

Partnerships for Resilient
Health Systems

Session report

Healthcare Financing

5th November 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.

Speakers



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PANELIST

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Partner,
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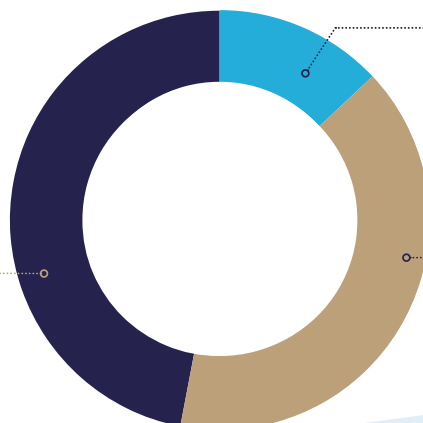
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Webinar Poll Results

Which of the following do you represent?

47%
Other



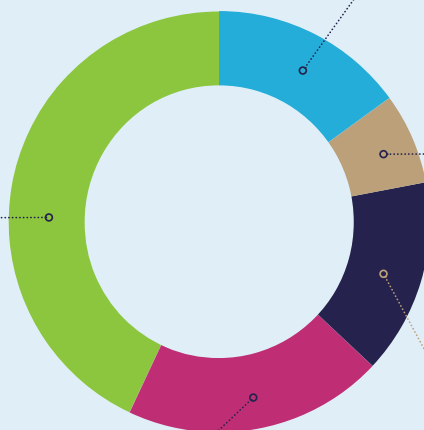
13%
Individual/
Institutional
Investor

40%
Privately
owned
business

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

43%

A unified platform to connect investors with businesses/opportunities



15%

Businesses understanding investor objectives and desired impact

7%

Centralised data driven investment insight

15%

Sensitizing businesses on investment preparedness

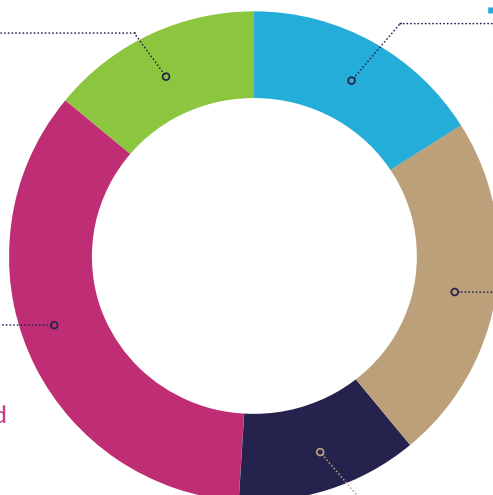
20%

Showcasing local successes to change the investment and impact narrative

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

14%

Mind-sets and behaviour around misappropriation of funds



16%

Lack of knowledge on local opportunities

23%

Missing visibility of innovations on the continent

35%

Transparency of governance in public and private sectors and the perceived high risk

12%

Perception of sufficient skills and expertise lacking

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

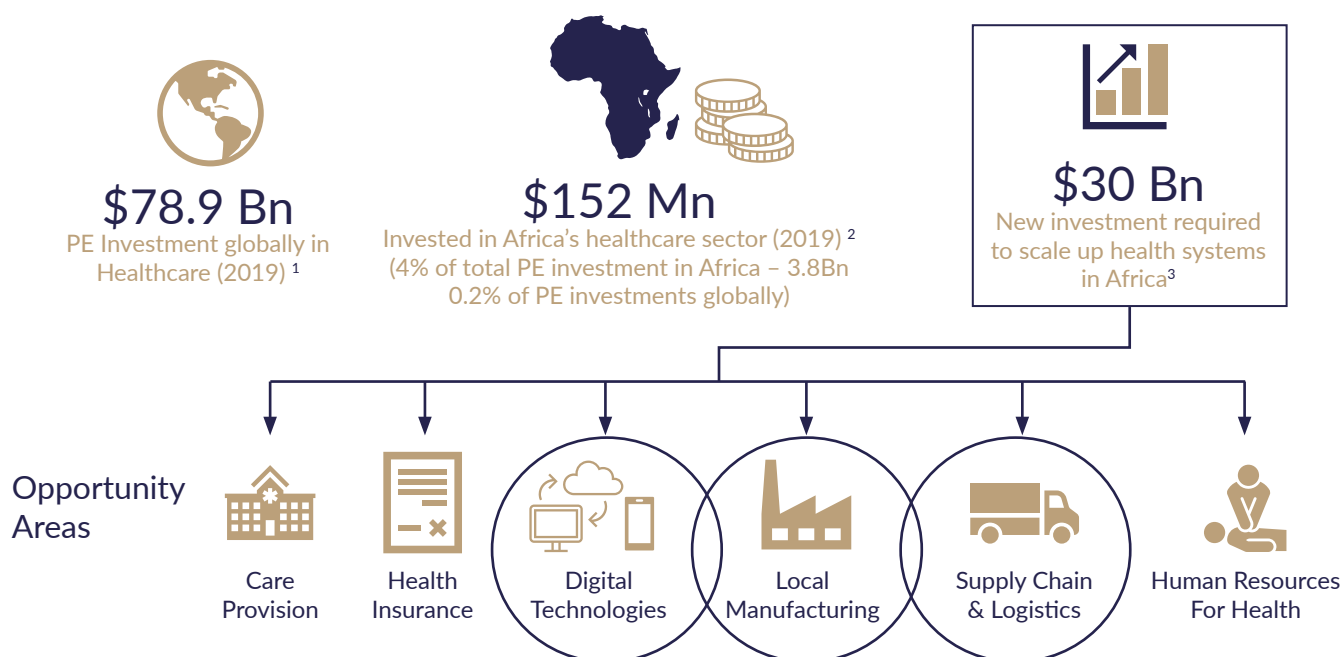
AHB is pan-African consultancy, advisory and investment firm. Our team of specialists provide a wide range of services aimed at supporting and promoting the growth of the private health sector in Africa with the overall aim of improving access to affordable quality healthcare on the continent.

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

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

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

Investing in Africa's Healthcare Sector



¹ Bain- Global Healthcare Private Equity And Corporate MA Report 2020

² AVCA - 2019 Annual African Private Equity Data Tracker

³ https://www.ifc.org/wps/wcm/connect/news_ext_content/ifc_external_corporate_site/news+and+events/news/newsflashplus_121907_gateshealth

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

Dr. Amit N. Thakker

Executive Chairman, Africa Health Business

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



Kwasi Boahene

Director Advocacy & West Africa, PharmAccess

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

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

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

1. Help build healthcare as a business - business training, development, and everything that goes into making sure that a provider can manage the facility or the service as business.
2. In addition to that, give them the financing to be able to improve upon the quality. We have disbursed around \$80 million working with local banks, with 96% repayment levels because of the due diligence and capacity building around business development.

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

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



Audrey Obara

Head Healthcare Investments, Swedfund

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

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

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

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



Shakir Merali

Partner, LGT

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

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

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

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

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

Moderator Response/Questions

Dr. Amit N. Thakker

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

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



Shakir Merali

Partner, LGT

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

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

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

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

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

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

Dr. Amit N. Thakker

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



Shakir Merali

Partner, LGT

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

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

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

Dr. Amit N. Thakker

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



Audrey Obara

Head Healthcare Investments, Swedfund

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

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

Dr. Amit N. Thakker

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

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



Kwasi Boahene

Director Advocacy & West Africa, PharmAccess

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

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

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

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

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

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

Dr. Amit N. Thakker

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

Questions & Answers

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



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



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

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

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

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



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

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

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



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

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



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

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

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

Dr. Amit N. Thakker

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

Parting Shots



Kwasi: I want people to think about two things:

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

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



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



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

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

1. **Financing:** Both taxpayer funds and private investment are the answer. We should increase what we can.
2. **Servicing:** We should become very innovative in the way we take services to the people on the continent. We need to look at innovation, telemedicine, etc. Let's take healthcare closer to the people and make the geographic barriers disappear.
3. **We need to develop human resources for health training in academia.** It's been an area that the public sector has dominated and controlled. The private sector can scale this up and bring the health workforce of tomorrow, a fit-for-purpose workforce that will treat the next generation in a cost-effective, quality way that will enable Africa to become the Africa we want.

Kaushal Shah

Head of Pharmaceuticals & MedTech, Africa Health Business

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

**LAST
MILE
HEALTH**

**Community
Health
Academy**



The Community Health Academy's Global Classroom

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

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

Course 1: Political prioritization

Course 2: Costing

Course 3: Resource mapping and gap analysis

Course 4: Making the case

Course 5: Sources of funding


Course 6: Investment planning and creating systems for sustainable financing

Course 7: Public financial management

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



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