



Webinar series 2021

Towards Sustainable  
Healthcare Systems in Africa

# One year on: What have we learned since news of COVID-19 first broke?

A Webinar Report

Curated by



**AHB**  
AFRICA HEALTH BUSINESS

# Background

## Addressing the Pandemic with a Multi-Sectoral Approach: Kenyan Ministry of Health Case Study

Addressing the COVID-19 pandemic has forced Africa to view health from a new perspective. Rather than representing a single, isolated issue, health is now seen as vital and integrated with every other aspect of governments and economies. This highlights the need for a multi-sectoral approach in preventing and addressing future pandemics. Public-private action is essential because both sectors serve the same population and actions on both sides are impacting the other.

In Kenya, for example, there was excellent political commitment, and a structure was formed to spearhead the COVID-19 response. One key factor of this structure was its multi-sectoral nature and, most importantly, significant private sector participation in that structure. Without that participation, the government would have struggled.

The role of partnerships in this process was also key. The Kenyan Ministry of Health (MOH) demonstrated agility and utilised infrastructure beyond the health sector alone, including using schools and private hotels as isolation centres. When it came to resource mobilisation, the Kenyan government found mechanisms through which the private sector (beyond the health sector) could contribute funding and other resources.

Additionally, in the beginning of the COVID-19 pandemic, the MOH partnered with the Ministry of Transportation to rollout passenger manifestos that were used in contact tracing. This was already under development, but it was fast-tracked and deployed within a month when it was really needed.

One of the key challenges for Kenya was the management of the supply chain. Looking back, the government could have better engaged with private health facilities relating to necessary commodities. *Could there have been a consortium of private hospitals to pool resources with the public sector to expand testing capacities, reduce stock-outs, etc.?* Moving forward, countries may need to start considering coming together when it comes to purchasing, in order to leverage on economies of scale, get better prices and make healthcare more affordable.

# Event Partners

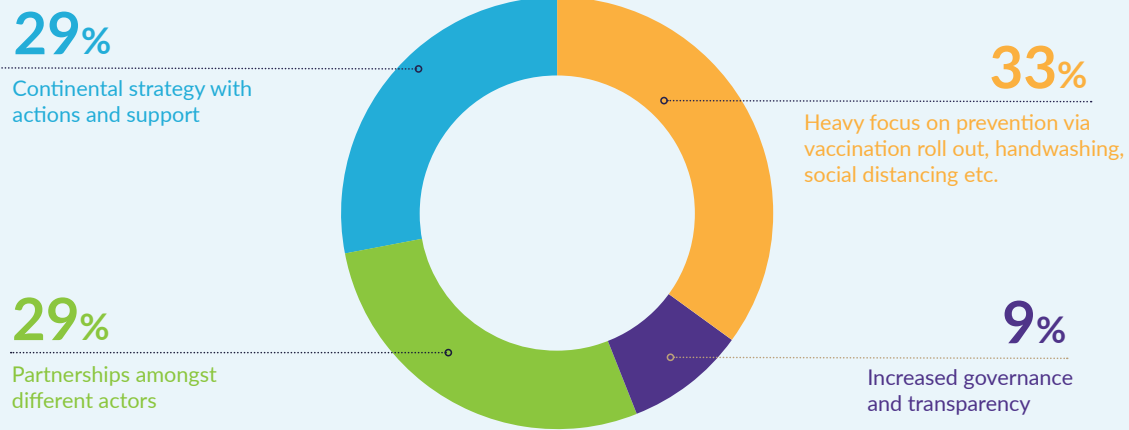


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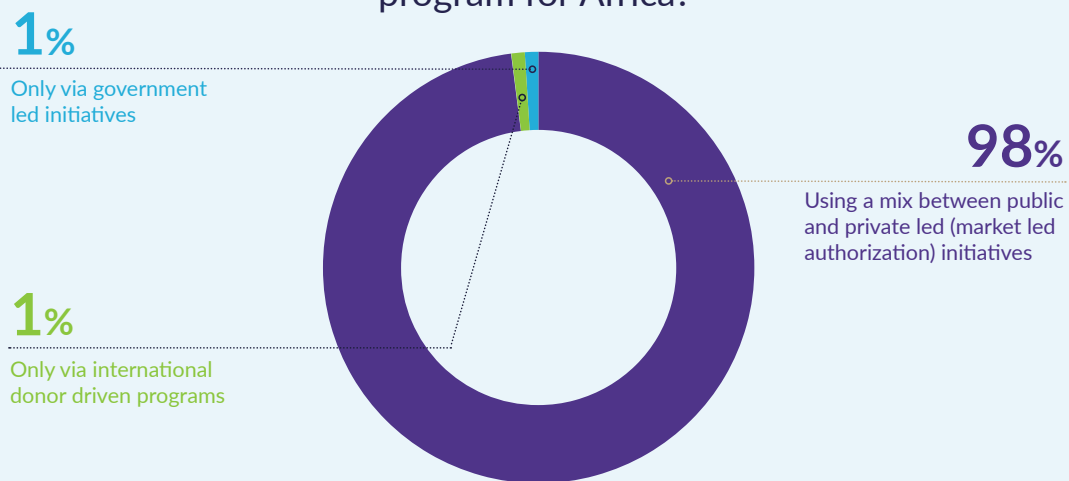
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# Poll Results

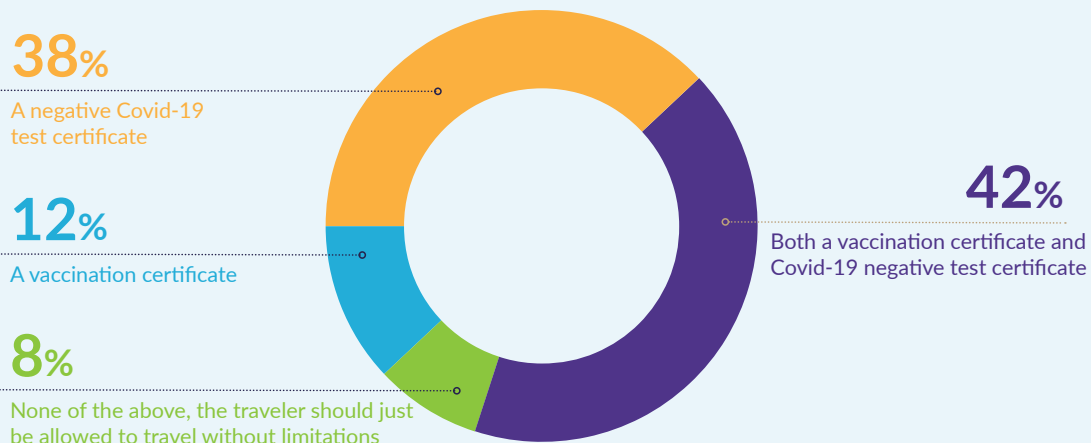
Which of the following lessons learnt is key to overcome the pandemic in Africa?



How should we accelerate the vaccination program for Africa?



To maintain economic resilience of African countries, should the continent allow travel only when the traveller has:



# Speakers



MODERATOR

**Mrs. Marloes Kibacha**

Managing Director,  
Africa Health Business



SPEAKER

**Dr. Nsenga Ngoy**

Team Leader for Emergency Preparedness  
and Response (EPR) Cluster,  
World Health Organization



SPEAKER

**Dr. Ahmed Ogwel Ouma**

Deputy Director,  
Africa Centres for Disease Control and Prevention



SPEAKER

**Dr. Mercy Mwangangi**

Chief Administrative Secretary,  
Ministry of Health, Kenya



SPEAKER

**Dr. Iain Barton**

Chief Executive Officer,  
Clinton Health Access Initiative, Inc.



SPEAKER

**Ms. Ruth Field**

Market Access Director,  
AstraZeneca Pharmaceuticals (Pty) Ltd South Africa



# Supply Chain Management



One of the immediate impacts of the COVID-19 pandemic on the health sector has been in the area of supply chain.

There was an unprecedented shift in the availability, price point, and service levels within the supply chain space for international freight movement because all passenger aircrafts were grounded. The primary way freight was delivered suddenly halted and the ability to move products was limited across the board. The consequential knock-on was that moving healthcare products became six to eight times more expensive.

This has taught us that Africa needs to be more systems-focused in thinking, rather than focusing on the health sector as if it operates in a vacuum. There are so many aspects of every economy that impact the health sector. We need to be alert, agile and responsive, developing higher levels of collaboration and partnership.

In the health sector specifically, there is a striking lack of harmonisation on importation management. The Africa Medical Supplies Platform (AMSP) was set up, but every product had to jump through different hurdles in different markets, because the quality standards were so different for every country. In order for an aggregated buying platform to be possible, standardisation is required. The old-style procurement logic that many markets operate within (annual procurements of large orders with a six- to nine-month lead time) does not represent the kind of agility needed to respond in this kind of scenario.

African governments also need to build the continental and national institutions that are responsible for addressing health security, early detection and rapid response to outbreaks. If we build the capacity of these institutions at the continental and national levels, we will be able to do the right things, have the correct information and the best experts working on solving problems.

As we talk about health systems strengthening and pandemic preparedness, we need to completely re-gear our thinking about how we manage procurement, movement of goods and inventory tracking.

African governments also need to build the continental and national institutions that are responsible for addressing health security, early detection and rapid response to outbreaks.

# Summary of Discussion

Africa has learnt many lessons from the experience of addressing the challenges of the COVID-19 pandemic. Some of these lessons include the importance of resilient health systems, the vital nature of effective communication, and ensuring a multi-sectoral partnership approach in problem solving.

## RESILIENT HEALTH SYSTEMS

Emergencies and outbreaks are not spontaneous or without cause. They emerge because of a combination of vulnerabilities and lack of capacity. When high vulnerabilities meet low capacity, like Africa does, there is a perfect storm. COVID-19 reminded us that, rather than solving each health challenge as it arrives, we must build resilient health systems.

A resilient health system is able to continue to provide all health services, even in emergency situations. This is true for both regular services and those needed to address the emergency directly. During Ebola, for example, there were even more deaths related to malaria than to Ebola, which means the health system failed to take care of standard services because of the emergency. Additionally, a resilient health system must consider every sector. Resiliency needs to be built at a holistic level.

If we are better prepared and our health systems are resilient, we'll lose fewer lives and preserve better lives. This pandemic is not going away any time soon and it will not be the last of its kind. Governments need to develop systems and strengthen them as soon as possible.

## COMMUNICATION

As soon as there is a gap in information flow, information from unverified sources will fill that gap. Communication with the public has to be constant.

Because the situation is so fluid and the volume of information is overwhelming and unprecedented, communication has become a central issue in the COVID-19 response. The overload of information is not simply at the individual level, but also at the leadership level, with around 200 published items per day. While leadership is struggling to wade through the vast amounts of information, the public (including the population as a whole, but also health practitioners) is waiting for this vital information.

The strict measures that were taken in most African countries at the beginning of the pandemic were incredibly important because it kept numbers low while helpful information was disseminated on how people can protect themselves from the virus. Effective communication can help address pandemic fatigue and empower individuals to continue with their livelihoods in a safe manner. Communication from authoritative sources can ensure that each individual understands the responsibility they have to themselves and to their communities. When they understand, they can continue earning a living while observing certain public health measures that cost nothing. We need to communicate that continuing to do the right thing means protecting the most vulnerable.

To roll out a vaccination plan across a nation requires coordination with everyone from law enforcement to

cleaning services and medical waste management. It's important that information is kept factual, simple, relevant, current, proactive and is communicated in a way that people will listen and through the channels that people are already listening to.

In the absence of information, we jump to the worst conclusions. The only way to combat this is through a high-quality volume of proactive information flow.

## MULTI-SECTORAL APPROACH

As the pandemic revealed the health sector's interdependence with other aspects of the economy, it has become clear that a multi-sectoral approach, including both public and private sectors and beyond, is vital to addressing challenges effectively. Much of the success story of Kenya's Ministry of Health can be attributed to their willingness and commitment to working with various sectors. How far can this multi-sectoral approach go? What is required of the public sector? What about the private sector?

For example, all COVID-19 vaccines are currently being purchased centrally through the public health sector. Is there an opportunity for the private sector to get involved in the vaccine rollout in Africa?

The Africa CDC wants to vaccinate at least 60% of the population in order to reach herd immunity efficiently. In order to do this, there is no doubt that the private sector can play an important role. However, broadening who purchases vaccines also increases risk. Unscrupulous individuals may disrupt the processes that governments and Africa CDC have established and adhere to. Since access to vaccines is very difficult and the demand far outstrips supply, there is every opportunity for fake vaccines to masquerade and harm people. Therefore, very close regulatory

supervision by national governments is needed to ensure that what is being brought into the country are safe and efficacious products.

The private sector has its place, but that place needs to be defined and designated by national governments in order to ensure standardisation of quality. Therefore, it's a good idea to have the private sector involved, but the monitoring and regulation needs to be very tight. Additionally, the definition of who gets the vaccine first must be the same case across the board. We don't want a situation where rich people get access before those who actually need it most. Every initiative or action, whether private or public sector, must be within the regulatory framework of a country for safety of the public and efficacy against COVID-19.

The role of government is to ensure political commitment, create structures, leverage what already exists, form partnerships and design frameworks where public and private resources can come together to address a particular issue.

One of the areas that has been identified as a gap when it comes to having multi-stakeholder approach is in the issue of data. The disparate information systems make it very difficult to have numbers on testing, admissions, ICU care and the whole pathway of care. It would be much easier to have an integrated health information system with the private sector. It is important to have conversations with private sectors to ensure we have a holistic picture of the status of health in our nations so that we can make informed decisions moving forward.

What will it take to win the battle against COVID19?  
(1) Personal discipline by following public health measures (2) Solidarity as a continent (3) Building our continental & national institutions so that they can build resilient health systems.

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**Dr. Ahmed Ogwel Ouma**

In response to the pandemic, Kenya showed excellent political commitment. A multi-sectoral approach was taken to address COVID-19, which included, importantly, strong private sector participation.

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**Dr. Mercy Mwangangi**

There is a need for us to be more systems focused in our thinking, rather than just healthcare focused in our thinking -- because there are many aspects of our economies that impact the health sector. We need to be alert, agile and responsive, developing levels of collaboration and partnership that we've never seen before.

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**Dr. Iain Barton**

AstraZeneca manufactured the vaccine at scale for broad and equitable access. They partnered with both public and private sectors, but they wanted the public sector to lead. They did this because they want it to make sure it reaches the higher risk people much quicker and also doesn't go to the rich at the expense of those who really need it.

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**Ms. Ruth Field**

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Webinar series 2021

Towards Sustainable  
Healthcare Systems in Africa

# Health Business Investment in Africa

## A Webinar Report

25<sup>th</sup> March 2021

Curated by



**AHB**  
AFRICA HEALTH BUSINESS

# Health Business Investment in Africa



While the COVID-19 pandemic has exerted significant strain on already overstretched health systems across the region, further affecting the delivery of 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.

Investing in African health systems is an opportunity to accelerate economic development and growth, contribute to saving millions of lives and prevent life-long disabilities, and move countries closer to achieving objectives of national poverty reduction strategies and the Sustainable Development Goals (SDGs).

## Event Partners

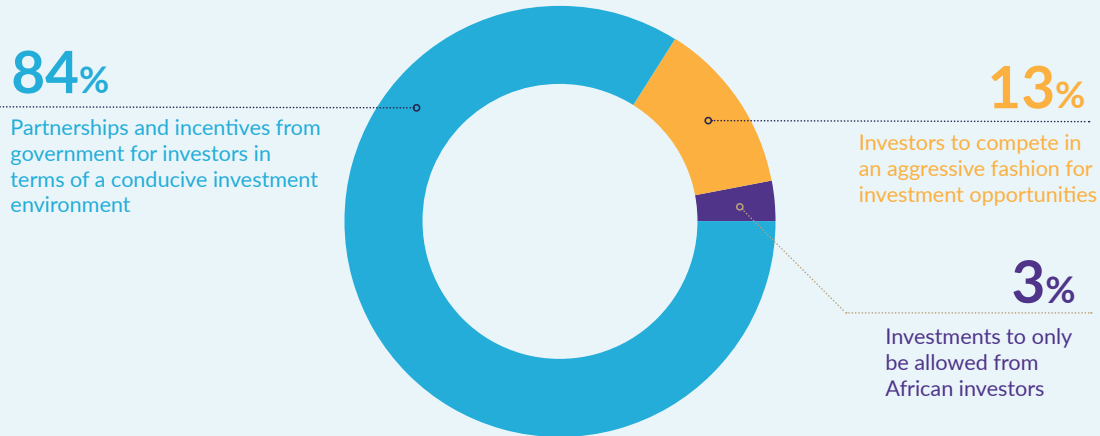


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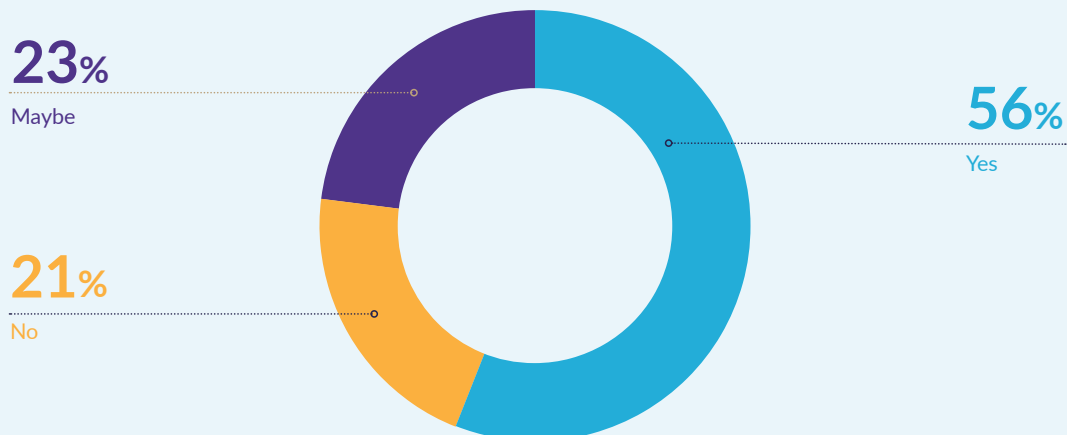
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# Poll Results

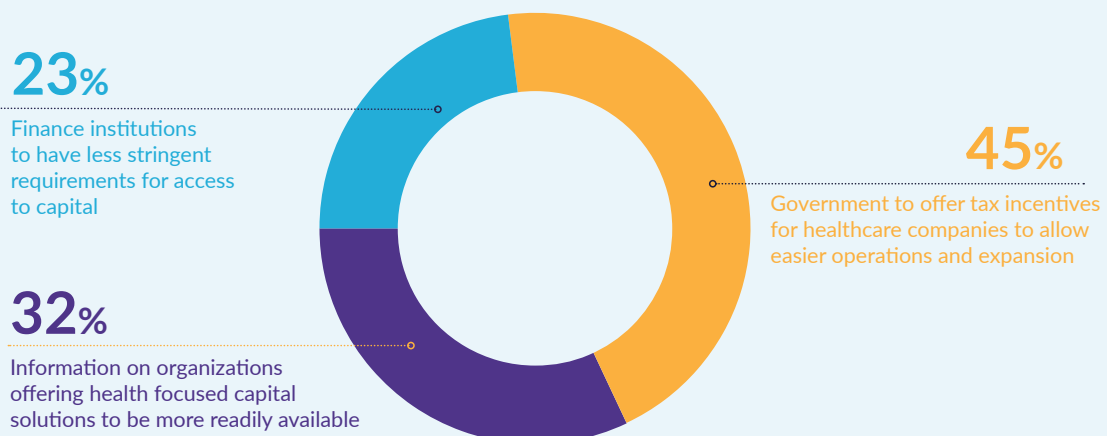
How can health investments in Africa be improved to compete with the rest of the world in terms of volume?



Are you interested in capital raising as part of your growth strategy for your organization?



How can access to capital in Africa to start/expand healthcare companies be made more readily available?





# Speakers



MODERATOR

**Dr. Amit N. Thakker**

Executive Chairman,  
Africa Health Business



SPEAKER

**Dr. Babatunde Omilola**

Manager Public Health,  
Security and Nutrition Division,  
Africa Development Bank



SPEAKER

**Mr. Tony Wood**

Managing Director,  
MYDAWA



SPEAKER

**Ms. Jennifer Kinyoe**

Country Manager,  
GE Healthcare East Africa



SPEAKER

**Dr. Kanyenje K. Gakombe**

Chief Executive Officer,  
Metropolitan Hospital



SPEAKER

**Mr. Jef Imans**

Strategic Advisor Health  
Supply Chain,  
Chemonics International



**We are a boutique consulting and advisory firm that aims to improve access to equitable healthcare in Africa.**

Through a private sector lens, we provide organisations with actionable insights to grow their health agenda in Africa.

We advise some of the largest institutions, companies and investors on the African continent, helping them to manage challenging relationships with demanding and critical stakeholders and understand complex market dynamics.

**Our team of specialists provides a range of strategically blended services.**

Business Intelligence • Capacity Building  
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Stakeholder convener • Investment  
Advisory • Africa Health Business  
Symposium (AHBS)



# Summary of Discussion

There are many barriers to providing adequate healthcare in Africa, but many of them can be addressed through increased investment in the sector. Recent estimates show that the African health sector will be worth around \$259 billion by 2030, with the potential to create over 16 million jobs across the continent. There is great potential in the health sector, especially with an enabling environment for private sector engagement and participation.

Just like every gap in a market represents a business opportunity, each barrier to providing adequate health services represents an investment opportunity. The primary barriers include a growing disease burden (both non-communicable and infectious diseases), poor infrastructure, inadequate health financing, poor access to quality services, a shortage of health workers and limited private sector involvement.

There are several reasons for the private sector's limited involvement. Governments are often perceived by the private sector as a risky partner because of limited funds that are sometimes mismanaged. Additionally, both donor organizations and government initiatives are often short-term, which increases uncertainty for the private sector. Private sector is always look for the least amount of risk and the highest amount of stability. Therefore, the public sector needs to find a way to de-risk investments for the private sector. It is also important to create a stable demand. Governments will often make one large order per year, rather than smaller orders each month. The private sector prefers smaller, more frequent orders because it makes planning easier and increases stability.

Governments, therefore, should move towards a stewardship model, focusing on regulation, quality assurance, disincentivizing counterfeits and other fraud, as well as coordination in times

of crisis. The stewardship model does not decrease the responsibility of the public sector (quite the opposite) but sets things up so that each sector is operating within their strengths.

## OPPORTUNITIES FOR INVESTMENT

Despite these challenges, the health and well-being sectors in Africa show great market potential. Healthcare is one of the fastest growing sectors on the continent, with a growth rate of 7%, which surpasses real estate, manufacturing and even agriculture. Additionally, African economies in general are showing significant growth and are projected to continue in that growth trajectory.

Health infrastructure development generally gets very little attention from African governments in terms of budget allocation, with significantly lower percentages of health budgets going towards this aspect of healthcare compared with things like wage and employment expenses. COVID-19 exposed significant gaps and limitations in health infrastructure, and it is an essential aspect of a well-functioning health system.

Local pharmaceutical manufacturing produces less than 2% of the medicines consumed on the continent. With the complete halt of international supply chains in the recent past, governments are eager to increase self-sufficiency when it comes to producing the medications their populations need. Countries like

Ethiopia are estimating a market value of \$600 million each year. The establishment of the Africa Continental Free Trade Area (AfCFTA) will further support this, with the opportunity to capitalise on economies of scale and increase manufacturing capacity. Local pharmaceutical manufacturing not only offers more stability to the supply chain but also can lower costs to the consumer. However, this will only be financially viable if there is an enabling environment, including things such as tax incentives for local manufacturing and lower tariffs on the import of raw materials.

Creative investing is necessary when it comes to financing the health sector. For example, investment in medical equipment should address the needs of those who are going to be using it. They need to be equipped with how to use it, as well as repairs and maintenance. Additionally, the medical equipment that is needed is not always affordable for small- and medium-sized medical facilities. Innovative solutions like leasing equipment rather than requiring health facilities to purchase can offer a feasible alternative, along with the option of pay-per-use. Responding to hesitancy when it comes to investing in the health sector, health companies can offer risk sharing to financial institutions that would not necessarily invest on their own. More needs to be done to support healthcare investments -- not just handing over money, but supporting the use, maintenance and repair of what is being invested in.

The African health sector has seen significant change over the past several decades. Not only has change been experienced, but it is accelerating. The past three years alone have seen more change than the past decade. The health sector needs to be ready to adapt to these changes, capitalising on the investment opportunities in order to overcome the challenges.

# Digital Health Technology – The Opportunity to Lower Costs While Increasing Quality

Digital health development on the continent is growing at a rapid pace, with African innovations representing some of the best solutions around the world. The next step is scaling these innovations so that it is able to sustainably impact the entire health sector.

Before the pandemic, significant work was going into behavior change, convincing both patients and practitioners to adopt various health technologies. But the pandemic has moved this forward, resulting in the adoption of these technologies out of necessity and the realisation that digital solutions are effective and affordable.

Technology represents a way to increase access and reduce prices while also guaranteeing quality. Often quality is sacrificed for price, but that is not acceptable in healthcare. As everyone rushes to go digital, there is the potential danger of exposure to sub-standard products. If digital innovation is used for shortcuts, there will be problems with quality, but if it's used for efficiency and transparency, it will benefit the whole health system.

Data collection, management and analysis also represents a significant opportunity for investment. Blockchain, while not a silver bullet, can help with counterfeit products, increasing the visibility of the whole supply chain and providing a full history of a product when it reaches the end of the supply chain. While it is not necessarily the most sustainable, the principles of blockchain are sound and represents one possible solution among many.

Digital health solutions are already being implemented on the ground and will inevitably be part of the future, making it a viable and an exciting area of investment.

## THE JOURNEY TOWARDS UHC: AN INVESTMENT INCENTIVE

The African continent is committed to journeying towards Universal Health Coverage (UHC). This is not only something supported by most individual national governments but is also in line with attaining the global initiative of the SDGs by 2030. The continent has a long way to go to successfully achieving this, but the possibility of combining government commitment and efforts with private sector investment and intervention offers reasons for optimism.

The efficiencies and innovation of the private sector can help governments leverage new technologies to reduce costs. The expansive footprint and influence of the public sector can support the private sector in creating an enabling environment for them to succeed. Public-private partnerships (PPPs) can be explored as a way to capitalise on the best of what each sector has to offer.

The movement away from payment for service to payment for quality is inevitable due to the journey towards UHC. Payers will increasingly become more powerful and will be able to demand quality. The empowerment of individuals to hold healthcare practitioners to high standards is an additional incentive for governments and private sector to invest in achieving UHC.

Effective supply chains are also an essential aspect of the journey towards UHC. Getting the right product, in the right place, at the right time is a primary condition. Once those basics are in place, the flow of a product can be analysed and predicted, making it more possible to plan for supply. With a more stable supply and demand, private sector is more likely to participate.

Everyone is working toward UHC and the way to deliver it is through partnerships.



“The challenges that we face in the health sector can be turned into opportunities for investment.”



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**Dr. Babatunde Omilola**



“It is important for private sector health companies to form partnerships with banks, leasing companies and other financiers to mitigate some of the risks that they find in the healthcare investment space. This enhances the appetite of the financiers who would not necessarily invest in the health sector on their own.”

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**Ms. Jennifer Kinyoe**

“Change is not only taking place, but it is accelerating. The changes that have happened in the health sector in the past 3 years have gone beyond what has happened in the past 10 years.”



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**Dr. Kanyenje K. Gakombe**



“Private sector is always looking at the least amount of risk and the highest level of stability. Therefore, there needs to be an enabling environment for private sector and a way to de-risk private sector investment.”

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**Dr. Jef Imans**

“Digital healthcare has come of age and is an integral part of the journey toward UHC.”

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**Mr. Tony Wood**



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Webinar series 2021

Towards Sustainable  
Healthcare Systems in Africa

# Africa's readiness for the COVID-19 vaccination drive

A Webinar Report

8<sup>th</sup> April 2021

Curated by



**AHB**  
AFRICA HEALTH BUSINESS

# Speakers



MODERATOR

**Ms. Kaushal Shah**

Head Pharmaceuticals & MedTech,  
Africa Health Business



SPEAKER

**Dr. Muluken Yohannes**

Immunisation Senior Advisor and  
National Coordinator of COVID-19  
Vaccine Rollout,  
Ministry of Health Ethiopia



SPEAKER

**Ms. Tara Prasad**

Senior Manager - ACT-A/COVAX  
Coordination Secretariat for Supply  
for the UNICEF Supply Division,  
UNICEF



SPEAKER

**Dr. Nicaise Ndembi**

Senior Science Advisor, Africa Centres  
for Disease Control and Prevention



SPEAKER

**Mr. Sanjeev Gadhia**

Chief Executive Officer,  
Astral Aviation



SPEAKER

**Dr. Ernest Darkoh**

Founding Partner,  
BroadReach Healthcare



SPEAKER

**Prof. Joachim Osur**

Technical Director of Programmes,  
Amref Health Africa

# Event Partners



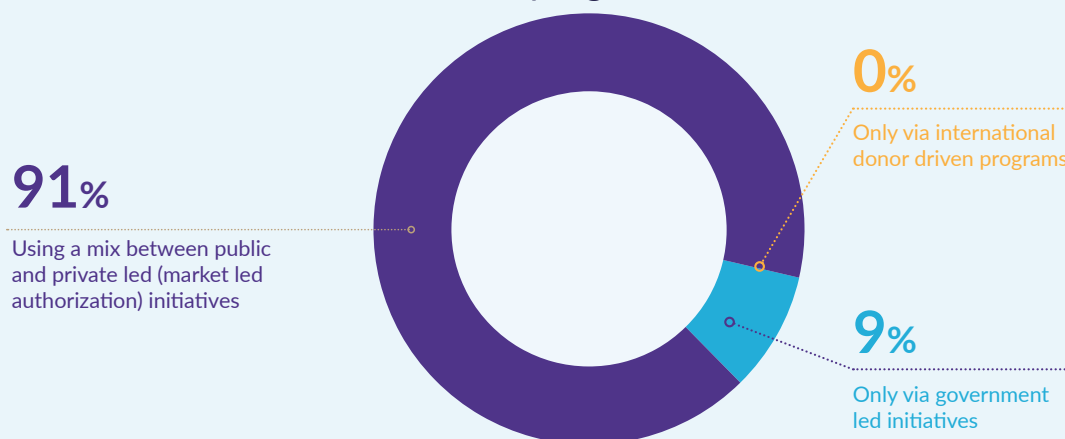
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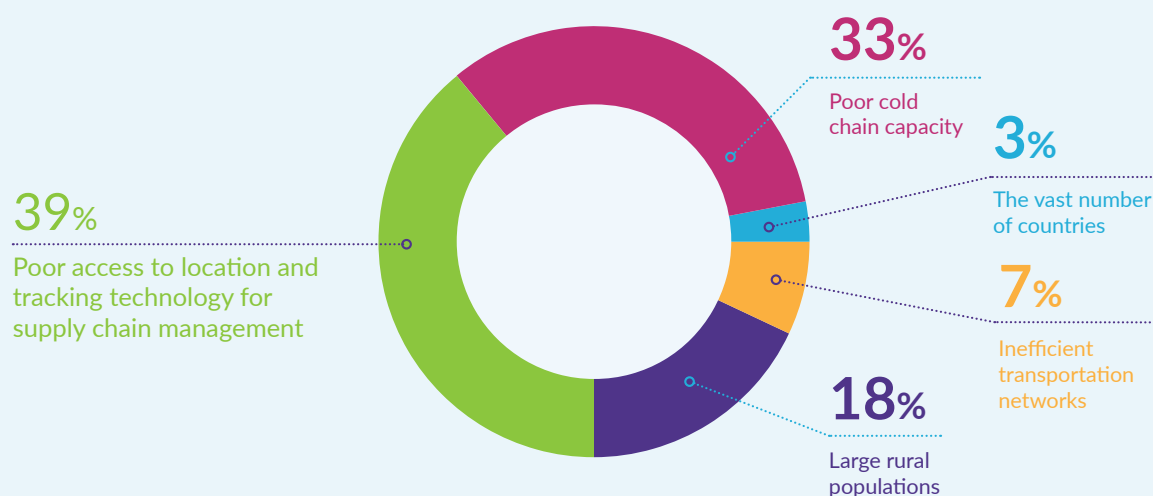
# Poll Results

During the webinar we ran polls on the topic to gather opinions, insights and feedback from our attendees.

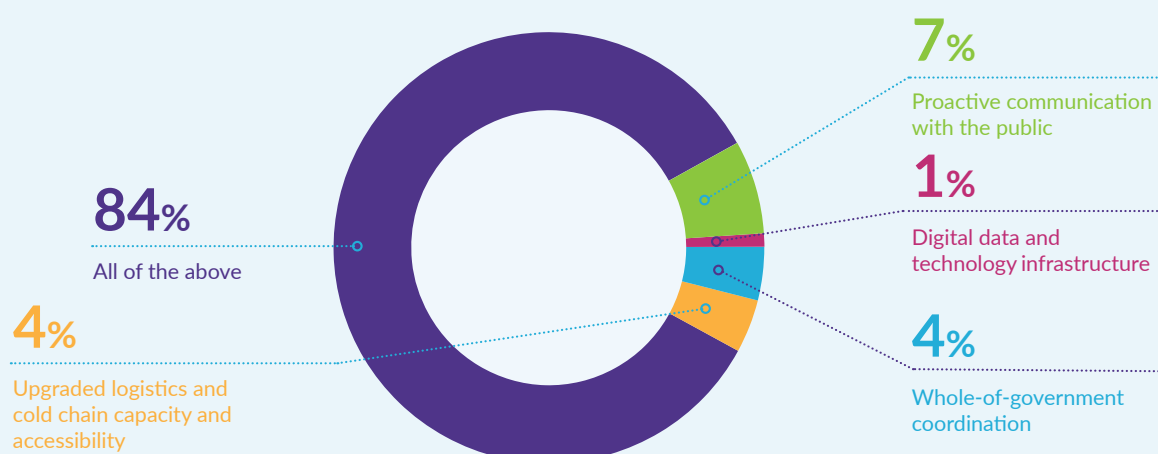
How should we accelerate the COVID-19 vaccination program for Africa?



What are the biggest challenges to distributing the vaccine across the continent?



Which of the following are required for the effective rollout of COVID-19 vaccines





# Summary of Discussion

Africa is about to embark on the largest immunisation drive in the continent's history. The equitable and efficient rollout of vaccination programs is essential for the focus to return to building our economies and facing the other many challenges impacting our health systems.

## WHAT HAS BEEN ACHIEVED TO DATE

Africa is yet to secure adequate volumes of the vaccine. As of 8th April 2021, Africa has administered vaccines to approximately 0.65% of the entire population and the African Union has a goal of vaccinating 60%. So Africa is behind, but things are moving in the right direction.

The COVID-19 Vaccine Global Access Facility (COVAX) is complementing the AU's work with the goal of vaccinating 20% of the world's population. This means there is a gap of 40% that the AU needs to fill. To this end, they are looking for further funding and support. Thus far, they have been able to secure additional finances and vaccines. This includes 220 million doses of the J&J vaccine, which is considered a game changer because it only requires a single dose, reducing the number of visits required and, therefore, the likelihood of attrition. (Even for standard medications, when patients have to return to a clinic, the rate of attrition is around 30-40%.)

Astral Aviation has transported just under 900,000 doses to 12 countries on the continent. Their aircrafts are able to carry anywhere from 1 to 25 million doses depending on the type of plane. Jomo Kenyatta International Airport in Nairobi is now equipped to store up to 200 million doses of vaccines. This hub of supplies can then be distributed to the rest of the continent.

"Through collaboration, we can reach every airport in Africa so that no country or no person is left behind, especially when it comes to the transportation of the COVID-19 vaccines."

**Mr. Sanjeev Gadhia,**  
Astral Aviation

*Africa CDC is currently in the process of developing a dashboard of up-to-date information on the vaccine rollout.*

## CHALLENGES

The challenges Africa faces as we vaccinate our populations fit into three broad categories: vaccine supply, the logistics of administering the vaccines, and vaccine demand.

### Supply:

Access to COVID-19 vaccines is limited, especially for low- and middle-income countries. The entire world is scrambling for limited supplies and Africa is at risk of being left behind.

"Now more than ever it is paramount that African countries initiate a more aggressive and robust strategy to effectively contain the pandemic. Although an effective vaccine is ready, its distribution is very limited."

**Dr. Muluken Yohannes,**  
Ethiopian Ministry of Health

### Logistics:

Vaccinating 60% of the African population (approximately 720 million people) over a period of 12 months (assuming we have 220 working days of 8 hours per day) would require 3 million vaccinations per day and more than 400,000 vaccines being administered per hour. There is limited infrastructure and cold storage capacity, lack of communication and forecasting of vaccine availability, and limited airfreight connectivity to and from Africa.



“The day the pallets arrive in the airport is when the real challenges begin.”

**Ernest Darkoh,**  
BroadReach Group

**Demand:**

Even if we can access the necessary supplies and the logistics are in place, there is still the challenge of giving the public accurate information so that there is uptake. Vaccine hesitancy happens for a variety of reasons. Some people have no information, some people have incorrect information and some leaders and decision-makers are playing a role in spreading misinformation, further exacerbating the problem.

“In a study we conducted, more than 50% of community health workers (CHWs) don’t feel ready to engage with households on the COVID-19 vaccine. They feel they don’t have enough information; they feel like any other community member that these vaccines might be dangerous, they are worried that their leaders are not taking the vaccines, and they have their own religious and cultural values around the vaccine. If more than half of the people we are depending on to mobilize communities to accept the vaccine are themselves aren’t convinced, then things must be much worse in the community.”

**Prof. Joachim Osur,**  
Amref Health Africa

**WHAT IS NEEDED MOVING FORWARD**

The African health sector needs active engagement from governments in coordinating the inclusion and participation of all stakeholders. Participation from all sectors is essential. The WHO rightly advocates for a whole government approach, maximizing the use of the entire national capacity including public, private, NGO, donors, and any other entities that can contribute meaningfully to this process.

It is critical that communities have a voice in this process, because if they don’t trust the vaccine, progress cannot be made. The budget for vaccine programs must include community sensitization and education that answer people’s questions. We also need leaders, influencers, religious leaders, etc. to set an example when it comes to getting vaccinated.

“As we do scale up, which is everyone’s ambition, there will be more challenges on rolling out vaccines. We need to ensure that countries have systems in place that they’ve never needed before, from human resources to physical infrastructure to know-how and expertise. To ensure this, there is also a need for sufficient funding.”

**Tara Prasad,**  
UNICEF

We can implement successful vaccine programs by doing the following five things well:

1. Knowing the number of people who need to be vaccinated in each priority phase and where those people are located.
2. Having communities that are informed, educated and ready to access services in the right way.
3. Ensuring that health facilities and the health system at large are ready.
4. Knowing that each stakeholder is doing the right things, in the right locations, at the right time and delivering on their mandates.
5. Ensuring that everyone who needs follow-up services is actually getting them.

“We need to think out of the box. We aren’t going to jump right on existing facilities but be innovative in ensuring that we provide an enabling environment to rollout the COVID-19 vaccines.” -

**Dr. Nicaise Ndembu,**  
Africa CDC

COVID-19 has required a mindset shift. We may be starting slow, but it is most important that we move forward and finish well. There is no reason for Africa not to have world-class best practices. The continent has an opportunity to show that, even with limited resources, we can maximize how we spend each hour and dollar. We need to be efficient because our lives depend upon it. If we can respond well to this, building stronger health systems, we will not only respond well to this pandemic, but future outbreaks and pandemics.

“As we address the pandemic, we need to think more broadly than a single disease focus, because COVID-19 is forcing us to do so many things we needed to have done right for our health systems anyway. If we’re going to have upwards of 60% of the population forced to interact with the health system in a very direct way because they need a vaccine, can we use that opportunity to address other things, such as screenings for diabetes or hypertension? That way, this investment can be spread more broadly and even act as a catalyst for universal health coverage.”

**Ernest Darkoh,  
BroadReach Group**

## COVAX

COVAX is a novel, one-of-a-kind, multi-stakeholder, multi-national, public-private partnership that was launched in 2020 in response to the COVID-19 pandemic, including a very broad span of partnerships. Their goal is to make 2 billion doses of the COVID-19 vaccine available to the 191 participating countries by the end of 2021. Combined, they represent 95% of the global population, so this is the largest vaccine procurement and supply operation ever.

COVAX also plays several other roles. It is a platform that supports the research, development and manufacturing of a wide range of COVID-19 vaccine candidates. It is also a financing instrument that allows governments, regardless of their ability to pay, to have proportionate, fair and rapid access to vaccines to protect their populations.

So far, the facility has raised approximately 6 billion USD of donor funding to support the 92 LMICs included in their participants. Those that can afford it are expected to pay, but by pooling buying power across all the participating countries, COVAX still offers better access when there are so many competing pressures on the supply.

COVAX has a goal of targeting 20% of the populations of the 191 participating countries. This will reduce deaths and help countries dampen the most acute phase of the pandemic by prioritizing health workers, as well as individuals at higher risk. So far, COVAX has already negotiated to contract 3 billion doses this year, but most of those doses will be available in the second half of 2021 as manufacturing is scaled up.

Because of pooled purchasing power, COVAX is getting some of the lowest prices possible. They have used both push and pull incentives as a way to keep prices affordable. For example, they have provided grants to manufacturers for R&D and have also made commitments to buy doses up front through advanced purchase agreements, helping manufacturers offset the risk of production including through providing advance payments in some cases. The COVAX facility is working to increase the speed of access to doses, the quantity of doses available, and ensuring a balanced portfolio with a variety of different products from different geographies.



# Adoption and Use of Technology



While there is a stated desire and intention to benefit from technology, rhetoric is not matching practice and many health sector stakeholders have not actually taken it on board. They often express they are too overwhelmed addressing the pandemic to invest in a new system. However, at some point, the commitment has to be made. While the adoption of a new way of doing things is never simple or easy, it will save time and money in the long run. Health sector stakeholders cannot wait forever to make these investments that will actually help us address the pandemic in a cost-effective and time-efficient manner.

Countries have already made billions of dollars of investments in IT, data systems, etc. These systems can all be repurposed and focused on assisting with COVID-19. In order to move quickly and maximize on scarce resources, we should avoid approaches that require starting from scratch. African nations should look at the value chain, understand what technologies are already in use, and mine the synergies of what they have already invested in to do much more, and quickly.



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Webinar series 2021

Towards Sustainable  
Healthcare Systems in Africa

# Healthcare policy harmonisation and collaboration amongst governments-A strategy towards sustainable development in Africa

## A Webinar Report

9<sup>th</sup> September 2021

Curated by



**AHB**  
AFRICA HEALTH BUSINESS



## Speakers



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



KEYNOTE ADDRESS  
**Dr. Lia Tadesse**  
Minister for Health,  
Ethiopia



SPEAKER  
**Ms. Beatrice Mutali**  
Deputy Regional Director,  
UNFPA East and Southern Africa Region



SPEAKER  
**Dr. Githinji Gitahi**  
Chief Executive Officer,  
Amref Health Africa



SPEAKER  
**Dr. Karim Bendhaou**  
Head of Africa Bureau,  
MERCK Group and Chair of the  
Africa Engagement Committee



SPEAKER  
**Dr. Danny Thomas Louange**  
Ministry of Health,  
Seychelles

## Event Partners



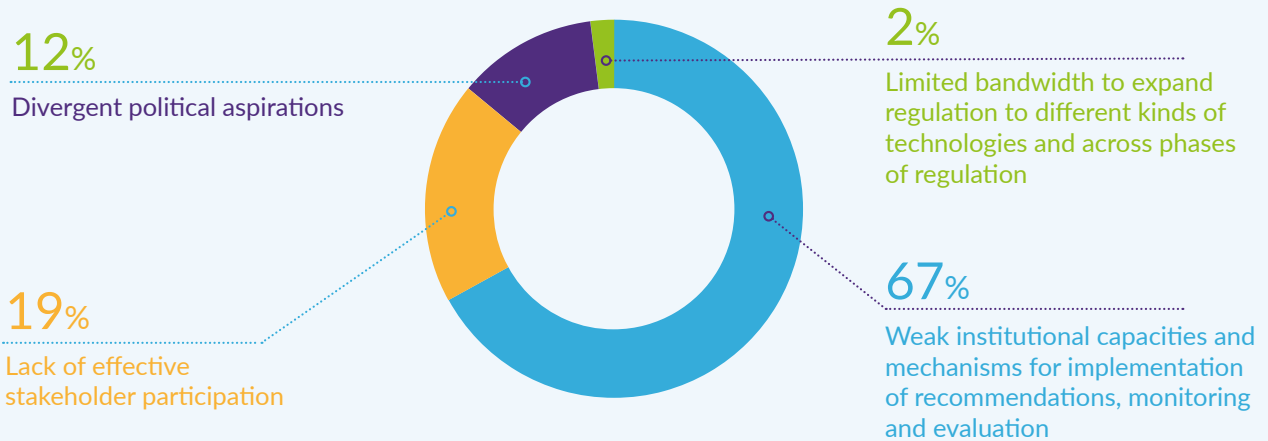
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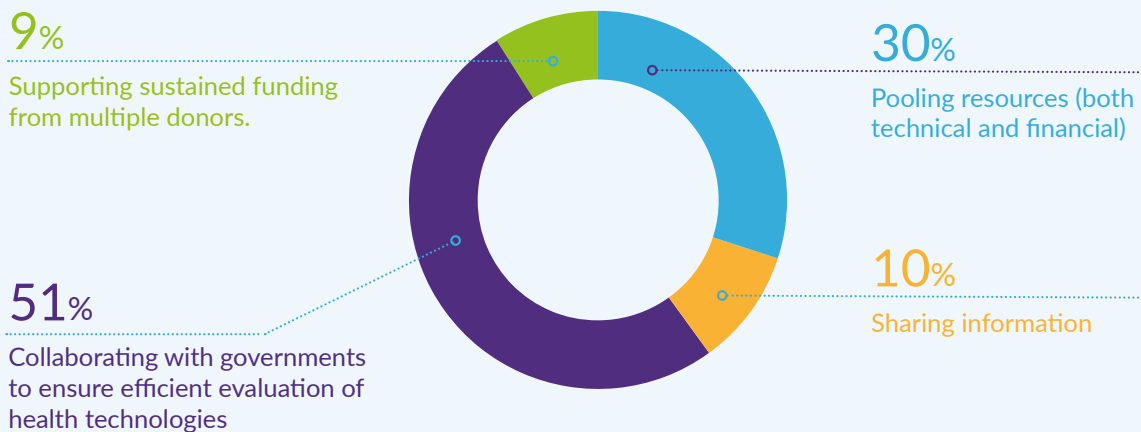
# Poll Results

During the webinar, we ran polls on the topic to gather opinions, insights and feedback from our attendees.

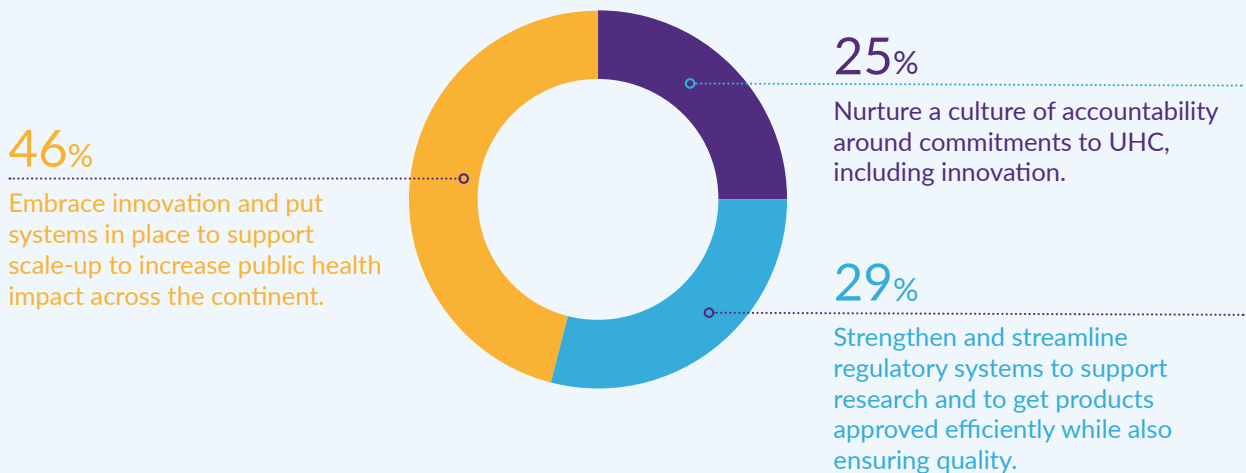
## What barriers hinder policy harmonisation in Africa?



## How can private sector contribute to policy harmonisation efforts?



## How will policy harmonisation accelerate UHC goal?



# Background

Healthcare policy harmonisation is the streamlining of regulation systems across multiple countries. Policy harmonisation and collaboration amongst governments will play an important role in the ability of African countries to achieve universal health coverage (UHC). Many African countries are making progress towards attaining UHC, although the COVID-19 pandemic negatively impacted the availability and the ability of health systems to provide uninterrupted health services. Moving towards UHC requires strengthening health systems in all countries, and harmonisation of healthcare policies is key.

UHC is a critical component of the 2030 Agenda for Sustainable Development and to achieve this requires the following:

- A multi-sectoral and multi-stakeholder alignment and engagement of different sectors.
- Harmonisation and alignment of policies, strategies, legal frameworks, and accountability mechanisms.
- Strong collaboration and co-ordination in governance platforms
- Adequate budgeting, monitoring and evaluation tools.

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“Health is not a cost it is an investment”

**Dr Karim Bendhaou**  
MERCK Group and Chair of the  
Africa Engagement Committee

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# Country Spotlight

## ETHIOPIA



The Ethiopian government has a Planning and Development Commission which plans the strategies of the country and tries to co-ordinate harmonisation of selected inter- and multi-sectoral agendas of which are made up of different health components.

Ethiopia is also conducting policy and strategy scanning to identify the level of health policy harmonisations that need to be done but also what can be done at the implementation level.

### **Examples of the Multi- and Inter-Sectoral Collaborations in Ethiopia**

Ethiopia formed a Multi-sectoral District Transformation Initiative.

- A pilot project, working in one district currently where different ministries have come together to focus on household transformation through an integrated community development approach which has one plan, one budget and one report among government sectors.
- The aim is to align the priorities of the district so that there is an integrated plan of the various sectors involved.

Under this initiative there were several inter-sectoral coordination platforms, one being the **National Nutrition Co-ordination Body**.

- Ethiopia has a very high stunting rate of children under the age of five. To tackle this issue the coordination body launched a National Food and Nutrition Policy.
- Within this policy was a specific programme called the SEQOTA Declaration which aims to end under nutrition through a multi-sectoral approach focusing on those districts that have high stunting rates.

Other examples include programmes such as WASH and more recently using the National Emergency Co-ordination Committee led by the Ministry of Peace to respond to the Covid-19 pandemic.

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“I hope that this issue of policy, strategy and harmonisation continues to be a strong agenda because it is really critical to achieve the Universal Health Coverage that we are all envisioning, whilst establishing strong legal frameworks, governance, accountability mechanisms, budgeting, monitoring and evaluation tools for a stronger system.”

**Dr Lia Tadesse**  
Minister of Health,  
Ethiopia

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## Challenges of Harmonisation-Ethiopia

- Implementation of the programmes can be an issue when alignment using the multi-sectoral approach can be lost.
  - This was seen in the SEQOTA initiative, a programme committed to eradicating the underlying causes of chronic undernutrition and ending stunting among children under two years by 2030. To address the challenge ministers from all sectors involved were invited on the ground to see the impact of not working together. After this, the approach was changed and innovative implementations and the commitment to work together and build relationships within the cross sectors saw a decline in stunting growth in the various districts.
- Different players or sectors are not at the same level of capacity.
- There are gaps in clarity with regards to the roles of authority and responsibility of the sectors.
- Sometimes this alignment and working together of the sectors is not usually led by someone or a particular sector and we therefore find that the accountability mechanism of what was set out and achieve gets lost and becomes weak→ There is need for a strong accountability mechanism to align to one vision.
- Resource allocation

## SEYCHELLES



The Seychelles is an interesting and unique country being one of the smallest countries in Africa. It depends heavily on tourism and fisheries as their main economic pillars.

With a population of around 90,000-100,000 people, the Seychelles has ensured that there is access to some form of healthcare for all its citizens with UHC being available since the late 70's.

"I think it is very important that we set an environment, the ecosystem that will enable us to work in partnership and harmonise health care systems. If we work in isolation we will not be able to achieve it."

**Dr Danny Thomas Louange**  
Ministry of Health,  
Seychelles

The total health expenditure per capita is about 830 USD, about 70% comes from the public sector with the private sector contributing to around 30%.

However, 100% UHC can never be achieved and for Seychelles some of the challenges lie with the **quality of services, procurement of products** because of their economics of scale and **reaching out to the main continent for partnerships**.

To overcome these issues, Seychelles is:

- Working with the Regional WHO offices and headquarters in establishing initiatives to build on, improve and strengthen the health systems.
- Working with SADC, the African Union as well as partnering with individual countries.
  - Being ambassadors of pull procurement especially for the small African state islands→ The Seychelles feels that if done in the African continent rather than buying from Europe, India and China prices will be competitive and quality can be controlled. In addition, this will enhance partnerships and linkages to form within the continent allowing funds to be kept within it.
  - Working on partnerships with regards to registration of medicines and working towards a standard that registration organisations and manufactures can adhere to.

# Policy Prioritisation, Harmonisation and Collaboration in Enhancing Women's Health

The United Nations Population Fund (UNFPA) has a mission to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. This can be achieved with universal access to sexual and reproductive health and rights.

Global and national level policy prioritisation, harmonisation and collaboration amongst governments has seen real

benefits in advancing human rights for women and girls, particularly improving their sexual and reproductive health.

### The Gains Made:

- One in three women uses a modern family planning method.
- A woman's risk of dying in pregnancy or childbirth has

“We need to redouble our efforts to integrate comprehensive sexual and reproductive health into UHC policies and programmes, we have the capacity to shape and harmonise health policies, financing delivery and health protection systems to reduce inequalities, strengthen resilience and protect the rights and choices of all women and girls.”

**Ms. Beatrice Mutali**  
Deputy Regional Director,  
UNFPA, East and Southern Africa.

dropped from a one in twenty chance in her lifetime to one in fifty-five.

- Many countries have criminalised gender-based violence and outlawed child marriage and female genital mutilation.
- HIV infections have declined by 20% while AIDS related deaths have decreased by 44%.

Despite the progress made there have been several setbacks.

- The East and Southern African Region in particular, has seen.
  - The likelihood of a woman dying to pregnancy or childbirth is twice that of the global average.
  - One in three girls is still getting married by the age of 18
  - Almost one in six women continues to experience gender-based violence
  - All new HIV infections are occurring mostly in countries in this region.
- Covid-19→Has significantly altered the health financing and service delivery landscape as well as the financial

protection with regards to sexual and reproductive health. It has brought to light the various intersecting forms of inequality and altered people's health seeking behaviour.

### **How to Accelerate the Progress**

- Formulate and implement more harmonised evidence based and people centred health policies.
- Have financing, delivery and financial protection mechanisms and arrangements in place.
- Have comprehensive packages for sexual and reproductive health services in UHC policies and programmes.
- Have UHC through primary health care (PHC)→this has been endorsed by the WHO Regional Committee for Africa as well as the Global Public Health community.
- Within the UHC and PHC service packages for sexual and reproductive health and rights (SRHR) which usually does not have comprehensive information and services pertaining to SRHR, attention should be on providing the following.
  - Comprehensive sexuality education (CSE)
  - Postpartum and post abortion family planning as well as long term family planning methods.
  - Referral and treatment for emergency obstetric care as well as prevention and management of obstetric fistula.
  - Comprehensive abortion care
  - Counselling and services for sexual health and well-being including menstrual health.
  - Detection, prevention, and management of gender-based violence and other harmful practices.

By working on the above through global and national policy prioritisation and harmonisation there will be progress towards universal access to SRHR.

## General Harmonisation Challenges in Africa

The problem, each state is sovereign, so no one policy can be the mandate of any state. If any plans are made with regards to disease surveillance, early identification, reporting and control for example, it must be based around individual countries and their strengths.

So, the challenges within the African Continent:

- No harmonised policy
- No harmonised trade
- No open market

### **One State and One Common Agenda**

- Each country must have a starting point not an end point.
- Be enabled and supported by continental policies like the African Medicine Agency (AMA), common manufacturing plans and by a common Africa free trade area.
- All these policies should be centred about talking about VAT in Africa→reducing tax inefficiencies.

- Have primary discussions around regulation, common markets, sharing health workers, implementation of the International Health Regulations
- Make sure that these discussions and changes are publicly led and include the private sector as a supplementary service provider.
- Focus on equity→ For example for UHC to work we must firstly look at those that are most vulnerable and look at services like sexual reproductive health so that we can reduce teenage pregnancies, get these girls and adolescents to school which in turn will mean that in the long term they can fully participate and contribute to the African economy.
- Focus on primary health care and community health services→ look at primary care, a multi-sectoral action approach and community empowerment and engagement.
- Market shaping→ look at the African market and policies around harmonisation which will shape the market.

## Building and Maximising on Private Sector Contribution to UHC

Most Countries have a mix of public and private health systems. The private sector is very well positioned to contribute to the UHC and already provides health products, services and innovations to millions of people and communities globally and in some African countries it contributes to 60% of health-related services.

As an example, Ethiopia has seen the importance of having private sector engagement. It has become a strong priority for the country such that it has been elevated as one of the key agendas in both the national development strategy but also within the health policy and health sector strategy.

These engagements can lead to service provision, manufacturing and other areas through direct public-private partnerships and investments.

To achieve the above, policy harmonisation is vital among the sectors, especially so that there is alignment of the investment priorities with the countries frameworks, incentive packages and support systems.

With regards to regional collaborations, there is a strong commitment to establish the Africa Medicines Agency alongside other countries as well as working with the Africa CDC to build a strong regulatory system. This will be the way forward for local manufacturing of pharmaceuticals and vaccines.

The main challenge that the private sector has found is the defragmentation between the public and private sectors. To make Africa **attractive** and **efficient** we need to overcome this challenge.

What can the private sector do:

- Increase engagements with governments and communities and allow for an enabling environment which can foster new partnerships for UHC as well as helping to achieve the 2030 SDGs.

- Have a clear and harmonised regulatory process and strengthening ability where compliance can be monitored→ONE MARKET, ONE REGULATORY SYSTEM.
- Engage with governments to create an ecosystem for trade and employment.
  - For example, the Covid-19 pandemic brought to our attention the need for local manufacturing of vaccines. The private sector in collaboration with public sectors are ready to work on this whereby countries in Africa are not reliant on procurement of vaccines from abroad but rather can access affordable and available vaccines at their doorstep.
  - The private sector can help governments in training and capacity building and increasing employment.
  - Can help governments create incentives for the local supply chain.

---

“The private sector is a key player and big partner in policy harmonisation. We can provide additional pool of skills and resources, advance research and development to foster innovations and expand access and reach to quality essential and specialised health services.”

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

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# Conclusion



Policy harmonisation for the African continent is critical and can only be achieved if there is collaboration and understanding between the public and private sectors. It will allow for streamlined regulatory systems to be put in place so that more products are approved efficiently while ensuring quality within the continent. Governments will be able to embrace innovation to scale up public health, have nature and nurture of culture accountability around commitments to UHC and ensure innovation is scaled up and harnessed. It will allow the continent to ensure adequate investments for research and development are made for appropriate health products and technologies to meet the needs of the continent. We must be ONE continent with ONE common agenda.

---

“We need to overcome geopolitical competition to meet and make sure that we have a plan with a manufacturing house across the continent that is agreed to with a demand and supply plan. That is how we are going to succeed with Africa manufacturing, not every country trying to compete with each other but have a joint plan for manufacturing hubs that serve the continent with of course the enabling policy environment.”

**Dr Githinji Gitahi**  
CEO,  
Amref Health Africa

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Webinar series 2021

Towards Sustainable  
Healthcare Systems in Africa

# The future of health: Unlocking the potential of Artificial Intelligence for healthcare in Africa

**A Webinar Report**

13<sup>th</sup> May 2021

Curated by





# Background



Artificial Intelligence (AI) is defined as: “the imitation of human acumen in machines that are typically programmed to imitate human actions.” It is interdisciplinary science with numerous approaches of machine learning in the technology industry. In the recent past, AI has moved from being a futuristic promise into a reference point for innovation and is making its way out of research laboratories in Africa. Due to its potential, stakeholders and governments around the world are taking steps and collaborating to ensure responsible development and leapfrog the use of AI. There is still much to be learned from organizations that are changing health outcomes around the world, and Africa is no exception.

The technology has also started transforming healthcare with great vigor and impact. The utilization of AI in healthcare can significantly impact the work of medical practitioners in many facets of patient care, including administrative procedures. It is time to focus on how the African healthcare space can benefit from AI as well as identify sustainable building blocks for a sustainable implementation of AI on the continent.

## Event Partners

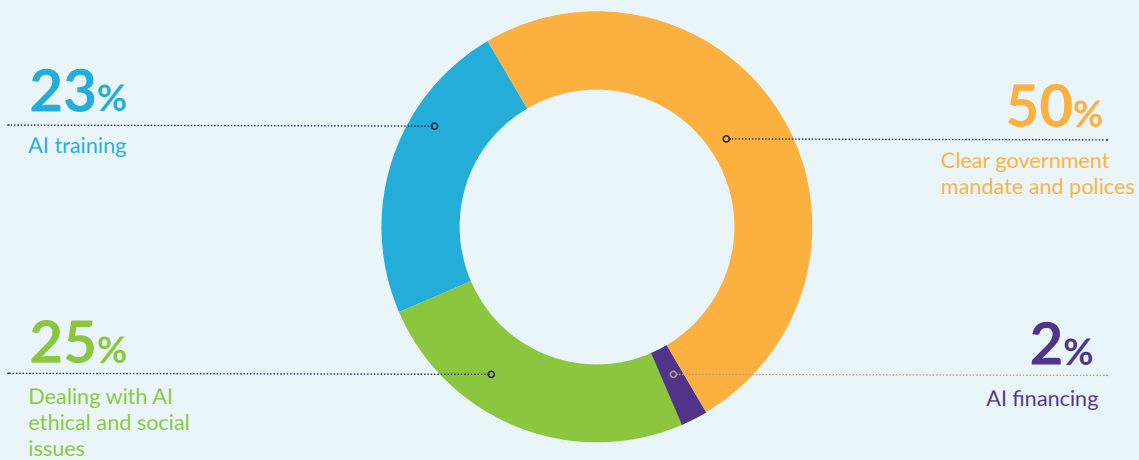


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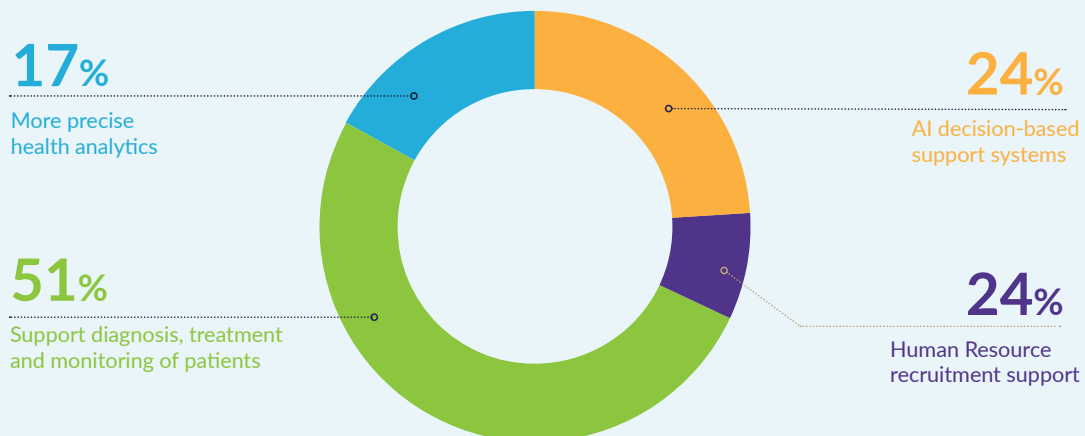
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# Poll Results

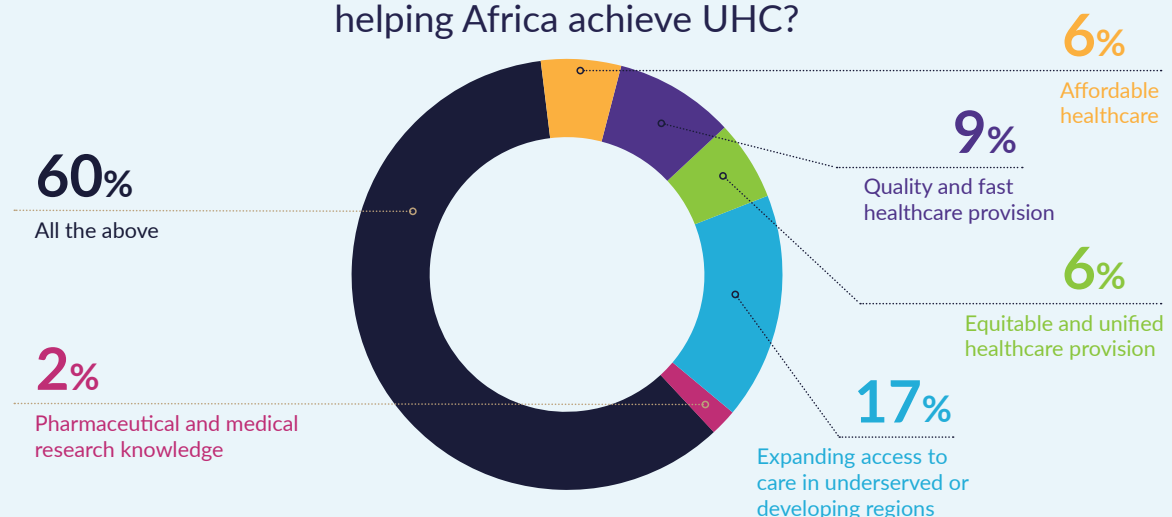
What would make Africa health systems AI ready?



In what ways could AI bridge the shortage of health workers?



What role can AI play in helping Africa achieve UHC?

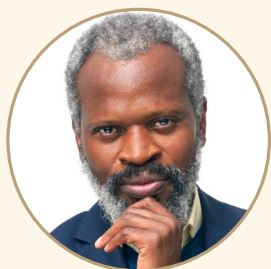




# Speakers



MODERATOR  
**Dr. Shadrack Opon**  
Project Manager,  
Africa Health Business



SPEAKER  
**Mr. John Kamara**  
Entrepreneur,  
AfyaRekod and Adalabs



SPEAKER  
**Mr. Shadrack Anyuo**  
Solution Architect Lead,  
Amazon Web Services



SPEAKER  
**Dr. Torooti Mwirigi**  
Commercial Director,  
CarePay



SPEAKER  
**Dr. Joanne R. Korir**  
General Manager, Health,  
Equity Group Foundation



SPEAKER  
**Mr. Benjamin Makai**  
Senior Manager, Technology  
for Development (T4D),  
Safaricom



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# Summary of Discussion



## AI IN HEALTH IN AFRICA.

Many organizations have started to adopt AI solutions to improve healthcare processes and outcomes. To mention a few, below are some places where AI has been adopted in the African healthcare space:

- MinoHealth AI Labs in Ghana is automating radiology by applying deep learning and an algorithm known as a convolutional neural network.
- Philips Foundation has successfully implemented AI software, developed by Delft Imaging, in 11 South African hospitals to help triage and monitor COVID-19 patients via X-ray imaging. Delft Imaging's AI-based CAD4COVID software, which complements existing COVID-19 diagnostic technologies, estimates the severity and progression of COVID-19 disease based on routinely available chest X-rays.
- In Tanzania and Zambia, Delft Institute's CAD4TB software has been used to assess the utilization of the computer-aided analysis of pulmonary tuberculosis from the chest radiographs.
- Ilara Health, in Kenya, is also offering accurate and affordable diagnostics to people in rural areas via small, AI-powered diagnostic devices incorporated through a proprietary technology policy and correspondingly distributed openly to the primary care doctors.
- Antara Health headquartered in Seattle, USA with groundwork in Africa is using AI-assisted health technology to make healthcare simple for patients and providers. XELPHA Health operating Aphyra as the sole mobile-first EMR solution that assists in the detection and optimization of specific devices and

hence facilitating active contribution and engagement amidst both patients and providers.

- Equity Bank Foundation, in Kenya, which runs programs in various sectors of the economy has a goal in health to drive access to affordable and high-quality health services. It has telemedicine services on one of its rural facilities.
- Amazon Web Services (AWS) headquartered in USA with branches in Africa has built a machine learning stack that makes machine learning capabilities to be more reachable to a greater percentage in the society. Data scientists who want to build their own models can use it. AWS also has a Medical Comprehend tool which helps medical practitioners to understand medical context with advanced text analytics, Amazon Transcribe which converts medical speech to text, Amazon text extract and lastly Amazon Recognition.

## CHALLENGES OF AI IN THE AFRICAN HEALTHCARE SPACE.

Despite the potential of AI, there are several challenges which hinder adoption in Africa.

- How to collect, clean and model the data you can trust and write algorithms that can trend themselves and make high predictions is a challenge, especially in healthcare. Africa's healthcare tends to be inconsistent, incomplete, and in other times complex. It becomes labor intensive to extract meaningful medical information therefore causing physicians burnout and a lot of cases of errors.
- The data issue is not an African problem particularly in the areas of health. The healthcare value chain is overly complex and with many interconnected

different specialties. This brings up the issue of data governance and management of the whole healthcare data framework. Africa lacks the right security mechanisms that comply with the already existing regulations. There is also inability to build right frameworks and models which allow users to open doors into available data sets without creating a room for data breach. There is need to consider how we structure the data, how we exchange the data on technology platforms and how that data gets analyzed.

- The global digital technology community finds it hard to understand the data standards agreed on and which can be used uniformly in different parts of the world. How would we therefore standardize data usage in Africa?
- There is limited AI knowledge and awareness in on the continent.
- Many digital health solutions (including AI) are expensive to integrate and adopt. They increase the initial cost of healthcare and therefore many health facilities fear or ignore to adopt them.

#### OPPORTUNITIES FOR AI IN THE AFRICAN HEALTHCARE SPACE.

- AI can make treatment more accessible and affordable through ensuring reliable health systems. This can be in form of modernizing the care infrastructure whereby customer engagement is increased to a better level, for example through using Chatbot.
- There is an opportunity to build models and algorithms which reduce things like cyber threats and increase security assurance and improve the protection patient data.
- AI can assist in surveillance and self-management at home. This will help patient with self-trials and basic treatment and ultimately improve efficiency, effectiveness, and cost reduction.
- Improving and accelerating diagnosis is another opportunity. AI can enable the usage of data to build models, learn from that data and identify hidden patterns or trends which can accelerate the rate at which healthcare facilities providing diagnosis and assist in precision and accuracy in terms of clinical decision-making. Examples are the models which can predict reoccurrence of cancer. These models can be structured in such a way that they follow specific protocols and procedures to diagnose specific conditions. This can be one way of standardizing healthcare systems.
- Stakeholders who are involved in the policy within the healthcare industry can have more data driven decision making processes powered by AI or machine

learning algorithms and this can help in managing population health by the anticipation on predictive analysis and data.

- AI can be used to analyze people's behavior patterns and match medical related products with people's interests.

#### AI AND THE COVID-19 PANDEMIC.

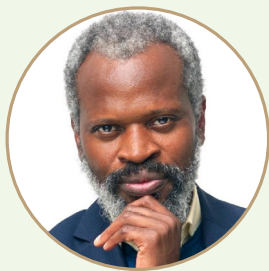
The COVID-19 pandemic has forced healthcare sector across the continent to react abruptly. This has brought an increased need for solutions to diagnose and monitor COVID-19. Adopting new and alternative technologies should become an essential part of reducing resource limitations and decreasing the spread of existing and new virus strains.

AI can, and should, be used to **detect, monitor, prevent, inform, and respond** to COVID-19 pandemic.

#### ESSENTIAL BUILDING BLOCKS FOR A SUSTAINABLE IMPLEMENTATION AI IN AFRICA'S HEALTHCARE SPACE.

To leverage the opportunities for AI in healthcare in Africa, there is need to address the main building blocks that are essential to delivering a sustainable AI solutions.

- A proper digital infrastructure to store data and develop a strong data culture within health facilities that value data collection, understanding and makes tools and resources accessible to clinicians to capture and report quality data.
- Suitable regulations and standards for AI and data sciences need to be put in place. This will enable regulators to examine AI applications within health before their deployment.
- Africa also needs to consider adoption of local solutions by comprehending and finding suitable solutions to promote self-reliance and assisting in cultivating the local ecosystem.
- There is a need for more targeted funding for the AI health start-ups in Africa that links entrepreneurs with corresponding financiers and reduces the risk for private investors.
- To harness AI in an ethical, inclusive, and non-biased way, institutions responsible for managing data sets need have the right mechanisms and the right technology to differentiate the roles of every actor within the organization and determine what level of depth to reach when it comes to accessibility of data. They also need to have an audit trail to show who accessed what, at what time and for what purpose.
- There is no AI without the right data source and experts need to get it right when curating data. Data needs to be clean and structured to allow learning.



“Africa has an opportunity to leapfrog the world with AI in healthcare because one of the things we produce so well is data. Africa has little jurisdiction and over compliance problems as compared to other parts of the world, problems which sometimes stifle innovations.”

**Mr. John Kamara**



“When we talk about digital health and its position in making healthcare services more sustainable, we have to look at it in terms of the benefits for the whole tripartite pyramid, including the provider, payer and patient.”

**Dr. Joanne R. Korir**

“Instead of looking at what degree we trust machines, we can look at the value we derive from those new capabilities of enhancing lives.”

**Mr. Shadrack Anyuo**



“Education, agriculture, and health are the pockets of future in the present.”

**Mr. Benjamin Makai**

“AI is not likely to replace physicians even in the developed countries, especially because of the need for human elements such as empathy in treatment. But physicians who use AI will replace those who do not. This is a futuristic reality we all have to start thinking about.”

**Dr. Shadrack Opon**



“AI cannot be viewed as end and all: It cannot solve everything. We need to understand the areas where we can implement AI and the different models to put in so that we can measure outcomes and get to see the impact in the future. We should not see AI as a magic bullet but as an important aspect of technology that will be able to quickly improve healthcare delivery.”

**Dr. Torooti Mwirigi**

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# NCDs: An urgent call for primary healthcare system strengthening in Sub-Saharan Africa

## A Webinar Report

21<sup>st</sup> October 2021

Curated by



**AHB**  
AFRICA HEALTH BUSINESS

## Speakers



MODERATOR

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Head of Africa Bureau,  
MERCK Group and Chair of the  
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SPEAKER

**Dr. Jacqueline Kitulu**

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SPEAKER

**Mr. Arpit Bansal**

Director Sub Saharan Africa,  
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SPEAKER

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Head of Strategy, Partnerships  
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SPEAKER

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Partner,  
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SPEAKER

**Mr. Vinay Ransiwal**

Vice President & General Manager,  
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## Event Partners



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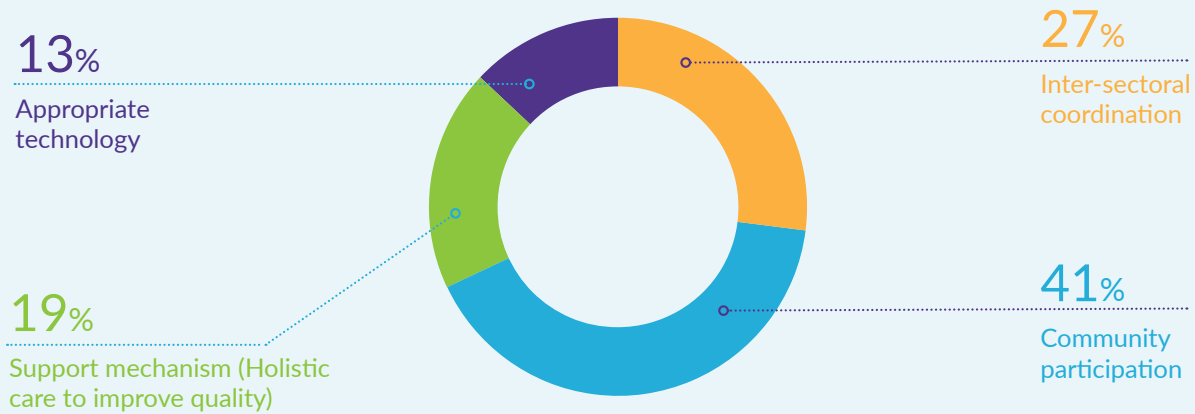
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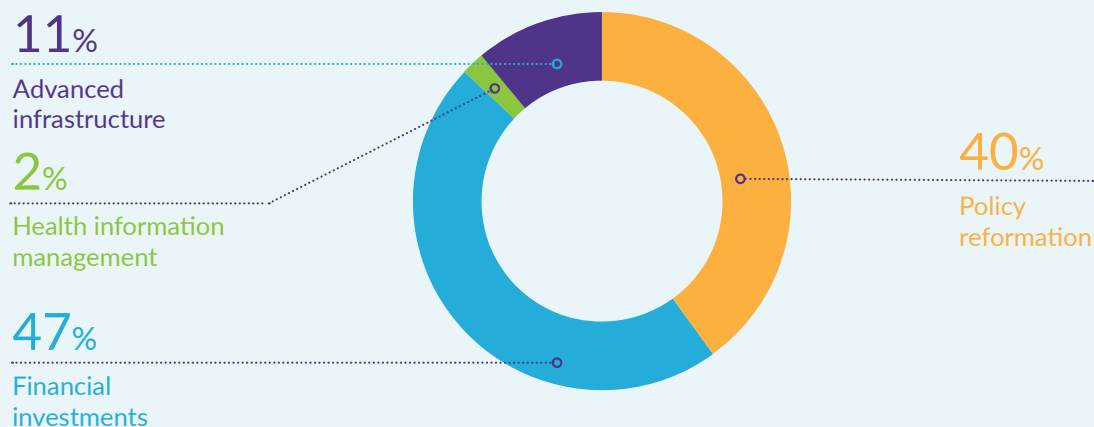
# Poll Results

During the webinar, we ran polls on the topic to gather opinions, insights and feedback from our attendees.

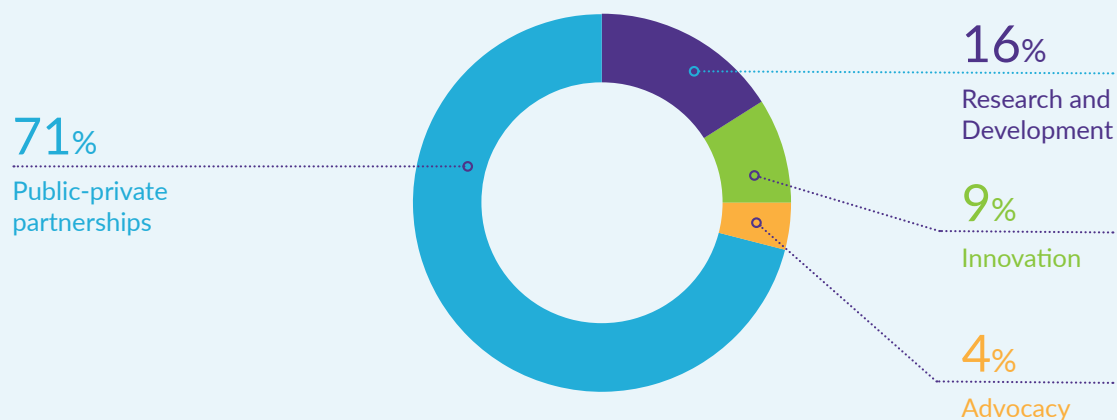
Which of the 4 main pillars of primary health care is the best in terms of tackling NCDs in Sub-Saharan Africa?



Generally, what is most needed to strengthen primary health care systems in Africa?



Where can the private sector's support be most valuable towards strengthening primary health care systems in Sub-Saharan Africa?



# Background

The AHBS series are established to connect leaders in the healthcare industry, share knowledge and lessons learnt and inspire further growth and development in the African healthcare space. The AHBS 2021 webinar series, addressed various issues such as COVID-19, immunization, healthcare financing, partnerships, Ministry of Health insights and Non-Communicable Diseases (NCDs).

The movement towards Universal Health Coverage (UHC) is currently one of the most prominent global health priorities. According to the United Nation's Sustainable Development Goals (SDGs), all member states have signed an agreement committing to achieve UHC by the year 2030. Emphasis should be placed on the role of primary healthcare in

supporting the attainment of UHC. The goal is to integrate the needs of patients into a framework that organises and delivers quality and cost-effective health care to all.

“Optimally, primary health care systems should only be used to serve the right patients at the right time, the right place by the right healthcare worker and at the right cost”.

**Dr. Anuschka Coovadia**

## Clinical experience on NCDs

Primary healthcare spans various health issues affecting the upper, middle, and lower classes of the society. To strengthen primary healthcare systems, it is crucial to invest in public health education, especially regarding NCDs which are easily preventable. Additionally, it is key to reconsider the cost of monitoring and screening NCDs, cost of medication, and systems and policies which have been put in place to support patients. These and other factors within the primary healthcare setting should be the focal point of discussions geared towards the achievement of UHC for African countries. Below are three case studies reported in Kenya, demonstrating the situation and status of NCDs in Africa.

### Case study 1:

An 80-year-old man who is a retired businessman and has been a patient of severe high blood pressure for the about 20 years. At an early age of 16 years, he started smoking and later graduated into a heavy smoker smoking between a pack to a pack and a half every day. Most the discussion with his clinician was focused on the complications caused by smoking on hypertension. Unfortunately, he refused to discuss his smoking habits and said that he was not willing to quit. About 5 years ago, he was diagnosed with Chronic Obstructive Pulmonary Disease (COPD) characterised by difficulty in breathing which eventually forced him to quit smoking.

### Case study 2:

A 40-year-old man who is a married security guard with no health insurance. He has a history of severe fatigue, loss of weight, and general frequent illness symptoms. Basic examination by his physician revealed that he was diabetic even though he had no family history of diabetes. By the nature of his job and being his family's main breadwinner, he cannot afford the proper care, testing, treatment, and monitoring of diabetes.

### Case study 3:

A 14-year-old girl who visits a hospital for a routine check-up as part of the requirements for joining high school in Kenya. Until then, she had no significant medical history but has a family member who was diabetic hypertensive. Basic tests revealed that she has a blood sugar level of was 25 mm/l. She informs her doctor that she has been having a challenge of eating constantly yet not gaining weight as a result. This proved that she is diabetic. Proper primary healthcare protocol requires that a young patient is cared for by a paediatric diabetologist for sufficient management and monitoring of her diabetic condition.



# The role of the private sector in health systems strengthening

The World Health Organisation (WHO) prioritises prevention and control of NCDs as an urgent development issue essential to achieving the SDGs by 2030. There is a rising burden of NCDs in Africa as illustrated below:

- 41M people die or become ill each year from NCDs
- 16M people die before the age of 70 years from NCDs
- 82% of NCDs deaths are caused by diabetes, cancer, heart disease, and chronic respiratory diseases
- US\$ 47T of income will be lost by 2030 due to NCDs

Evidently, the NCD burden is disproportionately high in low- and middle-income countries (LMICs) which account for:

- 77% of all NCDs deaths
- 85% of deaths in people aged under 70 years
- 96% of the global asthma-related deaths
- 84% of disability-adjusted life-years

Spotlight company: AstraZeneca's health system strengthening initiative in asthma care

AstraZeneca is an innovation-led, patient-focused biopharmaceutical company with science at the centre and a portfolio focused on three main therapy areas namely oncology, CVRM, respiratory, and immunology. The company's strategy towards increasing access to health care revolves around making medicines available and affordably,

supporting sustainable health system infrastructure, and promoting disease awareness and prevention. The achievement of these goals is being implemented through programmes whose core objective is to prevent NCDs. These programmes include:

- PUMUA Access Initiative Africa (redefining asthma care in Africa).
- Young Health programme which has seen more than 3 million young people and trained more than 50,000 young peer educators since 2010.
- Health Heart Africa through which more than 13.5 million screenings have been conducted and more than 2.4 million people have been identified to be living with high blood pressure.
- Dunga Beach Respiratory Initiative Kenya.

These programmes also include an aspect of training healthcare workers as well as monitoring of patients.

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“Both the private and the public sector have to be involved in improving primary healthcare in Africa”

**Dr. Jacqueline Kitulu.**

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## Point of Care Testing (POCT): The mainstream of providing quality healthcare in Africa

POCT is a means by which clinical parameters of a patient are taken for assessment wherever they are. POCT centres should only provide testing services but also connect patients to the care they need, and the data collected kept for monitoring purposes. The main objective is to be present wherever the patient is and perform testing services in a rapid manner to provide prompt clinical decisions which in turn improve clinical outcomes. Some of the challenges experienced in clinical practice settings are limited screenings done and lack of awareness programs provided to vulnerable populations. It is therefore important to utilise the existing primary healthcare networks at community level to address issues such as awareness and screening and translate it into longitudinal patient management capabilities. This ensures that there is sufficient data available to providers that they can use to make clear clinical decisions about their patients.

Another major challenge facing the operation of POCT is access by patients especially those living in remote areas. As an objective of UHC to provide quality healthcare to all populations, it is critical to remove barriers such as this through innovative technological infrastructure. Notably, many patients are forced to travel long distances to get simple services such as blood glucose check. Therefore, health facilities at the community level should be well equipped with the quality, affordable and functional POCT infrastructure. This initiative can be best accomplished through public private partnerships (PPP) between Ministries of Health and private stakeholders in the industry. For example, companies such as Medtronic Labs and Novo Nordisk have partnered to facilitate testing kits through the support of existing community health volunteers (CHVs) serving the lowest levels of the primary healthcare system.

# Challenges regarding the double disease burden and primary healthcare systems in Africa

The COVID-19 pandemic has shown the significance of strong primary health systems built through government interventions towards developing and maintaining robust public health infrastructure. Consequently, proper primary healthcare cannot be fully supported by segmented systems which are currently strongly embedded in most African countries. In low-income countries, there is limited resources and therefore a call to optimise the use of every available resource to improve primary health care to the underserved populations. The following phases should be used in the provision of quality primary health care:

- Typically, the largest number of patients should be seen at a very early stage of the clinical continuum of care to allow intervention at community level to prevent the onset of NCDs and prevent the progression to complexity.
- Managing diseases in digital platforms where we streamline, channel, screen, engage, and connect with individuals before the onset or at the very early stages of NCDs or when they require channelling into the various levels in the healthcare system.
- Manage patients on outpatient basis to ensure they are attended to at chronic clinics rather than emergency rooms. Afterwards, we should start investing in very complex and expensive levels of care as we move

towards casualty, hospital admissions, and critical care services. At this point in the healthcare system, we are using specialist services and high-end resources. This therefore calls for certainty that the right level of channelling and referral has been made to ensure that only the right kind of patient is treated at these higher levels of care.

## Key challenges

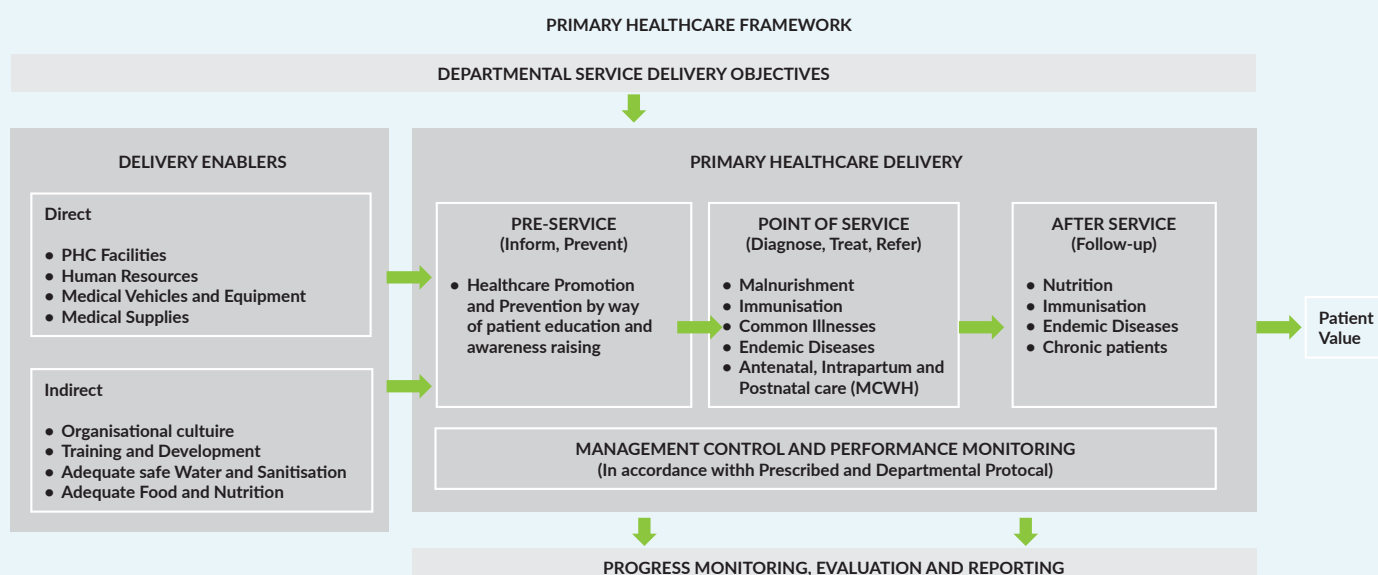
- Patients access a range of facilities, in both private and public sector.
- Lack of an effective gate-keeper function, communication, and adequate referral pathways, between the levels of care.
- Patients have limited support or guidance along the path of care.
- Patients with complex conditions are particularly at risk of death and complications.

## Solutions

- Prevention and promotion across both in the public and private sector.
- Community-based & home-based services where patients become partners.
- Population and patient segmentation and stratification.
- Centralised and localised clinical services.
- Clinical pathways supported by evidence-based medicine.
- Invest in workforce development, training, and motivation.
- Build healthcare ecosystems with the hospital as the hub.

“Primary health care is the way and the bedrock for implementation on SDG 3”.

**Dr. Bernard Haufiku.**



# Private sector perspective on improving NCDs care in Africa

Since the invention of insulin 100 years ago, life expectancy for people with diabetes increased significantly. However, there are still about 19 million adults with diabetes in Africa and 3 out of 5 are unaware that they are living with diabetes. There are key areas in which the private sector can work together in developing and managing programs aimed at improving access to quality healthcare. These programs will go a long way in addressing the major barriers of primary healthcare provision in society. Some of these barriers include capacity, affordability, fragmented supply chains, empowerment, and awareness. For example, the iCare (I-individual, C-capacity, A-Affordability, R-Reach, E-Empowerment) program by NovoNordisk is committed to defeating diabetes by accelerating prevention to bend the curve hence providing access to affordable care to vulnerable patients in reached countries as well as innovating to improve lives.

In most cases, children in low-resource countries are being left out of the diabetes analysis and assessment. Programs specifically for children should be developed to ensure that they too receive the care and treatment they deserve. It is important to bridge the existing healthcare professionals' knowledge gap through capacity building initiatives. Notable initiatives being implanted by Novo Nordisk include DiabAfrica, virtual BDI, Lead Africa, and Sub-Speciality Training. Ultimately, the private sector can accelerate improvement in NCDs care through public private partnerships, adopting holistic approach, and driving sustainable solutions.



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Webinar series 2021

Towards Sustainable  
Healthcare Systems in Africa

# The power of partnerships: Development partners' value creation in the healthcare sector

**A Webinar Report**

24<sup>th</sup> June 2021

Curated by



**AHB**  
AFRICA HEALTH BUSINESS



# Speakers



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Managing Director,  
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Head - International Policy,  
Sanofi Pasteur



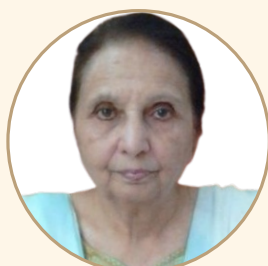
SPEAKER  
**Dr. Karim Bendhaou**  
Head of Africa Bureau,  
Merck Group & Chair of the Africa  
Committee IFPMA



SPEAKER  
**Mr. Ian Wakefield**  
General Manager,  
BD Africa



SPEAKER  
**Ms. Emily-Blynn**  
Innovation Advisor,  
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SPEAKER  
**Mrs. Ishrat Z. Husain**  
Senior Health Advisor,  
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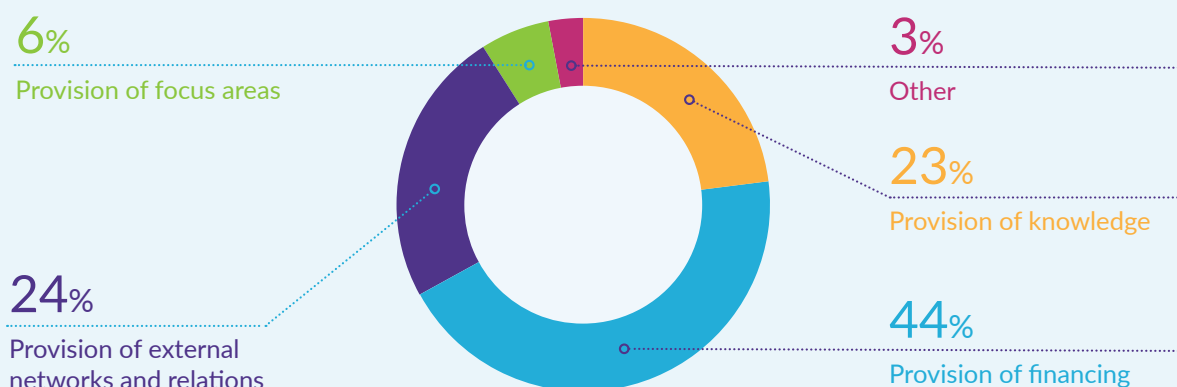
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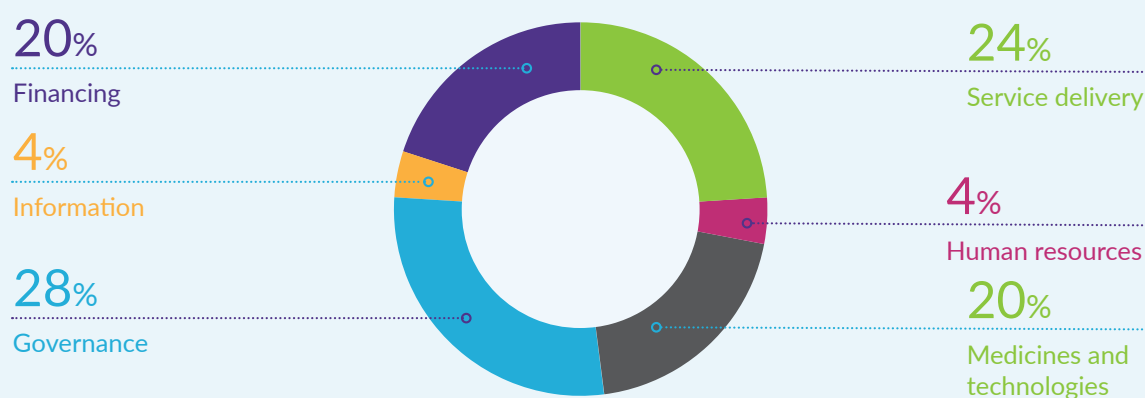
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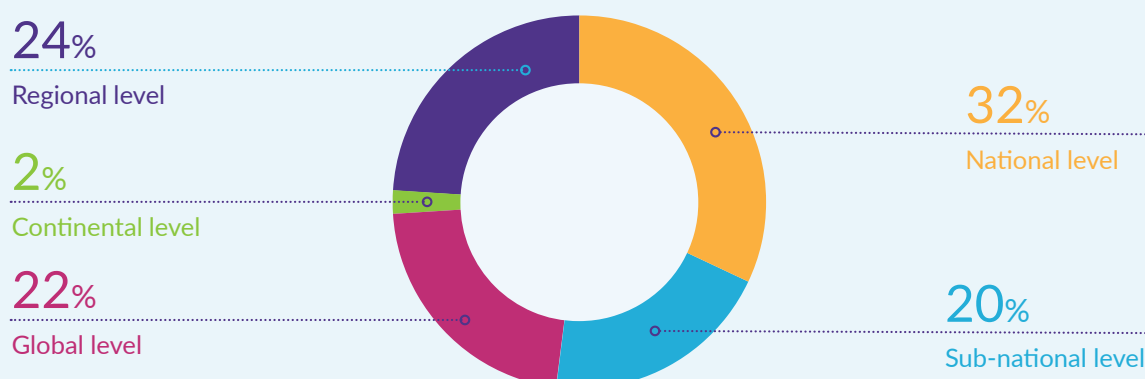
In what way do development partners add most value into the development of Africa's healthcare sector?



Which of the below sub-sectors in the African healthcare space would lend itself best to spearhead improved health outcomes under the auspices of a PPP?



At which level do you believe partnerships in health in Africa would be most effective and achieve most impact?



# Background

Africa Health Business (AHB) values partnerships and works with and for a wide variety of stakeholders in Africa's healthcare space. AHB adheres to the philosophy: "If you want to go fast you go alone, but if you want to go far you go together". AHB is at the forefront of fostering partnerships that support an enabling environment for all stakeholders to deliver quality, affordable, accessible, and equitable healthcare for all in Africa.

AHB facilitates the identification of obstacles and development of solutions by convening stakeholders across healthcare systems. It focuses on strengthening health systems by advising on policymaking, structuring accountability mechanisms, identifying system bottlenecks, planning process flows from grassroots to national levels and capacity building.

## PARTNERSHIPS IN HEALTH IN AFRICA: CHALLENGES AND SOLUTIONS

There are a lot of challenges facing partnerships, and in particular public-private partnerships (PPPs) in Africa's healthcare space. In most cases, donor and government interests are not aligned and this brings about multiplicity of donor interests. Generally, there is a lack of a holistic view of what is happening in terms of different partnerships and available resources and some partners may tend to go to government subnational levels instead of the national level for engagements.

Most governments in Africa are overdependent on donor funding and this creates a challenge in terms of ownership at the local level and towards sustaining health programs after the donor funding period. The level of engagement can be skewed to one side, and this brings about issues like lack of knowledge transfer and ownership of programs. Engaging the private sector can also be difficult because of its fragmented nature.


To help mitigate challenges, actors need to jointly plan programs for a common understanding to align and tap into areas of interests for a win-win situation for all. For sustainable programs, there is need for enough investment from the start and government buy-in (ownership). Donor funded projects and programs should be designed to utilise the existing income tree structures.

There needs to be commitment to the measures and agreements put in place by all partnership actors.

In Ghana, the Ministry of Health has prioritised and institutionalised some of the partnership engagements and processes.

- It has a Common Management Arrangement (CMA) that establishes the collaborative and coordination arrangements, and it also includes the interrelationships, roles, and responsibilities.
- It also has a health sector working group forum, which provides a platform for effective engagement between the ministry and its partners around policy dialogue.
- There is an inter-agency coordinating committee, a multiparty committee that provides the forum for the ministry to facilitate discussion on technical issues related to certain diseases and systematic areas.
- There is also an annual summit which brings together all our partners to discuss sector performance as well as agreed sector priorities.

"Nothing can happen if you want to do it by yourself, especially in health. I strongly believe that there is need to put diplomacy of health in place."

 Dr. Karim Bendhaou

- The aid memorandum is a product of the annual summit which outlines the key decisions that have been made. This document is co-signed by government and development partners and is critically monitored to ensure that those decisions are implemented during the year.
- Ghana also jointly undertakes monitoring activities with development partners to access implementation of its programs.

When trying to partner with local governments, it is good to start at the national level. This makes it easier to roll out to the subnational level as there is need for a commitment at the national level for the success of partnerships. When aiming to work with the public sector, focus on the impact that can be made in terms of number of lives saved and overall improvement of health outcomes.

Systems for comprehensive tracking of partnerships should be put in place both at national and sub-national levels and governments should continue to advocate for a unified voice of the private health sector.

## EXAMPLES OF PARTNERSHIPS IN HEALTH IN AFRICA

- **Global Polio Eradication Initiative (GPEI)** - Sanofi Pasteur has been the World Health Organization's (WHO's) number one partner for polio eradication since 1982. It is the primary supplier of Immunization Polio Vaccine (IPV) and in the past 10 years, it has delivered one billion doses of the Oral Polio Vaccine (OPV).
- **Sanofi Pasteur and Biovac Institute**– The aim of the partnership is to develop unique local vaccine manufacturing capacities in Africa. This relationship has been in existence for two decades. The ambition of this partnership is to enable Biovac to become a fully-fledged local vaccine manufacturer and supplier.

The mandate of the partnership is to:

- Secure vaccine supply through local manufacturing development.
- Achieve optimum protection for the population against vaccine preventable diseases.
- Execute the production operation.
- Continuously support transfer of technology by Sanofi Pasteur.
- Increase and sustain local manufacturing capabilities.
- Continuously look for new opportunities of elevating partnership.
- **Labs for Life** is a response to weak laboratory infrastructure systems across Africa. It is a PPP between CDC, PEPFAR, Becton, Dickinson, BD, and Ministries of Health in select developing countries (Kenya, Ethiopia, Uganda, Mozambique, India, Rwanda, and Haiti). The aim is to strengthen healthcare and laboratory systems. PEPFAR has been providing funding and support in managing the distribution of essential lab supplies.
  - BD has deployed 75 staff members from its global workforce to personally mentor lab personnel in each of the partner countries.

“Partnerships are ultimately about bringing together key players and recognising that only jointly we can do more. Each partner brings unique strengths to the table that makes it possible to achieve more together than any partner could do alone.”

Ian Wakefield

- The CDC provides lab-specific expertise e.g. training and technical support in identifying and preventing disease, monitoring patients and training healthcare workers (HCWs).
- Health ministries are key to implementing the partnership and ensuring that initial success is sustainable. The engagement has been specific to the local context.
- In Ethiopia, the aim is to standardise and streamline movement of TB specimens from clinics to laboratories, increasing timely access to treatment.
- In Kenya, the Ministry of Health has asked for help to improve safety and quality of blood draws (phlebotomy).
- In Uganda, the aim is to strengthen the transport system of TB specimens and train healthcare workers to accurately diagnose TB so patients can start treatment.
- In Mozambique, the Ministry of Health has asked for help to establish a national laboratory quality assurance (NLQA) program with standardised steps to improve lab quality.
- **Project Last Mile (PLM)** is a partnership that leverages private sector expertise and the business intelligence of the Coca Cola supply chain system to improve access to life-saving medicines through supply chain and strategic marketing support throughout the African continent. The actors are USAID, the Coca-Cola Company, Coca-Cola Foundation, the Bill and Melinda Gates Foundation, the Global Fund, and the Foreign Commonwealth and Development Office (FCDO). PLM enables local manufacturing of supplies and equipment required for the COVID-19 response, including masks, mask filters, nasal swabs, and ventilator filters in South Africa. PLM selected six South African manufacturers to support, and who in six months have produced over two million units of Personal Protective Equipment (PPE).

“The only solution to current and long-term health problems is partnerships.”

**Mrs. Ishrat Z. Husain**

- **PPE and sanitiser manufacturing in Ghana.** USAID and the FCDO partnered with the Total Family Health Organization (TFHO) in Ghana to scale up local manufacturing of PPE and sanitisers in the wake of COVID-19. The partners supported a large garment manufacturer through infrastructure improvement, product development, market analysis and strategy, to scale the production of PPEs to one million units per month significantly increase the production of litres of sanitizer liquid.
- **Open Doors Africa Private Healthcare Initiative (ODAPHI)** is investing to stabilise clinics during COVID-19. The actors of the initiative are the Rockefeller Foundation, Skoll Foundation, the MCJ AMELIOR Foundation, USAID, DFC, Medical Credit Fund and US Presidents Malaria Initiative. During the pandemic, private facilities have experienced a staggering revenue drop of 40% combined with stricter lending criteria for SMEs. The ODAPHI partnership enables access to capital loans for private clinics in Ghana, Kenya, Nigeria, Tanzania, and Uganda. The average loan taken up is USD 17,000 per health facility, enabling them to continue providing essential health services during the COVID-19 pandemic.
- **Individual perspective on the power of partnerships**  
“The power of partnerships is the key and important. Up to now we have managed to treat more than 300 million children and donated more than 1 billion tablets in the quest to conquer the chicken pox disease in Africa. Without the support of local NGOs and FBOs and WHO this could not have happened.” **Dr. Karim Bendhaou, Head of Africa Bureau, Merck Group & Chair of the Africa Committee IFPMA**

“We are not public or private people; in the end, we are all human beings.”

**Mrs. Marloes Kibacha**

## Health Diplomacy

Global health diplomacy focuses on globalisation. It can help promote social justice, peace and stability and should be a mechanism to avoid conflict, as well as to ensure solidarity and multilateral coordination. Health diplomacy can be an opportunity to ensure equality in vaccine administration.

### USAID APPROACH TO PRIVATE SECTOR ENGAGEMENT AND SELECTION CRITERIA FOR CREDIBLE PRIVATE SECTOR PARTNERS

USAID has developed an approach for private sector engagement which promotes enterprise-based development and market-driven solutions. It usually gauges the following questions when engaging private sector actors:

- Can the private sector solve this problem by itself?
- Could there be a market-based approach to addressing this challenge?
- What are the roles and interests of the private sector in addressing this challenge?
- Are there factors constraining the private sector from involvement and investment?
- Is there a role for USAID to help alleviate or eliminate these constraints?

These questions can be used as a guideline, not only for USAID engagements but also with other development partners. For credibility purposes, private sector actors need to ensure:

- Scale, Sustainability, and reach
- Ability to influence policy.
- Innovation, expertise, and capabilities
- Flexibility and pace
- Efficiency and effectiveness





# AHB

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