

Partnerships for Resilient
Health Systems

Session report

Managing the disease burden

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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



MODERATOR

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Chief Executive Officer,
Clinton Health Access
Initiative



KEYNOTE SPEAKER

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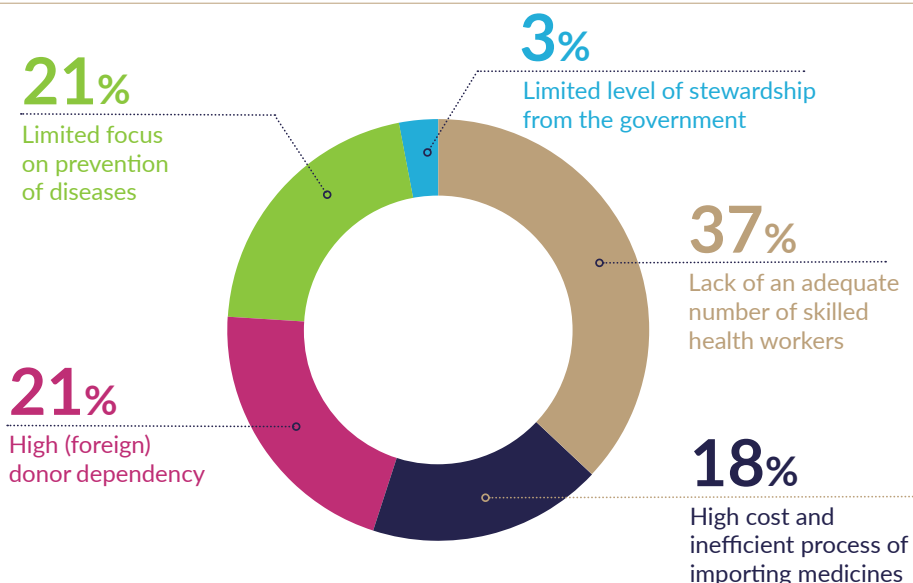
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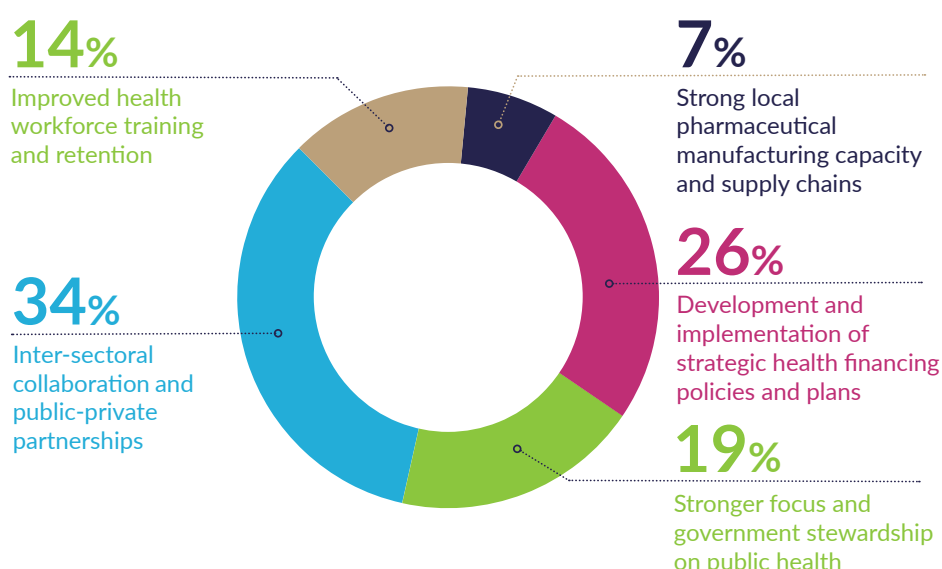


Webinar Poll Results

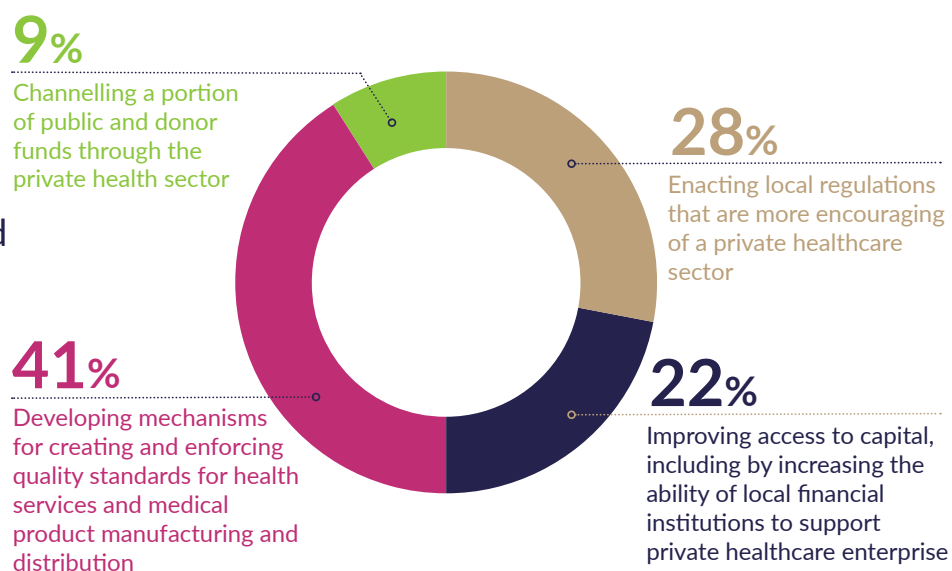
What are the biggest challenges in managing Africa's disease burden?



What factors would strengthen national health systems for disease management?



What actions are needed to enhance the private sector's participation in healthcare?





Marloes Kibacha
Managing Director,
Africa Health Business

COVID-19 has had a great impact on health systems all over the world. Even though Africa has a relatively lower death rate; the continent has a high level of poverty and weak health systems.

75% of all reported COVID-19 related cases and deaths are only in 5 of the most affected countries in Africa (South Africa, Morocco, Egypt, Ethiopia and Tunisia). However, the secondary impact of COVID-19 in the African continent has been severe - children have not received their immunisations and the HIV, TB and malaria care has in some cases stalled and the disease burden has gone up. In addition, it is estimated that by 2021, 112 million people might be pushed into extreme poverty indirectly due to COVID-19 and therefore quick and decisive actions towards the prevention and against the spread are needed.

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- and the current pandemic
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Investing in health in Africa is not an option - it is a must - and the current pandemic is an opportunity to build a healthier, stronger Africa. Investing does not only mean putting in money, it also means strengthening and building resilient health systems, infrastructure and industrialisation

that can bolster inclusive and sustainable development in Africa for Africa. In order to develop, there is need for private sector participation in the provision of medical equipment, pharmaceuticals, digital health solutions, training and human resource development. Africa needs to become less reliant on healthcare imports and focus on growing and strengthening its internal medical supply chain.

This session will focus on innovative partnerships towards ensuring the continued delivery of health services during and post the current COVID-19 pandemic; not only COVID-19 but health services that focus on managing the entire disease burden that our continent faces.



MODERATOR
Dr. Iain Barton
Chief Executive Officer,
Clinton Health Access
Initiative

Clinton Health Access Initiative supports governments in their development of health systems and services that enhance access and quality of care for their citizens. The word 'resilient' resonates with me personally and CHAI as an organisation. We have a range of thought leaders from various industries who will be speaking about how to manage the disease burden and support resilient health systems.



KEYNOTE SPEAKER

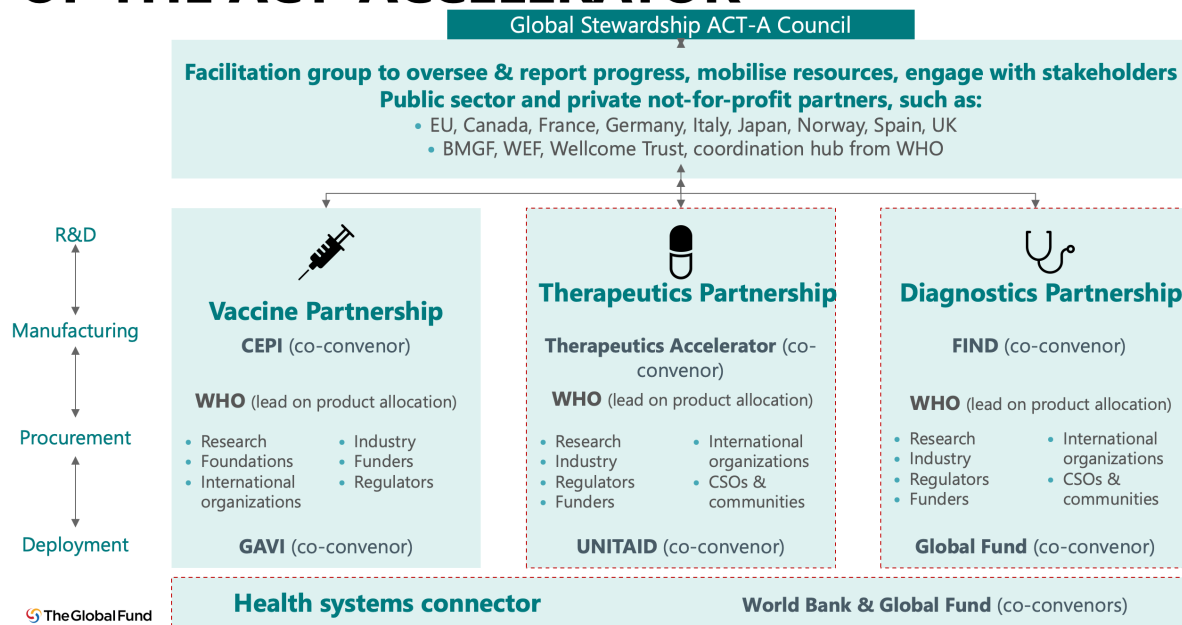
Maria Sol Pintos Castro
Senior Manager Private Sector
Engagement Department,
The Global Fund

The Global Fund has been fighting infectious diseases for the last 20 years while also supporting the building of strong health systems. The Global Fund partnership has helped to save 30 million lives since its inception in 2002 in more than 155 countries. Fighting pandemics like COVID-19 is the reason why we were created, initially to address the HIV/AIDs crisis. We respond to these pandemics by trying to provide equitable access to treatment, testing, tracing and strengthening supply systems at the country level so we can reach even the hardest-to-reach patients with life saving treatment, leaving no one behind.

The impact of COVID-19 has different dimensions. One is the disease itself, but the indirect impact of COVID-19 arises from the fact that service delivery is being interrupted because there is no access to basic care. We know that illnesses, infections and deaths resulting from these interruptions in healthcare services on HIV, TB, malaria, maternal care and measles are going to increase, reversing the gains made over the past 10 years. For the Global Fund, approximately 70% of our programs have been affected since the beginning of this crisis. Additionally, and not less important, is the economic impact of COVID-19. The IMF predicts that the African economy is going to contract approximately 3.2% this year. We know billions of dollars have been spent across the globe in lockdowns, so if we don't tackle the issue, rather than the consequences of the issue, the impact on the collateral damage on livelihoods, economies and businesses will continue to be devastating.

To do this successfully, it's very clear that we need to do this together. We need to work together, because we cannot see this as an isolated fight. This is a fight that is embedded with many other fights about potential future pandemics, so we need to act very quickly.

THE GLOBAL FUND IS A FOUNDING PARTNER OF THE ACT-ACCELERATOR



The Global Fund adapted quickly to take part in the global response on COVID-19. We are one of the founding members of the accessibility accelerator, which is the access to COVID-19 tools. Specifically, we call it the diagnostic partnerships and the health system connector, but we are also involved in therapeutic partnerships, because eventually, when there is a treatment that is ready to be deployed, the Global Fund will have a responsibility when it comes to its procurement and deployment in lower- and middle-income countries.

Under the diagnostics pillar, on the 28th of September, we allocated \$50 million to provide access to the most rapid tests available in the market today for low- and middle-income countries at a fixed price of \$5 per kit. Unfortunately, this is nowhere near the amount of money we need, which is approximately \$600 million, in order to draw down the volume guarantee that we have secured with our partners for approximately 120 million kits.

Since March, the Global Fund has very rapidly adjusted the way we do our work and the way we support different countries. We allocated almost \$1 billion to fight COVID-19 through a four-way approach. First of all, we adapted our current programs (HIV, TB and malaria). We needed to continue to protect our health workers while reinforcing health systems and, ultimately, fighting COVID-19.

This is a fight that involves us all. In times of crisis, exactly what we need is private and public stakeholders to really step up and show a system change in the way we address global health security. We need a global call to action for all, and this call to action should touch upon three main topics:

1. *Leadership* – We need leaders, private and public, that are ready to step up to show the way forward for others to join. We need advocacy from these leaders to keep the heat in the topic so public and private continues addressing the issues.
2. *Increasing Commitments* – We need more financial and non-financial commitments, as the total amount for the COVID-19 bill is estimated to be \$35 million. The Global Fund alone will need \$5 million in the next 12 months to protect against HIV, TB and malaria while fighting COVID-19. Between now and the end of March 2021, we will need \$1.1 billion exclusively for the diagnostic pillar. G20 countries have allocated money to provide rescue packages to mitigate the impact of this pandemic on their economies, so even 1% of these trillions of dollars could be allocated to address COVID-19 directly and it would make a huge impact.
3. *Defining the New Normal* – What is the way forward? Once we manage to contain this emergency, we shouldn't go back to business as usual. If one thing is very clear from what COVID-19 has brought upon us, it is that we need to discuss and take action regarding global health security. If we do that, we need to take care of health systems at the country level because that is the only way. And we know that either we are all safe, or nobody is safe.

The private sector is core to us as the Global Fund. We are a public-private partnership and most of our private sector partners very rapidly stepped up and joined the global fight against this pandemic. We have been very impressed with our partners, but much more is still needed, so this is a call to action to unite and fight.

PRIVATE SECTOR STRATEGIC PARTNERSHIPS – EXAMPLES

(RED)	CIFF	FIFA Foundation	Project Last Mile	Google
<ul style="list-style-type: none"> • Apple contributed to the Global Fund's COVID-19 Response through EOY 2020. More than \$3.6 million contributed in total. • Additional (RED) partners supporting the GF Covid-19 response this year include; NetJets, DoorDash, Balmain, Therabody, SHOPATHON and U-Mask. 	<p>US\$ 25 million investment over 3-year period to support the scale up of HIV self-testing as part of the implementation of the Global Fund strategic initiative "Differentiated HIV Service Delivery"</p>	<p>US\$ 1.5 million investment announcement in support of COVID-19 and ACT-A, marked the commencement of the longer term-strategic partnership between the FIFA Foundation and the Global Fund focused on support to Front Line Health Workers.</p>	<p>4 key areas of support:</p> <ul style="list-style-type: none"> • Surge capacity in warehouse and distribution; • Surge Capacity in Testing; • Surge in Cold Chain Equipment and Storage; • Support for differentiated service delivery models for TB and HIV. 	<p>Data analytics and integration:</p> <ul style="list-style-type: none"> • Resource tracking tools (for PPEs, ventilators, beds); • Patient management systems; • Volunteer IT / AI engineer time to solve specific challenges; • AI-powered symptom tracking healthbot.

“The battle against infectious disease is not against one virus. It’s a commitment to keep everyone safe. It’s about winning the fight against HIV, TB and malaria. It’s about winning the fight against COVID-19. And above all, it’s about leaving no one behind. We must unite to fight.”

Peter Sands, Executive Director, Global Fund

This is not an isolated fight. So as we fight COVID-19, we need to fight HIV, malaria, etc. We need to approach this in a more holistic way. To do that, we need to have strong systems that can cope with COVID-19 today, but also to cope tomorrow with something else. We know that this crisis has an impact on all of us, so we really need to coordinate and unite to fight.

We know that COVID-19 has threatened past gains in a tremendous way. We know for a fact that this year,

death rates and infection rates are going to rise across the three diseases. This is driven by the current status of health systems, by the fact that treatment and care has been interrupted and that finances are diverted. We cannot allow this. We need to be able to save lives, and in order to do that, we need to be able to open economies. We need to do this with a more holistic approach. We are at a tipping point of being able to save lives, contain this pandemic and prevent other pandemics in the future. Preventing future pandemics is about the way forward, how we are going to address global health security and is linked directly to health systems.

Dr. Iain Barton

Chief Executive Officer, Clinton Health Access Initiative

It's important to "keep the heat in the topic" because it's amazing how easily priorities can shift based on what the media is addressing. At the beginning of the pandemic, for example, there was significant focus placed on ventilators, and yet we had no oxygen to run them. We had no tubing to deliver the oxygen to the ventilator. It's also very important to remember that there are multiple diseases that need addressing, so we cannot overlook HIV, malaria and TB.



Maria Sol Pintos Castro

Senior Manager, Private Sector Engagement Department,
The Global Fund

Yes, we must fight COVID-19 simultaneously with HIV, TB and malaria so that we can protect the gains we've made in the past. The amount of money we need to both address the current pandemic and also these other diseases can be overwhelming. There are so many different pieces of the puzzle that need our attention. We need people to be tested, we need oxygen, we need basic healthcare, we need PPE. Health workers need to be protected because the same health worker that is going to provide a bednet is going to also dispense antiretrovirals and also conduct COVID-19 testing.

Dr. Iain Barton

Chief Executive Officer, Clinton Health Access Initiative

You talked about the antigen testing transition. One of the most important things that has come out of this is the aggregation of effort. This antigen testing coalition has been put together with a volume guarantee for 120 million tests at \$5 a test. That's a \$600 million volume guarantee structure in order to ensure supply of antigen tests to low- and middle-income countries. As you point out, that's probably half of what we actually need.



Maria Sol Pintos Castro

Senior Manager, Private Sector Engagement Department,
The Global Fund

This is correct. We need much more. If we talk about reopening economies today, the only tool that can help is the rapid test because, if in the future you are at the airport and you can take a 30 second rapid test that can tell you whether you are allowed to travel or not, our economies will be able to resume. So we need investment in research to develop the most rapid possible test. And we need to guarantee equitable access for everyone because we don't want this test just for high-income countries. We need everyone to have access to the same tools. This is what is clear today: either we are all safe or nobody is. Things are happening so rapidly that sometimes countries are not able to cope with what we are asking them to do. Once we contain this emergency, hopefully very soon, we need to look into building back better. We cannot go back to business as usual. The only way to provide global health security is by helping countries build strong health systems to address today, COVID-19, and tomorrow, something else, and, finally, take care of the endemic epidemics of HIV, TB and malaria.

Dr. Iain Barton

Chief Executive Officer, Clinton Health Access Initiative

For the broader audience who may not yet be fully attuned to what's happening with the change from PCR testing into antigen testing, PCR looked for RNA. It needed to be extracted from a deep nasal swab, then took time in a machine to be quantified, and could take 24 to 36 hours to get a result. It's quite intensive in terms of equipment and people. The new antigen tests have an anterior nasal swab, with quick administration and results in 15 minutes. The collaborative antigen testing project has already kicked off across 14 countries across Africa. Today, the initial batches of tests have been sent to each country for the local batch validation and training, and the local validations are largely complete. Most countries are now planning their national training of trainer workshops. The whole program has been developed as a close partnership between the African Society for Laboratory Medicine and the Africa CDC. They will be deployed across health facilities in late November and early December, so we will see that conversion into antigen testing, with a 15-minute turnaround, at about a quarter of the price of the old PCR test within this calendar year.



Philana Mugenyi

Manager SSA - Government Affairs & Public Policy,
Terumo Blood and Cell Technologies

Terumo Blood and Cell Technologies is a medical device company and our products, software and services enable customers to collect and prepare blood and cells to help treat a host of challenging diseases and conditions. We believe in the potential of blood and cells to do more for patients than they currently do today.

Blood is a vital healthcare resource, and it is most often used in Africa to treat pregnancy related complications and severe childhood anemia, which is caused by things like malaria and sickle cell disease. Blood is increasingly important for patients with kidney failure who need dialysis and for cancer treatments as well. The World Health Organization states that the number of units of blood that are needed to sustain an adequate level of health is equal to about 1% of the nation's population. That means we should have about 10 units for 1,000 people in a population. Most African countries fall well below the minimum goal, and this was true even prior to COVID-19.

There are many reasons for this. In some cases, we have weak policy frameworks for blood. There is generally limited investment in research and towards blood processing and collection. There is also limited public awareness on the importance of regular voluntary blood donation among our healthy adult populations. The bottom line is, even though blood and safe transfusions are essential parts of any health system, the safety, sustainability and adequacy of blood remains a major health challenge in many African countries. What this means is that the disease burden for diseases like sickle cell, postpartum hemorrhaging and cancers are exacerbated because of a lack of blood.

Partnerships and collaboration are key to helping manage the disease burden, which is being directly and indirectly affected by lack of blood in Africa. This is truer than ever in a COVID-19 context, where Africa's blood services are in some cases collecting up to 80% less blood because of schools being closed, as we get a lot of blood from students, and also because of limits on social gatherings and because we don't really have a culture of voluntary blood donation. So COVID-19 has made a bad situation even worse.

This is why Terumo BCT are proud to have founded the Coalition of Blood for Africa (COBA). COBA is the realisation of a growing consensus that the agenda for blood and blood safety in Africa requires a multi-stakeholder, multi-pronged, innovative approach to make a meaningful impact across the continent. COBA is the first and the only Sub-Saharan African platform that's dedicated to bringing together people, resources and investment ideas to try and move the needle on blood and blood safety in Africa.

COBA is going to work toward achieving their goals in three main ways.

1. Reflection – We need more research, we need more policy analysis, we need more data collection around blood. The aim will be to help policymakers make informed decisions, and take effective steps to establish adequate, safe, sustainable blood systems for Africa.
2. Dialogue – We need to have debate, we need to have advocacy, we need to have awareness raising and discussions around blood and blood safety issues. COBA is going to be a forum where stakeholders can freely debate and discuss how to establish better blood systems for Africa. These dialogues will build trust, help assess challenges and identify opportunities and help reach consensus with a wide cross-section of stakeholders towards advancing the blood agenda.
3. Action – COBA is going to carry out technical assistance tailored to the needs of a particular initiative, or in response to a specific event, like the Ebola outbreak or the COVID pandemic. It will include capacity building and technical inputs to help strengthen our legal, regulatory and policy frameworks. COBA is also going to aim to be a repository for best practices.

In a very short time, COBA has brought together an unprecedented array of partners that include Africa Health Business, African Society for Blood Transfusion, Global Blood Fund, Epicenter Medicine, MSF, Siemens Healthineers, Africa Practice, and others who come from private sector, academia, research, development partners, civil society, not for profit, NGOs, the media and, of course, the public sector, including ministries of health and the national blood transfusion services. We think through partnering and coalescing around these three pillars (research, action and dialogue) we will ensure that we are able to manage the many disease burdens that are exacerbated by a lack of adequate, safe and sustainable blood in Africa.

Dr. Iain Barton

Chief Executive Officer, Clinton Health Access Initiative

Fascinating to hear that there has been an 80% reduction in blood donations during this pandemic. We've seen a lot in the supply chain space about the use of drones for emergency blood delivery. Is it a focus for COBA to look at emergency supply to remote areas using drones?



Philana Mugenyi

Manager SSA - Government Affairs & Public Policy,
Terumo Blood and Cell Technologies

Yes, this has been very effective, and I believe it's being deployed very successfully in Rwanda. Now, Rwanda is one of the few countries in Africa that actually collects enough blood. It goes back to what was discussed earlier regarding ventilators and oxygen. There is so much technology out there to ensure effective delivery of blood, ensuring its quality and that it is used effectively, but the problem for Africa is that we're not collecting enough blood. And until we're collecting enough blood, a lot of the amazing technology is almost meaningless. Blood is the oxygen, we need to collect more blood, and if we're not even collecting enough blood to support 1% of our populations, which is the bare minimum, and now with COVID that's even 80% less of less than 1%, it's very difficult to even start scaling up or thinking about the potential for some of these incredible innovations and technologies that are out there.

If there's one thing that I hope everyone can take away from this is that we need to collect more blood. Until we do that, we're never going to be able to achieve some of our public health goals as a continent. We don't have so many problems these days with things like accessing a clinic or a basic healthcare facility. If you're in a car accident you probably will manage to get to a clinic in good time. But the problem is when you get to the hospital and you need a transfusion for your emergency surgery, all too often there is no blood. Women are able to get to clinics to deliver. They're getting much much better prenatal care than they were before. They're getting much better nutrition. But, even in a very good private hospital, if something goes wrong and the woman starts hemorrhaging and there's no blood, that is actually what's going to kill her. Not access to a healthcare facility, not access to diagnosing the problem. There is no substitute for blood. It's an essential medicine, and it's almost a silent public health crisis that is often excluded or deprioritised. It should be central to any strong public health system. So, yes, there's a lot of amazing technology out there and innovation which COBA wants to scale up, but until we have enough blood in our blood banks we're never going to be able to realise the potential that these technologies offer.



Dr. Ademola Olajide

Country Representative, Kenya, UNFPA

If we begin to look at the impact of COVID-19 and our health systems, especially as it relates to our desire to build resilient health systems moving forward, it's going to be important for us to take a step back and look from a different perspective. Health, in its broadest definition, is the presence of wellbeing. And if you look at Africa and the impact of COVID-19, you would see that in a lot of African countries, including countries like Kenya, before we started seeing the impact of COVID-19 directly in

terms of morbidity and mortality, we were already seeing what some people call the shadow pandemic as a consequence of the shut down. COVID-19 has indirectly impacted increases in female genital mutilation and vulnerability of women and girls. There has been heightened gender based violence and our health systems have not been able to cope with the disease burden.

Going forward, as we build back better, Africa's health systems remain in need of investment and improvement that a lot of practitioners, including those on this panel and the attendees, have always known we needed. The African heads of state in 2001 committed to investing 15% of GDP in health. It's important for our systems to be able to respond and meet the needs of Africans. We must start looking at our guidelines and protocols again, to ensure that we can provide people with the care they need, where they are, in a way that does not overburden or weaken human resources for health. We must strengthen our community systems. At the onset of the pandemic, many health workers and development partners were unable to move into communities where the needs were great, so we had to rely on community mechanisms and existing systems within those mechanisms to provide care. This also would mean that we have to begin to partner more with the private sector to leverage innovation and technology, and to ensure that health for Africans becomes a product that is delivered to households and within communities.

Going forward, there is no doubt that the private sector has a critical role to play. We must find a way to rapidly scale up capacity on the continent to work with the private sector. The public sector on the African continent is yet to have the full capacity required to optimise the benefit that the private sector provides. We must pull down the mutual suspicion that currently exists and then begin to look at ways of leveraging the efficiency that the private sector brings to the table. We also must ensure that there are policies that allow African countries working within the African Free Trade Area to leverage existing markets, so that we're not talking about 55 different countries with 55 different protocols with 55 different market capacities. Instead, we should be talking about one integrated and prosperous Africa.

In a lot of African countries, including in Kenya, we had some level of involvement by the highest level of government. We've had the president address the nation about 13 times since the start of the pandemic. So a problem that emerged from the health sector has the attention of African policymakers across the board. It's an advantage that we should not lose. We need to be able to come together as public and private sectors, development partners, and other stakeholders to be able to help governments concretely build back better. The approach and details will be somewhat different in each country to fit their unique circumstances.

There are four key things that we need to do very differently as we move forward in addressing COVID-19 and its impact:

1. Ownership. We must ensure that the people themselves own their health. We must empower people to make proper decisions and take prompt action.

2. Leadership. We have seen some differences in terms of leadership across the continent and we can build on this leadership to move the process forward.
3. Partnership. There is no country that has been able to mount an effective response without a public-private partnership. We've been seeing private companies that would have been competitors beginning to collaborate to move the process forward.
4. Trust. One of the most important ingredients and factors to build a resilient health system is that of trust. One of the things that we're beginning to lose more and more on the African continent is trust. We must earn the trust of the community, policymakers and human resources for health.

For some reason, the COVID-19 pandemic has not fully reflected the projections that people have made for the African continent. We have been unable to explain exactly why to the African population, politicians, policymakers and communities. If we're going to be able to earn their trust, and keep their trust going forward, we must come to the table with the evidence. We cannot ignore that and just move ahead as if nothing has happened. We're finding different countries responding in different ways, without necessarily falling into the pit that we assumed they would fall into. So I do think that we have a unique opportunity to build back better, we just have to ensure that we now align our ducks, build partnerships and keep the trust of communities in order to make the desired change

Dr. Iain Barton

Chief Executive Officer, Clinton Health Access Initiative

We have seen the positive impact of patients' capability to look after themselves and make positive, informed decisions about their health if we provide them with decent information. Community health workers can be a vital part of the aggregated service delivery model. My take home is the idea of one integrated prosperous Africa. We don't need individualised care and treatment protocols for every disease within every country across all African countries.



Vinay Ransiwal

Vice President & General Manager, Middle Africa, Novo Nordisk

Novo Nordisk's collective mission is to drive change to treat diabetes and other serious chronic disorders. When we talk about COVID-19, it has become a global humanitarian crisis with severe consequences. People with NCDs and diabetes are particularly at risk. The presence of diabetes has stood out as one of the major risk factors for increased morbidity and mortality from COVID-19, and also COVID-19

has negatively impacted access to care in terms of the hospital services and staff that care for people with chronic diseases like diabetes. There has been fear and anxiety when it comes to going to a clinic, which has affected the follow-up that all these people with diabetes need on a regular basis. Additionally, the economic hardships, because of the lock downs, have really impacted livelihoods. Some with diabetes have not even been able to have access to affordable care or not been able to buy their life-saving medicine.

Novo Nordisk is committed to be there for people with diabetes, and specifically for the vulnerable patient groups who need our help the most. We want to work in partnership to defeat diabetes, both in prevention as well as access and affordability. It's about ensuring that no one is left behind, creating support systems for diabetes patients, especially the most vulnerable.

As a world leader in diabetes care and supplying insulin to more than half of all those needing insulin, we believe we need to ensure that there is an uninterrupted supply of this life saving medicine. With that in mind, we have been working on some key initiatives. One of the key elements for us in terms of improving access and affordability has been the access to insulin commitment, in which we have reached out to purchase 78 domains across the globe with a commitment that insulin will be available at not more than \$3 to ensure that it is affordable and is helping people who really need it.

Another initiative we are working on targets a very small but very vulnerable patient group: children with diabetes. We sometimes leave them out when it comes to type two diabetes, but they are at risk, especially those from poor backgrounds. Sometimes we don't even know when we lose them because they are never diagnosed. So we created this program called Changing Diabetes in Children that is creating a support system by providing free diabetes care, insulin and monitoring the six components of care to more than 25,000 children across the globe. We are looking forward to expanding this program to close to 100,000 by 2030, and we're looking forward to having a partnership with like-minded organisations in taking that mission forward.

In terms of COVID-19, our most important initiative has been to proactively reach out and work with governments to ensure that we put mechanisms in place so there is uninterrupted supply of these life saving medicines for all the people who are depending on it. We are thankful to all our partners and all the ministry officials who have stepped up in creating innovative ways to ensure continuous supply.

We have also worked as a team and responded to requests for support in the form of donations, insulin and PPE as part of our company's global response to the pandemic. We initiated an emergency donation of approximately \$3.2 million in May. This was to support all our partners working in the humanitarian space to reach out to all the vulnerable populations that need our support. This included product donations and financial support to shore up the supply chain. We were trying to cover the whole spectrum. We want to be partners that support all vulnerable groups.

Apart from patients, we are also very conscious that we need to do our best to support all the healthcare professionals who are doing their best to support their patients. We are trying to create virtual platforms, which is fast becoming our new normal.

Together as a team, we need to work on creating a coalition for change. Today's dialogue, all of us together, makes such a big impact. For NCDs, especially for diabetes, there are four key areas that we need to focus on.

1. Build capacity for educating more healthcare professionals and creating support systems, along with governments.
2. Creating innovative ways for access and affordability initiatives across NCDs for the vulnerable patient groups.
3. Supply chain interventions that reach the last mile.
4. Empowering patients through virtual digital tools that can help them get more information, have more awareness and be more in charge of managing their own condition.

We look forward to continuing this dialogue with like-minded partners, and creating an ecosystem that strengthens the response to all NCDs, especially diabetes.

Dr. Iain Barton

Chief Executive Officer, Clinton Health Access Initiative

Novo Nordisk are playing the role of creating support systems for the most vulnerable. The concept of uninterrupted supply of products is just as important as ensuring that you have the continuous attendance of the patients. Then there's a third dimension, which is people being able to afford their care. In these times of economic hardship for so many, that's a really big driver of treatment failure and people not getting access. It's really interesting in this recurring theme of reaching out and partnering with governments.



Steven Baard

Corporate Strategy and M&A, Ottobock

Ottobock is a company that deals mostly with prosthetics, wheelchairs and bracing for post-op and other injuries like stroke. It's been a difficult time for us with COVID-19. It has delayed the procurement of governments, impacted the services significantly and also impacts those that are most vulnerable. From the perspective of Ottobock, we've had to make some significant adjustments in the way we do business and the way that

we support our customer base. We've had to become virtual to get our messages out and to keep the focus. We've learned how effective virtual training can be, which has been one of the fantastic positive outcomes of COVID-19. We've also had to support not just our customers, but also patient interactions by supporting the processes to change. Devices require significant hands-on connectivity between healthcare professionals, like therapists and orthotists, and their patients. So we've had to adjust our product and the way we supply it in order to reduce potential infections. It's been an interesting journey for us and one that I think we can't do without working as a team. We also mustn't forget the auxiliary staff, nurses, orthotists and other health workers who support stroke patients to be able to be more independent, allowing them to take control of their own healthcare.

Our response to COVID-19 is part of working towards universal health coverage. We must make sure that we implement new policies in order to build back better and stronger. As a company, we have learned that we've been holding on to a lot of technology, we've been focused on product, and a lot of the efficiencies that we need in Africa can be delivered through process adjustments and solutions that we work through together. We've been looking at how we make customising prosthetics easier and simpler. We've been looking at how we get things out to customers more quickly, including those in remote places.

COVID-19 has impacted the way we need to do things moving forward. For us, that has been a positive, but it has reminded us that the services that we supply and support with assistive devices is a critical element of care. Moving forward, we will continue to be a strong voice to advocate for making sure that prosthetics, orthotics, wheelchairs and all other topics with related assistive devices is brought into the mainline, where we can put the heat on it, and make sure that it does not get lost in the noise of COVID-19. Because, ultimately, it's one system, it's a complete ecosystem, and we all need to be playing our role.

Dr. Iain Barton

Chief Executive Officer, Clinton Health Access Initiative

Holding on to innovation and technology and focused on product." I think that's an amazing statement because that's one of the most important things that's happened for us. We have had to go back and revisit every process, every step, every method, because we just don't have the time to be able to cope with the volume and respond appropriately if we just keep using the old way. There has been a lot of really fresh thinking.



Dai Hozumi

Chief Technical Officer, IntraHealth International

I became interested in this topic of managing disease burden partially because I have been asked to talk about looking to the future and I am interested in broadening the concept of disease burden. For example, in the United States, about a third of women are now postponing or rethinking the number of children they want to have as a result of the pandemic. So we are talking about managing disease burden, but then there is the overall issue of wellbeing and how health workers and technology interact with those types of changes. We have already established that technology and diagnostics impact human resources for health when it comes to needing to know how to use those technologies and have digital literacy, not to mention privacy concerns.

It is interesting to think that 20 years ago, Global Fund funding had not yet been disbursed and GAVI did not yet exist. A lot of change can take place in 20 years. So if we think about 20 years from now and what kind of future we want to have and what we have to do to prepare ourselves for the future we want, it is a very important topic. We recently conducted research around how the future could unfold. There are two primary things that are going to influence our future.

First of all, is the issue of technology. But not just relating to the availability and advancement of technologies, but how much the government and health system in general, including the private sector, can harness the benefits of those technologies in a more equitable and universal way. If we don't utilise the technology in an equitable way, those who are more information savvy might be able to take advantage of others, and many will become victims of data breaches. We need to make sure we are not satisfied with the status quo, where universal health coverage may be declared, but we still see many pockets where health services are still unavailable.

Secondly, our future will be affected by how much of the health power or authority structure is going to change or transform. Will it remain as it is now, with the continuation of the professionalisation of the health facility? Or will we see a transformation where individuals are responsible for their own healthcare with the assistance of technologies and various diagnostic tools. We also then need to think about the role of community health workers, and what kind of human interactions are going to be needed. We then may be able to have unified healthcare and wellness across the African continent, even transforming the way that health work is being provided.

Technological and system innovations, and how they interact with and affect the role of health workers, will shape our future. We need to prepare for it and work towards it together as private sector and government.

Dr. Iain Barton

Chief Executive Officer, Clinton Health Access Initiative

The idea of segmentation and having different approaches to delivering healthcare is also something that's come through very clearly in this pandemic response. We can't just have one methodology of engaging with patients. We have to have the ability to engage with voice, text and web. Even just within technology-enabled communities, there's a need to have multiple ways in which we engage with people.



Arpit Bansal

Country Director Sub-Saharan Africa, AstraZeneca

We at AstraZeneca are also working towards fostering partnerships within Africa, and this connects to the purpose of addressing COVID-19. We have realised that respiratory issues represent a primary therapeutic area, which we represent as AstraZeneca, and it is one of the underlying risks for patients in relation to COVID-19.

What can we do to mobilise resources through partnerships in Africa? In Africa, there are more than 40 million patients living with asthma. Almost 80% of asthma related deaths are occurring in low- to middle-income countries. As part of our responsibility towards alleviating the disease burden in Africa, we have launched an initiative called Umua, which is a Swahili word that means 'breathe.' The program is holistic, looking at how we can work together with governments around building up health systems across key geographies in Africa. While working in close collaboration with the societies across these geographies, we have seen that the capacity building of health care workers is very important. We want to make sure that they have the right tools, the right education, and the right resources to be able to identify patients with asthma quite early. We are also working to make sure that we can bring awareness and education. We are in discussion with ministries of health in several countries in East and West Africa to determine how we, as AstraZeneca, can bring support and find common areas of interest.

We are working to develop general asthma guidelines and simultaneously are discussing management of asthma in the context of COVID-19. That is very important in today's scenario. We are currently at quite advanced stages of discussion in two of the African geographies. We are very excited to be taking part in shaping the guidelines, how it connects to the management of those patients and ultimately making sure that we are able to have equitable access to our respiratory portfolio to all the patients in Africa who need them. Through this pillar of Umua we are able to redefine overall asthma care in Africa.

As AstraZeneca, we want to continue to support the development of these guidelines together with the infrastructure and education pieces, to make sure that we can increase awareness, improve infrastructure and, ultimately, treat the patients well

Questions & Answers

Q: In the role of digitisation, big data, AI and controlling the spread of disease, how does data privacy and data ownership factor in?



Dai Hozumi: One of the really interesting studies that is currently being done right now is looking at how much data harvesting or data tourism is happening in Africa, in order to create improved AI algorithms to be used globally by some startup companies. It's increasingly clear to our organisation that there is a balance required when it comes to data. Data privacy is very important, but extreme restrictions on the access to health data can also prevent the most critical innovation from happening. So I don't have a very clear, clean cut answer for you. I understand that governments and health systems desire to control and protect the patients' privacy. It would be great for many African countries to collaborate more systematically in agreeing how those data can be used for the advancement of the health systems, rather than just that for the profit.

Q: How do you actually enforce, manage and detect when we're not actually doing enough testing. And how do we balance this need for the government to be accountable for delivering service and yet the government simultaneously being the moderator and enforcer of quality and standards?



Dr. Ademola Olajide: The point we have to accept going forward for the continent is that we are where we are now. What we have to do is build back better and move forward. In terms of testing, comparing data from different African countries is totally useless in terms of showing projections of the disease. This is because different countries have different testing mechanisms and different coverage. You cannot just begin to look at numbers of different countries and then bring them together. For example, the number of tests done in Kenya, a country of just over 47 million, is much more than the number of tests carried out in Nigeria, a country of about 200 million people. So how do you begin to compare that? So we must help each national government interrogate its data sets differently, and then help them to engage more with their communities.

The same now goes for the issue of regulation. We must find a way to bring the private sector and communities together and help governments, because the regulation of the health system will not be done differently outside from the accountability mechanisms that government has as a whole. Ownership of governance of whatever systems, whether health or commerce, must begin to reside with the people, and it starts with the democratisation of data, as was addressed in the previous question.

Q: Even in Kenya, there have been many things in the press about the lack of financial resources and support of health services. How do we force the conversation around resources? And what is your take on the use of patient advocacy in order to be able to support that kind of effort?



Philana Mugenyi: In Kenya, part of the problem is that the National Blood Transfusion service is required to collect, screen and supply blood to every public facility in the country. But there's not a solid reimbursement mechanism in place that allows them to do that effectively. A proper reimbursement mechanism needs to be put in place, not necessarily for them to make a profit, but for them to keep operating and doing what they need to do. In the past, a lot of the funding came from PEPFAR, and unfortunately when that funding came to an end, the blood transfusion service was suddenly facing huge financial challenges. So it's important for funds to be earmarked for blood transfusion services and blood safety in Kenya. At the moment in Kenya, there's a lot of work going on to strengthen the laws regarding blood, and hopefully there will be mechanisms to ensure that blood transfusion service has funding.

In terms of advocacy, this is very important. Many studies have shown that if you manage to get someone to donate blood three times, then you're not going to have to ask them to do it again, they're going to voluntarily do this. The problem in Kenya and most African countries is we don't have voluntary blood donors. Most people donate blood when they have a family member or a friend who requires it. So it's really important to have donor management and donor recruitment programs in place that will recruit new donors, but also keep current donors. And there are a lot of organisations that COBA is partnering with including the Global Blood Fund, who are experts in this area. And they actually help blood transfusion services design and develop the programs that keep the blood coming into the blood banks. We need funding to be earmarked for blood transfusion services, and we need donor management and recruitment programs to ensure that there's advocacy for blood collection and donation.


Dr. Iain Barton

Chief Executive Officer, Clinton Health Access Initiative

This has been a very productive and informative conversation, with key takeaways and learnings for the participants. We hope that this has brought up some thought provoking issues that you want to consider further moving forward. Let's continue these conversations.



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