AHBS
Africa Health Business Symposium

CONFERENCE REPORT 2018

Curated by:

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AFRICA HEALTH BUSINESS

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

Achieving UHC in Africa:
Stronger Together

DATE: 08 - 09 OCTOBER 2018 | VENUE: JOHANNESBURG, SOUTH AFRICA

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Testimonials

"The diversity of this symposium, not only in the area country representation, but also of the types of organizations, is very impressive and quite unusual"

>> ***Jonathan Broomberg*** *(Discovery Health)*

"The conference was a wonderful networking and learning opportunity. Cudos to you AHB team for putting together a thought-provoking program and very insightful panels of experts."

>> ***Daniella Munene*** *(Director, Kenya Healthcare Federation)*

"Thank you sincerely. This was an amazing event. Thanks to all of you for the professional coordination and management of the entire event."

>> ***Prof. Morgan Chetty*** *(Chairman, IPAF and KZNDHC)*

"Congratulations on a very well-run event and thanks for the excellent hospitality. We look forward to staying in touch."

>> ***Nicola Villa*** *(Senior Vice-president, Government and Development, Mastercard)*

"It was an absolute pleasure working with the AHB team. The team did a phenomenal job at hosting a very professional symposium with the key stakeholders on the continent. Well done! We look forward to AHBS IV in Ethiopia."

>> ***Joy-Mare de Wet*** *(Solutions Manager, Broadreach)*

"Thank you to AHB for organizing another brilliant action-oriented gathering. AHBSIII was well balanced with thought-provoking discussions coupled with diverse audience giving great perspectives to advance to UHC on the African continent."

>> ***Belinda Ngongo*** *(Senior Technical Advisor, Medtronic Foundation)*

"That was a very well-thought out and planned session (..), Very well done..."

>> ***Vishal Brijlal*** *(Advisor to the Minister of Health - South Africa, Department of Health)*

"It was indeed a great opportunity to have been a part of AHBS III with wonderful takeaways. Our sincere appreciation to the whole team for organizing such a glittering event."

>> ***Vijay Raghavan*** *(General Manager, Techmed Healthcare)*

"It was an honor to participate in this. I thoroughly enjoyed the conference and learnt a lot. I am the new Oil, with the information I got to learn."

>> ***Zola Mtshiya*** *(Head of Stakeholder Relations, Board of Healthcare Funders)*

"Well done for bringing together critical players in the healthcare industry across the continent, to learn from each other and forge the way forward as one. We look forward to AHBS IV."

>> ***Watau Gaita*** *(Solutions Manager-East Africa, Broadreach)*

"Well done to the entire team for producing an excellent event (...)"

>> ***Steven Baard*** *(Managing Director, Ottobock South Africa)*

"Thank you so much for giving me an opportunity to be part of your event. You have an incredible team and they put on a truly fantastic event. I made some good contacts and I'm very grateful I had the opportunity to join. I look forward to more AHB events in the future."

>> ***Philippa Mbonye-Kateera*** *(CEO, Nakasero Hospital)*

VIPS & SPEAKERS

H. E. Amira ElFadil
Commissioner of Social Affairs;
African Union

Dr. Takao Toda
Vice President, Human Security and Global Health; JICA

Hon. Dr. Aaron Motsoaledi
Minister of Health;
South Africa

Hon. Dr. Silvia Lutucuta
Minister of Health;
Angola

Hon. Dr. Bernard Haufiku
Minister of Health;
Namibia

Hon. Dr. Wilhelmina Jallah
Minister of Health;
Liberia

Dr. Iqbal Survé
Executive Chairman;
The Sekunjalo Group

Ms Malebona Precious
DG; Department of Health,
South Africa

Dr. Jonathan Broomberg
CEO; Discovery Health

Dr. David Luu
Co-founder;
Equally Healthcare Group

Stavros Nicolaou
Senior Executive Strategic Trade; Aspen Pharmacare

Samba Bathily
Founder; Africa Development Solutions (ADS)

Dr. Iain Barton
Healthcare Strategy Executive;
Imperial Logistics

Dr. Samuel Annor
CEO; NHIA Ghana

Dr. Amit N. Thakker
Chairman; Africa Health Business

Farid Fezoua
President and CEO;
GE Healthcare Africa

Dr. Pape Gaye
President & CEO;
IntraHealth International

Dr. Karl A. Stroetmann
DG; Planning, Health Financing and Information System - Ministry of Health in Rwanda

Dr. Kate Tulenko
CEO; Corvus Health

Dr. Ademola Olajide
Representative for Kenya;
UNFPA

Dr. Richardson Ajayi
CEO; Bridge Clinic

Cheickna Toure
Health Financing
Technical Lead; R4D

Prof. Morgan M. Chetty
Chairman; IPA Foundation
& CEO - KZNDHC

Dr. Frasia Karua
General Manager;
Amref Enterprises

Fanie Hendriksz
Managing Director;
Right ePharmacy

VIPS & SPEAKERS

Dr. Freddy Kgongwana
CEO; Dr. George Mukhari Academic Hospital

Dr. Mohamed El Sahili
CEO; Medland Health Services

Dr. Samuel Mwenda
General Secretary; CHAK

Dr. Babatunde Omilola
Manager Public Health, Security and Nutrition; AfDB

Dr. Sa'ad Oladimeji
Director General; Hospitals Management Bureau

Adam Lane
Senior Director Public Affairs; Huawei Southern Africa

Alexandre Liege
Vertical Head Global Public Health; Mastercard

Moses Kuria
Financial Director; CarePay

Dr. Parfait Uwaliraye
DG Planning, Health Financing and Information System; MOH Rwanda

Sibusiso Hlatjwako
Director Public Affairs for the Africa Region; GHS

Iraneus Ogu
Director; Insilico Medicine Inc.

Scott Princen
Manager Payor Provider Africa; IQVIA

Biju Mohandas
Head of Health and Education Sub-Saharan Africa; IFC

Dr. Sanele Madela
Founder and CEO; Expectra Health Solutions

Zola Mtshiya
Head Stakeholder Relations & Communication; BHF

Dr. Gilbert Buckle
Chairman; Healthcare Federation of Ghana

Dr. Patricia Odero
Regional Director Africa; Duke Global Health Innovation Center & Innovations in Healthcare

Ada Mwangola
Director; Kenya Vision 2030

Soraya Ramul
Director; Novo Nordisk

Nicola Villa
Senior Vice President; MasterCard

Dr. Karl A. Stroetmann
Senior Research Associate; Empirica

OPENING CEREMONY

SPEAKERS:

Prof. Morgan Chetty (Chairman IPAF & CEO KZNDHC), Dr. Amit N. Thakker (Chairman, Africa Health Business), H.E. Amira Elfadil (Commissioner for Social Affairs; AU), Hon. Dr. Aaron Motsoaledi (Minister of Health, South Africa)

PROF. MORGAN CHETTY – Chairman IPAF & CEO KZNDHC

South Africa:

- A land of extremes with a burgeoning middle class of consumers, providing rich opportunities, but also a vast pool of unemployed and poor, creating a sharply divided market.
- Has a small segment of the population who can enjoy access to what can be described as first world healthcare. However the majority has poor to no access to basic healthcare.
- Invests "huge amounts of money on few people".
- A country with a divide between the private and public health sectors. Although a small number of the population use a combination of both sectors.
- Stark inequalities which translate into a huge burden of premature mortality and marked health inequalities.
- Phase of Healthcare reform and re-engineering healthcare delivery.

SPEAKERS

DR. AMIT N. THAKKER
Chairman; Africa Health Business

H.E. AMIRA ELFADIL
Commissioner for Social Affairs; AU

HON. DR. AARON MOTSOALEDI
Minister of Health South Africa

> ***"No single textbook of medicine describes different protocols of treatment of any disease for "those who can afford" and for "those who cannot afford".***
> *- Hon Aaron Motsoaledi*

"In Africa there are now 17 countries with private health sector umbrella bodies and 14 others are in the formation process."

- Dr Amit N Thakker

"The health business strategy can contribute to robust health ecosystems. When public and private sector partner, there is shared value creation that can maximize the investment for each party."

- H.E. Amira Elfadil

Overall key points:

- Progress to UHC involves a range of complex technical challenges. Moving towards UHC is a political process that needs negotiation and working with different stakeholders in the Healthcare space. Included here are the patients and people who will utilize these services.
- Some of the complex challenges Africa encounters when it comes to implementing UHC:
    - o Impact of poverty
    - o The challenges around healthcare funding
    - o The impact of Infectious disease epidemics and the tsunami of NCDs. In SA we have a quadruple burden of disease if we add maternal and childhood mortality and the impact of violence and crime.
    - o The poor access to skilled Healthcare personnel.
    - o The poor access to affordable and essential basic medication and equipment
- The AU Agenda 2063 is a strategic framework for the socio-economic transformation of the continent by 2063, as well as the SDGs that aim at healthy lives and well being for all by 2063.
    - o Barriers to achieve these goals: Poor regulation of pharmaceuticals and the fact that Africa imports the majority of its medicines.
    - o Barriers can be overcome by introducing policy developments that protect local markets that produce essential products, improvement of standards and regulatory harmonization through the African Medical Agency (AMA).
- South Africa has a strong private sector, but it only covers 18% of the population, while 82% seeks care in public health facilities.
    - o Private sector takes up 4.5% of the GDP and serves 18% of the population
    - o Public sector takes up 4.2% of the GDP and serves 82% of the population
- The recently introduced National Health Insurance (NHI) in South Africa is defined as follows:
    A healthcare financing system that pools funds to provide access to quality health services for ALL South Africans based on their health needs and irrespective of their socio-economic status.

o NHI will focus on reorganizing the current South African healthcare system both in the public and private sector.

360 DEGREE PERSPECTIVE OF UHC IN AFRICA

SPEAKERS:

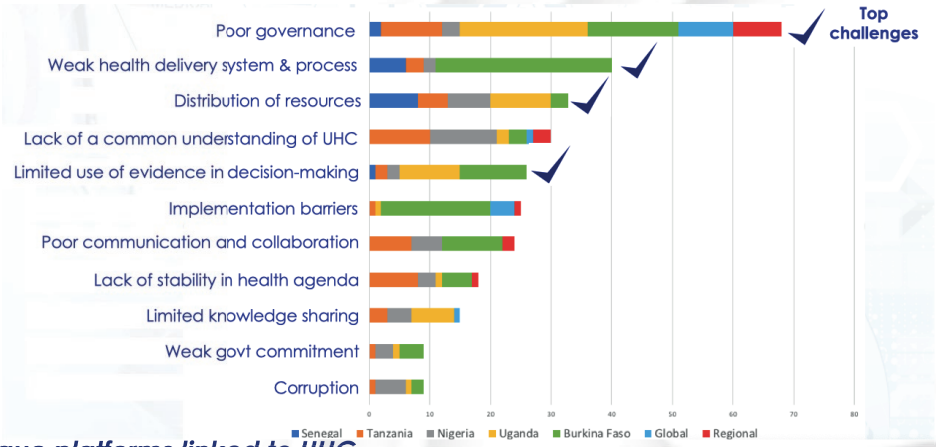
Moderator: Mr. Cheikna Toure (Health Financing Technical Lead, ACS), Mrs. Precious Matsoso (Director General Department of National Health Services, South Africa), Dr. Gilbert Buckle – Chairman (Ghana Healthcare Federation), Mrs. Grace Kiwanuka (Executive Director, Uganda Healthcare Federation), Dr. Patricia Odero (Regional Director - Africa, Duke Global Health Innovation Center & Innovations in Healthcare)

MR. CHEIKNA TOURE – Health Financing Technical Lead, ACS

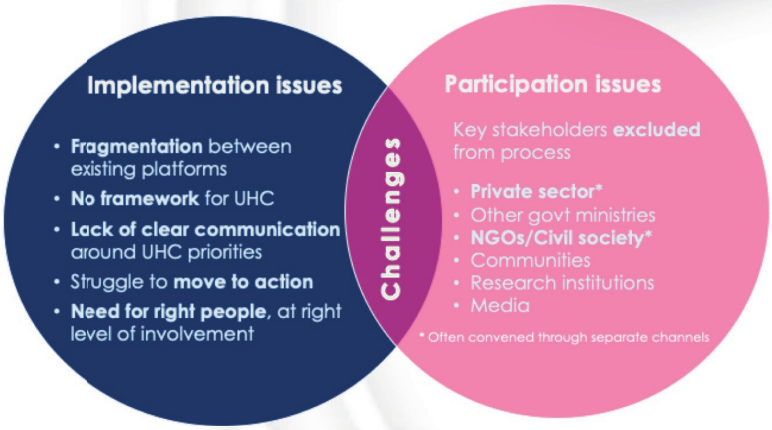
"UHC is a journey requiring a long term commitment by ALL partners…solutions need to be contextualized"

Shared challenges

An enabling environment for UHC



Dialogue platforms linked to UHC



MRS. PRECIOUS MATSOSO – DG, Department of National Health Services, South Africa

"We must ensure a people-centered approach to reach UHC"

DR. GILBERT BUCKLE – Chairman, Ghana Healthcare Federation

"What does UHC mean for the private sector and the different categories within the private sector? The Ministry of Health as a lead, would need to define this and the interventions in the Ghanaian context."

MS. GRACE KIWANUKA – Executive Director, Uganda Healthcare Federation

"In Uganda we are trying to ensure a multi-sectoral approach in defining UHC and getting a full understanding"

Findings on the UHC process:

There is no common understanding of UHC
- Most use WHO definition
- But stakeholder groups interpret UHC differently based on own interests
- Stakeholder groups communicate different meanings based on priorities

UHC agenda is mainly driven by technocrats
- The MoH (with other departments) drives the process
- Sometimes in association with politicians
- "Vital voices" – public & private frontline providers and communities – are left out of the process

Dialogue platforms exist, but they
- are too many, uncoordinated
- work in silos
- are not directly linked to UHC
- do not function in a way that leads to results

Accountability is critical to advance UHC
- All support concept of accountability
- But few have mechanisms in place to assure accountability
- Without accountability measures, countries struggle to move UHC beyond policies to results

> The Government needs to create a space where all legitimate stakeholders are on the table
>
> - Ms. Grace Kiwanuka

Session Key points

- UHC is a journey requiring a long-term commitment by all partners
- The process is not straightforward; solutions need to be contextualized
- It is vital to create a shared, broad vision on UHC approach that is not sector specific
- Collaboration and trust between stakeholders is critical to achieve UHC *(private sector delivering more than half)*
- Governments needs to create space at the table for key stakeholders (e.g. private sector, communities, front line providers)
- Essential to consolidate dialogue mechanisms and directly link them a country's UHC agenda
- UHC in South Africa is defined via the National Health Insurance (NHI) which is required to reach UHC.
- Consultative forums with a pre-identified list of stakeholders must be held according to the NHI Law
- In Ghana, in understanding UHC, there is a bias towards the public sector. The Ghanaian Ministry of Health has not contextualized UHC for Ghana and the private sector is uncertain on their role
- Uganda has no definition of UHC and it is mostly understood as National Health Insurance. Dialogue is ongoing whether UHC means access to comprehensive or only essential services.

MINISTRIES OF HEALTH PANEL

SPEAKERS:

Moderator: Dr. Amit N. Thakker (Chairman, AHB),
Hon. Silvia Lutucuta (Minister of Health, Angola), Mr. Samuel Yaw Annor (CEO, National Health Insurance Authority - Ghana), Mr. Parfait Uwaliraye (Director General, Ministry of Health - Rwanda, Hon. Dr. Bernard Haufiku (Minister of Health, Namibia)

MR. SAMUEL YAW ANNOR - CEO, National Health Insurance Authority - Ghana

Main challenges for national health insurance roll out in Ghana (Achieving UHC):

1. *Technology* – ensuring that the scheme is accessible for enrolment.
2. *Financing model* – reducing inefficiencies (claims processing & modelling).

The Ghanaian model is struggling with sustainability and now has a focus to attract the lower quintiles and higher numbers. Apart from the national budget, the Ghaniain NHI has income from development partners and cross subsidization from other schemes.

> The journey towards achieving UHC has not been easy in Ghana. We are looking for alternative financing through the private sector.
>
> - Samwel Yaw Annor

MR. PARFAIT UWALIRAYE - DG, Planning, Health Financing and Information System - Ministry of Health in Rwanda

"The government cannot outsource the health of its population"

The Rwandan Government has an 85% coverage in the national health insurance scheme which is mainly community based. The government is committed to the scheme and still injects funds into the scheme, but is finding alternative sources for funding:

1. Airtime Taxation
2. Vehicle inspections
3. Finding ways in how more people can financially contribute to the scheme.

In addition inefficiencies in the scheme need to be reduced:

1. Automation/technical solutions that can be linked to the national ID system.
2. Harmonized coding that aligns the costs in all sectors (public, private, FBO)
    a. The government is currently working with all stakeholders to create an appropriate pricing policy.

HON. SILVIA LUTUCUTA - Minister of Health, Angola

"We moved from a low to medium income country and lost support from donors and need to take care for healthcare by ourselves. (...) In Angola, education is the key in health prevention and we use a multisectoral approach together with other ministries."

The only source of income for the public healthcare system is the national budget.
Angola currently does not have a public health insurance fund as it is a constitutional right for all Angolans to receive free primary care in public facilities.

Nevertheless, 50% of the population has a private health insurance and seeks care in the private sector. Even though, public health services are free, there is a lack of trust as quality is not always up to standard.

HON. BERNARD HAUFIKU - Minister of Health, Namibia

"Namibia has a public medical scheme and a private scheme, but we try to move to a national health fund, currently in the process of figuring out what is the best model. We have a strategic plan, commissioned by the prime minister, on NCD with an emphasize on prevention rather than cure."

Guiding principles of Namibian UHC Policy framework

1. Equity
2. Availability
3. Access
4. Affordability
5. Quality

Strategic priorities

1. Infrastructure (including equipment)
2. Health workforce also CHWs in primary healthcare setting
3. Health Information Systems and digitization
4. Medical supplies and products
5. Partnerships with neighboring countries

Key Points from the session

1. UHC must be government led. It's a political story
2. Technology needs to be used to leaverage coverage
3. The pricing mechanism needs to be well thought. From payers (contributors) by cushioning the poor and the providers (paying a better fee. There needs to be a balance between income and spending.)

KEYNOTE ADDRESS

SPEAKERS:

Moderator: Dr. Amit n. Thakker (Chairman, AHB)

Prof. Takao Toda (Vice President, Japan International Agency Cooperation), dr. David Luu (Co-Founder Equally Healthcare Group), Dr. Tedros G. Adhamon (World Health Organisation)

PROF. TODA TAKAO – Vice President, Japan International Agency Cooperation

Misunderstandings on UHC

1. UHC is a health sector issue

It's a nation building issue and a precondition to create a sense of unity of people vs. the government. Without UHC you cannot build a nation properly.

2. UHC is a result of economic growth

UHC is a precondition of economic growth with equity. Japan achieved UHC when the government was very poor, but thanks to this the economy grew.

> Global Health and UHC is about obsession
>
> *- Prof. Takao Toda*

3. UHC is the issue for poor people

Without all the stakeholders' participation, without rich people, and a dynamic participation UHC would not be achieved and sustained. Japan has 2 driving forces for UHC "Community" and the "Private Sector". More than 90% of medical services are provided by the private sector and were part of the UHC frame-work in Japan.

Africa has strong social capital, people's power, please include this in the consulting process of UHC. UHC is not charity – let us wisely think about the possibility of incen-tivizing involving rich people and influential, dynamic people and the multinational industries that want to work in Africa towards the achievement of sustainable UHC.

Powerful industries, currently not interested in the health sector, but who are interested in working and earning money in Africa, should be engaged.

DR. DAVID LUU - Co-Founder Equally Healthcare Group

A solution to reaching UHC is to create an ecosystem that combines primary care, infrastructure, data science platforms and people management blend it via PPPs and a business model that is Build Operate Transfer (BOT) then you may have one of the solutions.

Equally Healthcare launched a platform that will be owned by the country:- a modular hospital, including a support package that includes the whole primary healthcare ecosystem. It is not about what we do, but how it is imbedded in the government systems.

The BOT business model has worked in other sectors under PPPs, and we want to apply it in Africa's health sector.

DR. TEDROS G. ADHAMON - Director General, World Health Organisation

VIDEO MESSAGE

UHC is WHOs top priority.

> Investments in strong primary healthcare is the foundation of UHC: Strong partnerships, good governance and effective leadership will see these investments flourish.

The WHO 2023 target is to see 1m more poor people receiving healthcare services they need without facing financial hardship, the private sector will be a vital partner receiving that target, especially in Africa where private service providers play a major role.

PARTNERING FOR UHC: A BOLD MOVE THROUGH PUBLIC-PRIVATE PARTNERSHIPS

SPEAKERS:

Moderator: Mr. Sibusiso Hlatjwako (Director Public Affairs for the Africa Region – GHS)
Dr. Frasia Karua (General Manager, Amref Enterprises), Dr. Samwel Mwenda (General Secretary, CHAK, Mr. Alexandre Liege (Vertical Head Global Public Health, Mastercard)

PPPs that have contributed in the attainment of UHC on the continent.

- Access to primary healthcare *(Amref Enterprises)*
- Financing protection *(Mastercard)*
- Quality of health services *(NovoNordisk)*

What has worked/not worked in the context of Africa?

MR. ALEXANDRE LIEGE - Vertical Head Global Public Health, Mastercard

Mastercard is deeply committed to increase access to financial inclusion.

"The fact that 100m people fall into poverty every year due to catastrophic expenditure is exactly the issue we need to address and which makes us look at healthcare since it prevents the expansion of commerce and a formal economy, the two components that grow our business, also in healthcare."

Big challenge:
Having a platform for immunization alone, like Mastercard implemented with partners, is not sustainable.

Solution:
Create a platform that can sustain multiple use cases: healthcare, other government verticals such as education, financial accounting, social welfare programs, etc.

DR. SAMWEL MWENDA – General Secretary, Christian Health Association Kenya

Base of the Pyramid (BoP) – PPP project. Bringing together key stakeholders to develop solutions to address the critical barriers in accessing quality diabetic care.

DR. FRASIA KARUA - General Manager, Amref Enterprises

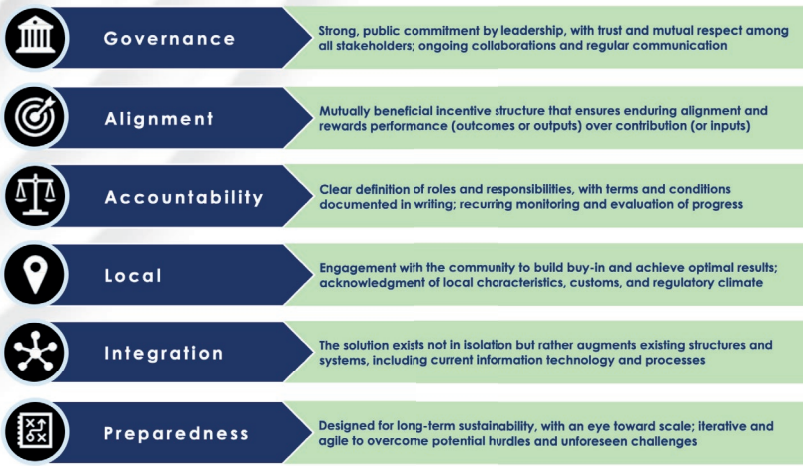
"For a long time we have socialized health, so that this has given the private sector a bad name because of profit. Money is an enabler to achieve UHC and any transformation in the healthcare space"

Presented an example of a PPP in Makueni County, Kenya whereby Amref has partnered with Makueni County Government and Philips.

Key point: There is a lot of scope in the area of PPPs in Health. Africa needs frameworks that enable the PPPs with clearly defined roles and accountability systems.

Key factors for effective execution of PPP pilot

Courtesy:
Frasia Karua - Amref Enterprise



DOES THE FRONTLINE PRODUCE THE BOTTOM LINE?

SPEAKERS:

Moderator: Dr. Ademola Olajide (Kenya Representative, UNFPA)
Prof. Takao Toda (Vice President, Japan International Agency Cooperation), dr. David Luu (Co-Founder Equally Healthcare Group), Dr. Tedros G. Adhamon (Director General, World Health Organisation)

DR. ADEMOLA OLAJIDE - Kenya Representative, UNFPA

Leveraging the private sector to build the right HR capacity.

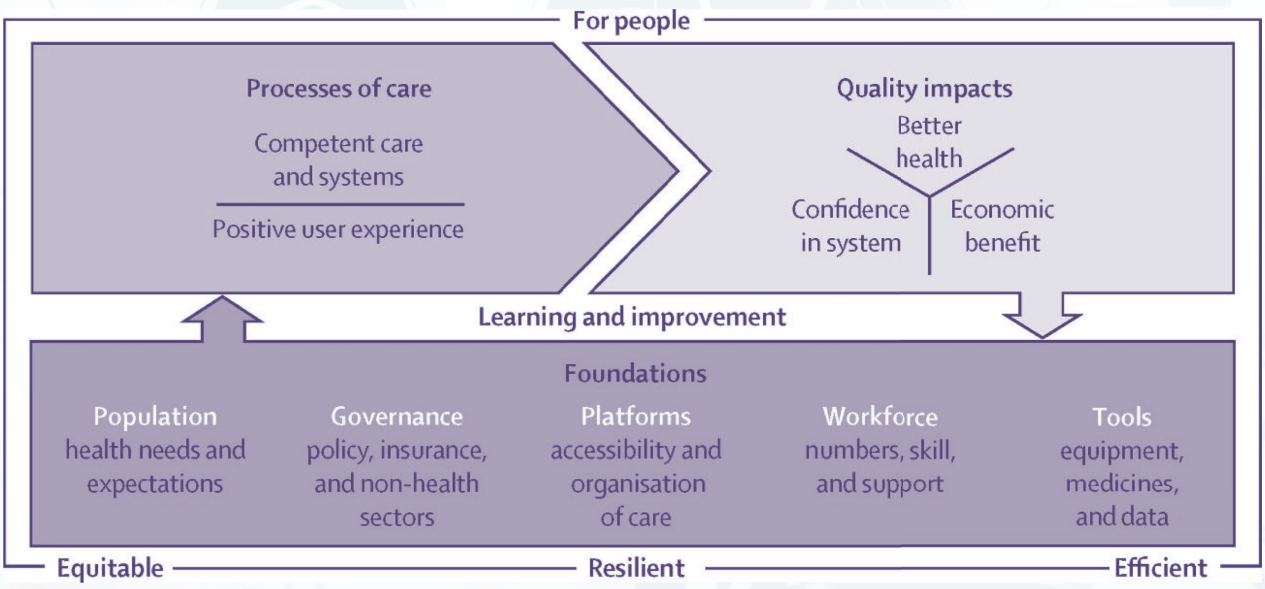
"The private sector, in whatever shape and form, has always been on the front line in delivering health care services in Africa"

When human resources are not taken into account when setting targets, achieving those targets will not impact actual improved health outcomes.

MR. PAPE GAYE - President, IntraHealth International

"(…)each new job in the health sector can result in 2.3 additional new jobs in non-health occupations within the broader health economy (transportation, agriculture, etc).
Health is not just an expenditure, it is an investment; one of the best investments you can make.
Health gives the opportunity for us to achieve the triple bottom line. We can do unprecedented good for people and business alike"

HIGH QUALITY HEALTH SYSTEM FRAMEWORK



Source: Lancet Global Health Commission on High Quality Health Systems in the SDG Era

DR. FREDDY KGONGWANA - CEO – Dr. George Mukhari Academic Hospital

George Mukhari Academic Hospital in Garunkuwa, Pretoria treats patients and also produces health workers. Health workers need to have a good attitude of optimism and hope.

"We need happy staff to provide happy services to the community."

Medical professionals need to innovate and adapt, not just follow procedures.

MR. SANELE MADELA - Founder & CEO; Expectra Health Solutions

Primary care needs to exist within the community and it needs to be accessed as early as possible. The doctor to patient ratio in S.A. makes it impossible to have doctors in every community. This is where CHWs come in. The advantage of CHWs is that people with no health problems but with multiple risk factors can be treated before they ever develop medical problems.

CHWs are a part of the community, are trusted, and are able to address health issues earlier than a clinic is able to. They offer the opportunity to reach the patients who are normally left behind.

DR. KATE TULENKO - CEO - Corvus Health

A patient can't tell whether the quality of their healthcare is good, but they will notice how they are treated. Yes, the frontline (their behavior, attitudes, etc.) does affect the bottom line. Company culture and happy health workers are very important in quality of care, customer service and health worker retention. It is much more cost-effective to retain health workers than to hire new.

"We often think of the private sector as the employer of health workers, but the private sector can also train health workers. This is not just a public role."

MR. PAPE GAYE - President, IntraHealth International

"If you are in the tech business and you want to succeed in the health sector, you need to keep in mind that the whole point of technology in health is to improve public health, not the technology in and of itself. (...)Technology is not a panacea, but certainly an incredible enabler."

Key points:

- Private sector could innovate by creating new cadres (e.g. elder care and case managers).
- Technology is advancing, but we need to make sure health workers are trained to keep up. We need to make sure that Africa's health workers have telemedicine skills, for example.
- We must engage ministries of labor. When they look at job creation, they often focus on exports (agriculture, tourism, manufacturing) and forget about health, even though it's often the largest employer and also affects other areas of employment.
- As healthcare professionals, we can get frustrated by being overloaded and patients who come in late when the problem is already very complicated, so healthcare professionals across the sector are benefiting greatly from the work of CHWs.

THE FUTURE OF HEALTHCARE: THE DIGITAL PROMISE

SPEAKERS:

Moderator: Mr. Adam Lane (Senior Director Public Affairs; Huawei Southern Africa
Dr. Karl Stroetmann (Empirica Communication & Technology Research), Mr. Scott Princen (Manager Payor Provider Africa; IQVIA), Mr. Moses Kuria - Financial Director, CarePay

MR. ADAM LANE - Senior Director Public Affairs; Huawei Southern Africa

Digital health is already real. The question is: is it working? What is the impact? How do we scale up and enhance that impact?

DR. KARL STROETMANN - Empirica Communication & Technology Research

We don't just need technical interoperability, but also human interoperability. Health workers need to know what other health workers are talking about and be able to use the same language and terminology.

The solution to these challenges is a holistic digital health ecosystem.

- Digital health ecosystem must be built on policy, not technology.
- Digital health is an enabler.
- An open platform is important. Go for a national framework and cooperate with human resources for health because the system won't succeed without their buy-in.
- Quality data is essential.

MR. SCOTT PRINCEN - Manager Payor Provider Africa; IQVIA

- In the context of UHC, it is very important to digitize data.
- The African context offers many opportunities because there is very high penetration of technology on the continent. There is about an 81% mobile subscription coverage and one-third of the population are active internet users. Penetration is high, but things are very fragmented, which reduces the usefulness. How can we create a sustainable ecosystem to get the different data systems to talk to each other?
- Technology is a manner of collecting data and this data can help health systems operate better.

MR. MOSES KURIA - Financial Director, CarePay

Takeaways from the M-Tiba experience:

- Using digital and mobile technology allowed mTiba to scale up from 2,000 to 50,000.
- By having a digital platform where you see the data on a real-time basis, you are able to start addressing quality.
- By using technology to see what was driving up costs, mTiba was able to bring costs down.

MR. IRANEUS OGU - Director, Insilico Medicine Inc.

Blockchain and AI gives us an opportunity for more effective data management. ***"Data is the new oil. People are making a lot of money from it."*** We need to incentivize people to generate data and reward them for the data they're generating. This means that, not only the big companies that collect and use the data, but also those who are inputting the data (doctors, patients, etc.) are making money.

"We need policy makers who prioritize the people and medical professionals who then prioritize the patients."

Key barriers to implementing digital infrastructure in health in Africa

- Karl Stroetmann: Digital infrastructure presupposes a certain basic infrastructure. If you don't have electricity or connectivity, you can't use many technologies. What is the biggest barrier to adoption of technology?
- Moses Kuria: Legacy systems and lack of interoperability. Everyone has built a system that has suited only themselves, and were not built with a mindset of linking together. On the user side, people are often open to adopting big things, but not small interventions. This is a mindset challenge.
- Scott Princen: The larger barriers are bringing structure to healthcare data systems and establishing unified healthcare languages in order to make sense out of the data that's available.

Key points:

- Technology can play a role in optimizing existing resources before we invest in producing more resources. These systems don't have to be incredibly expensive. There is already so much implementation of technology in other sectors of society, why not also implement them in health.
- Non-communicable diseases (NCDs) are presenting a very large challenge for Africa. Addressing them effectively fits very well with technology, because they often involve management of diseases and many specialists.
- IT programs can struggle to get sustained financing. Financing to initially implement these programs is not enough, as maintenance and upgrading needs to happen for them to continue being used.

THE WAY FORWARD FOR UHC IN AFRICA
Key messages from AHBS 2018

SPEAKERS:
Dr. Amit N. Thakker (Chairman, Africa Health Business), Jonathan Broomberg (CEO, Discovery Health), Hon. Dr. Wilhemina Jallah (Minister of Health, Liberia)

DR. AMIT N. THAKKER - Chairman, Africa Health Business

Key outcomes of AHBS III
- First steps towards Healthcare Federation of South Africa
- Signing of the Communique between Africa Healthcare Federation and the African Union Commission on **Strengthening Partnerships for the "Africa We Want"**

DR. JONATHAN BROOMBERG - CEO; Discovery Health

"The diversity of this symposium, not only in the area country representation, but also of the types of organizations, is very impressive and quite unusual. It's easy to be insular and get caught up with our own issues. We don't look outwards enough to our continent and beyond."

Healthcare is uniquely local. This has led to a failure to cooperate to the extent that is feasible. We've overreacted to the differences and not put energy into overcoming those differences and finding what we have in common, which is plenty. It's surprising to get organizations from across the health sector all in one room.

What we share is greater than what divides us.

- A large and growing disease burden
- Failure to work across private and public sectors to create equitable health systems.

We share a large and growing disease burden. We also share a failure to work across private and public sectors to create equitable health systems. AHB offers a platform (AHBS) to bring us together across the health sector, across countries, and also across the public-private sector divide.

HON. DR. WILHELMINA JALLAH - Minister of Health, Liberia

It is important for African countries to look honestly at the donors that are operating in their countries. It can be easy to refuse to say NO to some donors because we're afraid that they'll take their money and go. But often, organizations come in and try to convince their host country that they're implementing in line with the country's needs and policies, but that is not always the case. When it comes to donor funding, it often happens that 80% is spent on them and 20% is spent on the country they're working in. We're not seeing the results of the work that donors are doing.

Maybe we need to transition away from donors. We need to create new partnerships and learn lessons learnt from other African countries who have reduced their dependence on donor funding. As long as we are dependent on donors and the programs that they bring, we won't solve our problems. We need to figure out how to solve our own problems.

"We must begin to think Africa. We must look at the definition of UHC, bring it down to our country level, then we raise it up to the African level before we take it up to the WHO level. If we begin to think like that, we won't have to wait until 2063 when we're 90 years old to begin to see change in Liberia, in Africa. We will see it earlier for Africans, along with those partners who want to help Africa and are in the interest of Africa. We all join together. We can all achieve universal health coverage in Africa, stronger together, leaving no one behind."

ANNOUNCEMENT OF AHBS IV - OCTOBER 07-09, 2019

& Handover from South Africa to Ethiopia

AHBS IV
Africa Health Business Symposium

INTEGRATING AFRICA:
BRIDGING THE HEALTH GAP

When:
7th-9th
October 2019

Where:
Addis Ababa
Ethiopia

ABOUT THE SYMPOSIUM

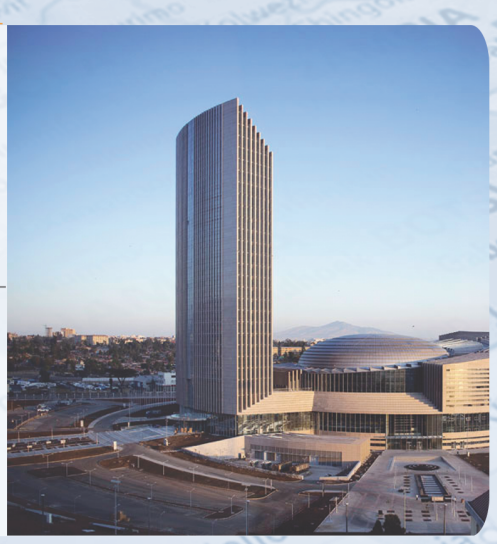
Catalysing private health sector engagement for Agenda 2063

2016 NAIROBI KENYA

2017 DAKAR SENEGAL

2018 JOHANNESBURG SOUTH AFRICA

2019 ADDIS ABABA ETHIOPIA



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AFRICA HEALTHCARE FEDERATION

COMMINUQUE

STRENGTHENING PARTNERSHIPS FOR THE AFRICA WE WANT
8TH OCTOBER 2018, JOHANNESBURG, SOUTH AFRICA

We, the leaders of Africa Healthcare Federation pledge our commitment through the unified private health sector movement towards achieving the health goals and access to Universal Health Coverage as stated in **Agenda 2063: The Africa We Want.**

Through partnerships and collaborations with the African Union Commission, African governments, Development Partners and other stakeholders, we shall build an effective, African-driven response to reduce the burden of disease through strengthened health systems, scaled-up affordable health interventions, cross-sectoral inclusion and community empowerment.

We dedicate our leadership's role to serve in fulfilling continental commitments through accelerated growth and sustainable development within the health sector. Our desire is to propel the continent which we desire for ourselves and future generations where no man, woman or child shall be left behind.

Witnessed by:

H.E. Amira Elfadil
Commissioner of Social Services, African Union Commission

Amit N. Thakker
Chairman, Africa Healthcare Federation

Layla Sentissi
Director, North Africa

Clare Omatseye
Director, West Africa

Ian Clarke
Director, East Africa

Ramesh Bhoola
Director, South Africa

Growing the Business of Health in Africa

Africa Health Business (AHB) sincerely thanks all the participants, partners and sponsors for their support and participation at AHBS III in Johannesburg, South Africa.

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