernest Darkoh
Founding Partner
BroadReach

BROADREACH™

As one of the lead organisations to help to pave the way for the introduction of the cervical cancer vaccine in South Africa, BroadReach has had experience working in vaccine development and distribution. That experience was very instructive in terms of the practical challenges faced when trying to introduce a new vaccine into a landscape that does not have an existing framework. In the case of the COVID-19 vaccine, we're talking about a large-scale adult vaccination program and we simply do not yet have a model or framework in place for how to manage it. We need to manage the distribution of the vaccine, of course, but also need to consider vaccination records and how to track a multi-dose regimen. A paper tracking system like we currently use will not be effective if we want to move quickly and systematically through a population.

BroadReach has been working on a cross-border immunisation program to track children across the Kenya/Uganda border. This is a time where the relevant powers need to align around the concept of an electronic vaccination record that can travel with you wherever you go, where the data can be accessible from any point. We have a pilot at the Kenya/Uganda border and there are many other examples of organisations that have trialled these types of solutions. Since we have some time to prepare, we should look at identifying some of the best in class electronic immunisation records and then scale the vaccination on the basis of tracking them through this electronic record. Then we will be able to rationally see who received the vaccine and then even track the pharmacovigilance and report that through electronic means. I'm excited that we do have viable candidates, but I think the devil is going to be in the detail of how we actually implement this.

Dr. Iain Barton
Chief Executive Officer
Clinton Health Initiative

We can all learn from the level of insight and breadth of understanding that has been experienced across the marketplace. The order of magnitude of the challenge that we face in the effective deployment of vaccines is not only a real challenge for everything that we know and have experienced and all of the systems that we currently have, but it's also a great opportunity for learning, establishing standards, and for people to become aware of the challenges around these things. It's also a great opportunity for us to engage with a number and range of patients and across markets in a single event of critical importance. We need to keep asking ourselves how we can leverage this opportunity for ongoing care and health record management. There is still a big gap, even with all the work that we've done over the years, around the cold chain and supply chain.

I think there's a belief that this can be done, but I think those of us who have worked in the healthcare supply chain have a very real knowledge of just how steep the mountain is and what the challenges will be if we have to accommodate ultra cold chains at -80 or -70 degrees. Even managing cold chains at -20 degrees is not going to be simple, because the harsh reality is that even in the two to eight range, we have challenges.

So I think we are going to require a level of agility and responsiveness, that we probably have never had before. because information is coming out fast and intensely. We need to build plans for multiple scenarios and alternatives so that once we actually see which way procurements go, which candidates are coming to market, we're able to put the right controls, structures and capacity in place to receive, store and deliver the product.

It's quite superb how much one is seeing currently in the press on the difference between getting a vaccine and administering a vaccine. And it's great to hear this kind of conversation where the concentration is moving very clearly into administering a vaccine and getting it to the patient.

Ismail Cheikh-Lahlou
Senior Manager, Africa
Sales and Projects
Cooper Pharma

Cooper Pharma is a leading player in the healthcare and pharmaceutical industry in Morocco, and also has a strong presence in Africa, especially in French West Africa. The COVID-19 situation has changed many things for our business and for our sector. From our perspective, Morocco's national strategy allows us to be in the front of the vaccination program, especially with the support of our partners. The national strategy of Morocco has already signed with the two major vaccine programs.

A company like Cooper Pharma has the willingness of providing its own distribution facilities and capacities, especially in Morocco, but also in Abidjan, Côte d'Ivoire where we have a future manufacturing unit already in place, and another in Kigali, Rwanda. The simple idea from our perspective as a private sector player is that we could provide distribution centers. We are not into the big strategies on vaccines because it's not our role, but we would like to help, and can provide our distribution centers in order to help the provision of the vaccines in all of Africa.

Dr. Harald Nusser
Consultant
Global Health Expert

I have previously stressed the importance of coordination and the importance for generating evidence on outcomes. With that said, I think this extraordinary and impressive effort on the vaccination yields an additional opportunity. As this vaccination will be a pan-population effort, let's leverage deployed resources as wisely and widely as possible. For example, through taking and recording patient blood pressure and other baseline health measurements when people present for the vaccination.

Lisa Slater

Head of Public Affairs, Africa

Roche

We have all been very excited in the last days and weeks to see the good data regarding vaccine development. And it is also very encouraging to see the robust preparation from Africa CDC and conversations such as the ones we're having today about what we need to do now before we have the vaccine on the ground.

We should not lose sight that the overall exit strategy for the pandemic is not just a vaccination. We have three prongs, including the vaccination itself, treatment for patients with COVID-19 (we still have many months ahead for that), as well as widely available testing. It's when we have all three of those in place that we're going to be able to exit this pandemic successfully.

On a positive note, COVID-19 has been a catalyst for some important lessons around agility and how we can work together. The way the global community has come together, the response has been extraordinary, including the exceptionally fast clinical trials for vaccines and other treatments. The efforts have been global in nature and there have been some very innovative responses, like the Africa Medical Supplies Platform from Africa CDC, which is going to have longevity beyond the pandemic and benefit the continent moving forward.

Even for those of us that are not vaccine makers, we have high quality and reliable cold change and experience with supply chain on the continent, so we are very happy to be at the table and be partners as this moves forward. We need to continue the collaboration, in relation to vaccines, treatment and testing as we go forward.

We need to see the meaningful relationships and partnerships we have created during the pandemic as a way to leverage success in the future to achieve universal health coverage and health system strengthening overall.

Closing Remarks

Dr. Karim Bendahou

Head of Africa Bureau, Merck & Chair of Africa Committee, IFPMA

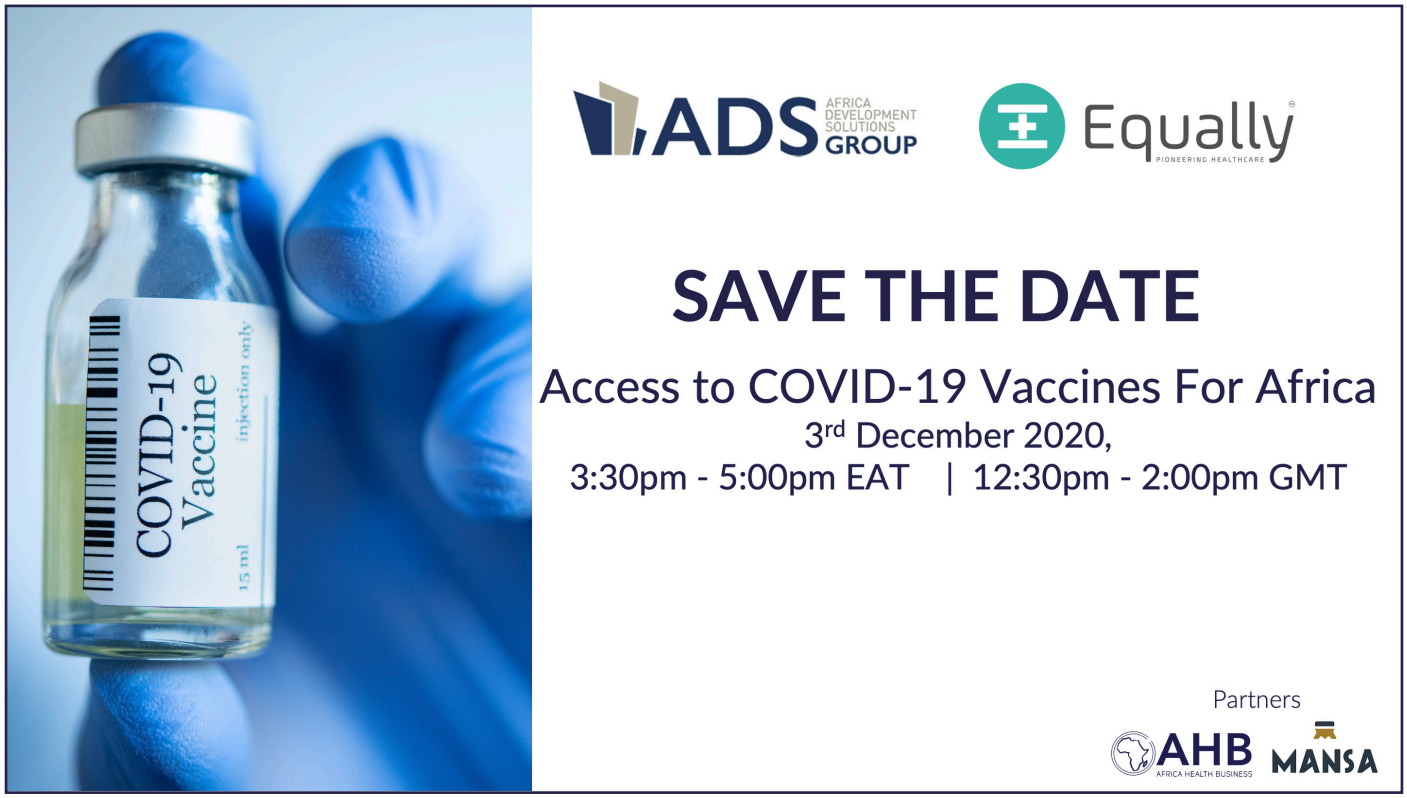
What we have heard today is very encouraging, moving from just talking to full commitments and actions. It has been shared today that we have secured almost $2 billion toward vaccines for Africa through the COVAX program under the leadership of the ACT. Africa CDC is then working on securing the rest of the funding required. We have significant challenges ahead of us, but it's progressing in the right direction.

We need to remember that we have 54 countries with 54 different regulatory systems. Are they ready to manage vaccines, the storage conditions and requirements, sometimes requiring the vaccines to be kept at extremely low temperatures? We are not yet effectively prepared for the distribution and vaccination campaign. We need an additional 1,000-1,200 aircrafts to organise the transportation of all the doses. We need to move into action and coordination is key in bringing all these doses to the end user.

We should also consider that this is not the last pandemic we will face. We have to increase our preparedness in Africa. We are learning a lot from this experience, but it's extremely important to build vaccine fit and finish capacity on the continent. It may be too late for the COVID-19 vaccine, but we need to put in place a serious investment program to establish this capacity in Africa.

Going Forward

Our next session will be held on 3 December 2020, and we will be discussing the topic of "Access to COVID-19 Vaccines for Africa." The session will focus on procurement and financing solutions for the production, distribution and administration of the COVID-19 vaccine in Africa and the vital role that public-private partnerships will play.



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Partnerships for Resilient Health Systems

Session report

Healthcare Financing

5th November 2020

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Speakers

MODERATOR

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Executive Chairman,
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hfn HEALTHCARE FEDERATION OF NIGERIA
IPAF
EAHP EAST AFRICAN HEALTH PLATFORM
PSPSCI Plateforme du Secteur Privé de la Santé de Côte d'Ivoire
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Lnoppen CORRIDOR OF INSIGHTS
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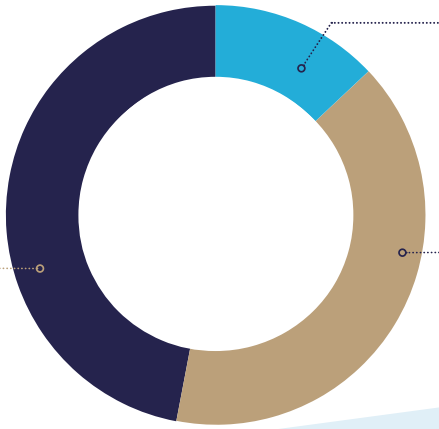
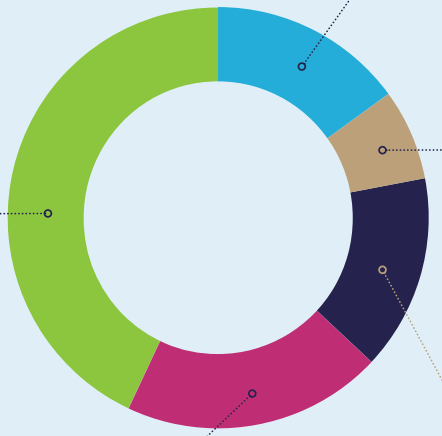
Webinar Poll Results

Which of the following do you represent?



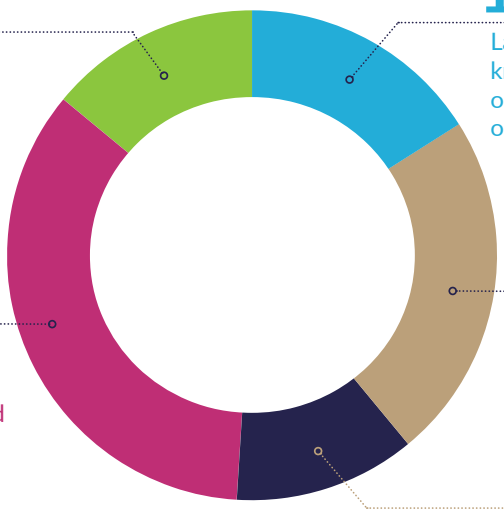
- 13% Individual/ Institutional Investor
- 40% Privately owned business
- 47% Other

What primary step should be taken to narrow the investment gap?



- 15% Businesses understanding investor objectives and desired impact
- 7% Centralised data driven investment insight
- 15% Sensitizing businesses on investment preparedness
- 43% A unified platform to connect investors with businesses/ opportunities
- 20% Showcasing local successes to change the investment and impact narrative

Given the identified gap, what do you think contributes to the missed opportunities?



- 16% Lack of knowledge on local opportunities
- 23% Missing visibility of innovations on the continent
- 12% Perception of sufficient skills and expertise lacking
- 35% Transparency of governance in public and private sectors and the perceived high risk
- 14% Mind-sets and behaviour around misappropriation of funds

Welcome to the Healthcare Financing session of the AHBS 2nd Webinar Series brought to you by Africa Health Business.

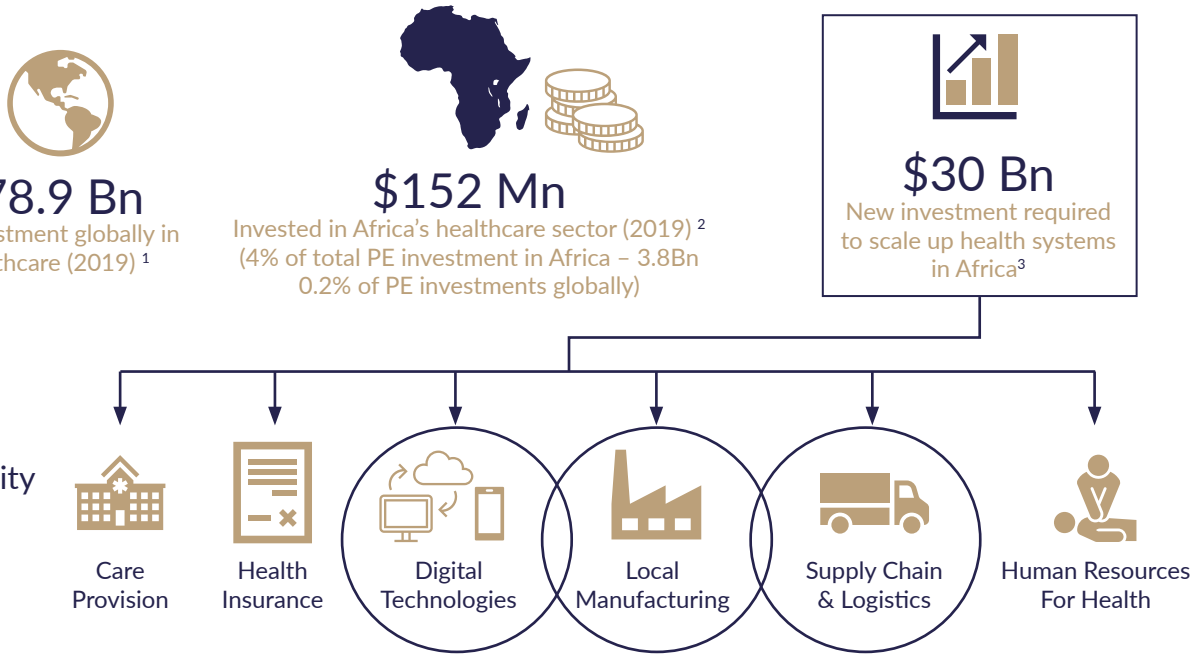
AHB is pan-African consultancy, advisory and investment firm. Our team of specialists provide a wide range of services aimed at supporting and promoting the growth of the private health sector in Africa with the overall aim of improving access to affordable quality healthcare on the continent.

While the COVID-19 pandemic has exerted significant strain on already overstretched health systems across the region, further affecting the delivery of other essential health services, a broader spectrum of stakeholders is now feeling the consequences of chronic underinvestment. The impact of the pandemic has demonstrated that every sector is dependent on the health system. The rising prominence of the healthcare sector has presented us with a unique opportunity to increase investments in health. To meet Africa's growing demand for healthcare, almost $30 billion in new investment is needed within the sector.

In 2019, private equity investments in healthcare amounted to $78.9 billion around the globe of which only 0.2% was invested in Africa.

The total private equity investments across all sectors in Africa amounted to $3.8 billion with 4% in healthcare.

Investing in Africa's Healthcare Sector



[1] Bain- Global Healthcare Private Equity And Corporate MA Report 2020
[2] AVCA - 2019 Annual African Private Equity Data Tracker
[3] https://www.ifc.org/wps/wcm/connect/news_ext_content/ifc_external_corporate_site/news+and+events/news/newsflashplus_121907_gateshealth

Over 52% of healthcare services in Africa are provided by the private sector, a clear indicator of a thriving industry. The pandemic has given rise to opportunities in healthcare markets across the continent through the rapid adoption of digital health solutions, increase in local manufacturing to meet local needs and innovations around supply chain management to curb the global disruptions we have encountered.

Dr. Amit N. Thakker

Executive Chairman, Africa Health Business

Q: Growing investments in healthcare is a topic that requires broader discussion. What are the trends we see in the healthcare financing space?

Kwasi Boahene

Director Advocacy & West Africa, PharmAccess

At PharmAccess, the aim is to build health systems in such a way that people will have access to care, not only for today, but for the long-term. For that reason, we have an integrated approach where we work on the financing of care. One of the challenges we have in Africa is the inability to develop an inclusive system where we pool resources and risks together to finance care. This is a critical component of the work that we do.

We've also seen that even if financing is available, but there is no quality, people will not go for care. So we also have a strong initiative on the delivery side to improve the quality of the health delivery systems. We have developed a tool called SafeCare, which is a stepwise manner of helping hospitals, facilities, clinics, etc. to systematically improve delivery systems, while also incentivisng them to do this. It gives them the tools for capacity building and monitoring the performance.

In order to provide quality health services, money is needed. To that end, PharmAccess has the medical Credit Fund (MCF), which does two things:

1. Help build healthcare as a business - business training, development, and everything that goes into making sure that a provider can manage the facility or the service as business.

2. In addition to that, give them the financing to be able to improve upon the quality. We have disbursed around $80 million working with local banks, with 96% repayment levels because of the due diligence and capacity building around business development.

Since 2015, what we've seen in Africa is the rise of technology, especially mobile technology. Using this, PharmAccess has worked together with a social enterprise to create something called M-Tiba, which links the payer, the patient, and the provider in a way that they will be able to finance and deliver healthcare. PharmAccess also partners with research institutions, both internationally but also in Africa to do research into our work with the condition that they will publish the findings in a peer reviewed journal.

The ultimate goal of each of the things we do is to ensure that everyone in Africa irrespective of their economic situation will be able to access quality healthcare.

Audrey Obara

Head Healthcare Investments, Swedfund

Swedfund has invested in healthcare for many years. We've invested in Africa and Asia and continue to focus on these two markets. Traditionally, our investments were on the healthcare services side, so provision of healthcare in primary care, out-patient clinics, and secondary care. In some countries, we also invested in specialised care, such as cardiac care, brain tumor treatment, and cancer centers.

As we continue to focus on that sector, we've also broadened our mandate to look at how we can continue to improve the supply chain to reduce the cost of care. In India, we've invested in a fund called Health Quote that looks at early stage SMEs and venture investments in healthcare that are looking at innovative solutions, such as companies looking at supply chain, making things cheaper for hospitals to get good equipment, etc. We've looked at a company in Kenya and Rwanda called Kasha that provides information and products to women. We are keen to look at health tech, pharmaceutical manufacturing and distribution, as well as medical equipment and supplies. This is all with the aim of reducing the cost of care.

We're also looking at how we work to fund SMEs because healthcare is fragmented in many African countries, especially in West Africa. We want to help SMEs provide quality care. Swedfund is a small organisation, but we are committed to forming partnerships that can help support SMEs. Even as we push for consolidation, it's going to take time, but as people need to access care now, we can't wait too long to put up more health facilities. People still have to access care, so how do we support that and also make sure it's quality care?

As Swedfund, we want to provide investment in healthcare companies that are providing quality care. We use PharmAccess's SafeCare program to assess the quality of care as well as to help us know how to support organisations through technical support, among other avenues. We want to decrease the cost of care, ensure quality care, and make sure it's available to everyone.

Shakir Merali

Partner, LGT

LGT has been working on the challenges around healthcare for many years. We first started talking about our famous project Huzina in 2008, where we worked to build a consolidated Pan-African healthcare services group. There continues to be substantive challenges requiring many stakeholders to get together to be able to try and address it in the Africa space. Let's be clear that it's not a fixed target. Africa's health challenges are a moving target, including a changing disease burden, as well as things like this pandemic, which has exposed many vulnerabilities that we face with regards to capacity and resilient health systems. In Africa, to some degree, we've actually been helped by the fact that we've been combating epidemics of one sort or another for a few years and some of the better responses in parts of West and Central Africa. In terms of the availability of resources, however, it remains an issue.

From LGT's perspective, there remains systemic challenges to being able to avail quality healthcare to the populations in Africa. Particularly north of South Africa, in the rest of Sub-Saharan Africa, the challenge is particularly acute. South Africa has its own unique issues, not least the fact that regulations and the extent to which government is engaged in healthcare changes some of the dynamics in a particular way so that you can't apply some of the other healthcare solutions we're finding in Africa. What is becoming evident and what we're looking to fund is the availability of the right kind of healthcare solutions that are Africanised, that deal with African problems and are not prescribed from abroad or are ivory tower based solutions. We want to invest in solutions developed by people who actually operate on the ground and realise that there has to be particular ways to deal with some of the systemic challenges that we face.

The challenge is not a lack of capital or a demand problem. It is a supply problem. Supply is not determined by fancy buildings and glistening equipment, it's determined by having the right calibre of people able to deliver healthcare. That remains a fundamental problem. We simply don't have enough of the right kind of healthcare professionals and, consequently, the costs of delivering healthcare rise. To complicate that further, where there is an outflow of professionals from Africa, it is healthcare professionals in many cases. In the NHS in the UK, you might be just as easily treated by a Zambian nurse or a Kenya doctor as an English healthcare worker.

That means that we have to put capital behind solutions that deal with the problems that we face on the ground and the majority of illnesses that people will face on the ground will tend to be at the secondary level, although we're starting to see complications that require tertiary care. That means that we need to be able to put our capital weight behind solutions that allow for task shifting to increase the scope of healthcare services from individuals that might not be considered full healthcare professionals in other markets and where we're leveraging the use of technology. It's the only way we'll be able to build scale and drive down prices in order to be able to support what is a substantive growing burden.

Additionally, it's important to have a preventative mindset. It will be through these types of efforts that we will see the movement of the needle to make some kind of dent in what is a massive wall of problems that we face on the continent

Moderator Response/Questions

Dr. Amit N. Thakker

There are delegates attending this webinar from 37 countries, ranging from manufacturing to training to academia to those who are providing health services. The reality of the supply side challenge is reinforced when you look at the $1 billion Nigeria spends every year on medical travel and tourism, ending up in countries like India because they believe that the skill and the supply side is higher. When it comes to brain drain, there are probably more Ghanaian doctors in London and Nigerian doctors in LA than in their own countries. How do we deal with this?

Q: How are we going to deploy capital to ensure that the money is being spent in the right channels and how is LGT capital dealing with the supply side issue? How can people do business with funders? What are you looking for on this continent and what's your typical engagement style so that we can grow the business of health in Africa to deal with the supply challenge?

Shakir Merali

Partner, LGT

I don't believe standard private equity is the right solution for dealing with the healthcare issues that we face today because it's constrained by an external process of limited partners who have availed funds that require a certain return. Building up the right kind of effective healthcare systems is actually about leaning into developing a solution for a particular problem and it means having capital that is truly patient where you can weather what are going to be storms around innovation and challenges that you are likely to face. The most successful deal I ever invested in was a healthcare business, but that business was almost bankrupt at several points. It required us to engage very closely to keep them from closing. Classical private equity that requires an investment with an exit outcome within 3-4 years is probably the wrong kind of capital. One of the reasons I work with LGT right now is because we've got a fund that is off the balance sheet of our institution and, therefore, is long-term in nature and our intention is to find opportunities that we can invest in that we can actually lean into and build true platforms over a longer period.

How do we actually do that and what is that we're looking for? There's no way that one can find a comprehensive all-in-one solution to all the healthcare challenges that we face on the continent. It simply isn't possible. So, like everything else, one needs to break down the problem into somewhat more manageable parts and then try to find the solution that makes sense for that specific challenge. For example, if one considers the issue of ophthalmology and dealing with that as a particular care pathway, there are some very good examples from the likes of Arvind in India, the ability to develop particular protocols allows for task shifting so that scarce doctor resources can be used only for critical procedures and allow them to happen in a rapid fashion and consequently reduce cost per time and, therefore, the overall cost of providing a standard of care.

Those are models that we can import and are the types of solutions we're looking to back: within the scope of a particular care delivery area, you can develop a model that allows for efficiency and optimises the use of resources. Another area might be maternity care. Approximately 95% of cases are regular cases, 5% require emergency intervention and around one quarter to one third of those are very complicated.

There needs to be protocols so that the needed healthcare professional is available to address what they are really needed for. Clinical officers can take care of routine childbirths, while specialists are available to address emergencies. The solutions to this are not simple, however, and there is a question of balancing risks.

We're looking at trying to find the right kind of healthcare delivery systems that are holistic in their mindset and address the key fundamental challenges we have, which is, in many cases, a lack of qualified healthcare professionals.

There's a big space for technology to play a role. Sometimes financial investment is made in equipment, for example, but the human resources to effectively utilise that equipment are not available, making the equipment less productive and useful. This is the type of space where technology can play a role and requires the right kind of interface with government and allowing the right kind of regulations for technology to be used effectively. Applying the right kind of mindset and being specific around the solution you're trying to avail and the problem you're trying to solve can lead to truly African healthcare investment opportunities.

Dr. Amit N. Thakker

Three percent of the global human resources for health are in Africa and we're dealing with 16% of the disease burden. These data have been stagnant for 10 years. So you can talk about task shifting, but telemedicine and technological innovation are probably most needed. We may not be able to develop that many health workers for the growing population in Africa. So, in addition to task shifting, we need to utilise technology in order to have a multiplier effect across the continent which reduces the traditional healers and other kinds of practitioners who may not be qualified from providing care in Africa, which is another big issue that we're continuously facing, especially in remote areas. Any comments?

Shakir Merali

Partner, LGT

It's necessary for the right kind of investment to build up human resources for health. The traditional models of medical resources are part of the problem because it takes so long for people to be qualified. To some degree, we've addressed that in Africa in the position of clinical officers, for example, which is relatively unique to Africa. There

has to be more investment around that type of solution and more models that can find and recruit these kinds of people.

I wouldn't necessarily toss the traditional healing completely out of the window, as they do have something to offer and can be quite efficient. There's a fair amount that we can learn from them. However, there are also some that are carrying out completely fraudulent medical practice.

Dr. Amit N. Thakker

Q: What is the size of Swedfund's new fund and what would be a message to the attendees who want to engage with Swedfund in a focused manner? Talk to us about the characteristics of the clientele that you are excited about.

Audrey Obara

Head Healthcare Investments, Swedfund

Swedfund wants to invest anything from $30-50 million per year in healthcare. This year has been very slow, so we won't reach our target. The reason we haven't been able to reach our targets, especially in Africa, is that it's difficult to find investments that can scale and can handle large investments. Typically, as a financial minority investor, we don't want to take stakes of more than 20-25%. So we need to have a company that is valued around $40 million and there are not very many companies at this level. What has tended to happen is the opportunities are existing companies that have incremental growth. They will take some capital and increase what they're doing. But greenfield opportunities, whilst they're there, the structure sometimes might not be strong enough, so they need to find either funds, institutions, or companies that are investing in healthcare that exist in that market and have experience. That is a challenge because some of the projects that we see that are greenfield don't have that experience. Because of this, finding those opportunities at the size that we want becomes challenging and so we tend to look at smaller tickets.

One other challenge in this market is the issue of affordability of healthcare, the financing of access to care. Many times we make investments and when we look at financial viability, wanting investments that can generate enough cash flow to run themselves, our pool becomes even more limited because we want to reach the low- and middle-income groups. There are not many models serving the populations we want to serve that are scalable. Some are at a very early stage and they may not reach scale to the point where they can cover their costs and have some money left over for growth. Because we are a financial minority company, we work a lot with private equity funds, but private equity funds are looking at deals they can turn over in 3-5 years, so that limits the pool of investments they would look at. It would be very rare for a private equity fund investing in building a hospital, for example, as this requires a 7-10 year commitment. Swedfund is looking for investments we can scale, which could be existing institutions that choose to work together to pool resources.

Dr. Amit N. Thakker

We can see that Swedfund is looking at growing in Africa. They've seen growth in Asia and are now encouraging entrepreneurs on this continent to be innovative about things like group practice. Innovators also need to show a certain standard that demonstrates scaling up. Eventually firms like yours will exit, so they need to use the capital smartly in order for them to grow and enable them to move to the next level.

Q: What has MCF's experience been investing with smaller amounts, which is often a riskier and more labor intensive way of investing?

Kwasi Boahene

Director Advocacy & West Africa, PharmAccess

Carrying out due diligence might take more time depending on the type of facility and how established they are. The motivation is around the question of what is the problem we're trying to solve? If you look at the population of Africa, about 70% don't have access to decent care.

The work that MCF does is a lot of work, but that is its mandate. If you look at the way that we've done it, we now have over $95 million disbursed and this is going to over 2,000 clinics (including a whole range of types of clinics). The success can be attributed to a dedicated team. The model has been partnering with local banks because they have the channels to distribute loans. In the beginning, MCF was taking all the risk because banks felt like healthcare (especially serving the bottom of the pyramid) was too risky. That has changed recently, with equal risk participation between MCF and the banks. They saw that what they were doing with MCF was the best performing portfolio that they had, as they were loaning to small and medium sized facilities with repayment rates of 97% (due to the training and due diligence that's done prior to the loan).

The thing we need to focus on now is how can we leverage technology to deliver loans in a much more efficient way. In Kenya, MCF has started digital lending. This means that you can have insights into their turnover, allowing lenders to make more informed decisions. We are looking forward to extending this to other countries.

Having money to disburse is not the issue -- if you have a very good business and want to engage, the money is not the issue. The issue is finding a very good business to invest in, and making sure we have a credible partner to work with.

The impact of COVID-19 on the health of people in Africa has been less than places like Europe. Not many people are dying and many who get the illness are not showing symptoms. However, the impact on the economy is massive. That is something that we have to address. In response, MCF has given flexible lending, taking the economic environment into account. They want to help the facility come out of the challenge and move the business forward.

It's the mandate to make sure that over 70% of people who don't have access to care. We have to focus on a wide range of facilities in order to lend money to support healthcare facilities. The challenge is identifying businesses that are good investments with good documentation to back them up.

Dr. Amit N. Thakker

What this tells the attendees is that there are choices as to how to expand your business and grow effectively. The traditional banking side is not the only option, especially since banks sometimes don't understand healthcare as well as other funders. PharmAccess was able to be the friendly intermediary that provided effective due diligence that is designed specifically for the health sector, building the capacity even of the banks so that they have a better understanding of the health sector.

Questions & Answers

Q: What is the right model for healthcare financing in Sub-Saharan Africa and where are these models or examples? - Divine Akaba, Medtronic, Head of the Cardiac & Vascular Group, Ghana

Shakir: There is no one solution. It's all around what particular issue or problem you're trying to address. There's financing that comes from government, from NGOs looking to achieve specific outcomes, from investors like Swedfund or LGT, and then there's financing around specific programs like some of the ones within PharmAccess. At the end of the day, the financing that backs a solution and moves the needle to some degree is the right answer. So it really depends on the challenge.

Kwasi: We need to distinguish between two things: (1) There is the financing of the services themselves and (2) the investment to make it work.

Starting with the second point, when it comes to the investment to make it work, there are many different kinds and it really depends on the situation what is best. In that case, it helps if you can partner with an entity that will take the first loss. That way you can deploy your money in a way that gives you a return.

When it comes to the financing of health services themselves, insurance is the best way forward. We've seen in Ghana, since 2003, they have health insurance funded by taxes and now 11 million people are in the program. Because they have used taxes, they are able to exempt some people from paying a premium, including pregnant women, children, older people, disabled people, etc. There are certain illnesses that need focused attention, but to achieve universal health coverage, there is a need to look at integrating vertical programs toward primary health services.

Q: Why is it that the majority of the funding appears in East Africa compared to West Africa? - Abayomi Ajayi, Nordica Fertility Centre, CEO, Nigeria

Audrey: It is true. If we look at International Finance Corporation's (IFC) portfolio, being one of the largest investors in healthcare, they've done more in East Africa than West, and they even have teams in West Africa. Swedfund hasn't been as active in West Africa because they don't have a team there. Boots on the ground makes a difference. As funds, if we look to set up shop in those countries, we will see progress. Swedfund would like to get people into West Africa because they want to increase access to healthcare for all Africans.

Fragmentation comes in, because if you're looking at investors who want to invest $5 million, how many opportunities are there? There are many doctors and clinics, but can they take that amount of money on their own? Investors and private equity funds are trying to combine assets to make a group or a platform to put in $30-40 million. It's generally easier to invest in East Africa because they saw a lot of private equity funds coming in over 10 years ago and it took off much easier. More attention will be coming West Africa's way if we can see scale.

Many investors are interested in investing in healthcare in Africa. Investors are looking for projects, but the projects themselves are difficult because there aren't big enough health organisations. A private equity fund in France was looking to invest in a 2,000 bed hospital, but those are not common on the continent. Part of the reason for that is, even if you build a hospital that size, it is difficult to reach maximum capacity because not enough people can afford the healthcare. Private insurance only captures a limited number of people. The national schemes cover more people, but they don't cover as much in terms of types of treatment. By opening up and purchasing from the private sector, more people will be able to access healthcare. If we can see mobilising, accumulating, and financing so that people can purchase health services, we'll see more on the supply side because the demand has increased.

Kwasi: There's appetite everywhere for financing. If you look at the populations, the largest market is in West Africa (Nigeria). But, of course, the economic hardships plus COVID-19 and all the challenges that they bring has impacted the market. There is a need for collaboration, as well as sound economic policies at the national level so that investments can make sense for investors. There is the need for investors to go into West Africa. For MCF, the funds are there and they're becoming more efficient through the use of technology. There's no distinction between the two regions because, where there is demand, there is the opportunity to invest -- and the demand for investment is everywhere on the continent.

Q: What is the right model for healthcare financing in Sub-Saharan Africa and where are some of the models or examples? - Divine Akaba, Medtronic, Head of the Cardiac & Vascular Group, Ghana

Kwasi: E-health initiatives are important. Why should a poor woman in a village in Nigeria travel 20 kilometres to a hospital only to hear that the doctor is not there? It's a basic example of how you can use technology to reduce costs. PharmAccess is trying to leverage technology to provide health information, advice, and counseling. The fundamental point is how to use technology to make the financing and delivery of services efficient.

When looking at the financing part, technology plays a very important role. The technology that we talk about in healthcare has generally been focused on how to use technology to carry out better surgical practice, informing people, making sure that patients won't miss appointments, etc. But how can we use technology to mobilise financing for health?

PharmAccess has started something called a mobile health wallet on phones to help people save money for health in small, realistic amounts. It can also help people receive entitlements from different sources, such as money from donors. PharmAccess is also leveraging this technology to mobilise remittances for health. Donor funding is going down, but remittances are going up. So how can we ensure that a Nigerian in Houston will be able to pay for insurance for a relative in Lagos without facing unnecessary bureaucracy? PharmAccess also has a collaboration with the Global Fund, which is integrating HIV/AIDs financing in an insurance scheme.

Dr. Amit N. Thakker

Africa Health Business wants to bring health sector players together in partnership. The primary purpose of this conversation was to connect funders with health businesses needing funding to ensure that we get responsible growth in the African health sector that helps us move towards universal health coverage.

Parting Shots

Kwasi: I want people to think about two things:

(1) Ten percent of GDP transactions in Africa is done through mobile phones, this is compared to 2% in Europe and the US. Africa is way ahead of the rest of the world in this area. We can use mobile technology to revolutionise healthcare, and make sure that 70% of the people who currently don't have access to care will get access.

(2) Why are we spending on average $85 per person annually and, according to global estimates by the WHO, $60-90 per person per year should be enough to provide everyone with care, yet we are not seeing our full populations being able to access care? Insurance can help some of those challenges.

Audrey: Swedfund and other investors are committed to supporting healthcare in Africa. Healthcare is a key part of the economy. If we're not healthy, development will be a challenge. Risk pooling and insurance are very important. How can we as Africans increase the amount of money we save towards healthcare? I'm not even just talking about investors, but as an African, a woman, a mother, a daughter. How can we increase the amount of money that our governments put towards healthcare? How can we lobby them to put more taxes towards healthcare? How can we as individuals increase our savings toward healthcare? We need to contribute to national healthcare schemes that exist and then demand that these government institutions pay for healthcare for us Africans. In doing so, investors looking to support healthcare delivery will contribute towards more access for people to quality healthcare. If you have a project that would be interesting to Swedfund, find more information on our website.

Amit: We do need more money for healthcare, but we need more healthcare for the money. Everyone on this webinar, we need to hold leaders in both public and private accountable so we stop seeing graft and waste. We could double the number of people able to receive healthcare if we just had a simple monitoring and evaluation and ethical practices in healthcare. Together, we have a responsibility, no matter which country we are in. In this pandemic, it has been shown that no matter where we are, we are all in the same boat.

When it comes to stress, the amount of taxpayers' money that is wasted is horrendous. That results in loss of lives. I believe that through public-private partnership, we need to hold each other accountable and build a better trust between public and private. That's done through dialogue and advocacy. We believe that three key areas need to start focusing on:

1. Financing: Both taxpayer funds and private investment are the answer. We should increase what we can.

2. Servicing: We should become very innovative in the way we take services to the people on the continent. We need to look at innovation, telemedicine, etc. Let's take healthcare closer to the people and make the geographic barriers disappear.

3. We need to develop human resources for health training in academia. It's been an area that the public sector has dominated and controlled. The private sector can scale this up and bring the health workforce of tomorrow, a fit-for-purpose workforce that will treat the next generation in a cost-effective, quality way that will enable Africa to become the Africa we want.

Kaushal Shah

Head of Pharmaceuticals & MedTech, Africa Health Business

Africa Health Business's goal is to improve access to equitable healthcare in Africa. Last Mile Health is an organization committed to this same goal, specifically focusing on those in rural areas. One of its global initiatives is their Community Health Academy, which includes the offering of a very important course called Financing Community Health Programs for Scale and Sustainability. This is a free course that has prestigious and qualified faculty, including our own Executive Chairman, Dr. Amit Thakker.

LAST MILE HEALTH

Community Health Academy

The Community Health Academy's Global Classroom

The Community Health Academy partners with Ministries of Health, Ministries of Education, NGOs, academic partners and others to strengthen the clinical skills of community-based health workers and the capacity of health systems leaders in order to build higher quality health systems.

The Financing Community Health Programs for Scale and Sustainability course series presents an in-depth exploration of the financing value chain needed to understand resource needs as well as to mobilize resources for community health.

Course 1: Political prioritization
Course 2: Costing
Course 3: Resource mapping and gap analysis
Course 4: Making the case
Course 5: Sources of funding
Course 6: Investment planning and creating systems for sustainable financing
Course 7: Public financial management

https://communityhealthacademy.course.tc/catalog?type=financing-community-health-programs-for-scale-and-sustainability-course-series

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AHBS
Africa Health Business Symposium
2nd Webinar Series

Partnerships for Resilient Health Systems

Session report

Managing the disease burden

19th November 2020

AHB
AFRICA HEALTH BUSINESS

This webinar is brought to you by Africa Health Business (AHB)

AHB is a pan-African advisory, consulting and investment firm that focuses on innovative partnerships to transform health in Africa. AHB promotes the growth of the private health sector in Africa to generate affordable, accessible, and quality healthcare for all.

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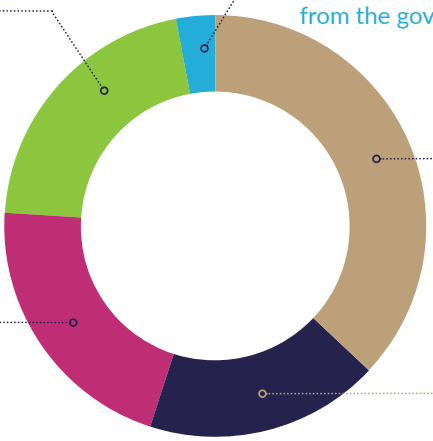
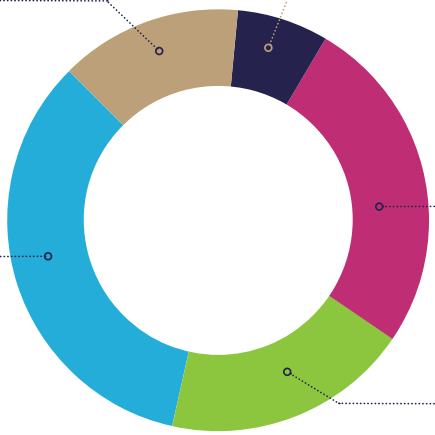
Webinar Poll Results

What are the biggest challenges in managing Africa's disease burden?



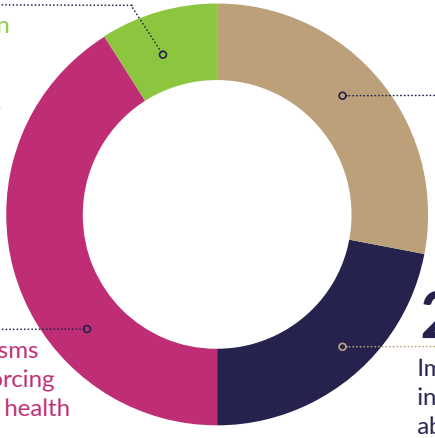
- **3%** Limited level of stewardship from the government
- **37%** Lack of an adequate number of skilled health workers
- **18%** High cost and inefficient process of importing medicines
- **21%** High (foreign) donor dependency
- **21%** Limited focus on prevention of diseases

What factors would strengthen national health systems for disease management?



- **7%** Strong local pharmaceutical manufacturing capacity and supply chains
- **26%** Development and implementation of strategic health financing policies and plans
- **19%** Stronger focus and government stewardship on public health
- **34%** Inter-sectoral collaboration and public-private partnerships
- **14%** Improved health workforce training and retention

What actions are needed to enhance the private sector's participation in healthcare?



- **28%** Enacting local regulations that are more encouraging of a private healthcare sector
- **22%** Improving access to capital, including by increasing the ability of local financial institutions to support private healthcare enterprise
- **41%** Developing mechanisms for creating and enforcing quality standards for health services and medical product manufacturing and distribution
- **9%** Channelling a portion of public and donor funds through the private health sector

Marloes Kibacha
Managing Director,
Africa Health Business

COVID-19 has had a great impact on health systems all over the world. Even though Africa has a relatively lower death rate; the continent has a high level of poverty and weak health systems.

75% of all reported COVID-19 related cases and deaths are only in 5 of the most affected countries in Africa (South Africa, Morocco, Egypt, Ethiopia and Tunisia). However, the secondary impact of COVID-19 in the African continent has been severe - children have not received their immunisations and the HIV, TB and malaria care has in some cases stalled and the disease burden has gone up. In addition, it is estimated that by 2021, 112 million people might be pushed into extreme poverty indirectly due to COVID-19 and therefore quick and decisive actions towards the prevention and against the spread are needed.

> Investing in health in Africa is not an option - it is a must - and the current pandemic is an opportunity to build a healthier, stronger Africa.

Investing in health in Africa is not an option - it is a must - and the current pandemic is an opportunity to build a healthier, stronger Africa. Investing does not only mean putting in money, it also means strengthening and building resilient health systems, infrastructure and industrialisation that can bolster inclusive and sustainable development in Africa for Africa. In order to develop, there is need for private sector participation in the provision of medical equipment, pharmaceuticals, digital health solutions, training and human resource development. Africa needs to become less reliant on healthcare imports and focus on growing and strengthening its internal medical supply chain.

This session will focus on innovative partnerships towards ensuring the continued delivery of health services during and post the current COVID-19 pandemic; not only COVID-19 but health services that focus on managing the entire disease burden that our continent faces.

MODERATOR
Dr. Iain Barton
Chief Executive Officer,
Clinton Health Access
Initiative

Clinton Health Access Initiative supports governments in their development of health systems and services that enhance access and quality of care for their citizens. The word 'resilient' resonates with me personally and CHAI as an organisation. We have a range of thought leaders from various industries who will be speaking about how to manage the disease burden and support resilient health systems.

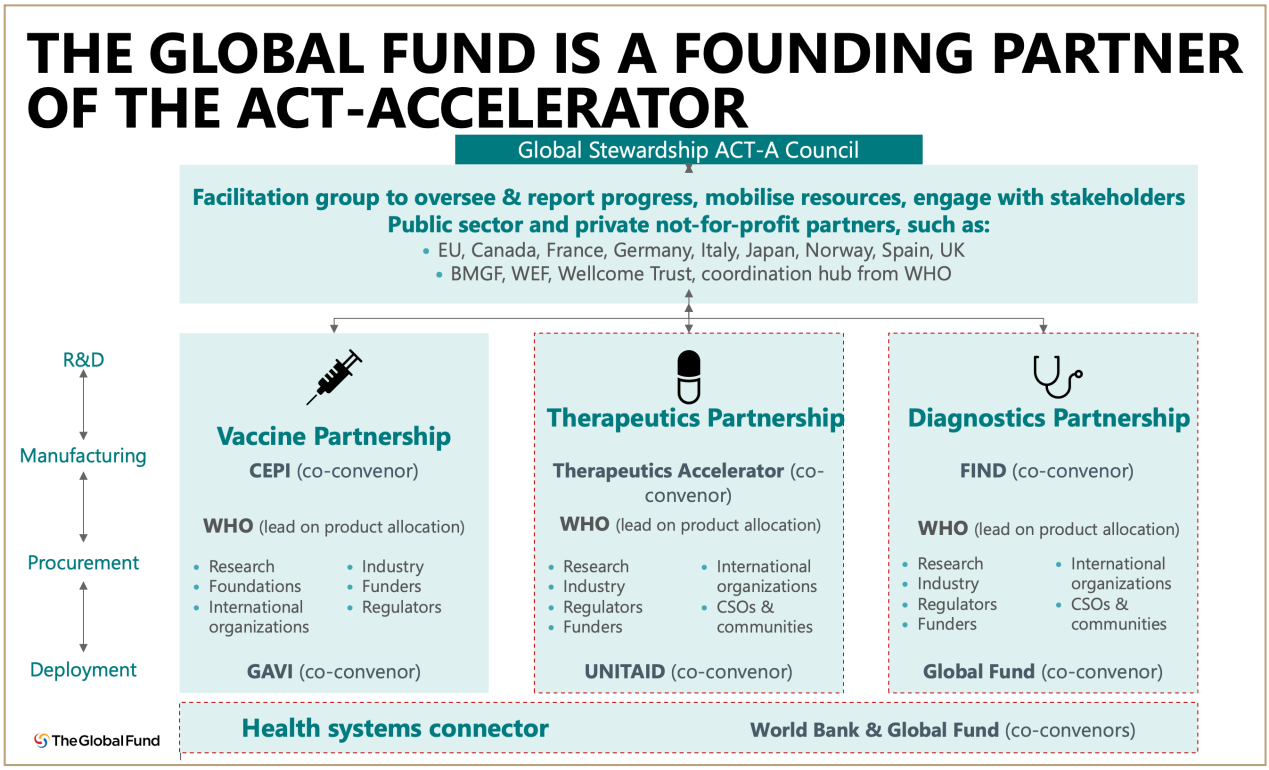
KEYNOTE SPEAKER

Maria Sol Pintos Castro
Senior Manager Private Sector Engagement Department,
The Global Fund

The Global Fund has been fighting infectious diseases for the last 20 years while also supporting the building of strong health systems. The Global Fund partnership has helped to save 30 million lives since its inception in 2002 in more than 155 countries. Fighting pandemics like COVID-19 is the reason why we were created, initially to address the HIV/AIDs crisis. We respond to these pandemics by trying to provide equitable access to treatment, testing, tracing and strengthening supply systems at the country level so we can reach even the hardest-to-reach patients with life saving treatment, leaving no one behind.

The impact of COVID-19 has different dimensions. One is the disease itself, but the indirect impact of COVID-19 arises from the fact that service delivery is being interrupted because there is no access to basic care. We know that illnesses, infections and deaths resulting from these interruptions in healthcare services on HIV, TB, malaria, maternal care and measles are going to increase, reversing the gains made over the past 10 years. For the Global Fund, approximately 70% of our programs have been affected since the beginning of this crisis. Additionally, and not less important, is the economic impact of COVID-19. The IMF predicts that the African economy is going to contract approximately 3.2% this year. We know billions of dollars have been spent across the globe in lockdowns, so if we don't tackle the issue, rather than the consequences of the issue, the impact on the collateral damage on livelihoods, economies and businesses will continue to be devastating.

To do this successfully, it's very clear that we need to do this together. We need to work together, because we cannot see this as an isolated fight. This is a fight that is embedded with many other fights about potential future pandemics, so we need to act very quickly.



The Global Fund adapted quickly to take part in the global response on COVID-19. We are one of the founding members of the accessibility accelerator, which is the access to COVID-19 tools. Specifically, we call it the diagnostic partnerships and the health system connector, but we are also involved in therapeutic partnerships, because eventually, when there is a treatment that is ready to be deployed, the Global Fund will have a responsibility when it comes to its procurement and deployment in lower- and middle-income countries.

Under the diagnostics pillar, on the 28th of September, we allocated $50 million to provide access to the most rapid tests available in the market today for low- and middle-income countries at a fixed price of $5 per kit. Unfortunately, this is nowhere near the amount of money we need, which is approximately $600 million, in order to draw down the volume guarantee that we have secured with our partners for approximately 120 million kits.

Since March, the Global Fund has very rapidly adjusted the way we do our work and the way we support different countries. We allocated almost $1 billion to fight COVID-19 through a four-way approach. First of all, we adapted our current programs (HIV, TB and malaria). We needed to continue to protect our health workers while reinforcing health systems and, ultimately, fighting COVID-19.

This is a fight that involves us all. In times of crisis, exactly what we need is private and public stakeholders to really step up and show a system change in the way we address global health security. We need a global call to action for all, and this call to action should touch upon three main topics:

1. *Leadership* – We need leaders, private and public, that are ready to step up to show the way forward for others to join. We need advocacy from these leaders to keep the heat in the topic so public and private continues addressing the issues.
2. *Increasing Commitments* – We need more financial and non-financial commitments, as the total amount for the COVID-19 bill is estimated to be $35 million. The Global Fund alone will need $5 million in the next 12 months to protect against HIV, TB and malaria while fighting COVID-19. Between now and the end of March 2021, we will need $1.1 billion exclusively for the diagnostic pillar. G20 countries have allocated money to provide rescue packages to mitigate the impact of this pandemic on their economies, so even 1% of these trillions of dollars could be allocated to address COVID-19 directly and it would make a huge impact.
3. *Defining the New Normal* – What is the way forward? Once we manage to contain this emergency, we shouldn't go back to business as usual. If one thing is very clear from what COVID-19 has brought upon us, it is that we need to discuss and take action regarding global health security. If we do that, we need to take care of health systems at the country level because that is the only way. And we know that either we are all safe, or nobody is safe.

The private sector is core to us as the Global Fund. We are a public-private partnership and most of our private sector partners very rapidly stepped up and joined the global fight against this pandemic. We have been very impressed with our partners, but much more is still needed, so this is a call to action to unite and fight.

PRIVATE SECTOR STRATEGIC PARTNERSHIPS – EXAMPLES

(RED)	CIFF	FIFA Foundation	Project Last Mile	Google
• Apple contributed to the Global Fund's COVID-19 Response through EOY 2020. More than $3.6 million contributed in total. • Additional (RED) partners supporting the GF Covid-19 response this year include; NetJets, DoorDash, Balmain, Therabody, SHOPATHON and U-Mask.	US$ 25 million investment over 3-year period to support the scale up of HIV self-testing as part of the implementation of the Global Fund strategic initiative "Differentiated HIV Service Delivery"	US$ 1.5 million investment announcement in support of COVID-19 and ACT-A, marked the commencement of the longer term-strategic partnership between the FIFA Foundation and the Global Fund focused on support to Front Line Health Workers.	4 key areas of support: • Surge capacity in warehouse and distribution; • Surge Capacity in Testing; • Surge in Cold Chain Equipment and Storage; • Support for differentiated service delivery models for TB and HIV.	Data analytics and integration: • Resource tracking tools (for PPEs, ventilators, beds); • Patient management systems; • Volunteer IT / AI engineer time to solve specific challenges; • AI-powered symptom tracking healthbot.

"The battle against infections disease is not against one virus. It's a commitment to keep everyone safe. It's about winning the fight against HIV, TB and malaria. It's about winning the fight against COVID-19. And above all, it's about leaving no one behind. We must unite to fight."

Peter Sands, Executive Director, Global Fund

This is not an isolated fight. So as we fight COVID-19, we need to fight HIV, malaria, etc. We need to approach this in a more holistic way. To do that, we need to have strong systems that can cope with COVID-19 today, but also to cope tomorrow with something else. We know that this crisis has an impact on all of us, so we really need to coordinate and unite to fight.

We know that COVID-19 has threatened past gains in a tremendous way. We know for a fact that this year, death rates and infection rates are going to rise across the three diseases. This is driven by the current status of health systems, by the fact that treatment and care has been interrupted and that finances are diverted. We cannot allow this. We need to be able to save lives, and in order to do that, we need to be able to open economies. We need to do this with a more holistic approach. We are at a tipping point of being able to save lives, contain this pandemic and prevent other pandemics in the future. Preventing future pandemics is about the way forward, how we are going to address global health security and is linked directly to health systems.

Dr. Iain Barton

Chief Executive Officer, Clinton Health Access Initiative

It's important to "keep the heat in the topic" because it's amazing how easily priorities can shift based on what the media is addressing. At the beginning of the pandemic, for example, there was significant focus placed on ventilators, and yet we had no oxygen to run them. We had no tubing to deliver the oxygen to the ventilator. It's also very important to remember that there are multiple diseases that need addressing, so we cannot overlook HIV, malaria and TB.

Maria Sol Pintos Castro

Senior Manager, Private Sector Engagement Department,

The Global Fund

Yes, we must fight COVID-19 simultaneously with HIV, TB and malaria so that we can protect the gains we've made in the past. The amount of money we need to both address the current pandemic and also these other diseases can be overwhelming. There are so many different pieces of the puzzle that need our attention. We need people to be tested, we need oxygen, we need basic healthcare, we need PPE. Health workers need to be protected because the same health worker that is going to provide a bednet is going to also dispense antiretrovirals and also conduct COVID-19 testing.

Dr. Iain Barton

Chief Executive Officer, Clinton Health Access Initiative

You talked about the antigen testing transition. One of the most important things that has come out of this is the aggregation of effort. This antigen testing coalition has been put together with a volume guarantee for 120 million tests at $5 a test. That's a $600 million volume guarantee structure in order to ensure supply of antigen tests to low- and middle-income countries. As you point out, that's probably half of what we actually need.

Maria Sol Pintos Castro

Senior Manager, Private Sector Engagement Department,
The Global Fund

This is correct. We need much more. If we talk about reopening economies today, the only tool that can help is the rapid test because, if in the future you are at the airport and you can take a 30 second rapid test that can tell you whether you are allowed to travel or not, our economies will be able to resume. So we need investment in research to develop the most rapid possible test. And we need to guarantee equitable access for everyone because we don't want this test just for high-income countries. We need everyone to have access to the same tools. This is what is clear today: either we are all safe or nobody is. Things are happening so rapidly that sometimes countries are not able to cope with what we are asking them to do. Once we contain this emergency, hopefully very soon, we need to look into building back better. We cannot go back to business as usual. The only way to provide global health security is by helping countries build strong health systems to address today, COVID-19, and tomorrow, something else, and, finally, take care of the endemic epidemics of HIV, TB and malaria.

Dr. Iain Barton

Chief Executive Officer, Clinton Health Access Initiative

For the broader audience who may not yet be fully attuned to what's happening with the change from PCR testing into antigen testing, PCR looked for RNA. It needed to be extracted from a deep nasal swab, then took time in a machine to be to be quantified, and could take 24 to 36 hours to get a result. It's quite intensive in terms of equipment and people. The new antigen tests have an anterior nasal swab, with quick administration and results in 15 minutes. The collaborative antigen testing project has already kicked off across 14 countries across Africa. Today, the initial batches of tests have been sent to each country for the local batch validation and training, and the local validations are largely complete. Most countries are now planning their national training of trainer workshops. The whole program has been developed as a close partnership between the African Society for Laboratory Medicine and the Africa CDC. They will be deployed across health facilities in late November and early December, so we will see that conversion into antigen testing, with a 15-minute turnaround, at about a quarter of the price of the old PCR test within this calendar year.

Philana Mugyenyi

Manager SSA - Government Affairs & Public Policy,

Terumo Blood and Cell Technologies

Terumo Blood and Cell Technologies is a medical device company and our products, software and services enable customers to collect and prepare blood and cells to help treat a host of challenging diseases and conditions. We believe in the potential of blood and cells to do more for patients than they currently do today.

Blood is a vital healthcare resource, and it is most often used in Africa to treat pregnancy related complications and severe childhood anemia, which is caused by things like malaria and sickle cell disease. Blood is increasingly important for patients with kidney failure who need dialysis and for cancer treatments as well. The World Health Organization states that the number of units of blood that are needed to sustain an adequate level of health is equal to about 1% of the nation's population. That means we should have about 10 units for 1,000 people in a population. Most African countries fall well below the minimum goal, and this was true even prior to COVID-19.

There are many reasons for this. In some cases, we have weak policy frameworks for blood. There is generally limited investment in research and towards blood processing and collection. There is also limited public awareness on the importance of regular voluntary blood donation among our healthy adult populations. The bottom line is, even though blood and safe transfusions are essential parts of any health system, the safety, sustainability and adequacy of blood remains a major health challenge in many African countries. What this means is that the disease burden for diseases like sickle cell, postpartum hemorrhaging and cancers are exacerbated because of a lack of blood.

Partnerships and collaboration are key to helping manage the disease burden, which is being directly and indirectly affected by lack of blood in Africa. This is truer than ever in a COVID-19 context, where Africa's blood services are in some cases collecting up to 80% less blood because of schools being closed, as we get a lot of blood from students, and also because of limits on social gatherings and because we don't really have a culture of voluntary blood donation. So COVID-19 has made a bad situation even worse.

This is why Terumo BCT are proud to have founded the Coalition of Blood for Africa (COBA). COBA is the realisation of a growing consensus that the agenda for blood and blood safety in Africa requires a multi-stakeholder, multi-pronged, innovative approach to make a meaningful impact across the continent. COBA is the first and the only Sub-Saharan African platform that's dedicated to bringing together people, resources and investment ideas to try and move the needle on blood and blood safety in Africa.

COBA is going to work toward achieving their goals in three main ways.

1. Reflection – We need more research, we need more policy analysis, we need more data collection around blood. The aim will be to help policymakers make informed decisions, and take effective steps to establish adequate, safe, sustainable blood systems for Africa.
2. Dialogue – We need to have debate, we need to have advocacy, we need to have awareness raising and discussions around blood and blood safety issues. COBA is going to be a forum where stakeholders can freely debate and discuss how to establish better blood systems for Africa. These dialogues will build trust, help assess challenges and identify opportunities and help reach consensus with a wide cross-section of stakeholders towards advancing the blood agenda.
3. Action – COBA is going to carry out technical assistance tailored to the needs of a particular initiative, or in response to a specific event, like the Ebola outbreak or the COVID pandemic. It will include capacity building and technical inputs to help strengthen our legal, regulatory and policy frameworks. COBA is also going to aim to be a repository for best practices.

In a very short time, COBA has brought together an unprecedented array of partners that include Africa Health Business, African Society for Blood Transfusion, Global Blood Fund, Epicenter Medicine, MSF, Siemens Healthineers, Africa Practice, and others who come from private sector, academia, research, development partners, civil society, not for profit, NGOs, the media and, of course, the public sector, including ministries of health and the national blood transfusion services. We think through partnering and coalescing around these three pillars (research, action and dialogue) we will ensure that we are able to manage the many disease burdens that are exacerbated by a lack of adequate, safe and sustainable blood in Africa.

Dr. Iain Barton

Chief Executive Officer, Clinton Health Access Initiative

Fascinating to hear that there has been an 80% reduction in blood donations during this pandemic. We've seen a lot in the supply chain space about the use of drones for emergency blood delivery. Is it a focus for COBA to look at emergency supply to remote areas using drones?

Philana Mugyenyi

Manager SSA - Government Affairs & Public Policy,

Terumo Blood and Cell Technologies

Yes, this has been very effective, and I believe it's being deployed very successfully in Rwanda. Now, Rwanda is one of the few countries in Africa that actually collects enough blood. It goes back to what was discussed earlier regarding ventilators and oxygen. There is so much technology out there to ensure effective delivery of blood, ensuring its quality and that it is used effectively, but the problem for Africa is that we're not collecting enough blood. And until we're collecting enough blood, a lot of the amazing technology is almost meaningless. Blood is the oxygen, we need to collect more blood, and if we're not even collecting enough blood to support 1% of our populations, which is the bare minimum, and now with COVID that's even 80% less of less than 1%, it's very difficult to even start scaling up or thinking about the potential for some of these incredible innovations and technologies that are out there.

If there's one thing that I hope everyone can take away from this is that we need to collect more blood. Until we do that, we're never going to be able to achieve some of our public health goals as a continent. We don't have so many problems these days with things like accessing a clinic or a basic healthcare facility. If you're in a car accident you probably will manage to get to a clinic in good time. But the problem is when you get to the hospital and you need a transfusion for your emergency surgery, all too often there is no blood. Women are able to get to clinics to deliver. They're getting much much better prenatal care than they were before. They're getting much better nutrition. But, even in a very good private hospital, if something goes wrong and the woman starts hemorrhaging and there's no blood, that is actually what's going to kill her. Not access to a healthcare facility, not access to diagnosing the problem. IThere is no substitute for blood. It's an essential medicine, and it's almost a silent public health crisis that is often excluded or deprioritised. It should be central to any strong public health system. So, yes, there's a lot of amazing technology out there and innovation which COBA wants to scale up, but until we have enough blood in our blood banks we're never going to be able to realise the potential that these technologies offer.

Dr. Ademola Olajide

Country Representative, Kenya, UNFPA

If we begin to look at the impact of COVID-19 and our health systems, especially as it relates to our desire to build resilient health systems moving forward, it's going to be important for us to take a step back and look from a different perspective. Health, in its broadest definition, is the presence of wellbeing. And if you look at Africa and the impact of COVID-19, you would see that in a lot of African countries, including countries like Kenya, before we started seeing the impact of COVID-19 directly in

terms of morbidity and mortality, we were already seeing what some people call the shadow pandemic as a consequence of the shut down. COVID-19 has indirectly impacted increases in female genital mutilation and vulnerability of women and girls. There has been heightened gender based violence and our health systems have not been able to cope with the disease burden.

Going forward, as we build back better, Africa's health systems remain in need of investment and improvement that a lot of practitioners, including those on this panel and the attendees, have always known we needed. The African heads of state in 2001 committed to investing 15% of GDP in health. It's important for our systems to be able to respond and meet the needs of Africans. We must start looking at our guidelines and protocols again, to ensure that we can provide people with the care they need, where they are, in a way that does not overburden or weaken human resources for health. We must strengthen our community systems. At the onset of the pandemic, many health workers and development partners were unable to move into communities where the needs were great, so we had to rely on community mechanisms and existing systems within those mechanisms to provide care. This also would mean that we have to begin to partner more with the private sector to leverage innovation and technology, and to ensure that health for Africans becomes a product that is delivered to households and within communities.

Going forward, there is no doubt that the private sector has a critical role to play. We must find a way to rapidly scale up capacity on the continent to work with the private sector. The public sector on the African continent is yet to have the full capacity required to optimise the benefit that the private sector provides. We must pull down the mutual suspicion that currently exists and then begin to look at ways of leveraging the efficiency that the private sector brings to the table. We also must ensure that there are policies that allow African countries working within the African Free Trade Area to leverage existing markets, so that we're not talking about 55 different countries with 55 different protocols with 55 different market capacities. Instead, we should be talking about one integrated and prosperous Africa.

In a lot of African countries, including in Kenya, we had some level of involvement by the highest level of government. We've had the president address the nation about 13 times since the start of the pandemic. So a problem that emerged from the health sector has the attention of African policymakers across the board. It's an advantage that we should not lose. We need to be able to come together as public and private sectors, development partners, and other stakeholders to be able to help governments concretely build back better. The approach and details will be somewhat different in each country to fit their unique circumstances.

There are four key things that we need to do very differently as we move forward in addressing COVID-19 and its impact:

1. Ownership. We must ensure that the people themselves own their health. We must empower people to make proper decisions and take prompt action.

2. Leadership. We have seen some differences in terms of leadership across the continent and we can build on this leadership to move the process forward.
3. Partnership. There is no country that has been able to mount an effective response without a public-private partnership. We've been seeing private companies that would have been competitors beginning to collaborate to move the process forward.
4. Trust. One of the most important ingredients and factors to build a resilient health system is that of trust. One of the things that we're beginning to lose more and more on the African continent is trust. We must earn the trust of the community, policymakers and human resources for health.

For some reason, the COVID-19 pandemic has not fully reflected the projections that people have made for the African continent. We have been unable to explain exactly why to the African population, politicians, policymakers and communities. If we're going to be able to earn their trust, and keep their trust going forward, we must come to the table with the evidence. We cannot ignore that and just move ahead as if nothing has happened. We're finding different countries responding in different ways, without necessarily falling into the pit that we assumed they would fall into. So I do think that we have a unique opportunity to build back better, we just have to ensure that we now align our ducks, build partnerships and keep the trust of communities in order to make the desired change

Dr. Iain Barton

Chief Executive Officer, Clinton Health Access Initiative

We have seen the positive impact of patients' capability to look after themselves and make positive, informed decisions about their health if we provide them with decent information. Community health workers can be a vital part of the aggregated service delivery model. My take home is the idea of one integrated prosperous Africa. We don't need individualised care and treatment protocols for every disease within every country across all African countries.

Vinay Ransiwal

Vice President & General Manager, Middle Africa, Novo Nordisk

Novo Nordisk's collective mission is to drive change to treat diabetes and other serious chronic disorders. When we talk about COVID-19, it has become a global humanitarian crisis with severe consequences. People with NCDs and diabetes are particularly at risk. The presence of diabetes has stood out as one of the major risk factors for increased morbidity and mortality from COVID-19, and also COVID-19

has negatively impacted access to care in terms of the hospital services and staff that care for people with chronic diseases like diabetes. There has been fear and anxiety when it comes to going to a clinic, which has affected the follow-up that all these people with diabetes need on a regular basis. Additionally, the economic hardships, because of the lock downs, have really impacted livelihoods. Some with diabetes have not even been able to have access to affordable care or not been able to buy their life-saving medicine.

Novo Nordisk is committed to be there for people with diabetes, and specifically for the vulnerable patient groups who need our help the most. We want to work in partnership to defeat diabetes, both in prevention as well as access and affordability. It's about ensuring that no one is left behind, creating support systems for diabetes patients, especially the most vulnerable.

As a world leader in diabetes care and supplying insulin to more than half of all those needing insulin, we believe we need to ensure that there is an uninterrupted supply of this life saving medicine. With that in mind, we have been working on some key initiatives. One of the key elements for us in terms of improving access and affordability has been the access to insulin commitment, in which we have reached out to purchase 78 domains across the globe with a commitment that insulin will be available at not more than $3 to ensure that it is affordable and is helping people who really need it.

Another initiative we are working on targets a very small but very vulnerable patient group: children with diabetes. We sometimes leave them out when it comes to type two diabetes, but they are at risk, especially those from poor backgrounds. Sometimes we don't even know when we lose them because they are never diagnosed. So we created this program called Changing Diabetes in Children that is creating a support system by providing free diabetes care, insulin and monitoring the six components of care to more than 25,000 children across the globe. We are looking forward to expanding this program to close to 100,000 by 2030, and we're looking forward to having a partnership with like-minded organisations in taking that mission forward.

In terms of COVID-19, our most important initiative has been to proactively reach out and work with governments to ensure that we put mechanisms in place so there is uninterrupted supply of these life saving medicines for all the people who are depending on it. We are thankful to all our partners and all the ministry officials who have stepped up in creating innovative ways to ensure continuous supply.

We have also worked as a team and responded to requests for support in the form of donations, insulin and PPE as part of our company's global response to the pandemic. We initiated an emergency donation of approximately $3.2 million in May. This was to support all our partners working in the humanitarian space to reach out to all the vulnerable populations that need our support. This included product donations and financial support to shore up the supply chain. We were trying to cover the whole spectrum. We want to be partners that support all vulnerable groups.

Apart from patients, we are also very conscious that we need to do our best to support all the healthcare professionals who are doing their best to support their patients. We are trying to create virtual platforms, which is fast becoming our new normal.

Together as a team, we need to work on creating a coalition for change. Today's dialogue, all of us together, makes such a big impact. For NCDs, especially for diabetes, there are four key areas that we need to focus on.

1. Build capacity for educating more healthcare professionals and creating support systems, along with governments.
2. Creating innovative ways for access and affordability initiatives across NCDs for the vulnerable patient groups.
3. Supply chain interventions that reach the last mile.
4. Empowering patients through virtual digital tools that can help them get more information, have more awareness and be more in charge of managing their own condition.

We look forward to continuing this dialogue with like-minded partners, and creating an ecosystem that strengthens the response to all NCDs, especially diabetes.

Dr. Iain Barton

Chief Executive Officer, Clinton Health Access Initiative

Novo Nordisk are playing the role of creating support systems for the most vulnerable. The concept of uninterrupted supply of products is just as important as ensuring that you have the continuous attendance of the patients. Then there's a third dimension, which is people being able to afford their care. In these times of economic hardship for so many, that's a really big driver of treatment failure and people not getting access. It's really interesting in this recurring theme of reaching out and partnering with governments.

Steven Baard

Corporate Strategy and M&A, Ottobock

Ottobock is a company that deals mostly with prosthetics, wheelchairs and bracing for post-op and other injuries like stroke. It's been a difficult time for us with COVID-19. It has delayed the procurement of governments, impacted the services significantly and also impacts those that are most vulnerable. From the perspective of Ottobock, we've had to make some significant adjustments in the way we do business and the way that

we support our customer base. We've had to become virtual to get our messages out and to keep the focus. We've learned how effective virtual training can be, which has been one of the fantastic positive outcomes of COVID-19. We've also had to support not just our customers, but also patient interactions by supporting the processes to change. Devices require significant hands-on connectivity between healthcare professionals, like therapists and orthotists, and their patients. So we've had to adjust our product and the way we supply it in order to reduce potential infections. It's been an interesting journey for us and one that I think we can't do without working as a team. We also mustn't forget the auxiliary staff, nurses, orthotists and other health workers who support stroke patients to be able to be more independent, allowing them to take control of their own healthcare.

Our response to COVID-19 is part of working towards universal health coverage. We must make sure that we implement new policies in order to build back better and stronger. As a company, we have learned that we've been holding on to a lot of technology, we've been focused on product, and a lot of the efficiencies that we need in Africa can be delivered through process adjustments and solutions that we work through together. We've been looking at how we make customising prosthetics easier and simpler. We've been looking at how we get things out to customers more quickly, including those in remote places.

COVID-19 has impacted the way we need to do things moving forward. For us, that has been a positive, but it has reminded us that the services that we supply and support with assistive devices is a critical element of care. Moving forward, we will continue to be a strong voice to advocate for making sure that prosthetics, orthotics, wheelchairs and all other topics with related assistive devices is brought into the mainline, where we can put the heat on it, and make sure that it does not get lost in the noise of COVID-19. Because, ultimately, it's one system, it's a complete ecosystem, and we all need to be playing our role.

Dr. Iain Barton

Chief Executive Officer, Clinton Health Access Initiative

Holding on to innovation and technology and focused on product." I think that's an amazing statement because that's one of the most important things that's happened for us. We have had to go back and revisit every process, every step, every method, because we just don't have the time to be able to cope with the volume and respond appropriately if we just keep using the old way. There has been a lot of really fresh thinking.

Dai Hozumi

Chief Technical Officer, IntraHealth International

I became interested in this topic of managing disease burden partially because I have been asked to talk about looking to the future and I am interested in broadening the concept of disease burden. For example, in the United States, about a third of women are now postponing or rethinking the number of children they want to have as a result of the pandemic. So we are talking about managing disease burden, but then there is the overall issue of wellbeing and how health workers and technology interact with those types of changes. We have already established that technology and diagnostics impact human resources for health when it comes to needing to know how to use those technologies and have digital literacy, not to mention privacy concerns.

It is interesting to think that 20 years ago, Global Fund funding had not yet been disbursed and GAVI did not yet exist. A lot of change can take place in 20 years. So if we think about 20 years from now and what kind of future we want to have and what we have to do to prepare ourselves for the future we want, it is a very important topic. We recently conducted research around how the future could unfold. There are two primary things that are going to influence our future.

First of all, is the issue of technology. But not just relating to the availability and advancement of technologies, but how much the government and health system in general, including the private sector, can harness the benefits of those technologies in a more equitable and universal way. If we don't utilise the technology in an equitable way, those who are more information savvy might be able to take advantage of others, and many will become victims of data breaches. We need to make sure we are not satisfied with the status quo, where universal health coverage may be declared, but we still see many pockets where health services are still unavailable.

Secondly, our future will be affected by how much of the health power or authority structure is going to change or transform. Will it remain as it is now, with the continuation of the professionalisation of the health facility? Or will we see a transformation where individuals are responsible for their own healthcare with the assistance of technologies and various diagnostic tools. We also then need to think about the role of community health workers, and what kind of human interactions are going to be needed. We then may be able to have unified healthcare and wellness across the African continent, even transforming the way that health work is being provided.

Technological and system innovations, and how they interact with and affect the role of health workers, will shape our future. We need to prepare for it and work towards it together as private sector and government.

Dr. Iain Barton

Chief Executive Officer, Clinton Health Access Initiative

The idea of segmentation and having different approaches to delivering healthcare is also something that's come through very clearly in this pandemic response. We can't just have one methodology of engaging with patients. We have to have the ability to engage with voice, text and web. Even just within technology-enabled communities, there's a need to have multiple ways in which we engage with people.

Arpit Bansal

Country Director Sub-Saharan Africa, AstraZeneca

We at AstraZeneca are also working towards fostering partnerships within Africa, and this connects to the purpose of addressing COVID-19. We have realised that respiratory issues represent a primary therapeutic area, which we represent as AstraZeneca, and it is one of the underlying risks for patients in relation to COVID-19.

What can we do to mobilise resources through partnerships in Africa? In Africa, there are more than 40 million patients living with asthma. Almost 80% of asthma related deaths are occurring in low- to middle-income countries. As part of our responsibility towards alleviating the disease burden in Africa, we have launched an initiative called Umua, which is a Swahili word that means 'breathe.' The program is holistic, looking at how we can work together with governments around building up health systems across key geographies in Africa. While working in close collaboration with the societies across these geographies, we have seen that the capacity building of health care workers is very important. We want to make sure that they have the right tools, the right education, and the right resources to be able to identify patients with asthma quite early. We are also working to make sure that we can bring awareness and education. We are in discussion with ministries of health in several countries in East and West Africa to determine how we, as AstraZeneca, can bring support and find common areas of interest.

We are working to develop general asthma guidelines and simultaneously are discussing management of asthma in the context of COVID-19. That is very important in today's scenario. We are currently at quite advanced stages of discussion in two of the African geographies. We are very excited to be taking part in shaping the guidelines, how it connects to the management of those patients and ultimately making sure that we are able to have equitable access to our respiratory portfolio to all the patients in Africa who need them. Through this pillar of Umua we are able to redefine overall asthma care in Africa.

As AstraZeneca, we want to continue to support the development of these guidelines together with the infrastructure and education pieces, to make sure that we can increase awareness, improve infrastructure and, ultimately, treat the patients well

Questions & Answers

Q: In the role of digitisation, big data, AI and controlling the spread of disease, how does data privacy and data ownership factor in?

Dai Hozumi: One of the really interesting studies that is currently being done right now is looking at how much data harvesting or data tourism is happening in Africa, in order to create improved AI algorithms to be used globally by some startup companies. It's increasingly clear to our organisation that there is a balance required when it comes to data. Data privacy is very important, but extreme restrictions on the access to health data can also prevent the most critical innovation from happening. So I don't have a very clear, clean cut answer for you. I understand that governments and health systems desire to control and protect the patients' privacy. It would be great for many African countries to collaborate more systematically in agreeing how those data can be used for the advancement of the health systems, rather than just that for the profit.

Q: How do you actually enforce, manage and detect when we're not actually doing enough testing. And how do we balance this need for the government to be accountable for delivering service and yet the government simultaneously being the moderator and enforcer of quality and standards?

Dr. Ademola Olajide: The point we have to accept going forward for the continent is that we are where we are now. What we have to do is build back better and move forward. In terms of testing, comparing data from different African countries is totally useless in terms of showing projections of the disease. This is because different countries have different testing mechanisms and different coverage. You cannot just begin to look at numbers of different countries and then bring them together. For example, the number of tests done in Kenya, a country of just over 47 million, is much more than the number of tests carried out in Nigeria, a country of about 200 million people. So how do you begin to compare that? So we must help each national government interrogate its data sets differently, and then help them to engage more with their communities.

The same now goes for the issue of regulation. We must find a way to bring the private sector and communities together and help governments, because the regulation of the health system will not be done differently outside from the accountability mechanisms that government has as a whole. Ownership of governance of whatever systems, whether health or commerce, must begin to reside with the people, and it starts with the democratisation of data, as was addressed in the previous question.

Q: Even in Kenya, there have been many things in the press about the lack of financial resources and support of health services. How do we force the conversation around resources? And what is your take on the use of patient advocacy in order to be able to support that kind of effort?

Philana Mugyenyi: In Kenya, part of the problem is that the National Blood Transfusion service is required to collect, screen and supply blood to every public facility in the country. But there's not a solid reimbursement mechanism in place that allows them to do that effectively. A proper reimbursement mechanism needs to be put in place, not necessarily for them to make a profit, but for them to keep operating and doing what they need to do.In the past, a lot of the funding came from PEPFAR, and unfortunately when that funding came to an end, the blood transfusion service was suddenly facing huge financial challenges. So it's important for funds to be earmarked for blood transfusion services and blood safety in Kenya. At the moment in Kenya, there's a lot of work going on to strengthen the laws regarding blood, and hopefully there will be mechanisms to ensure that blood transfusion service has funding.

In terms of advocacy, this is very important. Many studies have shown that if you manage to get someone to donate blood three times, then you're not going to have to ask them to do it again, they're going to voluntarily do this. The problem in Kenya and most African countries is we don't have voluntary blood donors. Most people donate blood when they have a family member or a friend who requires it. So it's really important to have donor management and donor recruitment programs in place that will recruit new donors, but also keep current donors. And there are a lot of organisations that COBA is partnering with including the Global Blood Fund, who are experts in this area. And they actually help blood transfusion services design and develop the programs that keep the blood coming into the blood banks. We need funding to be earmarked for blood transfusion services, and we need donor management and recruitment programs to ensure that there's advocacy for blood collection and donation.

Dr. Iain Barton

Chief Executive Officer, Clinton Health Access Initiative

This has been a very productive and informative conversation, with key takeaways and learnings for the participants. We hope that this has brought up some thought provoking issues that you want to consider further moving forward. Let's continue these conversations.

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AHBS
Africa Health Business Symposium
2nd Webinar Series

Partnerships for Resilient Health Systems

Session report

Manufacturing & Supply Chain

12th November 2020

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This webinar is brought to you by Africa Health Business (AHB)

AHB is a pan-African advisory, consulting and investment firm that focuses on innovative partnerships to transform health in Africa. AHB promotes the growth of the private health sector in Africa to generate affordable, accessible, and quality healthcare for all.

Speakers

MODERATOR

Dr. Amit N. Thakker

Executive Chairman,
Africa Health Business

KEYNOTE SPEAKER

Ms. Chidinma Ifepe

Head of Buyer Management,
Africa Medical Supplies Platform

PANELIST

Dr. E. Ahmed Ogwell Ouma

Deputy Director,
Africa CDC

PANELIST

Dr. Stavros Nicolaou

Group Senior Executive
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Dr. Harald Nusser

Global Health Expert

PANELIST

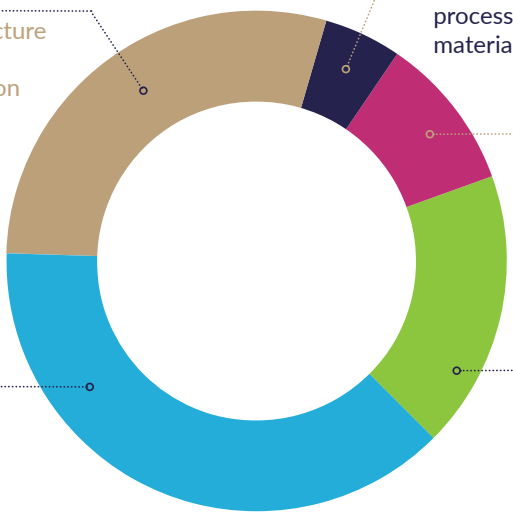
Ms. Yasmin Chandani

CEO,
InSupply Health

Event Partners

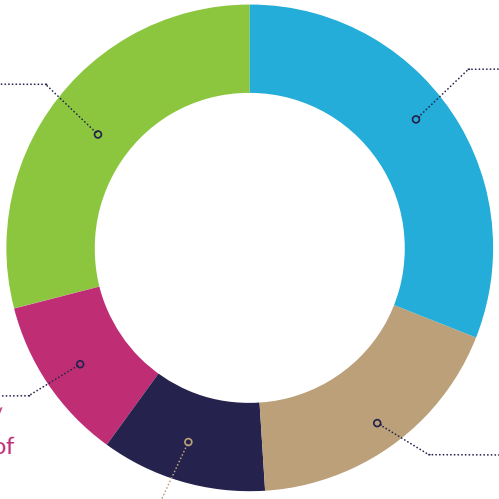
Webinar Poll Results

What are the biggest challenges to healthcare product manufacturing in Africa?



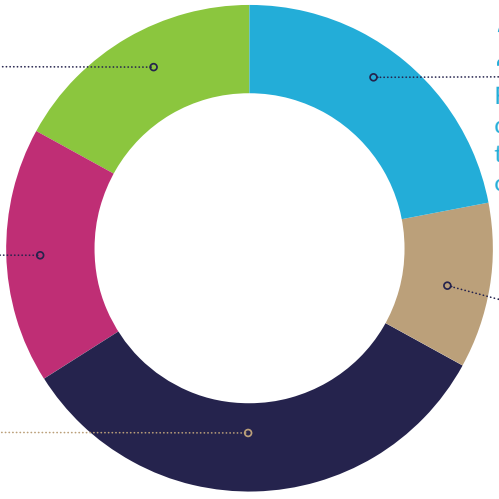
- **29%** Lack of good infrastructure such as transportation systems, communication
- **5%** High cost and inefficient process of importing raw materials
- **10%** High quality standards set by international bodies such as the WHO
- **19%** Adequately trained and skilled staff to operate the manufacturing plant
- **37%** Lack of an enabling business environment

What factors would boost local healthcare product manufacturing in Africa?



- **29%** The implementation of investment incentives in the manufacturing sector such as tax holidays, guaranteed purchase orders, etc.
- **31%** Harmonisation of the African regulatory environment and governance systems
- **11%** Larger trade opportunities/ incentives for exports out of Africa
- **18%** Strengthening the enabling environment for public private collaboration
- **11%** Establishment of research centres on the continent

What are the biggest challenges to healthcare product supply chains in Africa?



- **17%** Access to location and tracking technology for supply chain management
- **22%** Finding the right distributors to reach the vast number of countries
- **17%** Counterfeit and parallel imports
- **11%** Efficient transportation networks
- **33%** Fragmented markets increasing the cost of distributing products

Kaushal Shah
Head of Pharmaceuticals
& MedTech,
Africa Health Business

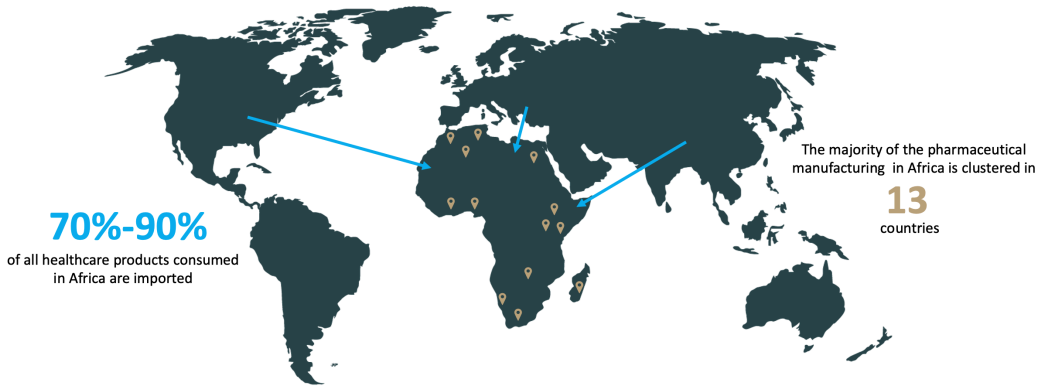
COVID-19 has greatly disrupted our supply chains. The measures to contain the pandemic have triggered unprecedented measures by national governments that have caused local and global trade disruptions. This has threatened our supply chains not only for the management of COVID-19 itself, but also for all essential commodities that we need to maintain the health of our populations.

With imports comprising as much as 70-90% of healthcare products consumed in most countries in Africa, it is important that we consider an increase in the local production of these products as a way to create stronger and more resilient healthcare systems. Taking pharmaceuticals as an example of the continent's reliance on imports – most countries are uncompetitive for local pharmaceutical production and only a small number of African countries have a handful of local companies who produce for the domestic market.

The continent overall has approximately 375 drugmakers clustered primarily in 13 countries. As highlighted in the map, in North Africa, Morocco has developed a sizeable pharmaceutical manufacturing industry – and in sub-Saharan Africa, only Kenya, Nigeria, and South Africa have a relatively sizable pharmaceutical manufacturing industry, with dozens of companies that produce for their local markets and, in some cases, for export to neighbouring countries.

Almost all the companies are drug-product manufacturers. Up to a hundred manufacturers in sub-Saharan Africa are limited to packaging. Only a handful of drugmakers produce APIs, and none have significant R&D activity. Africa's pharmaceuticals demand is met mainly from Asia (with over a third of the drugs in terms of value coming from India and China), Europe (the UK, France, Germany, Switzerland, Italy, Ireland etc) and the US.

Africa is heavily reliant on imports



Going forward, we need the public sector to create a more enabling environment for the local production of healthcare products and the private sector to direct more investment towards the local manufacturing of these healthcare products. There has been advancement in local manufacturing, with companies in the private sector such as Revital Healthcare in Mombasa producing medical commodities such as syringes and blood collection tubes and Biovac in Cape Town producing vaccines for diseases including measles and hepatitis B. But by far, the majority of the investment has gone towards pharmaceutical manufacturing as I highlighted before and no investment has gone towards the local production of more sophisticated devices and equipment such as MRI and CT scanners.

The pandemic has highlighted that we need a more coordinated, reliable and self-sufficient healthcare manufacturing and supply chain. We need to make full use of flexibilities within the Trade and Related Aspects of Intellectual Property Rights (TRIPS) and Doha Declaration on TRIPS and Public Health to boost the local production of generic medicines. We need to work on policies and regulations that will strengthen local manufacturing capabilities (especially for essential generic medicines, vaccines and medical commodities) and expand intra-African trade through better harmonization and coordination of trade liberalisation and facilitation.

Additionally, we believe that PPPs are essential for the genuine progress of our healthcare product manufacturing capabilities. Africa Health Business is at the centre of this partnership drive which is why we are having this discussion today.

One such partnership is the African Medical Supplies Platform. The AMSP portal is an online marketplace that enables the supply of COVID-19-related critical medical equipment in Africa. AMSP was developed to ease the difficulties and open up the medical supplies market to Africa, and as part of the Partnership to Accelerate COVID-19 Testing (PACT) of Africa CDC. It integrates African and globally vetted medical suppliers to ensure cost-effectiveness and transparency in the procurement and distribution of COVID-19 related supplies.

MODERATOR

Dr. Amit N. Thakker

Executive Chairman,
Africa Health Business

The issue of manufacturing and supply chains in Africa requires us to be more innovative. The COVID-19 pandemic dramatically interrupted the global supply chain, which has prompted us to start looking inwards to ensure our health system remains intact, rather than looking at external sources for supplies. Ministries of health even struggled to find the PPE necessary to protect health workers and other citizens, showing why we need to become more independent and self-reliant. Manufacturers of non-essential products repurposed to fill this need, which shows that we have the capacity within Africa to produce many products for ourselves.

When we look at more complicated products, however, such as vaccines and medications, we need a technical and long-term plan. So we need to plant the seeds and be innovative now, so that by the time the next pandemic occurs, we have already become self-reliant and can save the lives of citizens across the continent.

Our panelists today have a wide range of experiences and areas of expertise. Our audience represents about 35 to 40 countries, including many delegates from Africa, but also from the U.S., U.K, and Asia.

Our keynote speaker is the Head of Buyer Management at the Africa Medical Supplies Platform, which is a platform where telecom companies and other non-healthcare companies came together with leaders in institutional continental structures like Africa CDC to show what Africa can do for African supply. We are proud of this platform. It's working, and we want it to continue to remain a place for ministries and private sector to effectively buy quality products at a reasonable price with great transparency.

KEYNOTE SPEAKER

Ms. Chidinma Ifepe

Head of Buyer Management,
Africa Medical Supplies Platform

Let's go back to the start of the pandemic. At the time, we had not seen a rapid rise in cases on the continent, but through associations and the work Africa CDC was doing with the WHO Consortium, Africa had secured some diagnostic test kits. But if you look at the allocation that was given to Africa, it was around 10 million diagnostic test kits for 16 weeks for the entire continent. This came to about 60,000 test kits by country per month. Just hearing those numbers, you can already tell that if we were restricted to this amount of supplies, it was going to be really difficult for us to scale our testing strategy.

Enter the Africa Medical Supplies Platform. This is the brainchild of multiple stakeholders, both private and public. What we wanted to do was to come together and build a supply mechanism that leveraged the very best of the private sector and the very best of public health expertise to build up a supply chain to provide real-time access to a global manufacturer base for the continent.

By thinking through the structure, we started seeing some possible bottlenecks. For example, Africa is not only dealing with the COVID-19 pandemic. We have been consistently dealing with multiple infectious diseases and other health challenges. So how can we make sure this is valuable for African Union member states? How do we make sure it is accessible to donor organisations that want to support member states in their COVID-19 strategy?

With active participation from our stakeholders, the blueprints for the African Medical Supplies Platform was really bold. We wanted to create a digital marketplace to support both the sellers and the buyers on the continent to access critical medical supplies. Because we were also conscious of transparency of costing, making sure there was real-time availability of supplies, ensuring the supplies were high quality and from certified suppliers, we had to work with multiple players to design, at the very least, a minimum viable process as an emergency response to the pandemic.

Since we launched in June 2020, what we've seen has been a real-time shift in demand. It started off with a huge demand for PPE. We've seen it then gradually shift to diagnostics and critical equipment requirements. Just having an extra source of supplies provided a lot of confidence in health care systems. They were confident that they could fight the pandemic because of the support at the level of the Africa CDC and our other partners.

While we have established a structure, there are a few things that we've seen that are not unique to our situation. We've seen how vulnerable the supply chain system is. We've seen how needed an agency like the African Medicines Agency is when it comes to harmonisation of regulations across the continent. Once products come into the continent, there are 55 different regulatory bodies that need to approve and certify those products before they can be utilised in the different countries. This slows down how fast products can get to end users or remote communities. It also slows down some of the gains we might have seen in acting really fast.

This platform is a novelty that we hope will be carried on far into the future. As conversations around the African Continental Free Trade Area progress, we hope that this is a start of integration between technology, public sectors and their

policymakers. The opportunity to leverage existing infrastructures that have worked well in private sector in the public sector cannot be overemphasised.

The African Medical Supplies Platform is just one instrument, targeting manufacturing and supply chain issues on the continent. But the reality is that there are multiple other business unit organisations doing incredible work in this space and we must continue having these discussions. We must continue shining a light on the conversations that need to happen to ensure we can leapfrog into the future.

Today, Africa has a population of about 1.3 billion, but tomorrow there's an estimate that it's going to be around 2.4 billion. The structures we have today are not enough to scale for our population sise of tomorrow. So these conversations are very important, but so are the players in private sector, public sector, communities and organisations that speak up. For these solutions, we must come together to build a strong, structured and sustainable framework for growth.

PANELIST

Dr. E. Ahmed Ogwell Ouma

Deputy Director,
Africa CDC

Africa CDC is about four years old now after launching in January of 2017 in response to the Ebola outbreak in West Africa. It became very clear to our leaders that we needed our own public health agency here in Africa to be able to coordinate our response. In our four years, we have tried to meet that mandate and under this COVID-19 pandemic, we have lifted a lot more than a four-year-old should be able to lift.

Today I want to focus on the manufacturing and supply chain aspects of partnership for resilient health systems. When we have different types of outbreaks on the continent, it usually effects just a few countries. Even the Ebola outbreak involved about three or four countries actively. But with the COVID-19 pandemic, it has affected everyone.

At the beginning of the pandemic, everyone needed everything required to address COVID-19. Wherever anything was being manufactured (gloves, masks, test kits, PPEs in general, ventilators, oxygen concentrators, ICU beds), there was a ready market and people from different parts of the world, governments and organisations wanted to purchase them. This put an unprecedented strain on the supply chain globally. Additionally, China has become one of the core factories for meeting product demands on a global scale, and for some weeks, they were manufacturing absolutely nothing because of lockdowns. When they were manufacturing nothing, it meant that whatever was in stock was running out quickly, and yet the need was still growing.

International Challenges

When we look at the international perspective as far as the COVID-19 supplies are concerned, there was a significant shortage because the supply chain was disrupted, manufacturing was not happening at a good rate and the demand was increasing. The shortage was at all levels of the supply chain.

Secondly, even when products were available, moving them from point A to point B was extremely difficult. Because almost every country was on lockdown, moving

goods was practically impossible. At Africa CDC, we had the luxury of being able to move in and out of countries in Africa because of the key support from our member states. This provided us with the ability to move our staff relatively easily to go to the epicenters of the pandemic. However, because we were not manufacturing much on the continent at the start of the pandemic, we had to make special arrangements for how these supplies would then be able to get from wherever it was produced (whether they were in Asia, Europe or North America) to our populations here in Africa. We had to figure out how it would reach the laboratories, health workers and other institutions that require those supplies.

The third challenge internationally was the issue of quality. Because the demand was so high, some individual companies started to repurpose their facility to manufacture items that were in really high demand, like masks and the overall gowns that are needed for our frontline health workers. How can we be sure that what we're buying is actually going to protect our health workers? It may look like a mask, but does it have protective abilities? Additionally, many of our regulatory bodies were not functioning at full scale, so these suppliers had that question mark. As Africa CDC, we dealt only with the suppliers we knew had good products and whose certifications were above board. It was not easy because there are not too many that were working at full speed at that time.

African Challenges

One of the primary challenges facing the African continent was basic quantification. How much do we need of each and every item? We didn't have adequate numbers in terms of the burden of disease at country level and, although the number of cases were small, the populations and the number of people at risk were large. How do we quantify what we need so that we can purchase in amounts and at speeds that actually help those who are on the frontline of this work?

The second challenge was what to do after purchasing items. How do we move them? The Africa CDC has a good partnership with Ethiopian Airlines whose cargo flights did not stop. We are now expanding that to other airlines on the continent to be able to move goods relatively easily.

Additionally, we had the challenge of actual procurement, because everybody wanted the same items. How do we make sure that we're getting good quality? How do we make sure that we're getting it in good time? How do we make sure that we have the resources that we need? Our partners from across the world came through and provided us with the resources that we needed to be able to move some of these supplies very fast from wherever it was manufactured to Africa. We also received some very important donations from our friends across the world at a very critical time, which helped to ensure that Africa was functioning at decent levels.

A very big challenge that African countries are still facing is in the area of market intelligence. Where do we get a particular product? How are we able to access it at a price that is reasonable? So these challenges show that Africa still needs to develop, and we are working with African countries to be able to improve these as fast as possible.

Too few humanitarian corridors were there at the beginning of the pandemic and, as the second wave comes into Africa, and as we expect at least some partial lockdowns, this is something we may face again. The past eight or so months, however, has given us significant experience and we think we will be able to handle it.

Africa CDC Response to Challenges

The chairperson of the African Union Commission, His Excellency Moosa faki Mahamat, called all the health ministers he had to Addis Ababa in February to sit and discuss how best to respond to the pandemic, as the first case had been reported in Egypt a week earlier. The ministers adopted the Africa Joint Continental Strategy for COVID-19, which is what has been guiding all of our response activities and the preparedness support we are offering to countries across the continent. It has also been guiding our planning, not just for this particular pandemic, but for pandemics that may come in the future.

Under this strategy, we established the Africa Task Force for Coronavirus, which is headed at national level by directors of national public health institutes or similar departments in ministries of health. We meet every week, assess where we are, and chart a way forward based on the evolution of the pandemic.

We then launched the Partnership to Accelerate COVID-19 Testing on the continent. It was very clear to us from the very beginning that if we don't test, we cannot be able to know our burden. If we don't know our burden, then we can't adequately prepare. So we established this partnership and brought on board the three aspects of response: testing, tracing and treating. In order to make this possible, we had a very good set of partners supporting us. In fact, our member states within Africa very generously donated to the COVID-19 Response Fund to ensure that we were able to support our responders and member states.

You have heard about the African Medical Supplies Platform, so I will not repeat that, but I will talk about vaccines. We held a conference and adopted a strategic plan to develop vaccine trials on the continent. And here we are looking at how Africa can ensure equitable access to vaccines that are proven to work across the globe. We want to ensure that we can actually get the vaccination distributed. Having the vaccine is one thing, but having vaccinations given to the population is another thing. We have huge challenges on the continent around anti-vaccine misinformation, cold chain issues, ensuring that it actually reaches populations in more rural and remote areas, as well as shortages when it comes to qualified health personnel.

So, as Africa CDC, we have established a process following the direction of the Bureau of the Assembly of Heads of States of the African Union, led by His Excellency, President of South Africa, Cyril Ramaphosa, and we've been given very clear marching orders to continue and carry things out as boldly as we can to ensure that Africa is fully participating in preparing for the vaccine season.

We also recently launched the Africa Against COVID-19 campaign, which is for saving lives, saving economies and saving livelihoods. We are targeting opening up the economy safely, opening up schools safely, and ensuring that people are able to also travel safely.

Finally, there is a great opportunity for manufacturers on the continent. We have great potential. The health market is over $250 billion, but local manufacturing is still extremely small. For drugs alone, we import something in the range of 90 to 95% of what we need. For equipment, it is even higher than that (in the 98% range), meaning that the opportunity for African manufacturers to step into this space is significant. We need to encourage them to start creating partnerships for appropriate technology transfer, so that we can start manufacturing here. In fact, if we did that, even on a small scale, the number of jobs that would be created would be in the tens of millions. This would protect our supply chain so that tomorrow, when we need to react quickly, we have our factories here, we have our knowledge here, and we have our products being manufactured here. We hope our African manufacturers will be able to take advantage of this opportunity, which is also being supported by the African Continental Free Trade Area, a key tool and platform for African manufacturers to be able to access markets.

We are also working with technology to try and ensure that food procurement is benefiting the African country and the African citizen. We are trying to scale up the capacity for sustainable financing by ensuring that governments understand the need to put in their own money so that our local philanthropists also appreciate the need to invest back into Africa. We are also encouraging our private sector organisations to do what is required to build African capacity for domestic financing.

In conclusion, the three primary things that we need to put in place:

1. **Systems** – We need to put in place systems where we can collect data quickly, analyse it and use it for purposes of securing our own supply chain. Whether we are manufacturing here or accessing it from outside, we need that data. And that data needs to be accessible at the click of a button. This is possible to do; we have seen it happen during COVID-19. We update our data twice a day, meaning that we have real-time data that we are able to use. Systems need to be in place and these systems must be backed by policy, law, planning and resources from government.

2. **Local manufacturing and production** – We must start producing our own PPEs, therapies and vaccines. Africa is producing vaccines for animals, and the base of any vaccine is the same. It's a pathogen, and it's a living thing. If we are able to produce vaccines for animals, why aren't we producing vaccines for human beings? We are challenging the African manufacturers and those who are able to invest to get our local production running in all necessary areas.

3. **Coordination** – This is where Africa CDC comes in. We must coordinate irrespective of where we work, including private, public, intergovernmental organisations, philanthropy and so on. We must coordinate so that all our energies are in synergy and produce something that is positive for the continent.

PANELIST

Dr. Stavros Nicolaou

Group Senior Executive
Strategic Trade,
Aspen

The topic we're discussing today is critical. It is framed by the pandemic that is currently unfolding, but it goes much deeper and broader than just COVID-19. I would like to start by making a few observations.

We know that Africa has the most disproportionate disease burden on any continent in the world. We also know that African pharma and medical equipment and device sectors are characterised by a pharmaceutical medical trade deficit. Even for South Africa, which has probably the most developed pharmaceutical manufacturing base on the continent, the pharma trade deficit is around 65%. So to be a little more precise, the pharma market is valued at 58 billion Southern African Rand, and the trade deficit is between 35 and 37 billion. That's not a very good picture, and the rest of the continent mirrors it. This sectorial deficit is the fifth biggest contributor to South Africa's overall current account deficit. These are all important metrics that sovereign rating agencies and investors will be guided by, and they are not good metrics. In fact, they don't make sense. If you have one of the most disproportionate disease burdens, and one of the highest consumption of medication, and one of the lowest per capita GDP spend, common knowledge would say that you should be producing more of these products on the continent. This is quite an indictment on all of us, because we should never be placing ourselves or future generations in this position.

Aspen has significantly bucked this trend and have done so in a fairly short amount of time. Aspen has been in existence for 23 years and is poised to make a significant leap, not only making in-country impacts, but a global one. We have quite a simple business model, but we've approached the epidemics that have manifested on the continent over the last two and a half decades with a patient-centric mindset. This led to us pioneering generic antiretrovirals on the continent, reducing pricing from $5,000 per patient treatment per year to around $165-170. We responded rapidly and swiftly to the multi-drug resistance and later the extreme drug resistant TB by producing two important drugs within Africa.

One week ago, we announced a groundbreaking deal with Johnson & Johnson that is a technology transfer and a commercial manufacturing arrangement for Johnson & Johnson's publicised COVID-19 candidate vaccine. It's a significant development because to have an African company manufacturing a vaccine for a company as credible and well reputed as Johnson & Johnson for global markets is a significant achievement for the continent. It's a vote of confidence in both our scientific capabilities and our technical capacities. So it is very possible to achieve great things on the continent in this area; Aspen has proven that it's possible.

What do we as Africans need to do to both galvanise and stimulate local manufacturing on the continent so that we're not perpetuating this unacceptable existence of continuously being input-dependent and reliant? There are three key and manifest issues we need to take into consideration:

1. We need to have absolute commitment and conviction, and courage of our convictions. There's not a week or a month that goes by on the African continent that we're not discussing an African pharmaceutical manufacturing plan. We talk a lot about it and put up great presentations, but we never seem to be able to get to the implementation phase. This is largely because we are focused on the short term, not the longer term.

2. The industrial leaders and policies we have at our disposal on the continent are not well-coordinated. Many countries around the world, when they're looking to kickstart industries and attract investors, call investors in and give them a guaranteed off-take over a longer term. Our continent is left to the devices of one- or two-year tenders, and a significant amount of donor funders. Donor funders might be well intentioned, but they're not great for creating industries and they are largely part of the problem that perpetuates the deindustrialisation or lack of industrialisation on the continent. So we've got to get small entrepreneurs and give them long-term off-take (seven to ten years), price benchmark, and give certainty and predictability that any investor in any sector would expect.

3. We need to have regional and continental integration. Manufacturing is largely about getting economies of scale, and those economies of scale give you competitiveness both domestically and globally. It is not possible to be competitive if you depend on small volumes. We need to better apply the regional and continental consolidation, whether it's through the free trade agreements or other levers we have at our disposal, so that the few producers we have (and hopefully new ones that come into the market) will have true market access to reach economies of scale and start making money.

PANELIST

Dr. Harald Nusser

Global Health Expert

"Measure what you treasure. You don't get what you expect, but what you inspect."

Ellen Job
CEO, Unilever

When it comes to partnership with private sector organisations, it is important for both sides and co-creators to have the situational analysis done before public-private partnership is even manifested in a memorandum of understanding. We have often learned this the hard way.

When we looked at non-communicable diseases (NCDs), we figured out that in one country, the prevalence difference from one sub-national level to the other was as much or more than 15 percentage points. So if you're looking at hypertension, for example, this could be largely different and completely unexpected when comparing with overall national assumptions disseminated through global databases or through the WHO. NCD medicines are usually not found in facilities, but they are available in more than 80% of pre-diagnosed households. So there is a mechanism which allows patients and households to get hold of the medicines. The question is, how is that really working? To understand and work on this is going to be critically important because it has implications with regard to vaccinations in the future.

The global WHO essential medicines list usually does not coincide with national essential medicines lists, which are not frequently updated, though I have seen an improvement in recent years. Referral hospitals often operate with yet another procurement list for their facilities. Even the national essential medicines list often does not coincide with medicines that are first seen from the standard treatment guidelines. On top of that, the National Hospital Insurance Fund would not necessarily cover NCD medicines.

This leads to another observation: the poorest people pay the most in absolute terms. This is for various reasons. They not only pay the highest price for the medicine, but they also need to pay three times. First, they pay for the health insurance and might be disappointed. Second, they may procure insufficient quantities of the medicines that are not working. And then they have to pay for the real medicine. Now, what that tells us is that there needs to be coordination in order to have the situation analysis done and conducted without time pressure, and without undue delay before in a public-private partnership stance.

On the other hand, we increasingly see that organisations, institutions and the private sector, are reporting on the number of people that they claim to reach. Usually this number is derived algorithmically by the boxes that have left the facilities of the manufacturing sites. But does that really tell us, or is that just the business indicator? It's critically important to look at the number of patients reached at the facility level and then ask further questions How have those patients been reached? Through a functioning health system? Have the prescriptions been made according to the standard treatment guideline, or have those prescriptions been made based on what the prescriber knew was available at the nearest pharmacy or public facility? Has the coverage of the populations really increased, or was it just about substitution? And if it was partially substitution, has the out-of-pocket spend been cut down? Looking into these questions would give answers on the societal impact a public-private partnership has had.

So what could solutions look like beyond the situation analysis? It's important that stakeholders, especially and in particular the private sector, move from a “we know” to a “we learn” mindset, from a “we own” to a “we share” mindset; from a “we lead” to a “we help convene” mindset. The WHO public-private partnership checklist is a useful tool to apply, which establishes requirements for public-private partnerships and transparency within them. For example, has there been a pre-established monitoring and evaluation framework and logic model? Is there a public disclosure plan for the results or interim results? Have transition plans being worked out to local ownership when the public-private partnership ceases to exist? This requires coordination and trust amongst partners. Sharing vulnerability, admitting failures and sharing why the organisations have a vested interest to engage in public-private partnership would be a good first step to building that trust.

PANELIST

Ms. Yasmin Chandani

CEO,
InSupply Health

inSupply Health is a Kenyan supply chain advisory firm. We are affiliated with GSI, but we are a small social enterprise and startup. We are focused on a couple of different things. We believe in localisation and contextualisation, and our mission is to transform lives through co-creation. We work to co-create innovative and sustainable solutions for healthy communities. One of the things that we strive for is that supply chains reach clients with the products they want or need. Manufacturing at global and regional levels has been significantly disrupted due to COVID-19, both when it comes to getting supplies to the country level as well as at the country level. It’s important that once a product gets to the country it actually reaches clients at the end of the supply chain.

If we look at what it takes to build resilient, responsive and equitable supply chains, what did we learn from COVID-19? The pandemic actually didn't have surprises for us at the country level. It only revealed vulnerabilities we already knew existed. We

know that resilience is vital, that supply chains need diversified sourcing strategies, they need to be able to update the inventory policies in the current context and they need to reach everyone equally. We were reminded of this when COVID-19 happened. Inequities in access were magnified. As we experience shortages, those who are marginalised in the health system become even more marginalised.

We also know that responsiveness is heavily dependent on data. Without data, it is impossible to be responsive because there are such differences in regions within our different regions when it comes to the disease burden. Without that data, it is very hard for supply chains to deliver commodities where they are needed. Sometimes our national information systems are fragile and, with COVID-19 and disruptions in work attendance, the data became even more unreliable.

There are two primary things that are important for resilience and responsiveness.

1. Taking a client-centered approach is critical for ensuring supply chain continuity. If you put the client at the center of the solution and look at the problem from the client's perspective that is likely when you're going to be able to solve the problem most effectively for them.

2. We learnt in our work that remote and virtual approaches are feasible, and they can be very important in enhancing self-sufficiency for capacity and resilience.

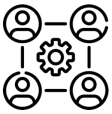
Building data driven, client-centered supply chains

Human Centered Design

A methodology that puts the creation of solutions for user challenges back in the user's hands

cStock

A mobile reporting, resupply tool for community health volunteers



IMPACT Teams

Multidisciplinary quality improvement teams that meet routinely, review data, problem solve and take action

Virtual Learning

e-learning modules customized to IMPACT team members to build competency

There are four different practical ways in which we are trying to build these data driven and client-centered supply chains:

1. Human Centered Design - This is a methodology that puts the creation of solutions back in the user's hands. Users and experts are brought together, but there is no assumption that the experts understand the problem. By bringing in the voices of those closest to the problem, a proper solution can be built into the design.

2. cStock: We carried out human centered design with cStock, a mobile reporting and resupply tool we have developed for community health volunteers. It is used in several different counties within Kenya, including Siaya, Wajir, Turkana,

Samburu and Mandera. We knew that if it was to work with nomadic and migratory communities, we really needed to hear from them. We redesigned cStock for that purpose, and it's now being used by over 3,000 community health workers, some of whom have low literacy, some of whom have phone ownership and connectivity challenges, but yet they're able to use it to report on their stock status.

3. IMPACT Teams - The other thing we do is acknowledge that health workers need tools and support to make decisions effectively. One of the things we saw during the pandemic was a disruption of services, because clients are scared to go to health facilities. This is where client centeredness is really important. There's no point sending your commodities to a facility when there are no patients there. We need to understand what the new normal will look like for patients. Are they going to come to facilities for healthcare? How do we take the services and products to where the patients are actually going to access them?

4. Virtual Learning - We realised that even health workers needed to protect themselves, so we put content online and let them figure out how they can drive their own learning and competency-based journeys.

Many people talk about when we “go back to normal.” We believe that, when it comes to accessing services and products, the new normal is likely going to look different. People's habits have changed around where and how they access health services. It is important for us to keep that in mind, and make sure that we meet the clients where they are looking for products and services. We have the opportunity to tap into the transformative power of digital and adapt innovations for the context of the client. That doesn't mean quickly bringing in solutions that haven't been tested and are not appropriate for our settings, but it does mean thinking strategically about how data can transform the way we serve clients better, and how we build our supply chains. We need to be creative about solving our challenges as we look to the future.

Questions & Answers

Q: Do you think technology is being used effectively to impact the cost of healthcare delivery?

Ms. Chidinma Ifepe: We've done some work around utilising technologies to drive effective healthcare systems on the continent, but there's still a lot of work to be done. For example, we need to take advantage of telemedicines. We saw how critical it was during this pandemic period. If we have telemedicine as an efficient healthcare system, we can deploy it to people in different settings, who are dealing with different types of diseases. The use cases for technology in healthcare systems cannot be overemphasised. There is also such a huge untapped potential of leveraging technology structures that already exist around the continent. The opportunities are there, we just need to leverage them.

Questions & Answers

Q: What is your view on locally packaged products in the overall pharmaceutical supply chain?

Dr. Harald Nusser: It would work. From a public perspective, almost every country is urging the private sector to do production locally, so an aligned approach would be very appreciated. For the private sector, it's important to do this in a gradual way that can be started with release and secondary packaging, primary packaging, formulation and API production, because with every step there needs to be associated training and exchange of information in order to ensure and retain the quality standards.

Q: How can we improve measuring outcomes in healthcare?

Ms. Yasmin Chandani: We need to think about new metrics for measuring what success looks like. Until now, we have looked at efficiency as an important measure, but we also need to look at things like resilience to measure successful supply chains in the context of pandemics (both current and future) that help us balance between efficiency and other measures. Efficiency is really important, but not if there's no product reaching clients. So I think we need to balance measures of efficiency with resilience, agility and responsiveness, so that we can also measure service to clients.

Q: What strategic communication is needed in the manufacturing and supply chain activities with regards to COVID-19?

Dr. E. Ahmed Ogwell Ouma: As far as communication is concerned, it cannot only be manufacturing and supply chain. It needs to be the complete package, where you are creating enough education in the population so that there is a place where you are able to consume whatever it is that you want to manufacture. When you've created that market, then you come back to manufacturers and supply chain firms. They want to make a profit, and if we are able to secure a market locally, as we are doing with the Africa Medical Supplies Platform, and as each government should be doing at the local level, then you will find that issues of manufacturing can be easily communicated. We'll find more manufacturers adapting their factories or establishing completely new factories if they see that there is a good business opportunity. This cannot be done by government alone. When we talk about all types of supply, from kits to PPE to masks to gloves to ventilators, whatever it is that we need will mostly come from the private sector, but the government needs to provide an environment where manufacturers are able to do good business. When it comes to communication, investment will only come when governments buy products manufactured within their borders. But if there are signals within the government procurement system that they prefer to procure from outside, getting local manufacturing will be extremely difficult. Policies that assure a market and are then communicated to the public will be extremely useful. At Africa CDC, we are trying to use the Africa Continental Free Trade Area to expand the market for local production to the entire 1.3 billion on the continent.

Q: How can the private sector help? What can the private sector do to help to improve manufacturing and supply chain on the continent?

Dr. Stavros Nicolaou: I think private sector needs to work collaboratively with government, the state and also the various institutions. A carrot and stick approach might work in certain sectors, but is unlikely to be successful in our sector. This is because pharmaceutical products have a very different dimension to them compared to other commodities. The quality and the safety aspects alone are incredibly important considerations. These plans have to be jointly developed, but then we need to have a level of frankness, which often doesn't exist between the private and the public sector, that the implementation process has proper monitoring and evaluation and, through appropriate structures and governance, that this is followed every step of the way.

We tend to talk a lot about these things, but when it comes down to implementation, we don't have the courage of our convictions. This is why we need joint monitoring between the private and public sector with proper governance systems so that if people are missing deadlines or not implementing or not following a policy, they need to be called out. Execution and implementation need to be prioritised.

Parting Shots

Ms. Chidinma Ifepe:
We need to make coordinated and sustainable decisions for the future of Africa.

Dr. E. Ahmed Ogwell Ouma:
There is no security in the supply chain if you do not manufacture what you need. So we must manufacture what we need. We can only then supplement with what someone else is manufacturing. If we don't do that, we are not out of the woods.

Dr. Harald Nusser:
Collaboration is the new innovation, yes, but collaboration in the sense of caring and sharing. This is what is needed, in a transparent way.

Dr. Stavros Nicolaou:
Forward. Stop talking and start doing.

Ms. Yasmin Chandani:
Tap into the transformative power of digital, adapting for context and clients. Focus on clients.

These conversations are facilitated by Africa Health Business. For more information on how you can attend and participate, please go to *https://www.africahealthbusiness.com/register/.*

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2nd Webinar Series

Partnerships for Resilient Health Systems

Session report

Digital Health

29th October 2020

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AFRICA HEALTH BUSINESS

This webinar is brought to you by Africa Health Business (AHB)

AHB is a pan-African advisory, consulting and investment firm that focuses on innovative partnerships to transform health in Africa. AHB promotes the growth of the private health sector in Africa to generate affordable, accessible, and quality healthcare for all.

Speakers

MODERATOR

Melissa Menke

Founder and CEO,
Afya Health

KEYNOTE SPEAKER

Didier Nkurikiyimfura

Director of Technology & Innovation,
Smart Africa Secretariat

PANELIST

Hila Azadzoy

Managing Director, Global Health Initiative,
Ada Health

PANELIST

Paul Bhuhi

Group Board Advisor,
Broadreach

PANELIST

Robin Njiru

Business Lead-East Africa,
Amazon Web Services

PANELIST

Ada Mwangola

Director Social & Political Pillars,
Kenya Vision 2030

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HEALTHCARE FEDERATION OF NIGERIA

IPAF

EAHP
EAST AFRICAN HEALTH PLATFORM

PSPSCI
Plateforme du Secteur Privé de la Santé de Côte d'Ivoire

KZNDHC

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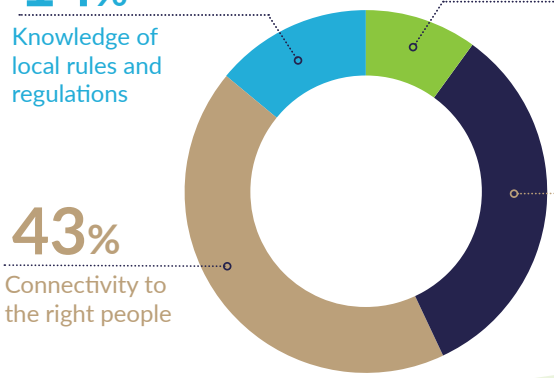
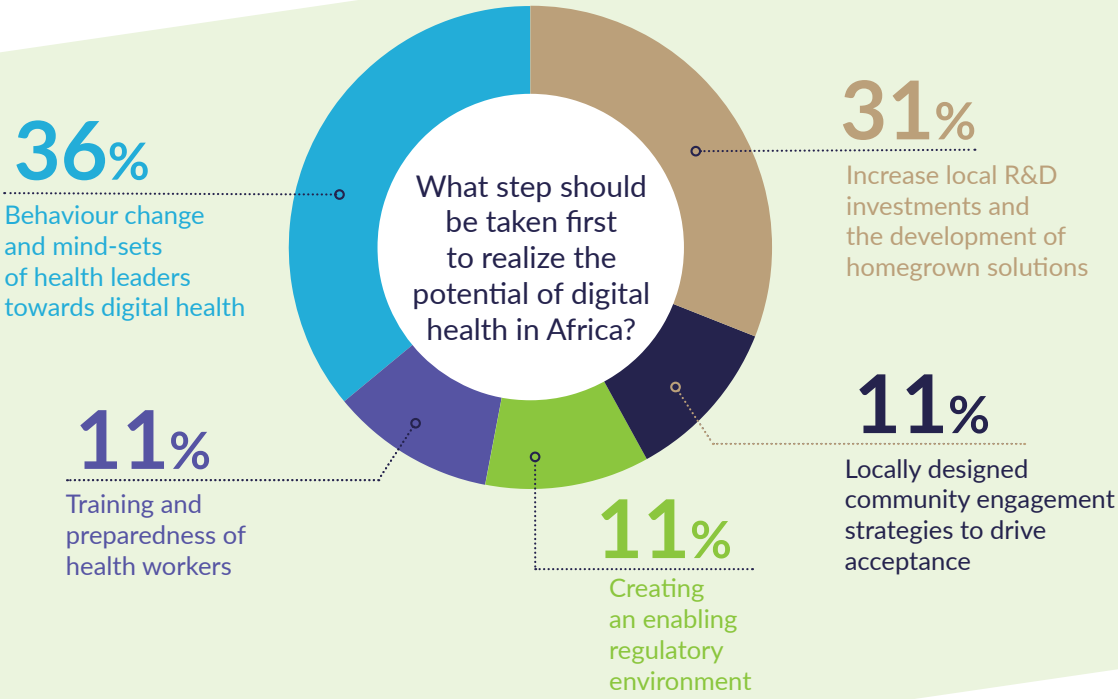
Webinar Poll Results

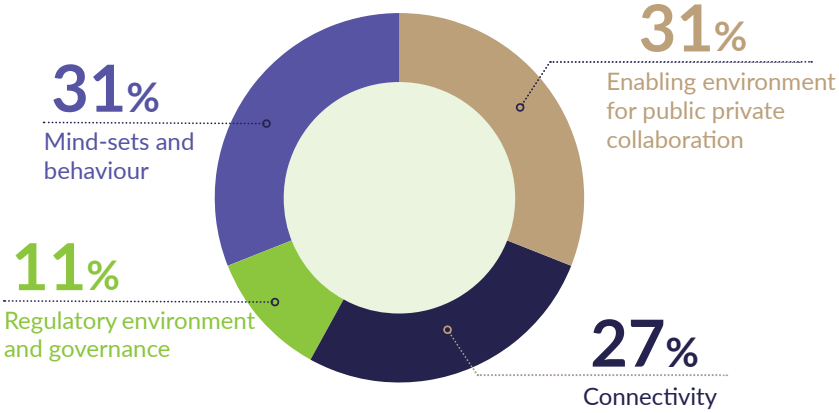
What are the biggest challenges when introducing a new solution in Africa?



What step should be taken first to realize the potential of digital health in Africa?



What do you see as the biggest challenge in digital health development in Africa?



MODERATOR

Melissa Menke
Founder and CEO,
Access Afya

Today we are talking about resilient health systems and partnerships, specifically related to digital health. This is a topic that is incredibly timely and is important to the work of every organisation in the African health sector.

Access Afya runs primary healthcare clinics across Kenya, as well as a virtual clinic in response to challenges around COVID-19. They also work on coaching and behavior change with patients. There are many creative partnerships that have been launched in response to the pandemic, but gaps remain.

When COVID-19 hit Kenya, we saw many different types of partnerships spring up. Initially people were joining webinars and WhatsApp groups, and these efforts eventually started to turn into genuine collaborations where businesses were pooling resources to deliver help. Access Afya started working with media groups to get good information into informal settlements, with recruiting firms to create non-biased myth busting services, and with community outreach programs to help identify the most vulnerable patients.

Have all of these partnerships that we've seen spring up made us more resilient? An argument in favor of this idea is that we've been able to fast track digital health innovation. For example, in Kenya, telemedicine providers now go through a rigorous licensing process, instead of operating within a gray area. On the other hand, pain points and fragmentation still remain. Escalation of patients from low-level primary care clinics into public center COVID-19 testing is still a challenge. Contact tracing sometimes works, but is certainly ripe for digital disruption. There is a need for improving healthcare financing and social safety nets so that the most vulnerable people do not have to miss out on essential health services just because they're going through another economic shock.

Each of our speakers today has a significant amount to offer on this subject and will share what they and their organisations are doing to build resilience and bridge gaps in the digital health space.

KEYNOTE SPEAKER

Didier Nkurikiyimfura
Director of Technology & Innovation,
Smart Africa Secretariat

Africa is the second most populated continent in the world, with over 1.2 million people; it also has the youngest population. According to the African Economic Outlook Reports by the African Development Bank, Africa's GDP growth is expected to be 3.9% on average from now until 2022. A healthy population yields more economic dividends due to a more productive workforce. Healthy children become productive adults. The WHO Africa Regional Health Report estimated that for every 10% of increasing life expectancy at birth, there is a corresponding rise in economic growth of about 0.4% per year.

However, COVID-19 has heightened the perilous state of healthcare infrastructure in Africa. It's time to reset and reform healthcare systems across the continent in order to leapfrog the continent's current health services and improve health outcomes. Technology will assist Africa to leapfrog development of health services as well as creating well-functioning health systems for possible future health emergencies.

The vision of Smart Africa's alliance is to develop a single digital market by 2030. There is an urgent need to accelerate Africa's digitalisation and they have three strategic objectives to accomplish this:

1. To build affordable infrastructure to integrate the continent
2. To promote and facilitate doing business and investing across Africa
3. To accelerate the birth and development of a digital society

The development of digital health services contributes greatly to a vibrant society and Smart Africa is in consultation with stakeholders toward more concrete digital health initiatives.

The WHO draft global strategy on digital health 2020-2025 developed guiding principles for countries and digital health strategies, including:

1. Leadership of digital health in member countries, because political will needs to be clearly mapped and is essential in the achievement of digital health.
2. Successful digital health requires an integrated strategy.
3. Promote the appropriate use of digital technology for health.
4. Recognise the urgent need to address the major impediments that face developing countries implementing digital health technologies.

There are more success factors based on global best practices, including institutional arrangement (both nationally and in the region), health stakeholders engagement, legal and regulatory issues for establishing trust, reliable infrastructure, learning together, effectively bridging financial gaps in digital health implementation, the use of emerging technologies (which have played an important role during the COVID-19 pandemic especially), and private sector led investment in digital health.

Currently, Smart Africa has adopted a rigorous project development process. For each project they take, they follow this process, which begins by defining the strategic positioning of the continent on the specific topic, developing blueprints that are used across Smart Africa states, and from those blueprints, working towards developing pilot projects. Smart Africa recognises that partnerships are necessary to achieve digital transformation and play a key role in the development process of all the projects they do. The role of the private sector is also essential, working hand in hand with government, academia, and development partners. We apply this approach and these values in any strategic initiatives they engage in.

In April 2020, the Smart Africa secretariat engaged ICT ministers in an extraordinary council on the guidelines for a COVID-19 and technology response. This included working on data privacy and protection, declaring telecom services as essential services, promoting the use of digital IDs to ease the movement of people and goods, supporting African startups on pandemic management technology solutions, and the use of emerging technologies like big data, blockchain, 3D printing, etc. for pandemic management in Africa.

The Smart Africa Alliance is delighted that they have a partnership with Africa Health Business and look forward to engaging in further collaboration moving forward.

ada

PANELIST

Hila Azadzoy

Managing Director, Global Health Initiative, Ada Health

Ada Health is leveraging digital technology to make progress towards UHC. It is always important to take a step back and realise the importance of virtual health and digital healthcare solutions. It is important during this pandemic, but is also incredibly important even separately from COVID-19. Four billion people lack access to basic primary healthcare services -- a huge challenge that is only further exacerbated by COVID-19.

So what are the barriers? What is preventing people from accessing care? There is a massive shortage of healthcare workers, there are financial barriers, and geographic limitations. How can we leverage medical AI to support increased access to healthcare?

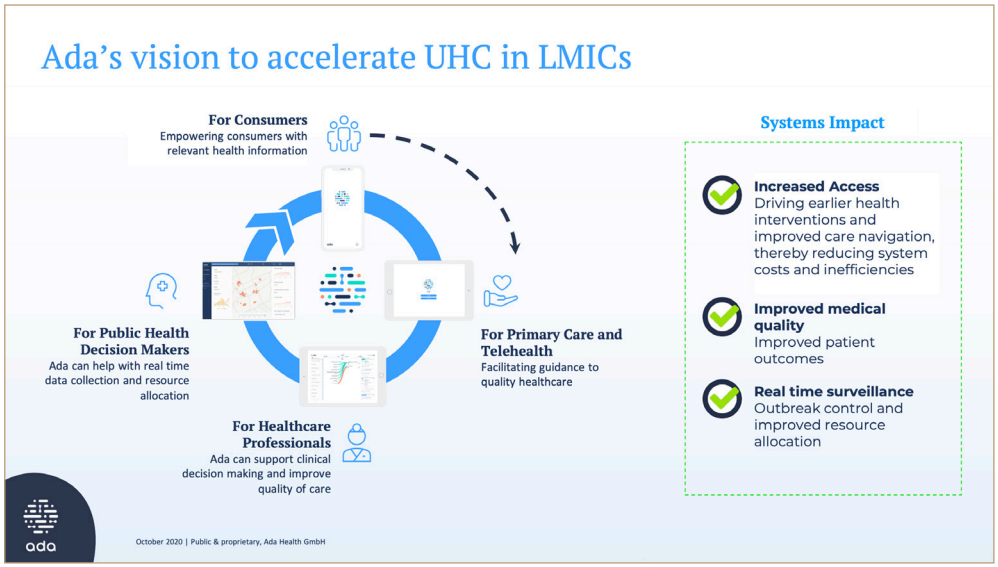
Ada Health has developed symptom assessment technology over the past nine years that has the highest diagnostic accuracy of any currently available tools of this kind. It empowers people to understand and manage their own health, so that people can make informed decisions about their own health. In parts of the world where medical resources are very scarce, every health decision that an individual makes also has a significant economic cost. Therefore, it is important to help people make more well informed decisions. Ada Health wants to help people better understand their health and, based on that, make informed decisions.

With the guidance of medical experts, Ada Health has created what they call a medical reasoning engine that encompasses thousands of conditions (from communicable to non-communicable, common to complex to rare), which is a comprehensive medical knowledge base paired with artificial intelligence. Because there is a shortage of healthcare workers, it's important when someone is falling ill that patient history is collected in a personalised way and needed guidance is provided.

In 2016, we launched the free Ada app, which takes a question and answer format and asks for patient history, present symptoms, health complaints, and risk factors, and then provides a possibility of what condition might be presenting and a recommendation of next steps.

Since launching, we have 10 million users all around the world. People have completed up to 20 million health assessments, which shows that people are not only using Ada for themselves, but also for others (family members, children, the elderly). The technology can be shared across a household. Additionally, because people can access the Ada app 24/7 in the comfort of their homes, this can provide a digital front door to primary healthcare, empowering people with appropriate guidance and helping to identify more severe cases that need to be directed to care. This can also reduce transmission of diseases by guiding people to stay at home when they are exhibiting certain symptoms.

Since 2016, roughly one third of Ada's users have been from low- and middle-income countries. In 2018, they formed a Global Health Initiative, which asked how they can leverage the technology they have developed in the most impactful way across resource limited settings. How can this technology accelerate universal health coverage and strengthen health systems. How can Ada be integrated sustainably into local health systems? Ada does this through forming strategic partnerships with global health organisations, governments, and other local businesses to work together to make the solution relevant to local needs.



Through a partnership with an organisation in Tanzania, Ada has worked to adapt their technology to work in the local context, including translating the app into Swahili, optimising disease models to match the burden and prevalence of diseases in that area, conducting user research to understand how Ada is used by different demographics within the local context, and carrying out evaluations of how Ada can support the decision making of healthcare professionals.

BROADREACH

BroadReach was founded in 2003 and works in many different countries. Their vision is a world where access to good health enables people to flourish, and their mission is to harness health technology and innovation that empowers human action.

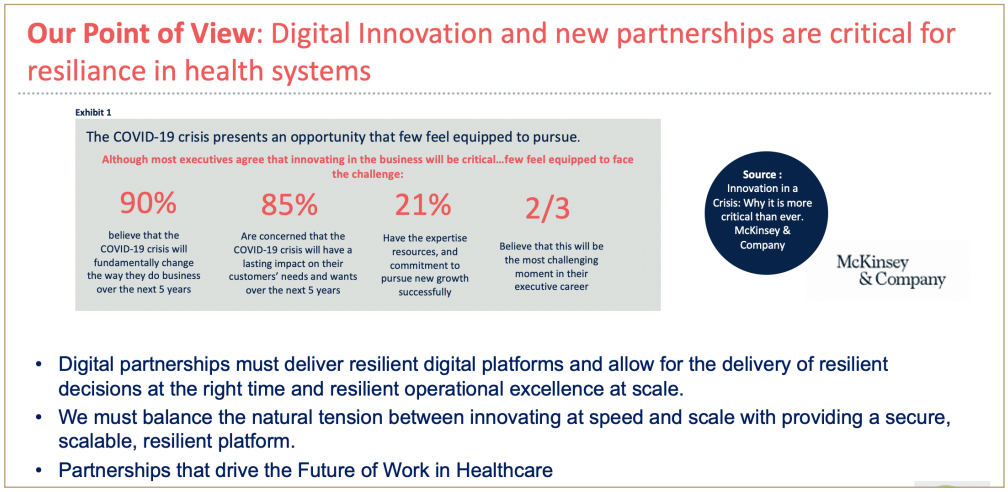
PANELIST

Paul Bhuhi

Group Board Advisor, Broadreach

"Digital innovation and new partnerships are critical for resilience in health systems."

The crisis the world is currently going through has pushed digital transformation forward, but very few company executives are actually feeling that they're able to take that challenge.

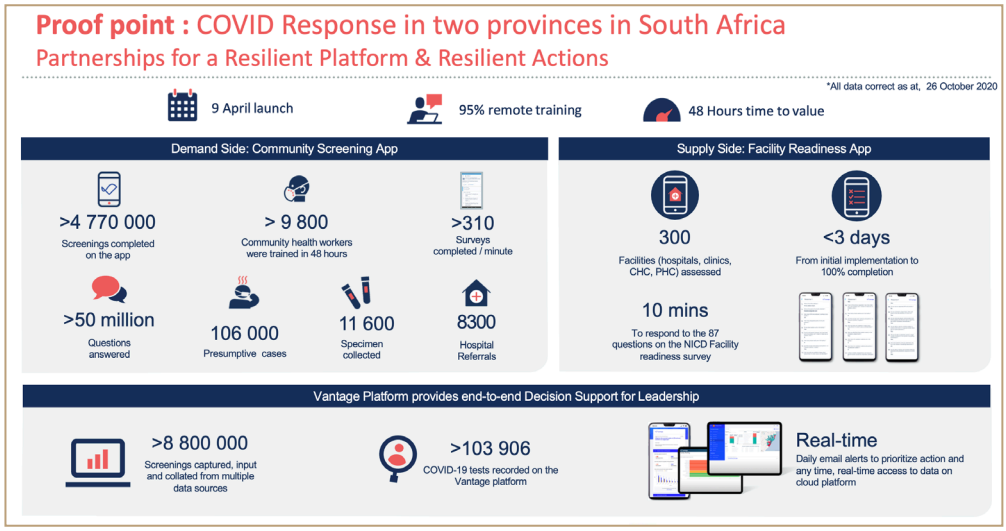


So how can we start resolving the gaps between the opportunity, the perceived and real barriers, and how to address them? Digital partnerships must deliver resilient platforms. The resiliency is not only in the platform, but also making sure that resilient decisions are made, those decisions are made at the right time, and we are able to scale those decisions up. Within this, there needs to be balance in the natural tension between innovating at speed and scale, providing a secure, scalable, resilient platform. Partnerships are also essential.

BroadReach wants to extend their value chain beyond insights and into patient experience, taking the outcomes of their observations and taking action based on the behavioral science results they have found.

The approach to investing in emerging economies needs to change. Most investments are underperforming because of sub-optimal decision-making. There are multiple reasons for this. One is because people don't have the right information at the right time, or they have information overload. People don't need dashboards, they need insights. BroadReach takes data and offers insight that leads to action. Good decision-making is also difficult when there is fragmented and incomplete data. BroadReach works hard to automate the data pipeline. There are times when organisations have to make a decision, and when that decision is being made based on data that is incomplete or incorrect, this leads to poor results. Limited operational capacity and inefficiencies are also factors in poor decision-making. How do we balance the increasing demand (in terms of diseases and increasing numbers of patients) and supply (the number of clinics and health workers available). The supply and demand inequality needs to be balanced. There is also a lack of standards and best practices.

In order to combat these barriers, partnerships and innovation is key. Within this, insights need to translate into action. The system isn't fully resilient if the actions taken do not consistently align with the insights being provided. Partnerships around cloud platforms, such as BroadReach's partnership with Microsoft, can provide scalability, security, compliance, and resilience. When elements of the fourth industrial revolution are added, such as artificial intelligence, machine learning, big data analytics, and natural language processing, decision making is able to be improved significantly. When all of this is brought together, not only does it lead to the democratisation of data, but also to the interoperability of that data. That is how changing the future of work in healthcare can happen.



PANELIST

Robin Njiru

Business Lead-East Africa,
Amazon Web Services

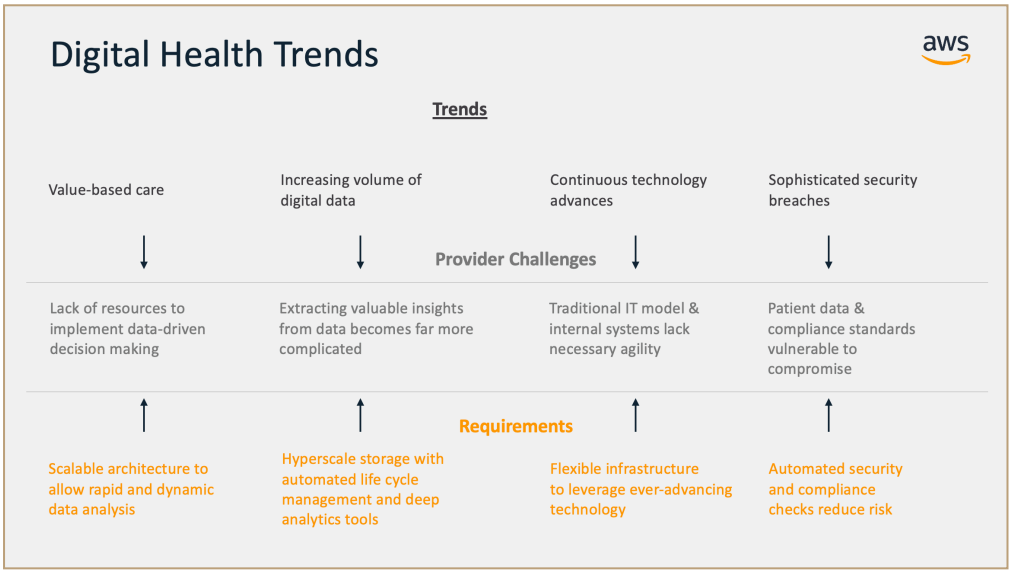
At the heart of the challenges we face, we need to leverage data for action. We need to move from data to insight, and then from insights into action. This will be key in enabling digital health innovations that build into resilient health systems. Some of the trends in digital health include gaps in how infrastructure is managed, as well as a general increase in the volume of digital data. The amount of data that is being processed every single day is vast and how that is leveraged will determine how effective digital technology tools can be.

AWS sees a gap in the ability to scale. Every time there is a huge spike of needs, there is a gap in the ability to continuously scale technology to rise and come down as needed. Up to 75% of IT spent is being used to take care of the operational aspects of existing technology. And healthcare providers are being forced to spend IT budgets on "keeping the lights on" rather than innovating and looking forward.

Digital platforms need to be agile enough to adapt to changes in needs. Traditional technology can often not adapt fast enough to be useful in the moment. We can have all the relevant technology, but if our traditional IT applications are not agile enough, it can be the difference between life and death for patients.

As an organisation, AWS has been in place since 2006. They have more than eight years of dedicated healthcare practice with many medical professionals from various disciplines as a part of their team. Their value proposition is divided into three levels:

1. IT Cloud Transformation - Ensuring the infrastructure is fully optimised so that they get the correct data, as data for data's sake is not useful. This data is then leveraged for decision-making. Whether computing, storage, or access to data, they want to ensure that this infrastructure and access to the data is managed and fully secure.
2. Predict Healthcare Relevant Events - This is where insights come in. What insights are we leveraging? They use artificial intelligence, machine learning, etc. to start predicting healthcare events. This is very relevant on a global, regional, national, as well as on an individual patient level.
3. Personalise the Health Journey - This speaks to ensuring that the patient experience is personalised and, therefore, not generic (as has been the case in the past).



PANELIST

Ada Mwangola

Director Social & Political Pillars, Kenya Vision 2030

After hearing the amazing work that the private sector is doing, it's a privilege to present the government side. Kenya Vision 2030 has been in conversations with both public and private health sectors to see how they can carry forward digital health programs to achieve universal health coverage, a key agenda of the government.

Digital health is one of the programs within Vision 2030 to transform the healthcare delivery system, improve performance, and optimise the functionality of national reporting systems. This is in line with their commitment to ensure the highest standards of healthcare and covers both private and public health service provision.

Progress so far includes the digitisation of data at many of the public health facilities, starting from around the third level (sub-county level) to the level-four hospitals (higher at the county level), though they haven't yet created a system for this. Digital e-health hubs have been established in about 25 of the 47 Kenyan counties. A health platform has been created, which is a result of the e-health hubs. This has enhanced the district health information software and created a list of the master health facilities, which is basically a list of where the facilities are located geographically.

The Kenya Health Policy (2014-2030) articulates how the private sector can invest in the health sector. The E-Health Bill 2020 has been proposed and is in an advanced stage, currently circulating for public participation. They want to use ICT mechanisms to help people access healthcare services and information, as well as to regulate the collection, storage, analysis, transmission, and ownership of patient health data. The medical health tourism project has not yet moved beyond a draft, but it has been worked on collaboratively with the private sector. Vision 2030 would like to coordinate private health sector actors, who are more advanced in the technological space, to make Kenya a hub for specialised healthcare treatment because we are seeing this as also an economic activity that can contribute hugely to Kenya's GDP. There is a need to prioritise the infrastructure in remote areas.

Vision 2030 is committed to partnering with the private sector to create a critical mass to have a health platform that delivers the UHC agenda in Kenya and across the region. The policy framework that has been developed, but is currently nascent, should be taken advantage of and expanded so that there are more actors coming into this space. COVID-19 has accelerated the interest in digital health and the public sector is now taking it very seriously, recognising that the delivery mechanism has to have real-time participation and information from health facilities. Vision 2030 looks forward to discussing modalities of partnership with the private health sector.

Progress so far....

- Digitization of Public Health facilities,
- Digital E-Health Hubs established,
- Creation of a Health platform,
- Enhancement of the District Health Information Software 2 (DHIS 2) and Kenya Master Health Facility List (KMHFL) systems.

Questions & Answers

Q: How do public and private sectors work together? How can the private sector help? How can the private sector revolutionise the way that health data is collected and utilised, since the private sector data often doesn't get to the public sector? How do PPP frameworks accommodate startups?

Ada Mwangola: Kenya has a PPP framework, but even just taking advantage of the policy environment that public and private can work collaboratively is a huge opportunity. Now that private sector holds so much data, government will definitely listen. The formalisation of the partnerships is a process, and it is working, but private sector has been a bit shy about moving into the public space and show their value proposition to the government. But the space is open.

Hila Azadzoy: There is a significant amount of data, but there are different applications and use cases depending on the specific setting. It's important to ask what the value of each individual innovation is and evaluate each one. Additionally, how does the data that is being generated complement existing data?

Robin Njiru: The youthful population across Africa are digital natives, so even the organisations they're putting together are centered around data. There is a real opportunity here. To come together as private and public, there is a balance between regulation and innovation. Innovation will always go ahead. Regulation should not stifle innovation, but innovation should not be dangerous for public health.

Paul Bhuhi: The question is how to make partnerships and use of data greater than the sum of their parts. We need to think about regulation and policy balanced with the need for rapid innovation. The way to do this is, rather than only thinking about the big picture, is by looking at specific use cases that solve specific problems. Once we start solving the specific problems and people see the value of how that's done in an innovative way through AI and machine learning, the bigger issues can start joining up.

Parting Shots

Hila Azadzoy
There are so many great technologies out there. We can have the best technology, but if we're not collaborating, especially with the public health sector where the majority of people in low- and middle-income countries are accessing care, these solutions and the potential impact will not be able to scale. How do we scale and bring these solutions in a meaningful way? A public-private collaboration is essential to reap the benefits that any solution has to offer. If we truly want to scale, collaboration is key.

Paul Bhuhi
The digital divide and health equity -- this is a real issue. We need to work with telecommunication companies as well as other tech companies. They can provide a way to bring that digital divide together. Technologies can do pretty much anything we want them to do, we just need to make sure that we have the right use case and create scalable change, on the technology side as well as industrialised workflows that ensure that the technology is actually useful.

Robin Njiru
We are keen as an organisation to support, partner with, and develop startups. Especially in the context of Africa we see a lot of niche SMEs and addressing local issues but with the inability to scale, so AWS is keen to form partnerships in the healthcare space to help with this. It is important to do well and to do good.

Ada Mwangola
Let's start this engagement, whether it's stakeholder engagement or partnerships, let's start the road towards creating a critical mass and an effective health platform. Vision 2030 is willing to come on board.

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