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Africa Health Business Symposium 2016

“Growing the Business of Health in Africa”

6th - 7th October 2016, Safari Park Hotel, Nairobi

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Written by: Mrs. Marloes Kibacha

Rapporteurs: Dr. Daphne Ngunjiri, Ms. Sonali Ruparelia, Dr. Maira Bholla, Dr. Josea Rono

ACRONYMS

AHB	Africa Health Business
AHBS	Africa Health Business Symposium
AHF	Africa Healthcare Federation
ARV	Antiretroviral
AU	African Union
CHV	Community Health Volunteer
EAC	East African Community
EAHF	East Africa Healthcare Federation
ECOWAS	Economic Community of West African States
EHR	Electronic Health Records
EMR	Electronic Medical Records
GDP	Gross Domestic Product
HIS	Hospital Information System
KPI	Key Performance Indicator
MES	Managed Equipment Services
MNCH	Maternal, Neonatal and Child Health
NGO	Non Governmental Organization
NHIF	National Hospital Insurance Fund
NHIS	National Health Insurance Scheme
PPP	Public Private Partnership
ROI	Return on Investment
UHC	Universal Health Coverage
WAHO	West African Health Organization
WAPHF	West Africa Healthcare Federation
WHO	World Health Organization



Testimonials

I don't want let time pass without expressing my recognition and admiration of the impressive work done and results obtained during the last AHBS in Nairobi. The work performed by the AHBS team, the very well selection of the agenda contents and the leadership in all steps of this event will be remembered for a long time. Please pass my congratulations to your committed team.

Rolando Satzke
Bayer E.A



Thank you very much for the very good event. It was very interesting indeed to attend to the launch of the African Healthcare Federation and the Conference was a real success with very high level representation both from public and private sector.

Maija Lebel
Novo Nordisk Pharma Gulf FZ-LLC

Thank you for the opportunity to participate on the health financing panel, and congratulations on a successful conference and the important launch of the Africa Healthcare Federation.

Jeanna Holtz
SHOPS Plus



I wanted to send a thank you message for hosting such a great conference and the opportunity to highlight the mission and work of access.mobile! My investors, board, advisors and team all had a great time. I look forward to continuing to collaborate and count us in for the next AHBS. Congrats on launching the Africa Healthcare Federation and let's be in touch. Thank you!

Kaakpema "KP" Yelpaala
Access Mobile

The event was really successful and a lot of people I spoke to thought it was incredibly well structured and relevant. Great job!

Dr. Daphne Nguniri,
Access Afya



AHBS 2016 was indeed a great success, we look forward for such type of symposium in the future. Personally and on behalf of the management team of Crowe Horwarth, I thank the whole team of AHBS!

Mr. Kumar Ramburran
Crowe Horwarth

The meeting went extremely well, great presentations and panel discussions! Well done!

Mr. John Prinsloo
IMS Health





Congratulations for the well planned and executed Africa Health Business Symposium. Credit goes to your excellent leadership and your good team. Biolitec is proud to have been associated with the event and we look forward to a continued partnership.

Mr. Mahmoud Mohamed
Biolitec Laser.

Greetings from Dubai! A little bit late, nevertheless...I would like to express my great appreciation for the wonderful event the team. It was one of the most well organized, engaging, and best networking events. Kudos to the launch of Africa Healthcare Federation!

Ms. Bijo Thomas
Biolitec FZ LLC



Many congratulations on the successful Africa Health Business Symposium, and the launch of the African Healthcare Federation. Many many kudos to you personally, Dr. Thakker, as you have executed and carried people across the continent to this point.

Dr. Egbe Osifo-Dawodu
Anadach Group

Congratulations to your great achievement and making the 2 AHBS days a true success. I am confident that with your leadership, things will progress favorably and sustainably in the region.

Dr. Harald Nusser
Sandoz International GmbH



Thank you for organizing and being part of the Quantum Global dinner. The discussion at the dinner was very useful and very informative. The conference was exceptionally ran! All things being equal, I hope we will be part of it and probably take a bigger role.

Mr. Darlington Omoruyi
Quantum Global

C'est avec un réel plaisir que je vous écris pour vous témoigner mes encouragements pour tous les efforts d'avancement du secteur privé de la santé en Afrique. Aussi, j'ai grandement apprécié nos retrouvailles de Nairobi, qui je l'espère nous permettront de construire un secteur privé africain fort, capable de relever les défis du développement durable de nos pays respectifs. Ceci, en créant les valeurs, dans la durée, le plus rapidement, mais selon les règles de l'art.

Dr. Jean Daniel Ovaga,
Président de l'Alliance du Secteur Privé de la Santé(ASPS) du Congo
Brazzaville



Congratulations on the conclusion of the symposium and the establishment of AHF. I fully appreciate the excitement you must collectively feel upon the culmination of executing a vision.

Mary Miller Sallah
Mprove Global Inc.



Message from the Cabinet Secretary of Health, Kenya

We are very proud to host the inaugural Africa Health Business Symposium in Kenya, and mark the first steps of a very promising journey ahead. It is increasingly recognized that post-colonial Africa is emerging as a global center for rapid economic, social and political development, albeit with regional disparities.

This growth has been supported by the continental and regional collaboration, institutional frameworks and mechanisms. However, it has not realized its potential due to the high disease burden.

Managing health and population is a prerequisite for sustained socio-economic development in Africa and strong partnership between governments and the private sector is critical for achievement of the development agenda.

This symposium is indeed timely as it aims to explore the 5 overall critical factors, namely:

- Innovative Healthcare Financing towards Universal Health Coverage (UHC);
- Bridging the Gap in Human Resources for Health;
- Fostering Investments through PPPs;
- Strengthening Accessibility and Efficiency in Supply Chain Management; and
- Disruptive Innovations in Digital Technologies for Health

These will be discussed at length during this event. They have the potential to significantly impact health outcomes and bridge the emerging service delivery gap in health care by the growing and sophisticated African population.

In this regard I wish to recall part of the UN Secretary General's remarks at the UN forum in 2015 on the fundamental role of private sector in advancing new global goals: *"Governments must take the lead in living up to their pledges. At the same time, I am counting on the private sector to drive success."*

Now is the time to mobilize the global business community as never before. The case is clear. Realizing the Sustainable Development Goals will improve the environment for doing business and building markets. Trillions of dollars in public and private funds are to be redirected towards the SDGs, creating huge opportunities for responsible companies to deliver solutions."

My desire is therefore to see continued development of synergies between the government sector, private sector and development partners to accelerate realization of rights to health and eventually achieve Universal Health Coverage. This must be supported by enabling mechanisms and platforms anchored on the strong policy, legislative and regulatory frameworks.

Kenya has set the pace in public-private dialogue through Minister Stakeholder Forums (MSF) which allows an open and frank dialogue between my Ministry and the unified private health sector in Kenya (Kenya Healthcare Federation). The government impact has been tremendously augmented by the wider private sector. Hence, I am convinced that this forum will not only generate issues but also discover solutions and deepen public private sector engagement in health and pursue these very social sector concerns while doing business in health more responsibly.

Dr. Cleopa Mailu, EBS;
Cabinet Secretary



Ministry of Health, Kenya





Note from the Chairman

Healthcare demands in Africa are changing and healthcare systems are at a turning point. The reforms that governments undertake over the next decade will be crucial in improving overall health in the continent. Over the last twenty years, Africa's population has increased by 2.5 percent per year and in 2015 the number of people living in the continent has been set at 1.17 billion. This is expected to rise to about 2.4 billion by 2050, with some of the countries doubling or even tripling their numbers; making Africa the region with the largest population growth.

Rapid population growth calls for governments, development agencies, and the private sector to collaborate on strategic investments as well as planning so as to power Africa's future and to address the current challenges many African countries face in regard to weak institutional capacities, infrastructural deficits, substantial income inequalities and high poverty rates.

Despite these challenges, the African region is experiencing steady economic growth due to domestic and external conditions, and predictions for the coming years remain favorable, with growth rates ranging between 5-6 %, well above the world average of 2.2%. The role of the private sector is increasing and widely recognized by the international community as the engine for sustainable and inclusive economic growth.

The impact that such growth has on the healthcare sector in particular is that a growing urban middle class is willing to pay for better treatment, thus widening the door to the private sector, which is starting to play a new vibrant role, often working in partnership with donors and governments to provide better healthcare services and increased access to medicine at an affordable price. Substantial investments will be needed to meet the growing demand – largely from low and middle-income households, which comprise 70% of Africa's purchasing power.

There has been a paradigm shift in the relationship between public and private sector over the past years in Africa. This enhanced dialogue progress has created a positive trend in enhancing Public Private Partnerships (PPP's) in health on the continent.

The countries in the regions that share cultures, traditions and challenges have federated to jointly combat the high burden of disease within its own boundaries by sharing knowledge and resources to improve overall health for its citizens. We have noticed that the East African, West African, South African, Central African and North African private sectors will all soon harmonise its regional federations towards a positive output to health thus ensuring the momentum is maintained.

The aim of the Africa Health Business Symposium is to provide a platform for an intra-regional discussion so as to further strengthen the roles played by the private health sector, the public health sector and development partners. Fostering these relationships will play a major role in promoting the PPP dialogue within the regions and countries through the regional unification of private health sectors under a single umbrella - Africa Healthcare Federation.

The AHBS team appreciates all the partners, speakers, exhibitors, guests and delegates who have taken the time to join us for this event. Your participation is a testament to the fact that we are moving ahead to make a positive difference in the health sector of the continent.

Dr. Amit N. Thakker
Chairman



Africa Health Business





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Background

Africa is projected by the International Monetary Fund to be the world second-fastest growing economy to 2020¹. In an aging world, Africa has the advantage of a young and growing population and will soon have the fastest urbanization rate in the world. It is expected that by 2034 Africa has a larger workforce than either China or India. However, job creation is and will be outpacing growth in the African labor force. New opportunities can come from accelerating technological change for consumers and businesses as Africa still has plenty of resources.

SPENDING		
Household Consumption	3.8% growth per year	USD 2.1 trillion (2025 expectation)
Business Spending	USD 2.6trillion in 2015	USD 3.5 trillion (2025 expectation)

Despite African economies showing different economic growth paths between 2010-2015, largely due to the North African countries “Arab Spring” turmoil and the African oil exporting countries that were affected by a sharp decline in oil prices, the continent's overall forecast remains promising. Africa’s collective GDP is still growing quicker than the world average and it is expected to be the second fastest growing region in the world.

The following four factors could have a transformative impact on the pace and growth of African's economies:

1. Urbanization, Africa shows the most rapid urbanization process in the world.
2. A large workforce, larger than either China or India by 2034.
3. Technological changes form a huge potential.
4. Continued abundance of resources, Africa has 60 percent of the world's unutilized but potentially available cropland as well as largest reserves of minerals and precious and semi-precious metals.²

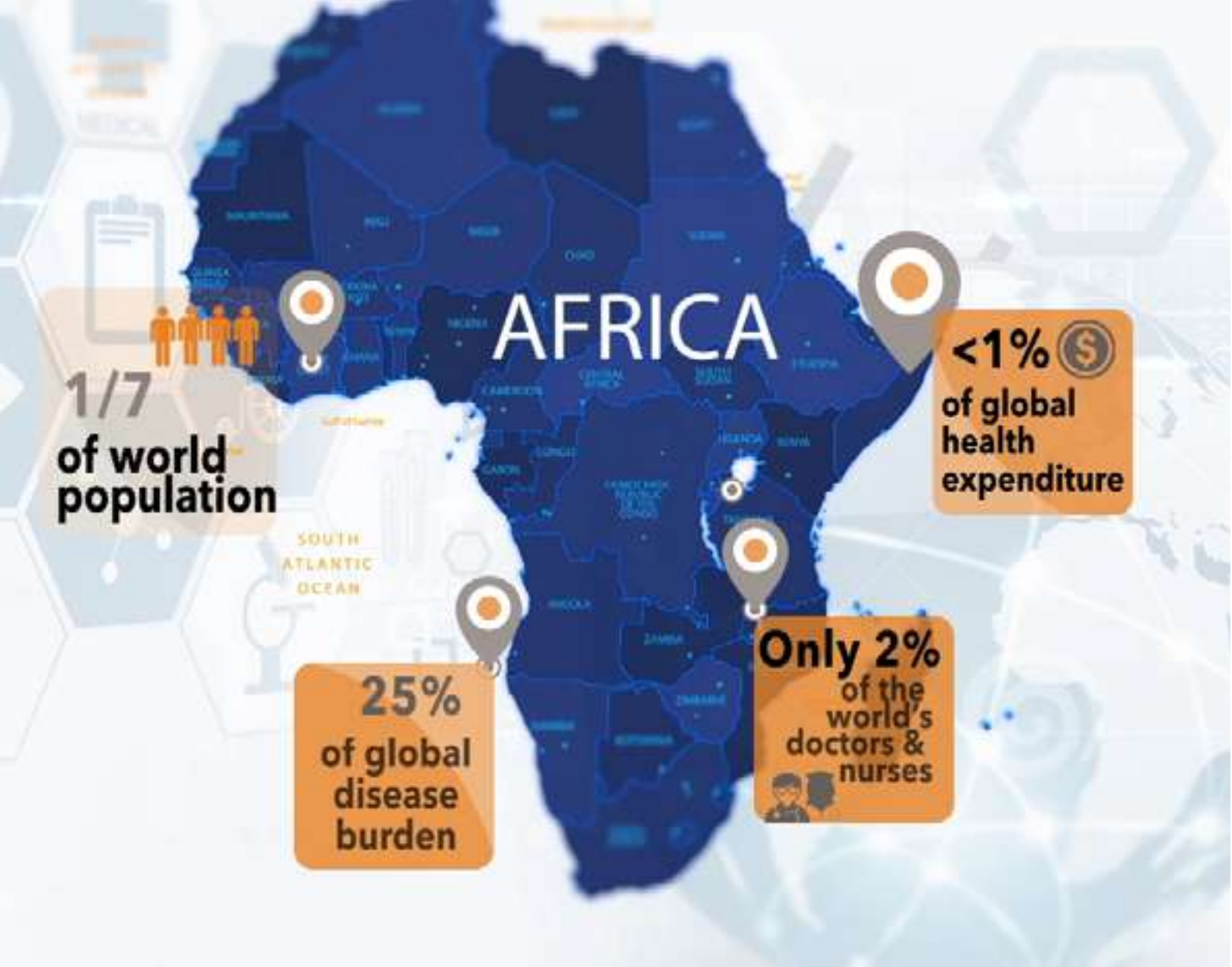
Despite the general steady economic growth and positive outlook for further increase in household consumption and business spending, Africa still bears a disproportionately high disease burden. The continent carries 25% of the global disease burden, yet it is home to only about 14% of the world's population. Despite the high disease burden, Africa receives 1 - 2% of the global expenditure on health and is served by only 2% of the world's healthcare workforce. The public sector is not able to cater for the healthcare needs of the entire population and with the growth of the GDP of many African economies, the private health sector involvement is also on the rise which means that governments will have to play a stronger role in unleashing renewed dynamism.

In the past decade multiple national private healthcare federations have been founded in a bid to unite the private healthcare players and to provide a platform that can serve as a unified voice when engaging with the government. The majority of private healthcare federations have a membership base of commercial healthcare institutions, professional and institutional associations and promote strategic Public Private Partnerships (PPPs) towards achieving national access to quality healthcare. In addition to influencing public policy and networking, private healthcare federations also voice their support and concerns and provide alternative solutions to issues facing the health sector.

The rise of private healthcare federations has been steadily ongoing and gradually these national federations have joined at a regional level. In 2012, the East Africa Healthcare Federation (EAHF) was formed when 5 East African countries; Uganda, Tanzania, Kenya, Rwanda and Burundi signed a communique witnessed by high ranking government officials and leaders from the health sector.

In July 2016, 15 countries, constituting both Anglophone and Francophone countries – Benin, Burkina Faso, Cape Verde, Cote d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali,

¹ McKinsey Global Institute, Lions on the Move II: Realizing the potential on Africa's economies, September 2016.
² McKinsey Global Institute, Lions on the Move II: Realizing the potential on Africa's economies, September 2016.



Niger, Nigeria, Senegal, Sierra Leone and Togo came together in Dakar, Senegal to launch the West African Private Healthcare Federation (WAPHF), to tackle common healthcare challenges that affect the West African region. Similar initiatives are currently ongoing to develop regional federations for the Northern, Central and Southern African regions.

It is with this background in mind that the Africa Health Business Symposium (AHBS) was established; to serve as a platform for intra-regional discussion to strengthen the roles played by both private and public health sectors with support from development partners to promote an effective PPP in health dialogue within African countries. The AHBS plays a pivotal role in the beginning of a momentous change by unifying African countries under a single umbrella – the Africa Healthcare Federation towards overcoming challenges and achieving mutual far-reaching outcomes at Africa level.



Introduction

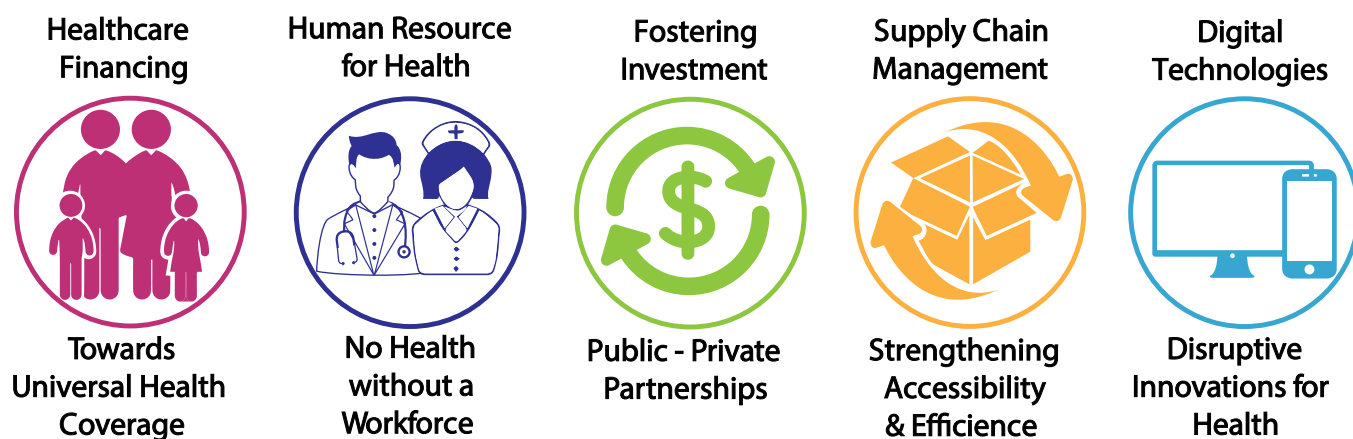
The private health sector in Africa has been growing exponentially over the past decades and currently plays a key role when it comes to the provision of healthcare to all income levels across Africa's healthcare systems. Although the private health sector involvement varies per country; the World Bank estimated that by 2006 about 60% of the Total Health Expenditure was financed by private parties and approximately 50% was financed by private providers.³

The private sector in Africa covers all elements of the health value chain: provision, financing, manufacturing, distribution, advisory services and retail. Over the past years in Africa, as the private health sector has been growing and a paradigm shift in the relationship between public and private sector is taking place as both parties realize that the public sector is not able, and nor should it, to bear the burden of providing healthcare to all its citizens.

Gradually, the continent has witnessed enhanced dialogue progress between the public and private sector which created a positive trend in enhancing Public Private Partnerships in Health on the continent. Africa's regions that share culture, traditions and challenges have federated and are federating to jointly combat the high burden of disease within its own boundaries by sharing knowledge and resources to improve overall health for its citizens.

The AHBS is the one and only exclusive Pan African platform that provides a space for open dialogue to discuss and encourage African governments to carry out reform programs that will foster Public Private Partnerships in healthcare and to create systems that will encourage investments, growth and improvement in the private healthcare sector.

The AHBS 2016 was organized and hosted by Africa Health Business. The theme of "Growing the Business of Health in Africa" represented the main aim of this inaugural event and was linked to the 5 key "Game Changers" in Health in Africa:



With a population of about 1.2 billion, Africa takes up 14% of the total world population, out of this approximately 39.8% are living in urban areas and median age on the continent is 19.5 years⁴. The continent provides a perfect opportunity for strong business opportunities in healthcare. The goal of AHBS is to serve as a platform to encourage investments, growth and strengthening of the African healthcare space.

Dr. Cleopa Mailu, Cabinet Secretary for the Kenya Ministry of Health, officially opened the symposium attended by the Hon. Minister of Health for Namibia Dr. Bernard Haufiku, Hon. Minister of Health for Uganda Dr. Jane Ruth Aceng, Hon. Minister of Health for Zimbabwe Dr. David Parinyetwa and the African Union Social Commissioner H.E. Dr. Mustapha Kaloko.

3 International Finance Cooperation. "The Business of Health in Africa", Washington, DC: IFC, 2008
4 Source: <http://www.worldometers.info/world-population/africa-population/>, d.d. 21 October 2016.



DELEGATES



380+
in attendance

Ministers of Health	4
African Union	2
Ministry Officials	6
Senior Managers	149
CEO's & Corporate Leaders	219

Geographical delegate representation:



Sub-healthcare sector representation:



Healthcare Provision



Healthcare Financing



Supply Chain Management



Advisory Services



Health Technology



Health Education



SPEAKERS

51

VIP speakers: 5
 Keynote speakers: 3
 Moderators: 6
 Session speakers: 37



AHBS
Africa Health Business Symposium

Welcome
COCKTAIL
5TH OCTOBER 2015 18:00



Opening Ceremony

Dr. Amit N. Thakker – Chairman Africa Health Business

Mr. Kartik Jayaram – Partner, McKinsey & Company

H.E. Dr. Mustapha Sidiki Kaloko – Commissioner of Social Services, African Union

Official Opening by Dr. Cleopa Mailu, Cabinet Secretary for the Minister of Health, Kenya.

Dr. Mailu welcomed the honored African Ministers of Health, H.E. Dr. Kaloko from the African Union and other esteemed guests and mentioned that integration and partnerships are key when growing the African healthcare sector. He elaborated that there is rapid economic, social and political development emerging in the African continent, albeit with regional disparities. One of the key factors impacting the disparity is disease burden and the weight of healthcare provision.

The demand for quality in public and private healthcare provision has grown with economic growth, increases in populations and longevity. The continent has transitioned with the burden of non-communicable diseases (NCDs) on the increase. Innovative ways of healthcare delivery are required and now more than ever, public-private partnerships (PPP) are required to achieve these needs. The 5 pillars of healthcare provision will be addressed during the symposium and will provide a platform for sharing experiences on opportunities for PPP in the provision of universal healthcare. Realizing the Sustainable Development Goals (SDGs) will create an unprecedented environment in Africa for private sector investment in healthcare.



Opening of the inaugural AHBS

[L-R]: Dr. Amit N. Thakker, Hon. Dr. Bernard Haufiku, H.E. Dr. Mustapha Sidiki Kaloko, Hon. Dr. Jane Ruth Aceng, Hon. Dr. Cleopa Mailu, Hon. Dr. David Parirenyatwa, and Mr. Kartik Jayaram



Health Ministers Panel

Moderator: Dr. Amit N. Thakker, Chairman Africa Health Business

Speakers: Dr. Bernard Haufiku (Minister for Health, Namibia), Mr. David Parirenyatwa (Minister of Health, Zimbabwe), Dr. Ruth Jane Aceng (Minister of Health, Uganda)

Rapporteur: Dr. Maira Bholla

Dr. Haufiku highlighted key opportunities where his government could partner with the private sector in healthcare:

1. Infrastructure
 - a. Plans and design in which Namibia would like the private sector to invest.
 - i. Renal dialysis centers in Windhoek (Namibia) and Angola.
 - ii. A Maternal and Child welfare hospital in Windhoek
 - iii. A national laboratory 60km, north of Windhoek.
 - iv. 2-3 regional hospitals that are under development in other Namibian cities and towns.
2. Equipment.
 - a. Interested in exploring how the Managed Equipment Services in Kenya works and how it could be working in Namibia.
3. Logistics
 - a. Support in distribution and stock management. Namibia launched the computerization of the supply and stock management system from a central medical stock unit in Windhoek, with the help of the US government but have realized that they do not have the capacity to manage their pharmaceutical and medical stores. Transportation from Windhoek to the districts is a challenge – over and under-stocking issues. Need guidance and support.
4. Support services: There are tenders out for looking to outsource catering, security and facility management. ICT infrastructure: MoH have engaged a few companies to transition completely to IT; however safety is a challenge.
5. Pharmaceutical manufacturing: MoH is looking to jointly build in partnership with the private sector a plant where by the government could act as a sleeping shareholder (guaranteeing the market) and the private sector as the managing agent.

Dr. Parirenyatwa mentioned that investors in Zimbabwe have been looking for quick profit opportunities opposed to long term wins which has not helped the strengthening of the African health sector.

1. The need for the health sector in Zimbabwe (and Africa) is in Human Resources for Health whereby training happens. The challenge is that a large number of skilled and trained professionals leave the country to work abroad.
2. Hospital Infrastructure Investments: Equipment.
 - a. Invest in local treatment to avoid medical tourism to India/China. Zimbabwe has specialist centers: Orthopedic specialization hospital (Bulawayo), a Renal transplantation center (Chitulu) and Pediatric Specialist care Centre (Harare).

In Harare alone there are 22 private hospitals the city has a very strong private health sector, but the expertise needs to filter through across to the public sector. Investments in funding, risk management and NHI schemes complemented by the private medical insurance systems are needed. Currently, private health insurance covers only 10% of the population, the rest are covered by the government or are paying out-of-pocket.

Dr. Aceng stated that the Ugandan public sector would like to enhance private health sector but needs to have an enabling environment, with appropriate laws and policies, in place. Therefore, the Ugandan MOH recently established a PPP policy and are currently working on the regulations to manage the partnerships with the private sector. One successful PPP in the health sector is between the MOH and CIPLA Quality Chemical Ltd. where the latter supplies ARVs and anti-malarial drugs country-wide on behalf of the Ministry.

Dr. Aceng mentioned the below opportunities for PPPs in Health in Uganda:

1. Medical Tourism: Uganda is focusing on curbing the outflow of patients who seek treatment outside the country by planning for 2 international level hospitals to be built in the near future.
2. Leasing contracts for medical equipment: Following the Managed Equipment Services contracts that the MOH Kenya has with the private sector. Especially the part wherein the vendor has a stake in the on-going functioning of the equipment seems interesting to explore.
3. Partnering with private universities to bridge the gap in specialist care in Uganda is being mapped. Dialogue is being encouraged to understand the goals for the private industries and to match up the goals for the benefit of all.



The discussion made apparent that from a public sector perspective it is not always clear what the private sector agenda is. Is the private sector only after profits? The perception is that the private sector offers high quality, but also at a high cost. There is a need for dialogue to increase the understanding of what the private sectors capacities and needs are in order to come up with a sustainable relation with the public sector.

Answers from the Ministers regarding key questions asked:

Dr. Aceng - Uganda:

Q: HRH: African countries have challenges both in the basic requirements as well as the specialized services, how can PPP aide in this?

A: This can be done via training but also via exchange of personnel between the sectors. This will be country-specific as it is already happening in some countries. Uganda is already doing this from public to private sector, but at a limited level. The benefits are evident and this concept needs to be promoted. Training plays a key role, as specialists are expensive. Centers of excellence have been set up in EA, e.g. Uganda Cancer Institute especially for training. These must be developed through PPP for sustainability.

Q: How can the MOH make budgets available to the private sector?

A: This has happened and can continue but there must be dialogue and establishment of expectations. Community health extension workers and the private sector are investing in this: Best practices and benchmarking must be addressed based on the varied ecosystems in the different countries (the level of development, availability of private sector funding and laws are not the same in each country). What do the different governments want?

Dr. Parirenyetwa – Zimbabwe

A: Agreed with Dr. Aceng and stressed that Centers of Excellence and primary healthcare are equally important to include in the PPP dialogue: Issues of prevention are key and the private sector can invest in this. Some examples that he mentioned were: Reaching out to the rural areas to tackle communicational disease challenges such as worm infections and cholera. Furthermore, the private sector can invest in support services like clean water and sanitation. Potentially, the private sector can set up manufacturing plants for antimalarial drugs and mosquito nets to serve the region.

Africa has received a lot of donor funding over the years which have led to parallel structures disrupting the healthcare systems in such a way that after the donor left, systems collapsed as they were not self-sustaining. The private sector, on the other hand, looks to add value and gain profit from their investments. The difference with the private sector that a dialogue on areas of investments is possible, which has been mostly absent with donor funding.

Dr. Parirenyetwa stressed that the empowerment of communities needs to be strengthened in such a way that communities are able to question the allocation of development and the benefits gained. He furthermore encouraged regional PPP's and joint ventures plus the strengthening of reporting systems whereby the private sector can report to a central data repository to strengthen information and allow for evidence based regulation systems.

Dr. Haufiku – Namibia

Dr. Haufiku was in agreement with the above suggestions and emphasized on HRH, promoting the right persons to the right position to encourage productivity and well-functioning of systems in place. He saw an opportunity for the private sector to sign MOUs with the Ministry for specialists and GPs to provide medical services in the rural remote areas.

Call to Action - Countries and companies need to raise USD 25 billion by 2021 for investments in healthcare on the continent.

Response from the Ministers:

Dr. Aceng - Uganda: Africa is ripe for investment. We welcome investors. Numerous areas that the different African countries could benefit from such strategic investments.

Dr. Parirenyetwa - Zimbabwe: The commitment is right from the top. There is a grand move towards investment in Africa. For example TCAD: the Japanese want to invest, the Chinese want to invest, and the Indians want to invest. Africa is ready to host and commit and should maximize on these opportunities.

Dr. Haufiku - Namibia: This is the only way forward. The African environment is ready for this. Africa Health Business, jointly with the newly formed Africa Healthcare Federation will take on this call to action. The challenge is to the private sector. The doors are opening, structures are in place. PPP is reality, it is strengthened. **Let's work together to make Africa stronger!**



Session 1: Healthcare Financing

Moderator: Viktor Hediger, McKinsey

Speakers: Felix Olale, LeapFrog Investments; Jeanna Holtz, SHOPS Plus, Abt Associates; Moses Kanja, Jubilee Insurance; Nathaniel Otoo, National Health Insurance Scheme (NHIS) – Ghana.

Rapporteur: Dr. Josea Rono, E&K Consulting

Africa spends a disproportionately low proportion of the world's expenditure on health. The continent carries 25% of the global disease burden yet it is home to only about 14% of the world's population. Despite the high disease burden, Africa receives 1 - 2% of the global expenditure on health.

There is general consensus that the task of improving Africa's healthcare landscape (including health financing) and the attainment of universal health coverage (UHC) cannot be left to African governments on their own. Rather, it is imperative that the private, not-for-profit, academic and international development sectors play a part. This understanding has led to a fundamental shift in Africa's healthcare landscape - the realization that healthcare is not only a human right but an investable asset class with outsized returns.

Key challenges related to health financing in Africa have been:

- Identifying PPP models that are best suited to drive increased investments in health and Universal Health Coverage (UHC) in Africa
- Making healthcare investments in Africa attractive enough to investors i.e. challenges in attracting significant private sector investments in health

It was agreed that the private sector can contribute towards increased insurance penetration and attainment of UHC. The public sector should play an active role in improving regulation of the health sector with a particular focus on improving the investment climate in order to attract increased private health sector investments which will result in role reversal from the current state in African countries, where there is insufficient or no government health insurance, high out-of-pocket expenditure and private insurance that only caters for the wealthy few to a status where PPP led and/or community based health schemes to the main population and whereby private sector-led schemes can provide the additional "top up" health cover to complement the more basic public schemes.

Several examples were mentioned where the private sector could come in to complement the public sector efforts regarding health insurance. One example came from Kenya where the private sector can distribute the National Hospital Insurance Fund (NHIF)-led insurance schemes while providing additional coverage to complement the NHIF cover while tapping into NHIF's high risk pool.

What makes a national health financing system successful? The success of the Ghanaian National Health Insurance Scheme (NHIS) can be attributed to several factors:

- The realization of the need for robust Health Information Systems (HIS) and technology to track claims and minimize fraud.
 - » When the Ghanaian NHIS discontinued the use of a paper-based registration process in favor of electronic platforms, it saved USD 2m.
- The adoption of efficient supply chain modes for pharmaceutical and medical products that minimize the leakage of commodities and thereby keeping the cost of common diagnostic procedures and treatments low.

Effective and successful investments in health need to consider health as a consumer business and patients as consumers of healthcare services. In this regard, investors in health need to understand the consumer needs and offer a solution to these needs. This approach will contribute towards securing a predictable market for healthcare services and thus a return on investments made in health. To optimally catalyze on the increased investments in healthcare in Africa, donors and development partners should move away from using funds to meet operational costs and, instead, use the funds to de-risk potential investments in healthcare. By de-risking these potential investments, donors/development partners will make these potential investment cases more attractive to investors, thus catalyzing investments in health through sustainable businesses.

Contentious debate

- The attainment of UHC is not so much about the amount of money set aside for health as it is about the efficiencies built around the use of available funds. While the World Health Organization (WHO) claims that UHC needs USD 60,- per capita invested in healthcare delivery, some countries are already spending up to USD 120,- per capita yet they have not attained UHC.
- While the use of mobile technology was discussed as an innovation to increase the access



to micro-insurance for health and to increase the access to health financing, it is clear that in Africa there are many innovations in this space with still very little impact (in terms of lives covered). There is a need to develop these innovations with complete business models that are sustainable and consumer-centric if at all the full value of mobile technology is driving increase in access to health finance will be realized.

- Is insurance the only option to attain UHC? No. In the UK and Malaysia, UHC is achieved through government sponsored schemes. However, even in these two examples there is a component of insurance (risk pooling) within the government sponsored schemes.

Action Points

Plans to improve the impact of national health insurance schemes should consider the following:

- Develop a robust HIS platform to manage claims processing, increase transparency and thus minimize fraud.
- Ensure that healthcare providers are not incentivized to offer additional health services than is required by the patient.
- Invest in developing trust between the public and the private sector. This can be done via stakeholder engagements and participatory approaches to decision-making.
- Separate politics from the management of national health insurance schemes.
- Make investments in health in Africa consumer-centric
- Community driven health insurance programs should be encouraged to grow and amalgamate to increase their risk pools. The Ghanaian NHIS was, to some extent, built from the learnings of community-driven programs.
- Create knowledge centers on the continent to systematically manage knowledge on health insurance and UHC. There have some initiatives been ongoing but they went dormant after some time.
- Systematically track progress made towards UHC and improved health financing in Africa.





Session 2: Disruptive technologies, the future of Africa's Healthcare

Moderator: Michael Macharia , CEO, Seven Seas Technologies

Speakers: Stephen Chege, Director Corporate Affairs, Safaricom; Alec Berhens, Co-Founder, MD Linking; Prarthna Desai, Operations, Zipline International; Roelof Assies, Healthcare Lead Africa, Philips; Daby Sow, Senior Manager Research, IBM

Rapporteur: Dr Daphne Ngunjiri

Disruptive technologies have expanded access to health care for many marginalized and inequitably served populations globally. Geographical barriers, access to specialized health professionals and financial barriers to care have been effaced through the convergence of technology and health. Current trends indicate exponential growth through time. With universal health coverage a goal of many economies there is need to sharpen understanding and approaches to global health by exploring innovative solutions at inter-disciplinary cross-sections

The session on Disruptive Technologies was a "spotlight" presentation style whereby each speaker presented their case on the stage.

Mike Macharia – Seven Seas Technologies

The big picture of innovation in healthcare is key in understanding the role of ICT in the healthcare ecosystem. This is fundamentally the interplay of patients, providers, payers, integrators and their individual innovation around process, offerings and service delivery in healthcare that drives the future solutions for healthcare. The current big results have been in Electronic Health Records (EHR) and Electronic Medical Records (EMR), digital medical devices, population health management, medical big data, telehealth and genomics.

The main challenges that technological innovative solutions face need a solution that requires a combination of government support through policy, infrastructure and financial access. The future lies in the focus on innovating "new" versus "co-innovation". In dreaming big and innovating for global solutions that maximize impact. Companies are taking the lead in driving these innovations: For example Seven Seas Technologies through its Afya Lab Incubator program where entrepreneurs are being assisted to find technical solutions to the main challenges they face.

The speakers in this session will all show some cutting edge innovations that form solutions to common challenges facing the (African) healthcare space.



Alec Berhens- MDLinking.com

MDLinking serves as a medical LinkedIn in combination with a secure substitute for Whatsapp and a customized e-Learning database including a virtual reality tool with point-of-view materials. The tool opens up the coverage of health experts to other providers, centers, and patients improving the healthcare environment.

Prarthna Desai, Zipline international

Zipline is an unmanned aerial vehicle (comparable to a drone) that can transport medical supplies to remote areas with limited access to medical supplies. This delivery system has the capacity to reduce the annual shortfall on spending on healthcare by governments which is currently USD 50billion. It overcomes challenges of seasonal inaccessible roads, logistic complexities for providers and over all improves the supply chain system. Zipline International partners with public health systems to provide the distribution services of; carrying blood, vaccines, medicines and point of care diagnostics to remote areas. Rwanda is the first African country which has partnered with Zipline International in order to reach the remote rural areas of the country.



Roelof Assies, Philips Healthcare

Philips is shifting from a company that mainly sells its products to a technology solutions partner for both the public as private sector. Philips is keen on creating partnerships. For example the Managed Equipment Service (MES) which is a partnership with the Ministry of Health Kenya. In the MES project, the private sector, Philips in this case, is responsible for taking care of the complete management of the medical equipment they have installed: providing solutions regarding challenges to financing, operations and maintenance. It is a full Turn Key, performance driven project that focusses on the Key Performance Indicators (KPIs).

Another example of private sector innovation technology is the Philips Lumify Ultrasonography App whereby the ultrasound technology has been transferred to a mobile phone application which enables health workers to provide healthcare outside the traditional examination room and closer to the patient where it is needed, when it is needed.

Steven Chege, Safaricom

The power that a (large) mobile phone company in Africa has is Access. Safaricom has a large customer penetration (21 million) in Kenya and are helping women and midwives in remote Kenyan areas (Samburu) to monitor labors by opening up healthcare systems by setting up a so-called base station that allows open mobile communication and connectivity. The region had never been connected to the world, and the Safaricom base station formed the first point of contact for the entire society.

Another technology that Safaricom has developed to improve the health status in Kenya is Jamii Smart, an effective m-health solution that significantly improves access to Maternal, Neonatal and Child Health Services (MNCH) across Kenya by modeling on existing, sustainable mobile technologies. The technology sends alerts and reminders to mothers and health workers on clinic visits, expected day of delivery, immunizations and other information. It furthermore provides real time, cloud based reporting on MNCH indicators through integration with the Ministry's District Health Information system

Daby Sow: IBM Research Africa

The healthcare sector in Africa needs better and more data to enable an informed decision making process in regards to business opportunities and policy development. Computer intelligence systems are entering into a new cognitive era with a promise of new and innovative solutions for current challenges facing the health sector. The symbiosis of human knowledge and machine capabilities can significantly improve efficiencies in the sector. Companies, such as IBM, are working on the development and strengthening of cognitive systems and predictive modelling which can assist public decision makers in a wide variety of cases: For example in times of crisis (epidemic preparedness) or at day to day patient level (the management of chronic diseases).

Kaakpema Yelapaala, access.mobile

access.mobile is a mobile solution built on the access of mobile phones. Mobile phones are linked to a simple web based platform which puts the communication in the hands of the provider where patient information can be stored. From a patient level, the solution provides the ability to locate, contact, search information and book appointments linked to the health facility. Innovative technologies like this have the opportunity to scale, once infrastructure, connectivity and investments in data security are being continued. Partnerships based on this foundation create a thriving health ecosystem while maintaining and keeping high standards: Patient engagement, empowerment of care teams, optimization of clinical and operational effectiveness and transformation of the care continuum.

Hayim Raclaw : Fio Corporation

Fionet is a solution that is focused on leveraging the use of technology in closing the gap between data and people through guided quality assured care. Fionet has developed frontline care devices that can diagnose, guide and track the care. The results from the disruptive impact of the device has achieved success, for example: A tenfold increase in compliance to protocols, a tenfold reduction in errors and a twentyfold increased epidemiologic accuracy and thirtyfold reduction in cost of care.

Kees van Lede, CarePay

CarePay is focused on health inclusion through financing. It was estimated that an average of two out of five persons in Africa do not seek care due to lack of funding. mTiba extends the capability of the mobile phone to influence access to health services and is established through the collaboration between CarePay, PharmAccess and Safaricom. mTiba targets specific segments of the population: Groups such as nomadic communities, slum dwellers and smallholder farmers. It allows people to save at a low cost and according to individual income levels and cash flows. mTiba provides data for payers and providers allowing effective tracking and transparency for funds.

Kumar Ramburran: Crowe Horwath

Crowe Horwath solutions support the core of organizations and health service delivery with financial reporting and analytic tools. These tools are designed to increase efficiency and provide revenue cycle analytics that helps organizations to centralize their revenue reporting and assess operational processes.



Session 3: Fostering Investments through Public Private Partnerships

Moderator: Dr. Anuschka Coovadia, KPMG

Speakers : Dr. Leslie Mancuso, President & CEO, Jhpiego; Alexander Oketch, Director, GE Healthcare Africa; Dr. Githinji Gitahi, CEO, AMREF Health Africa; Yasmin Masdan, Director, Population Services International

Discussant: Clare Omatseye, President - Healthcare Federation of Nigeria

Rapporteur: Sonali Ruparelia

With growing needs of achieving UHC, the area between the public and private sector has increasingly become curt and there is a high degree of convergence. It is imperative for Governments to accept that the private sector is critical to achieving UHC.

Examples were mentioned about technology giants such as Apple, Google and Microsoft recently getting involved on how to create a better health ICT strategy for the public health sector in Ireland. In South Africa, the private sector was recently involved in deriving how to improve risk management of national medical scheme memberships.

In developing countries, PPPs are often seen as 'the' solution to achieve universal healthcare access and quality; however, in reality very few PPPs come to fruition successfully. Many have a tendency of not to work for one party or both. These arrangements have been tarnished with broken promises, profiteering and disloyalty.

The public sector finds challenges in understanding and contracting commercial terms with the private sector independently; how to overcome organization inertia and myopia; how to comply with supply chain terms? The private sector needs to understand the social imperative of health and recognize that PPPs can only prove to be mutually beneficial over a long tenure. It has been proven that some critical underlying factors must be considered before entering PPP arrangements.

Firstly, the 'will and skills' of both parties must be identified which can only be materialized with proper planning and by stipulating individual and collective goals of both sectors respectively. Recognizing cultural differences, HR planning, and communication are key between the two sectors.

A win-win arrangement can be arrived at by detailed scoping, agreement of structures, proper approvals, modelling and execution of contracts. It is due to lack of such founding principles that PPPs have very often been tarnished and mislabeled.

Our past and current sector experiences are yet to present with clear learnings for Africa. This was set as the prime expectation from this session being to share insights candidly on where Africa, as a continent, has failed and find sustainable solutions, new opportunities which could lead to successful PPPs.

Key Outcomes

The speakers presented, firstly a case of a successful PPP in Indonesia, experiences, challenges and benefits of PPPs from their experiences. The trends of donor practices, various statistics of successful PPPs, 'do's and don'ts', common goal needs and lastly, understanding how and why different markets have different failures were also shared and deliberated. The following key points were noted:

- Identify 'local and global' partnerships where both sectors "blend" to find commonalities
- Transparency and honesty from both parties is crucial which requires both parties 'to let their guards down'
- Constant monitoring and evaluation of PPPs very key to success such that flows, issues and mistakes are addressed and corrected early, re-corrected if needed, with constant dialogue between the two sectors
- Patient/Consumer should be the common goal to serve for both parties, public and private
- Changing healthcare needs of patients, which warrants not just a systems approach, but to identify differences in consumer behavior
- Patients/Consumers move seamlessly between public and private systems based on urgency, accessibility and affordability
- Understand how and why different markets have different failures by looking at the supply chain factors by analyzing the gap between 'USE and NEED'
- Collaboration at all levels and stages of partnership, in and from both sectors, is key to success



- PPPs should extend beyond just infrastructure but also include data, ICT and supply chain partnerships
- Not enough PPPs to prove across Africa
- Lack of clear policies and regulation frameworks lead to disputes and failures of partnerships
- Very crucial to know “when to call it quits” and not to cross the lines of values, just like in any relationship
- Benefits of PPPs for the public sector include: Medical equipment systems transfer, access to innovation and research, increased investment opportunities, capacity building and technological advancement of public health sector and ultimately eventual patients/ consumers enjoying constant innovations and healthcare accessibility
- Benefits of PPPs for the private sector include: Greater efficiencies with scalability leading to catalyzed growth, socially responsible investments and returns, strategic long term investments
- A change of terminologies and language been practiced with commercial terms such as 'return on investment (ROI)', performance indicators and financial sustainability in the social development sector

Action points

Profit is not 'evil'; it is part of a successful PPP. Therefore a fourth 'P' being PROFIT is a reality which must be accepted. PPPs can only be sustainable if both sectors benefit mutually, i.e the public sector achieves universal health care coverage and the private sector recognizes health care as social imperative with sustainable financial performances and responsible returns on investments. The NGO sector is also under constant pressure from being 'philanthropic bodies to sustainable organizations' delivering social impact.

In conclusion, the following points were identified as key to successful, sustainable and mutually beneficial PPPs in Africa:

- Ministries of Health should have a PPP unit, just like other social and revenue generating sectors
- PPP unit must ensure the barrier to entry is lowered without affecting quality of outcomes
- PPP unit must have a clear set of objectives, outlines , KPIs and responsibilities
- Educate both sectors on PPPs by defining PPPs and involving financial, legal and transactional advisers to create model arrangements which are clearly understood
- Political will and commitment are required at all levels and hierarchies in the public sector
- Enabling environments need to be facilitated for doing business with ease with minimized/no bureaucracy
- Constant and focused involvement of the private sector in forming policies, legal frameworks to foster an inclusive arrangement which can then lead to win-win partnerships
- Mutual trust in PPPs very important which can be achieved with open and candid communication and patient eccentricity
- The fourth P, i.e. PROFIT is very crucial to be accepted for all parties and not to be labelled as a magnified 'evil' in a PPP

Empirical evidence proves that successful PPPs result in up-scaled infrastructure, better social and healthcare outcomes, medical tourism within the continent and eventually universal healthcare and coverage.





Session 4: Human Resources for Health: Bridging the workforce gap in Africa.

Moderator: Dr Kate Tulenko, IntraHealth

Speakers: Prof. Dr. Marleen Temmerman, Chair of the Department of Obstetrics and Gynaecology/ Director of Women's Health and Research in the Faculty of Health Sciences - Aga Khan University, Peter Tum, Director - KMTC, Dr. Vineet Arora, Manager International Business- Apollo Hospitals, Peter Waitthaka HRH specialist - USAID

Rapporteur: Dr Daphne Ngunjiri

According to the WHO, Africa has 11% of the world's population and 24 percent of the global burden of disease, but it has only 3% of the world's health workers. Hiring and retaining sufficient numbers of high quality health workers remains one of the greatest challenges for African hospitals wanting to improve their quality and expand their services. Sustainable development goals target 4.45 skilled workers per 1000 people creating an apparent urgency to innovate to solve this problem. The primary considerations beyond availability of a workforce are the quality and cost of the care not limited to remuneration but the with regard to cost of treatments.

Key challenges have been:

- The deficit of trained healthcare providers
- Optimizing the skill-mix and scope of focus to spend time at the peak of their license to maximize efficiency. Varied quality of productivity care from physicians has been noted to differ based on motivations.
- Financing in pre-service education, employment and professional development has been limited

The session focused on private sector solutions to this dilemma, spotlighting four main interventions: Training and Capacity Building, Improved Skill-Mix, Improved Quality and Productivity, and Financing. The session speakers present the successes their organizations have experienced in these four areas, with the aim of providing solutions to these problems in both the public and private sectors and to promote shared action moving forward.

Key points

- An annual increase of health workforce at 5.4% growth in health workforce is needed for African countries to meet its health needs
- Incremental cost of training is increasing and projected at \$130m to train healthcare workers
- Retention of skilled labor continues to be a contributing factor with immigration from less developed to more developed countries
- Education is transforming from science based to problem based to systems based that is competency driven to meet the national needs
- Current demand for training outstrips, the available vacancies, funding, facilities and teaching staff creating urgency to scale efforts in these areas.
- Community health volunteers (CHVs) capacity can be built to provide 85% of preventive and promotive health
- The inequitable distribution of healthcare workers between rural and urban communities correlates with income disproportion resulting in low number of graduates from the areas most affected. High tuition fees in effect place these opportunities out of reach to the most needy.

Action points and way forward

- Quality of care interventions needs to focus on job aids, clinical protocols and supervision to improve morale.
- Training of new kinds of health workers outside of the traditional physician- nurse mix and fit for purpose training is necessary to meet county needs
- Skill mix should be focused on macro productivity through strategic staffing and placement according to need. This will allow all health workers to practice at their highest level of their license to maximize efficiency.
- Efforts should be made to meet schools where they are instead of shutting down to improve quality through partnership
- Policies on training should focus on clinical practice rather than book learning. Policies could further on make all facilities teaching facilities
- There is a strong call for investment in retention, remuneration of faculty, reform training institutions, MoH needs to take the lead in curriculum development
- Quality and productivity can be achieved by strengthening informal trainings, national knowledge networks established through the use of technologies like tele-education consultations and digital libraries
- There is a need for regional quality audit and centers for laboratory, diagnostics, and pharmaceuticals
- Efficient financing for training should target scholarships that reach beneficiaries that suffer income disparities and higher health inequities.
- Establish revolving loans in selected areas for sustainability.





Session 5: Supply Chain Management: Strengthening Accessibility and Efficiency

Moderator: Tania Holt, McKinsey & Company, Johannesburg

Speakers: Betty Hannoun, Exec director MSD for mothers Inform push model, John Mwangi – Bayer Health care EA, Amit Sadana General manager IMS health, Evelyn Gitonga, Director Medical credit Fund

Rapporteur: Dr. Daphne Ngunjiri

Supply chain costs are high and growing fast as close second to labor as the big drivers of the costs of healthcare. Investments in health products are making efficiency within the supply chain crucial for achieving the impact the health system needs. The current situation in the public sector is that a vast majority of donors are managing a large part of the supply chain. While 70% of the pharmaceuticals consumed in Africa are imported, private sector players are facing challenges establishing distribution centers on the continent. Donors have identified the medical supply chain being at a high risk and stressed the need to develop in-country supply chain strategies. Strides are being made in securing investments in vaccines and in cold chain in-country as well and overall integration of supply chain.

Supply chain in-country distribution is not often a core competency of public sector, as the supply chain historically has been outsourced to private companies. Not having a quality assured supply chain is a blockage for accessing quality medication and supplies. African countries demonstrating economic growth are looking into maintaining medical supply chain growth aspirations through PPPs.

Key outcomes

The discussion from the panelists focused around 3 topics of Accessibility and affordability, Problems of access to finance and Improving access through ICT.

- Commodity inconsistency is due to a lack of information systems to manage the supply chain leading to an inaccuracy of data on consumption, limited reporting and poor forecasting.
- There is under-funding regarding the support of logistical needs. Facilities have limited cash to pick up commodities from district warehouses or cash to pay for the commodities
- Misaligned incentives: Higher margins on some commodities (designed to be retained in the health sector) incentivize prioritizing purchase of more expensive higher margin products over low margin products by healthcare workers.
- Over reliance on healthcare workers to focus on logistics, inventory management as well as patients creating a time conflict.
- Multiple supply chain systems operating in parallel with a pull system that is complex and uncoordinated
- Invoice discounting schemes are being established to increase access of health products to buyers at the base of the pyramid. This creates more capital for the sector and a database for payment histories and reference bureaus
- There is a need for managing fraud based abuse and counterfeit drugs through pharmaceutical coding to track products through the supply chain.
- Accountability in supply chain quality closes the loop of the supply chain

Attempts at reducing the current 1-5 year lead time for product approval in African countries can be reduced by balancing over and under regulation, investments in administration through both training and automation will speed up the automation and inspection process

Action points and way forward:

- There is a need for more players in the market supporting the development of infrastructure for logistics on warehousing, transportation, storage and quality assurance limiting incentive for pharmaceutical companies to enter the market.
- Closing the loop in the supply chain quality through evaluation of product integrity at the consumption stage needs to be filled
- Increase investments in integrated systems to provide real time data at the district and national levels that can be used to forecast and plan
- Regulatory bodies should collaborate through information sharing, to limit repetitive regulatory processes through use of information systems
- Research and evaluate the potential for pooled transportation systems
- Harmonized regulation and centralized applications with single dossiers and licenses for entire regions
- Build partnerships that can solve and offer sustainable outcomes for all

Regulatory control is primarily to ensure public protection. The manufacturers should observe collaboration with regulators in keeping the integrity of the supply chain as a responsibility in ensuring a quality assured system. The informal market is significantly large in Africa, therefore patients need to be more empowered to improve knowledge on the user-side to drive quality goals.



Session 6: Policy and Regulations

Moderator: Dr. Njeri Mwaura, IFC Health Programme Manager - World Bank Group

Speakers: Farouk Jiwa, Director – MSD, Dr. Rogers Ayiko, Principal Health Officer - East African Community (EAC), Zouma Salifou, Director, West African Health Organization (WAHO), Jeff Young, VP Product Development - AAPC , Andrew Karlyn, Regional Advisor Africa Global Development Lab, Digital Development – USAID

Rapporteur: Sonali Ruparelia

In this session the benefits, strategies, challenges and roadmaps of current regional economic blocks and zones such as East African Community (EAC) and Economic Community Of West African States (ECOWAS) have been discussed. Regional economic organizations have quite successfully formed and started implementing continental harmonizing initiatives such as Free Trade Agreements amongst member countries.

The potential of regional blocks was deliberated with regard to proposals and blue-prints of what such initiatives mean for the business of health in strengthening health systems and improving access to healthcare for Africans continentally.

- ECOWAS has established the West African Health Organisation (WAHO) in 1987 to achieve 'highest standards and protection' of its citizens health through "harmonization of the policies of the Member States, pooling of resources, and cooperation with one another and with others for a collective and strategic combat against the health problems of the sub-region".
- The EAC has focused on health education/ training, health research and health services as key factors of regional harmonization in the health sector. The EAC has established Inter University Council of East Africa, East African Health Research Commission and the EAC Secretariat (Health Services Commission) as domains in health education, medical research and health services towards addressing the focal points of integration within the region.

The challenges and benefits of integrated regional harmonization in the health sector were presented including ways to overcome any barriers to realize the full benefits. For successful regional integration and implementation in the healthcare sector in Africa, policy and regulation needs to be water-tight and formalized; the modalities such as what needs to be in place or enhanced, and aspects of public and private sector investment, intervention and partnership needs to be linked.

Key Outcomes

When compared and contrasted, both the EAC and WAHO have similar aspirations and visions in regards to harmonization of healthcare amongst their respective member countries. The overarching goal of such effective regional integrations is to ensure that citizens have complete healthcare coverage by mobilizing adequate and timely resources to improve health indicators and ensure better control of major diseases in the continent.

The common strategies adopted by both bodies are along the tunes of coordinating and harmonizing health policies, capacity building, research and information management by development of strategic partnerships with the private sector.

The following benefits of regional health sector integration were highlighted:

- Reduced cost of doing business e.g. medicines and health technologies
- Increased trade in goods and services
- Mutual recognition of institutions and services
- Expansion of quality of health education and services
- Increased access to health education and services
- Economies of scale through regional investments

The challenges of health sector harmonization were also deliberated:

- Harmonization is a long and arduous process
- Inadequate participation of key stakeholders in harmonization processes
- Weak national regulatory mechanisms due to inadequate consideration and under resourcing
- Ineffective coordination among regulatory stakeholders
- Weak enforcement of policies and regulations due to manipulation of sanctioning systems
- Weak self-regulation mechanisms e.g. professional association, societies and service delivery institutions



In order to facilitate and create a conducive platform for health sector integration, the following measures are needed to be implemented by regional economic zones and blocks:

- Reduce barriers to participation of key stakeholders
- Advocacy for increased attention to governance of regulatory authorities
- Support establishment of umbrella National Health Professions Regulatory Authorities
- Strengthen self-regulatory mechanisms
- Develop strategies and tools for joint action and sharing of resources

Various task forces and expert working groups are proposed and some are already established by both the EAC and WAHO to materialize the above measures:

- Private sector engagement strategies involving co-funded research, health insurance, access to finance, capacity development and training, development of national private health sector policies, strengthening of regulatory bodies for health professionals (physicians pharmacists, dentists etc.)
- Support countries in developing national private health sector policy development, development of guidelines on private sector and state health service contracts
- Preliminary discussions on the adoption of tax systems and regional customs in the private health sector

Innovative products and services are key to achieve universal health care which can take between 1-5 years to be approved by various individual African countries. As regional and continental pharmaceutical trade increases, there is an impending need for regional harmonization in drug registration, policy and regulation. Pharmaceutical companies are often not considered as strategic partners in the process of health sector integration across the continent. Regional harmonization is also key to attracting PPP investments in the pharmaceutical sector.

Some private sector initiatives such as medical coding were also discussed as tools which would aid the regional integration of healthcare diagnosis, procedures, medical services and equipment. Coding can facilitate various elements of regional harmonization by creating standard operating procedures across the regions, evaluating potential PPP opportunities across multiple countries by assessing risks of individual countries.

It was concluded that to achieve the overarching goals and objectives of regional harmonization and integration in the health sector across Africa, the commitment and dedication of all parties, public and private sector players, including Heads of States is crucial with constant progress reporting and policy enforcement.





Launch of Africa Healthcare Federation

The inaugural Africa Health Business Symposium witnessed a groundbreaking ceremony with the historic unification of the five regional healthcare federations of Africa to launch the Africa Healthcare Federation which will advocate, mentor, collaborate and unify the private health sector of Africa so as to ensure the scaling up and strengthening of health systems, spurring greater investments as well as development of affordable, accessible and quality healthcare delivery across the continent, thereby rising Africa to global standards.



Launch of the Africa Health Federation as healthcare leaders from the 5 regions of Africa unite to pledge their commitment by signing of a communiqué.

[L-R] Dr. Ramesh Bhoola (Southern Africa), Dr. Ardo Boubou Ba (Western Africa), Dr. Amit N. Thakker (Chairman, AHF & Africa Health Business), H.E. Dr. Mustafa Siddiqi Kaloko (Commissioner of Social Services, African Union), Dr. Ian Clarke (Eastern Africa), Dr. Jean Daniel Ovaga (Central Africa), Dr. Hatem El Gabaly (Northern Africa)

EAHF was formed in 2012 consisting of Uganda, Kenya, Tanzania, Rwanda, Burundi, Ethiopia and South Sudan, and WAPHF was established in 2016 comprising of 15 West African countries – Benin, Burkina Faso, Cape Verde, Cote d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone and Togo, together with the upcoming Northern, Central and Southern private health federations will jointly manifest to form the Africa Healthcare Federation, thus representing the private health sector of the continent in conjunction.



AFRICA HEALTHCARE FEDERATION



At the AHBS this October, leaders from the 5 regions of Africa joined hands to reiterate their leadership role, and pledged their commitment towards the development of the AHF by signing a Communiqué. With this, the Africa Health Federation logo was unveiled.

Dr. Amit N. Thakker, Chairman of Kenya Healthcare Federation, and Africa Health Business was elected as the first Chairman of the Africa Healthcare Federation, in the presence of high level delegates from the African Union, IFC/World Bank, World Health Organization, USAID, McKinsey & Co. and eminent leaders in the healthcare field across Africa.

H. E. Mustapha Siddique Kaloko, the Commissioner of Social Services at the African Union was in attendance at the ceremonial event and stated, *"The private sector plays an integral part in improving healthcare in Africa. The African Union is delighted with the formation of the Africa Healthcare Federation and provides its full support in any manner, including collaboration with the stakeholders. We wish Dr. Amit Thakker the very best as he accepts this bold responsibility of leading the AHF, which we are sure will revolutionize healthcare in our continent."*



[L-R] Dr. Ardo Boubou Ba (Western region), Dr. Amit N. Thakker (Chairman, AHF), H.E. Mustapha Siddique Kaloko (Commissioner of Social Services, African Union), and Dr. Ian Clarke (Eastern Region)

On accepting his prestigious new role, Dr. Amit N. Thakker stated, "I am honored to take upon this position bestowed upon me by the healthcare leaders of Africa. I look forward to working closely with all stake holders as we chart out an actionable plan for the AHF. It is going to be an exciting journey. With the support we have received from the AU, governments and also development partners, I am certain that the only way forward, is upward!"

This is a pivotal moment that marks the beginning of a momentous change by unifying African countries under a single umbrella – the Africa Healthcare Federation (AHF) towards overcoming challenges together and achieving mutual far-reaching outcomes. AHF will be the over-arching organization that will represent, promote and protect private health sector interest in collaboration with the governments and corporate partners. This will ensure the ramping up and strengthening of health systems, as well as development of quality and uniform standards of health care delivery across the continent.

We now truly embody the Old African proverb, ***"If you want to go quickly, go alone. If you want to go far, go together."***





Special Events

VIP Breakfasts - Day 1: Public and Private Sector, Day 2: Development Partners

Before the start of the first day of the AHBS, an exclusive VIP breakfast was held whereby key leaders in the public and private health sector were present. The breakfast was facilitated to explore how to increase Africa's healthcare GDP via private sector collaboration. The presentation ended with a Call to Action called "Health Africa", whereby a synergistic partnership between companies, countries and development partners needs to be established in order to drive investments in healthcare on the continent.

The proposed role for the countries will be to set the key priorities; the companies to make the deals and development partners to support the facilitation of this process. The ultimate goal of these increased investments will be: Improved African health outcomes and a stronger African health sector. After the breakfast session, and during AHBS, many companies showed a keen interest to participate in the call to Action and also the Ministers of Health that were present showed their support for the proposed movement.

Before the second day of the AHBS, the Call to Action for "Health Africa" was presented to the leading development partners in health in Africa. The set up was similar as the day before, only the participants attending this breakfast meeting were exclusively representing the development partners. The partners present seemed keen to learn more on the how and what of the Call to Action and the AHB team will follow up on this Call to Action in order to increase the investments in Health in Africa by a targeted USD 25 billion by 2022.







Side Events

Exclusive Dinner – access.mobile

Immediately after the AHBS 2016 Welcome Cocktail on the 5th of October, AHBS in collaboration with the company access.mobile, hosted a VIP dinner to the heads of the private health sector federations on the continent with the aim to network, connect and to present the experience and work of access.mobile. The dinner meeting was very successful and welcomed over 25 private health sector leaders to the dinner table including Hon. Dr. Haufiku from Namibia.



Exclusive Dinner – Quantum Global

After the first conference day on 6th October, AHBS facilitated a VIP dinner on behalf of Quantum Global with the main aim to share experience and knowledge about the African healthcare space. The dinner meeting was an intimate dinner with 15 experienced healthcare professionals representing 10 different African countries.





AHBS Team



Amit N. Thakker
Chairman



Nishit N. Shah
Director



Marloes Kibacha
Director



Liz Otaye
Administrator



Maira Bholla
Partnerships &
Facilitation



Ameer Choksi
Marketing & PR



Laetitia Lemoine
Francophone
Management



Ilaria Donati
Francophone
Management



Puja Tank
Logistics



Leah Odundo
Delegate
Management



Clara Urdiales
Delegate



Hassan Yusuph
Facilitation



Uma Nambiar
Speaker
Management



Sheena Raikundalia
Facilitation



Sonali Ruparelia
Rapporteur



Daphne Ngunjiri
Rapporteur



AHBS II : Transforming PPPs for Health in Africa

The African continent is experiencing steady economic growth with an expected household consumption growth and business spending is expected to grow from USD 2.6 trillion in 2015 to USD 3.5 trillion by 2025.

The impact that such growth has on health sector is that a growing urban middle class is willing to pay for better healthcare treatment, thus widening the door to the private sector which is starting to play a vibrant role, often working in partnership with donors and governments to provide better healthcare and increase the access to medicines at an affordable price not only for the higher income population but also for Africa's lower income citizens.

Substantial investments are needed to meet the growing demand, largely from low and middle-income households which comprise 70% of Africa's purchasing power. African governments alone can not meet the growing demand for better healthcare services and are becoming more interested in partnering with the private sector to grow and improve healthcare systems in their countries and regions.

In several African countries, reform programs are carried out that will foster Public Private Partnerships (PPPs) and to create systems that will encourage investments, growth and improvement in the private healthcare sector. An increased number of African countries are following this path, but there are challenges in the process, trying to meet the goals and objectives of both public and private sector players. The theme of AHBS 2017 is **“Transforming PPPs for Health in Africa”**, and focuses on connecting the 5 “Game Changers” of health in Africa (healthcare financing, supply chain management, human resources for health, digital technologies and fostering investments) to the strengthening of PPPs on the continent, so that collaboration between public and private sector in PPPs for health will result in better health indicators in Africa.

Draft programme

	DAY ONE		DAY THREE
18:00 - 20:00	Welcome cocktail	07:00 - 08:30	Private Breakfast: Accelerating Healthcare
	DAY TWO		
07:30 - 09:00	VIP Facilitated Breakfast (by invite only)	08:30 - 09:00	Keynote Address
09:00 - 10:30	Opening Ceremony	09:00 - 10:30	Session 4: Human Resources for Health: Bridging the work force gap in Africa
10:30 - 11:30	Health Ministers Panel	11:00 - 12:30	Session 5: Supply chain management :Strenghtening Accessibility and Efficiency
12:00 - 13:30	Session 1: Healthcare Financing	13:30 - 15:30	Session 6: Policy & Regulations
14:30 - 16:00	Session 2: Digital Technologies:	15:30 - 17:00	Closing ceremony
16:30 - 18:00	Session 3: Fostering Investments through Public Private Partnerships		



Partnership Opportunities

PACKAGE DETAILS	PLATINUM	GOLD	SILVER	BRONZE	SESSIONS
	\$50,000	\$35,000	\$20,000	\$15,000	\$10,000
> PREFERENTIAL SPEAKER OPPORTUNITY AT SPECIAL SESSION	✓	✗	✗	✗	✗
> PREFERRED SPEAKER OPPORTUNITY AT A SESSION	✓	✓	✓	✓	✓
> RECOGNITION BY AHBS LEADERSHIP DURING EVENT	✓	✓	✓	✓	✓
> EXHIBITION BOOTH	EXECUTIVE	EXECUTIVE	PREMIUM	PREMIUM	STANDARD
> RECOGNITION IN AHBS COMMUNICATION BEFORE, DURING AND AFTER THE EVENT	LARGE LOGO	MEDIUM LOGO	MEDIUM LOGO	SMALL LOGO	SMALL LOGO
> CONFERENCE PASSES	15	12	8	5	3
> CORPORATE LOGO PLACEMENT ON CONFERENCE WEBSITE	X-LARGE LOGO	LARGE LOGO	MEDIUM LOGO	SMALL LOGO	SMALL LOGO
> RECOGNITION ON BANNERS AND SCREENS THROUGHOUT THE EVENT SITE	X-LARGE LOGO	LARGE LOGO	MEDIUM LOGO	SMALL LOGO	X-SMALL LOGO
> ADVERTISING FLIERS, POSTERS AND PROMOTIONAL CAMPAIGNS	LARGE LOGO	MEDIUM LOGO	MEDIUM LOGO	SMALL LOGO	X-SMALL LOGO

Exhibitor Opportunities

PREMIUM

\$4,000

Package includes:

- * Booth size 3m x 2m
- * 1 Draped table 140cm x 60cm
- * 2 Chairs
- * 1 Power outlet
- * 2 Conference passes

EXECUTIVE

\$6,500

Package includes:

- * Booth size 6m x 2m
- * 2 Draped tables 140cm x 60cm
- * 4 Chairs
- * 1 Power outlet
- * Logo on promotional materials
- * 2 Conference passes

STANDARD

\$3,000

Package includes:

- * 1 Draped table 140cm x 60cm
- * 2 Chairs
- * 2 Conference passes

For more details visit our website: www.africahb.com
 To further explore our partnership and exhibition opportunities contact:
 Marloes Kibacha
 Programme Director
info@africahb.com



Transforming PPPs for Health in Africa



AHBS III

Africa Health Business Symposium
Growing the Business of Health in Africa

6th - 7th November 2017
Dakar, Senegal

Save the date for the
second Pan-African
health business symposium

Healthcare
Financing



Towards
Universal Health
Coverage

Human Resource
for Health



Bridging the
gap in Africa

Fostering
Investment



Public - Private
Partnerships

Supply Chain
Management



Strengthening
Accessibility
& Efficiency

Digital
Technologies



Disruptive
Innovations for
Health

For more information visit
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