



AHBS 1st Webinar series
Partnerships for COVID-19 in Africa

Session report

Infrastructure & Equipment



7th August 2020



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

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



MODERATOR

Mrs. Clare Omatseye
Director
Africa Healthcare Federation



KEYNOTE

Dr. Babatunde Omilola
Manager Public Health
Security & Nutrition Division
Africa Development Bank



SPEAKER

Mr. Farid Fezoua
President & CEO
GE Healthcare Africa



SPEAKER

Ms. Jitka Stranska
Managing Director
Middle East & Africa
Linnet



SPEAKER

Dr. Steve A. Adudans
CEO
Mediquip Global

Event Partners



PHARMACCESSGROUP





MODERATOR



Mrs. Clare Omatseye
Director
Africa Healthcare Federation

This session is so important because we are in truly unprecedented times for families, cities, countries and continents. Africa has been hit hard because, in addition to the pandemic, our healthcare systems were already overburdened, with poor infrastructure, and high out-of-pocket payments, poor referral systems, an increase in medical tourism for those who can afford it, and massive brain drain where we are losing our best and brightest to other countries. This has resulted in a poor patient to doctor/nurse ratio, with more than 1,000 patients for each doctor/nurse across Africa. Three percent of our healthcare workforce in Africa are serving over 15% of the global population. It is therefore very important that we look after our healthcare practitioners and that means we need to be able to have access to quality care and effective PPE, and create an enabling environment with the right kinds of infrastructure. This can only happen with proper public-private partnerships.

The Africa Health Business Symposium has always emphasized the importance of strategic partnerships. Governments cannot address this pandemic alone. We have seen collaboration between the public and the private sector and how, with the brightest minds, with innovation, with out-of-box thinking, we can make a difference.

We have some incredible speakers today who, in their own fields, have been able to make an impact through innovative thinking, products and services in order to provide access to quality healthcare for all Africans. It is important that we start to think about having some self sufficiency as a continent. Africa cannot remain import dependent and partnerships can allow production to take place on the continent to ensure better value for money and more transparent procurement processes.



KEYNOTE



Dr. Babatunde Omilola
Manager Public Health
Security & Nutrition Division
Africa Development Bank

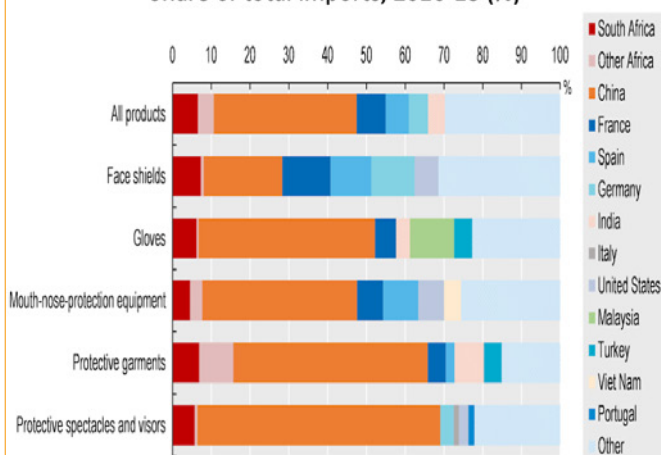
We are witnessing a very terrible pandemic that has caused almost 709,000 deaths around the world. As the WHO has communicated, we have around 19 million confirmed cases of COVID-19. We are facing a daunting challenge and we may not have yet reached the apex of this pandemic. Therefore, this is a ticking time bomb for Africa. If advanced economies like the U.S. and Spain have struggled to contain the pandemic, it has a devastating potential for poorer countries. In order to avoid these effects, we have to make sure we ramp up our infrastructure.

At present, Africa has about 1.3 billion people. It bears one-third of the global disease burden but accounts for only 3% of the global health workforce. The average physician density in Sub-Saharan Africa stands at about two doctors per 10,000 people. This ranges from around 0.6 in Burkina Faso to 9 in South Africa, which means we have a huge health infrastructure gap on the continent as well. Because of these terrible gaps, we need to focus on how to build our healthcare infrastructure and equipment on the continent.

The first challenge that ADB is focused on is the limited health infrastructure and equity. They are working to support African countries in terms of healthcare workforce, equipment that countries need for their dispensaries and health centers, as well as laboratory capacity. ADB is seeking to strengthen health systems and to support provision of all kinds of needed equipment (ventilators, masks, ICU beds, etc). A country as advanced as South Africa with all its well-run public health systems has less than 1,000 ICU beds. In Malawi, 17 million people rely on only 25 ICU beds. Some countries, such as Zimbabwe and Liberia, have no ICU beds at all.

CHALLENGE # 1 LIMITED HEALTH INFRASTRUCTURE AND EQUIPMENT

Africa's imports of personal protective equipment (PPE), by country of origin, 2016-18 Share of total imports, 2016-18 (%)



Source: OECD Policy Responses to Coronavirus (COVID-19)

- Just a little over half of all African countries have personal protection equipment (PPE) available and accessible to healthcare workers, according to WHO readiness response sheets
- There are fewer than 2,000 working ventilators in public hospitals across 41 African countries, compared with more than 170,000 in the U.S
- There are five ICU beds per one million people in Africa compared with 4,000 beds per one million people in Europe
- Only 15% of sub-Saharan Africans had access to basic hand-washing facilities in 2015 according to UNICEF



When this pandemic started, the board of ADB approved a \$10 billion COVID-19 crisis response facility. Within this amount, the bank earmarked \$5.5 billion to support middle income countries so that they will be able to ramp up their healthcare infrastructure, \$3.1 billion to support the low-income countries and those in fragile situations, and \$1.4 billion to support private enterprises in terms of manufacturing, equipment, health infrastructure, and procurement of medical supplies needed. In addition to the resources provided, the bank also earmarked \$115 million to support regional economic communities across the continent in terms of cross-border support, but also in terms of procurement of medical equipment that countries require.

Those resources have been made available to African regional bodies. They are also in the process of extending \$27 million in grants to the African Union commission through the Africa CDC so that they can get involved and make available all necessary medical equipment and infrastructure needed to support the response to the crisis on this continent and do more about capacity building. The bank has also made available a \$3 billion social bond, which will help mitigate the negative social and economic impact.

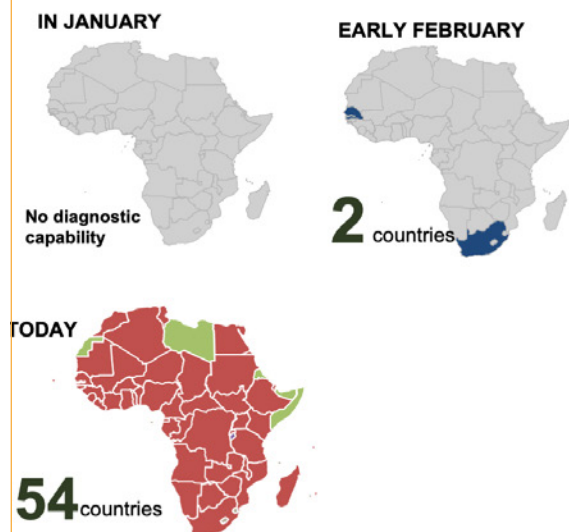
When ADB extends resources to countries, they focus on three areas:

1. Help countries to be able to have the necessary health infrastructure and equipment to address the crisis.
2. Provide liquidity for governments so they can have access to their resources to pay salaries and support their populations.
3. Support and protect the poor and vulnerable.

In addition to all this support, ADB has come up with a comprehensive health infrastructure strategy that looks at the key ingredients that will enable African countries to ramp up their health infrastructure and also build public-private partnerships for health infrastructure on the continent. ADB is working now on this health infrastructure strategy, which will be ready by the end of the year and they would like to engage more of their partners to contribute.

CHALLENGE # 2 LIMITED TESTING AND DIAGNOSTIC CAPACITY

Diagnostic capacity for COVID-19



Across Africa, the average number of tests per one million people is 6,643, compared with 242,929 in the UK, 180,977 in the US and 95,529 in Germany

TOTAL TESTS

Cumulated Tests

- World: 344,075,409
- Africa: 8,893,749
- West Africa: 1,219,854
- East Africa: 1,456,522
- North Africa: 2,049,597
- Central Africa: 377,055
- Southern Africa: 3,790,721

Test per million people:

- World: 44,142
- Africa: 6,643
- West Africa: 3,071
- East Africa: 3,879
- North Africa: 9,929
- Central Africa: 2,574
- Southern Africa: 17,781



The second challenge that ADB is focused on is related to limited testing and diagnostic capacity. The president of ADB has put together a committee to look at how we can ensure that we have more testing and that we improve diagnostic capacity for COVID-19 testing across the continent. As we know, the average number of tests per one million people on the continent is less than 7,000 compared to around 243,000 in the United Kingdom, 181,000 in the United States, or 96,000 in Germany. ADB wants to work with all of their partners to ramp up testing and diagnostics across Africa.

Investing in quality health infrastructure makes sense, from both the economic and social angle. As a development economist, he has seen that without quality health infrastructure, it's impossible to generate the kind of economic development that Africa requires. Enough evidence has shown that investment in health infrastructure creates an avenue for resilient societies and drives inclusive growth. That is why ADB believes that development partners and private sector enterprises have a role to play in terms of ensuring that Africa has quality health infrastructure.

We can all work together to prevent the collapse of African health systems by establishing special funding schemes to support the health expenditures of many African countries, which must be targeted and well defined. We also have to work together to ensure that we avoid overstretching existing health infrastructure on the continent while strengthening human resource capacity.

We know there are many innovations that are ongoing across the continent, whether in the area of telemedicine or the use of drones, so we need to support these types of innovations. ADB is looking forward to continuing to support more investment in the area of quality health infrastructure to equip our medical centres with modern facilities.

The time is now -- we need to use the opportunity of this crisis to ramp up our health infrastructure on the



SPEAKER



Mr. Farid Fezoua
President & CEO
GE Healthcare Africa

The pandemic came at a time when GE had just adopted a new purpose statement: “We rise to the challenge of building a world that works.” Whether it’s ensuring that healthcare is delivered in a timely manner, ensuring that the lights stay on in hospitals and homes, or the continuation of aviation services that have provided emergency services during the pandemic, GE is working to live up to this purpose statement.

They had to adapt quickly to establish new safety protocols. GE’s number one priority is the health and safety of employees and customers. In this regard, COVID-19 has been a huge challenge; providing effective EHS protocols, making sure that their frontline workers (field engineers, clinical application staff, etc.) are safe, and also establishing a strong crisis management plan. We are all challenged by the speed of the spread of the virus. Being able to follow strict crisis management rules and being proactive has been key.

GE’s second priority is being there for their customers, which include private and public hospitals, radiology centers, and many other medical facilities. This means helping them ensure business continuity, that the workflows and protocols in an emergency situation were met, and making sure that GE’s clinical, technical and back office staff are available to support customers.

Responding to the challenge of this pandemic has required innovation and creativity, reacting quickly and holistically and adapting the strengths that already existed within the company in order to respond to new needs.

GE has had to overcome challenges when it comes to supply chain in order to deliver ventilators, ultrasound machines, CT and X-Ray machines, patient monitoring, and other essential equipment in good time. GE has had to flex their capacity in a very short amount of time, both in manufacturing and supply chain.

Along with addressing infrastructure related to the pandemic directly, there is also the need to maintain the infrastructure around other medical interventions. GE has continued working on important projects such as molecular imaging and cancer center at Kenyatta Hospital in Nairobi, Kenya. Those things need to go on, even in the midst of the pandemic, because we need to plan for long-term sustainable health responses. We know that non-communicable diseases are hitting the continent silently, but significantly.

Infrastructure works only if you have engineers and maintenance experts who are trained and available to provide services. It’s not just about procuring equipment -- it’s about ensuring that the equipment procured is the right equipment and that there are localized experts who can deliver maintenance services over time to make it sustainable. The pandemic has been a good test for this, as GE didn’t have to fly any specialist experts from outside of the continent -- they couldn’t have done so anyway, so it is important that they have been able to build over time teams of experts on the continent.

A pandemic like this is an opportunity to innovate. We can see this when we look at what we all had to do to reinvent ourselves during this time, realizing the importance of acting remotely, providing services despite being unable to be there physically. The digital solutions that have been tested for years were applied and enabled remote workflow adoptions that were not previously used. Staff had to adapt quickly and digital technology has progressed more in the past few months than it has over the last several years. We are going to see an acceleration of very affordable, simple digital and remote health solutions for clinical and technical staff.

This emergency has made us realize that when we have a few thousand working ventilators in a continent of 1.3 billion, there is a planning issue. That is the task to all of us moving forward -- public, multilateral, private sectors need to come together. We have the solutions, we just need to be smarter about planning proactively and not waiting for a crisis before we respond.



SPEAKER



Ms. Jitka Stranska
Managing Director
Middle East & Africa
Linet

Since February of this year, we have been witnessing an increased demand on disposables, ventilators and patient beds (especially ICU beds). Different countries were prepared at different levels. There are specialized facilities popping up where a high number of general beds and ICU beds were being requested.

When it comes to COVID-19 patients, with the acute respiratory distress system, where general beds are not sufficient for the majority of cases, Linet are serving their patients with proper equipment. Ventilators are life saving but also can cause further respiratory complications. To address this, patients are required to go into prone position, where the patient is lying face down. Although this helps the respiratory system, it can cause other problems and complications that can result in longer stays in the ICU. Linet offers a type of bed that allows health workers to turn the patient effortlessly. However, many hospitals can't afford these. Therefore, Linet is offering a wide range of patient beds.

Through proper analysis of the needs of each and every hospital, they are able to customize a product mix based on the hospital's needs and budget to optimize performance. Linet also encourages everyone involved in the procurement process to have a long-term perspective. 20-40% of health spending is wasted due to poor quality of equipment and safety failures. The choice of equipment has a huge impact on future spending and savings. Choosing a good patient bed today can be an investment that will last up to 15 years. A poor quality product will cost more in the long term. Linet is willing to work with facilities to meet their specific needs, whether that means payment plans, prioritizing certain products, and so on.

Linet saw that immediate deliveries were prioritized above all other parameters. Quality, durability, sustainability, and total cost of ownership (the cost of the product including all the follow-up costs) were often not considered in the procurement process. If the only priority is what is immediately available, there will be long-term negative consequences.

Many health workers and facilities were unable to receive Linet's regular training and technical support due to restrictions on being physically present. In response, Linet has developed online trainings and sessions, as well as remote after sales support so that customers still receive the full support.

Linet is doing their best to continue manufacturing in an ethical and sustainable way in these unusual circumstances and are ready to continue supporting their customers to sustainably increase the quality and safety in hospitals. They want their customers to thrive during this pandemic and also beyond it.





SPEAKER



Dr. Steve A. Adudans
CEO
Mediquip Global

The heartbeat of every medical device has to be maintained in order to save as many patients as possible. Medical devices are taking center stage when it comes to addressing COVID-19. Mediquip is part of a multi-agency, multidisciplinary group called NEST360° (Newborn Essential Solutions and Technologies), which looks at a hybrid approach that combines effective science and business where devices are tested and show that they are able to save as many lives as possible.



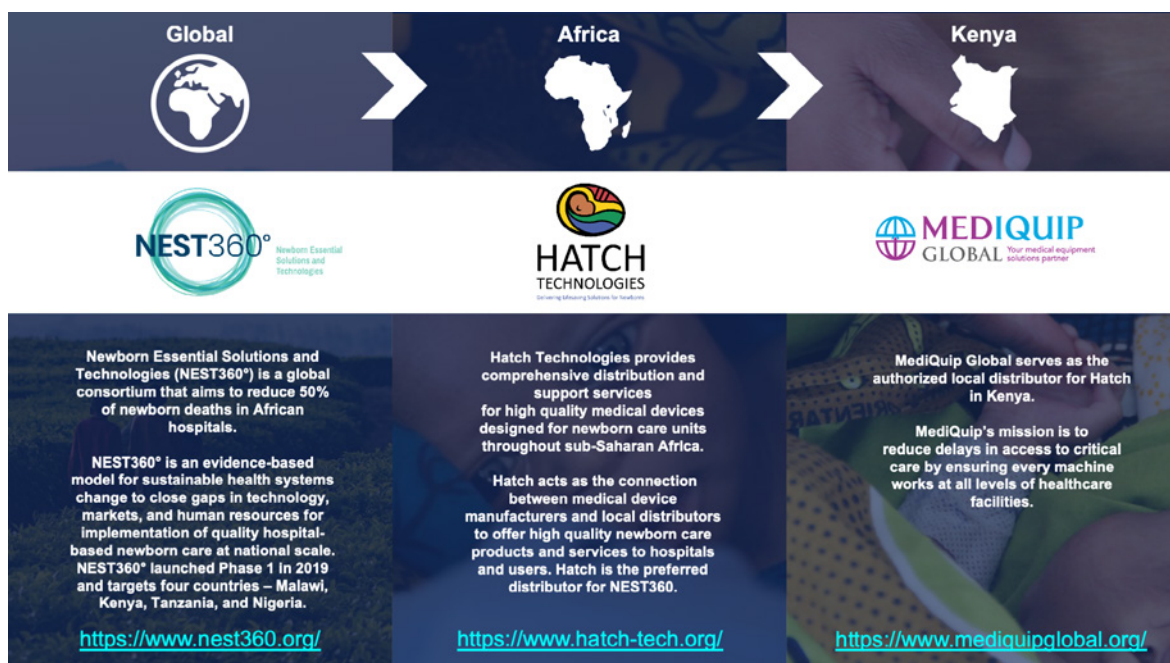
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Over 70% of the conditions that can lead to newborn deaths are preventable. This initiative focuses on how we can optimize affordable, effective, and robust technology to save as many babies as possible. Now that COVID-19 has hit, technology is more important than ever.

Traditionally, we've seen that equipment is dumped on the continent, resulting in waste. This is something that needs to change. 70% of medical equipment in Africa breaks down within a year -- how can we keep this from happening?

How can we harness innovation to come up with, develop and test ideas on the continent and for the continent? How can we pass on knowledge to educate the people who need to know? How can we learn from that implementation so that we have a template that can be rapidly scaled up on other parts of the continent? This is being done in Malawi, Tanzania, Kenya and Nigeria so that they can test and domesticate an initiative that is able to actually ensure technology is deployed in an effective manner.

The goal is to have an effective, affordable and sustainable deployment system for medical devices throughout Africa. Their goal is to reduce infant mortality by 50% through their equipment, but the equipment that they were looking at for newborns can also be used to address COVID-19. They have adapted and were able to increase access to the necessary equipment. This requires a paradigm shift -- how can we have equipment for our setting that gives us the best results for our context?



It is very important to know that, just like every patient deserves the best opportunity to survive every medical condition, we must ensure that we have the best medical devices that are robust, affordable and effective to ensure that we save the lives of as many people as possible, especially during this time of COVID-19 when there is need to deploy effective technology to address health challenges.



Questions & Answers

Q to Dr. Omilola: How is the private sector being integrated into your comprehensive health infrastructure strategy? If so, is there space for the private healthcare federations across the continent to have a seat at the table and provide input into that strategy?

A: We know that we can only carry out our goals by working with our partners. One of ADB's priorities is to improve the quality of the lives of people in Africa. It is within this goal that ADB is developing this healthcare strategy. They are currently working on the first draft and will be working with a private sector entity to do so.

Once that is done, there will be several stages of peer review, which will involve many healthcare colleagues, particularly those in the private sector, including those in the healthcare federations so that they can also have their input. They are also interested in working with Africa Health Business to ensure partnership in the formation of this strategy. ADB is also committed to and has been supporting private sector operations in the health sector.

Q to Dr. Omilola: What has the uptake of the \$115 million private sector fund been? Are you able to hedge in local currency, because devaluation of the local currency has been happening in many countries and some are apprehensive about borrowing in USD.

A: The \$115 million is coming from the African Development Fund (ADF) instrument, which is an instrument that provides finance for low-income countries. The \$115 million is in the form of grants, not loans. This will be used to support the regional economic communities. This will support cross-border initiatives, including contact tracing, health infrastructure, equipment, etc. to deal with the pandemic.

Some of these regional economic communities will be working closely with the WHO, which will be the key implementing agency for them, in terms of the procurement but also in terms of building capacity and human resource training. In addition to these regional economic communities, there are a few countries that ADB has chosen to benefit from this ADF instrument, including Zimbabwe and South Sudan. They take note of the local currency situation and take depreciation into account. So all of these things are being taken care of at the level of the bank.

Q to Dr. Omilola: The Abuja Declaration, which was signed many years ago where countries committed to spending 15% of their national budget on health. However, this has not been complied with. Is there anything that ADB is doing to ensure that, in addition to the financial assistance being provided, that African governments start to dedicate more of their capital expenditure and general budgetary applications to healthcare?

A: One of the things that ADB does is supporting knowledge dissemination. Before the end of the year, they will launch "A Guide on Value for Money in the Health Sector in Africa." This study looks at resource efficiency in terms of budgetary expenditure in the health sector. This guide will show how African countries to meet the Abuja Declaration standards.

They have also conducted many trainings to build capacity and understand budgetary allocation in the health sector and how to have efficiency and good resource allocation in everything they do. This is essential in order to close the \$66 billion health financing gap on the continent. They have also produced "Public-Private Partnerships for Achieving Universal Health Coverage in Africa." This will be launched this year as well.

Q to Mr. Fezoua: What do you think that OEM and OEM partners should do to influence having standards for importation or use of equipment in African countries in order to minimize waste?

A: The question of quality and sustainability of equipment and infrastructure is key. Having equipment that is sitting idle, not maintained and not delivering quality healthcare to the patient is incredibly problematic. The African Union has a role to play in harmonizing regulation around both the standards of quality as well as governance. A big debate around healthcare equipment is particularly around technology that involves a certain level of risk.

There is still significant amounts of sub-standard equipment being imported into the continent in an unprepared manner. These bring significant risks to patients. That's something that needs to be better regulated. The OEMs have a responsibility, but OEMs also need the authorities to put the right regulations in place. GE is willing and able to collaborate on these regulations alongside governments and the African Union.

Q to Mr. Fezoua: From GE's perspective, as an investor in Africa, how can we leverage on the opportunity that this pandemic provides to get better infrastructure for the African health sector?

A: The key is how are these dollars of investment used? How are they invested to deliver long-term, sustainable healthcare outcomes? That's where we need to do a better job. Funders can bring the capital, but the gap is in the execution. We need to be strategic in partnerships and collaboration in order to implement effectively.

Q to Dr. Adudans: There are not as many serious cases of COVID-19 on the African continent as expected. As an infectious disease expert, what do you think are the factors responsible for this?

A: The two main things that affect the spread of the virus are the host and the environment. Africa represents a unique environment, where there are warm temperatures and, therefore, COVID-19 as a virus would take a bit of time to be spread as compared with other countries. Pollution can also affect the spread and some areas of the world have more pollution than Africa.

However, the testing capabilities of this continent may also be affecting the numbers. We are likely to have had many more cases than have been reported. In order to address this, we need to test as many people as possible. The demographic structure of who is most negatively affected by the virus means that certain nations, who have older populations, are seeing more deaths as a result of COVID-19. Africa's young population may be more resilient in surviving the virus.

Q to Dr. Adudans: How would you advise an Africa startup to build a strong ecosystem and go from an SME to a larger corporation?

A: Incubation partners are able to link the networks of entrepreneurs. Mediquip is happy to make linkages. These incubation hubs are very effective at providing opportunities for SMEs.

Q to Ms. Stranska: What would it take to get more investment in manufacturing on the African continent so that the continent can be more sustainable and not import dependent?

A: This is a live topic for Linet and is continually being discussed. To invest in local assembly would be great, with local partnerships with the private sector or government, but effectiveness and quality has to be considered and prioritized. This is the highest priority and they need to have 100% control over the products that come from their company. There would need to be a significant analysis. The second factor is also quantity. It doesn't make sense to produce without economies of scale.



Partnerships for resilient health systems

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Parting Shots

Dr. Omilola

There is no time to waste. While we find ways to battle the current pandemic, we need to also build sustainable, strong health systems, particularly in health infrastructure. We should not return to business as usual.



Mr. Fezoua

We can be optimistic. The level of engagement from health stakeholders has increased significantly, which is a good sign of what can be done together. Health initiatives are becoming more localized, which is a sign of good things to come.



Ms. Stranska

There are many positive developments in Africa when it comes to awareness about sustainability and investing in the right equipment and products.



Dr. Adudans

We need to deliver on our promise as health as a human right on the continent. This requires domestic and global investment and deployment of robust and effective technology in the health sector so that each patient has the best opportunity to find quality healthcare.





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