



Forum Report

12th February 2019
Hyatt Regency, Addis Ababa

FOUNDING PARTNERS

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Executive Summary

The Africa Business: Health Forum, held on the margins of the African Union summit in Addis Ababa on 12th February 2019, was the culmination of efforts by Aliko Dangote Foundation, GBCHealth and the UN Economic Commission for Africa (ECA) to help mobilise private sector resources and expertise in order to strengthen health systems and consequently transform health outcomes across the continent.

Aigboje Aig-Imoukhuede, Co-Chair of GBCHealth and Co-Founder of ABCHealth, explaining the urgent need for action, remarked that Africa has made great advances in healthcare spending but still lags behind in achieving the targets of UN SDG3 for health and wellbeing. With governments unable to make up this funding gap, it is time for the private sector to play a much bigger role.

This message was underlined by Vera Songwe, Executive Secretary of the ECA. "Let's talk about how we can bring the public and private sector together to ensure that Africa's healthcare is funded," she said.

The keynote remarks of Aliko Dangote, Chairman of Aliko Dangote Foundation, delivered by Halima Aliko-Dangote, Trustee, Aliko Dangote Foundation, emphasised the need for a multi-stakeholder approach and for private sector to become more engaged in issues surrounding health, given its critical importance to development and, directly and indirectly, to private sector growth. "With the launch of ABCHealth, business leaders can now make commitments and contribute directly to a healthy and prosperous Africa," she said on his behalf.

Governments alone cannot be expected to carry the full mantle but they will need to enable the private sector and other stakeholders to play their part. A number of African heads of state and government effectively endorsed the approach being proposed at the Forum, committing to supporting greater private sector participation and to work hand in hand with them. These were the messages of H.E. Prime Minister Abiy Ahmed of Ethiopia, H.E. President Mokgweetsi Masisi of Botswana and H.E. President Ismail Omar Guelleh of Djibouti during the official opening.

Messages of support were also received from H.E. President Abdel Fattah El-Sisi of Egypt and H.E. President Uhuru Kenyatta of Kenya, delivered by H.E. Hala Zayed, Minister of Health and Population of Egypt, and H.E. Sicily Karuki, Health Cabinet Secretary of Kenya, respectively, and from H.E. Rupiah Banda, former President of Zambia.

Launch of Healthcare and Economic Growth in Africa report

The Forum saw the official launch of the *Healthcare and Economic Growth in Africa* report. This 87-page document provides a strategic direction for African countries to better engage with the private health sector and accelerate improvements in health. It examines Africa's healthcare challenges and highlights opportunities for the private sector.

Michel Sidibé, Executive Director of UNAIDS, introduced the report, saying that it was the first of its kind for the continent. Addressing the leaders of the public sector, he called upon them to strengthen their partnerships with the private sector to make healthcare an area where the private sector could invest and ensure that the people of Africa have access to better and more accessible healthcare products.

Lead author, Saurabh Sinha of ECA, presented the report's key findings, drawing attention to the continent's annual healthcare financing gap of \$66bn, which he said the private sector can help to bridge. He drew attention to the potential for the private sector, with the value of healthcare opportunities in Africa's healthcare sector estimated to be worth \$259bn by 2030. "The facts speak for themselves," he said.

Launch of ABCHealth

The Forum also saw the launch of ABCHealth, a platform to crowd-in private sector to work together to make a significant dent in improving health outcomes.

"We are inviting businesses, philanthropists, civil society, to join the African Business Coalition for Health – ABCHealth – so that we can build a broad-based regional coalition that will do great things," said Aigboje Aig-Imoukhuede in his call to action. "Africans must play their role to ensure

that health outcomes to Africa are as equitable as they are in other parts of the world... We must win this fight to fix health in Africa." The coalition will be a bridge between the private and public sector, close the data gap, help channel greater investments in the sector as well as share best practice and create networks.

It was agreed that governments need to do more to provide the right conditions to make healthcare attractive and profitable for the private sector. However, it is not just a question of money and resources. Countries with similar per capita budgets can have vastly contrasting outcomes. So there's a need to learn from each other and apply best practice. Solutions were presented around the way to mobilise domestic funds for health and the role of PPPs and innovation to accelerate and scale up impact.

Parallel sessions

In the afternoon, expert panels debated crucial issues for the development of Africa's healthcare sector in three parallel sessions: "Mobilisation of domestic funds for health" looked at the opportunities in this increasingly important area; "Insights from successful public-private partnerships" reviewed cases of high-performing PPPs that could be replicated across the continent; and "Transforming the health landscape through research and innovation" examined the role of innovation in increasing domestic capacity to solve health challenges. All of the sessions provided recommendations for business and policymakers.

Conclusions

At the end of the day's main business, the principals behind the Forum stressed the need for a concerted and collaborative approach, the multiplier effect of a coalition. "The power of us collaborating has no boundaries," Aigboje Aig-Imoukhuede stressed. He called for a collective commitment to a goal with measurable social impact: "To those who achieve great things, greater things are expected. And so I look forward to the greater things that will come from the coalition."

In the evening, delegates enjoyed a buffet dinner and entertainment by Malian musician Salif Keita. ■

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Speakers:**H.E. Abiy Ahmed,**

Prime Minister of Ethiopia;

H.E. Mokgweetsi Masisi,

President of Botswana;

H.E. Ismaïl Omar Guelleh

President of Djibouti;

H.E. Hala Zayed,Minister of Health and Population,
Egypt, representing**H.E. Abdel Fattah El-Sisi,**

President of Egypt;

H.E. Sicily Kariuki, Health Cabinet
Secretary, Kenya, representing**H.E. Uhuru Kenyatta,**

President of Kenya;

Aliko Dangote,

President and Chief Executive, Aliko

Dangote Group, Chairman, Aliko

Dangote Foundation, represented by

Halima Aliko Dangote,

Trustee, Aliko Dangote Foundation;

Aigboje Aig-Imoukhuede,

Founder and Chairman of Africa

Initiative for Governance (AIG)

and Co-Chair, GBCHealth;

Vera Songwe,

UN Under-Secretary General and

Executive Secretary of the UN

Economic Commission for Africa

Moderator: Ibrahima Cheikh Diong,
CEO, ACT Afrique Group**The need for private
investment in Africa's
healthcare**

Ensuring access to quality healthcare for all of Africa's citizens at affordable rates is constrained by a scarcity of public resources. Africa has a current health financing gap of at least \$66bn per annum. Government expenditure on health in all but two countries is less than the minimum of 5% of gross domestic product considered necessary for ensuring adequate health coverage for at least 90% of the population. On current trends, and with many competing demands for public resources, governments are unlikely to be able to meet the health financing requirements. Therefore it is essential to bring in private sector investment.



Aigboje Aig-Imoukhuede, Founder and Chairman of Africa Initiative for Governance (AIG) and Co-Chair, GBC Health

Opening Session: Africa's governments pledge support for improved health outcomes for Africans

Aigboje Aig-Imoukhuede, the Co-Chair of GBCHealth and co-founder of ABCHealth, opened the proceedings, telling delegates that the coalition will engage a new crop of African business leaders in the drive to change the reality of the average African as far as health is concerned.

"Only partnerships will help solve the health challenges the continent faces," he said. "Healthcare in Africa is constrained by scarce public funding and limited donor support. Out-of-pocket expenditure accounts for 36% of Africa's total spend. Given our income levels, it is no surprise that healthcare spend in Africa is grossly

inadequate for Africa's needs, with a financing gap of \$66bn per annum."

Africa, he said, has made some progress in funding healthcare, spending between \$150 and \$250 per capita, but it is still far from what is needed to achieve the UN's Sustainable Development Goal 3, which sets targets in the area of good health and wellbeing.

"It is clear that African governments alone cannot solve this challenge, which is further exacerbated by our growing population and Africa's changing disease portfolio," he said. "Your Excellencies, distinguished ladies and gentlemen, we have no alternative but to turn to the private sector

to complement government funding."

Investing in healthcare in Africa is increasingly attractive for business and will promote economic development, enhance productivity, create new markets and improve the overall climate in which all businesses operate, he explained. The private sector must therefore be encouraged to optimise and step up its involvement and contribution to health funding in Africa, and this is where the Africa Business: Health Forum will play a key role.

"The Africa Business: Health Forum will offer stakeholders the opportunity to visualise success and galvanise action amongst companies across the continent," he said. "The private sector will be able to communicate and collaborate with government representatives whilst exchanging knowledge and experiences. This Forum promises to be an exciting and productive start to a revolutionary approach to tackling Africa's health challenges. I am very excited by the possibilities for making history here today, in Addis Ababa."

Vera Songwe, Executive Secretary of the United Nations Economic Commission for Africa (ECA), stated: "A healthy Africa is a productive Africa; a productive Africa is a prosperous Africa."

And yet, she said, health spending to date fails to meet the continent's growing healthcare needs. Citing findings from the *Healthcare and Economic Growth in Africa* report, which would be launched later in the morning, Songwe said, "Only two countries (Algeria and Namibia) spend more than 5% of GDP on health, and out-of-pocket payments are still extremely high. The report shows us just how much of an economic impact can be made from investing in health."



H.E. Abiy Ahmed,
Prime Minister of Ethiopia

Reinforcing Aig-Imoukhuede's arguments, she stressed the importance of bringing more private sector investment into the continent's healthcare sector. "Let's talk about health funding and let's talk about how we can bring the public and the private sector together to ensure that Africa's healthcare is funded," she said.

"To attract the private sector, we need to create an enabling environment. And to the African private sector I say that our leaders are expecting you to invest in healthcare because you will get higher returns here – among the best in the world."

Africa, she said, has made considerable progress in improving its health outcomes in recent years. From 1990 to 2015, life expectancy at birth, a key indicator of population health and economic development, increased from 54 to 63 years. During the same period, the number of women dying in childbirth and the number of children dying before the age of five nearly halved.

"The launch of the Continental Free Trade Area last year was a defining decision for Africa. It shows we have the ability to bring Africans together. We have to do the same for health," she said.

As an example of the opportunities, she said that more than \$17bn a year is spent on importing drugs into the continent and if that if they could be manufactured here, 16m jobs could be created. "That is the purpose of this Forum; it is to say we should no longer export our jobs, we can bring those jobs back."

"So," she said, directly addressing members of the private sector, "take the leap of faith with us at the Economic Commission for Africa, with the African Union, with our African leaders and especially, with the African youth who expect to have a healthy population. Invest in healthcare."

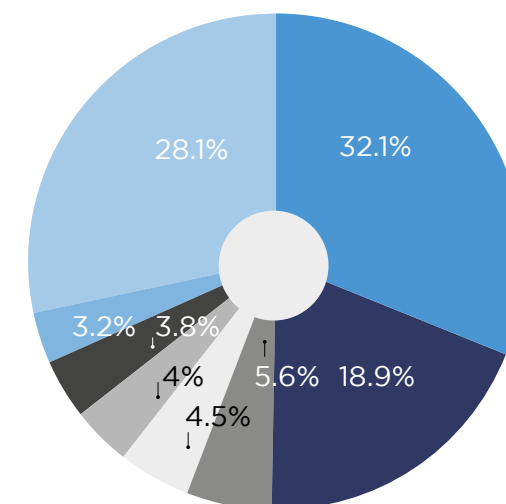
Rewriting the healthcare narrative

The keynote remarks of Aliko Dangote, Chairman of Aliko Dangote Foundation, were delivered on his behalf by Halima Aliko-Dangote, Trustee of Aliko Dangote Foundation.

She conveyed his message that the Forum would identify issues and find solutions to Africa's health challenges with a view to mobilising the will to confront them head-on.

**Figure 1:
Healthcare financing gap
in selected countries as a
percentage of Africa's
total shortfall**

■ Nigeria
■ Egypt
■ Angola
■ South Sudan
■ Morocco
■ Ethiopia
■ Kenya
■ Others



Note: Discrepancies in the additions are due to rounding.

Source: ECA staff calculation based on data from WHO Global Health Expenditure database.



H.E. Mokgweetsi Masisi,
President of Botswana

Opportunities for businesses to engage in Africa's health sector

- Pharmaceutical and medical device industries can focus on healthcare products and services. They can also invest significantly in delivery infrastructure and systems to enable their businesses to operate efficiently in new markets. Examples include AstraZeneca, Merck APOC (river blindness), GSK and Gilead.
- Digital technology (IT and telecoms) companies enable health systems by improving communications and the ability to process information. This has been demonstrated by the pattern of their investments in recent years by companies including Intel, Novartis SMS for Life, J&J Every Mother Every Child, Bharti Airtel, Safaricom and others.
- Financial services companies focus on health financing (e.g. health system funding, insurance and payment services). Working with partners, they can raise awareness of the availability of health financing, contribute to policy and governance decisions, and help generate more demand for their services.
- Media, communication and entertainment companies' products and services can be used to deliver health messages to people, for example through radio, television, social media or text messages. Innovative examples include Globo TV, BBC and DMI. They can be used to mobilise resources in innovative ways.
- Logistics and transportation companies like DHL help both the public and private sectors to maximise supply chain efficiency and meet customer needs. They can do this in areas such as patient transportation services, laboratories, clinics and hospitals.

Source: *Healthcare and Economic Growth in Africa report*



H.E. Ismaïl Omar Guelleh, President of Djibouti

"Governments from both developed and developing countries are increasingly looking at public-private partnerships (PPPs) as a way to expand access to higher quality health services by leveraging capital, managerial capacity, and know-how from the private sector.

"With the launch of ABCHealth, business leaders can now make commitments and contribute directly to a healthy and prosperous Africa, enabled by collaboration and business partnerships. Not only will this be a social good, but there is a profit potential, and we will drive real, sustainable action across Africa."



Halima Aliko-Dangote, Trustee, Aliko Dangote Foundation

Health must be a priority

The Prime Minister of Ethiopia, Abiy Ahmed, stressed the importance of universal health coverage and the important role the private sector has to play in helping African governments to achieve this.

Drawing attention to the fact that only three of the 55 African countries are currently able to dedicate 15% of their budget to healthcare as per the Abuja Declaration, he said it was critical to "encourage new and innovative sources of financing to supplement budgetary support and development assistance in the health sector."

And, while stating that greater attention should be given to improving efficiency in domestic health spending, he said that the private sector could "play a vital role in both financing and supporting implementation of national health plans."

President Mokgweetsi Masisi of Botswana called for the public and private sectors to work together to rid the continent of social ills such as malnutrition, abject poverty and disease. "We must, therefore, collectively commit to fostering this strategic partnership and I shall do on behalf of the Republic of Botswana today," he said.

He went on to invite the private sector to explore the opportunities available in Botswana, including collaboration in hospital services, inpatient and outpatient care and preventative care such as immunisation. "We are open for business and you're welcome," he said.

He said it was his belief that the Forum and the report it was launching would encourage the public and private sectors to work together and inspire businesses to transform the health sector in Africa.

"Let us, through this initiative, rededicate ourselves to seeking new sustainable ways of consolidating the gains made thus far in the health sector," he said.

Mobilising expertise

President Ismaïl Omar Guelleh of Djibouti said that mobilising expertise, financial resources and innovations would go a long way towards improving Africa's healthcare.

He said that Africa is today facing a resurgence of diseases that many believed had been eradicated and that new ones are emerging, including lifestyle diseases such as diabetes, which is reaching concerning levels.

"No country can achieve economic development without a physically, mentally and socially fit population," he said.

He pointed out that public-private partnerships have proven their effectiveness in countries such as New Zealand, Australia and the UK, where they have created a virtuous circle.

"This must be the case in Africa," he said, adding that he was convinced such partnerships would enable Africa's youthful population to grow old in good health.

Egypt's Health and Population Minister, Hala Zayed, represented President Abdel Fattah El-Sisi of Egypt, the incoming chairperson of the African Union.

She said that strong political commitment to health in Africa is not always matched by increased allocations for health expenditure as governments face many challenges regarding the implementation of policy and financing.

"Governments should focus on spending and allocating resources efficiently," she said. "[They] can direct stakeholders to invest and create a collaborative environment for parties to work together to achieve health-care goals."

A notable success story has been the proactive fight against the Hepatitis C virus in Egypt, the country with the highest prevalence of the disease in the world. Negotiations with the private sector enabled the provision of relevant drugs at low prices and enabled millions of Egyptians to be screened for the virus.

Sicily Kariuki, Health Cabinet Secretary of Kenya, representing President Uhuru Kenyatta of Kenya, conveyed his message that in Kenya, "we do not struggle in welcoming the private sector to support us in delivering public good."

She said that the private sector had catalysed progress towards universal health coverage in Kenya, and added that the \$4.5bn invested by the private sector in the country's health-

care could rise to upwards of \$11bn in the next 10 years.

"We recognise it is only by harnessing the strengths, the resources, the expertise of the private sector, coupled with additional investment by government, that we can uphold the current gains and achieve lasting and sustainable health solutions in Kenya and in Africa in general," she concluded. ■



H.E. Sicily Kariuki, Health Cabinet Secretary, Kenya



H.E. Hala Zayed, Minister of Health and Population, Egypt



The report's Lead Author, Saurabh Sinha of ECA, presents findings to delegates

Report Launch: Healthcare and Economic Growth in Africa

The launch of the *Healthcare and Economic Growth in Africa* report was one of the highlights of the Forum. The 87-page report prepared by the UN Economic Commission for Africa (ECA) provides a strategic direction to enable African countries to better engage with the private health sector and thereby accelerate improvements in health. It examines in detail the state of healthcare across the continent and provides recommendations for government and the private sector.

Introducing the session, the Executive Director of UNAIDS, Michel Sidibé, said, "Achieving our health goals is not a matter of political will, it is a matter of political choice. We want to hear 'I will do the right thing and put my money here, in health'."

The report's Lead Author, Saurabh Sinha of ECA, presented the key findings, saying that Africa was healthier in 2015 than in 2000, despite diseases and epidemics recorded over the period. However, health spending in Africa remains inadequate to meet growing healthcare financing needs and rising demands, creating a financing gap of

\$66bn per annum, which the private sector can help to bridge.

Total spending on healthcare in African countries lies in the 5%-6% range, although in per capita purchasing power parity (PPP) terms it almost doubled from \$150 to \$292 between 2000 and 2015. Out-of-pocket spending remains the highest spending component in healthcare.

Across the world, as countries became richer, they tend to spend more on healthcare. "Unfortunately, in Africa there is a huge variation," said Sinha, pointing out that only a few countries are following the world trend line and many are not spending as much as they should at their level of income.

Similarly, as countries become richer there should be a decline in out-of-pocket expenditure, but in Africa this is not happening. "This is something unusual and worrying," he said. He said that as countries become richer, external funding may decrease but governments may not be spending more on health.

He also noted that the estimate of a \$66bn per annum shortfall in health-

care financing was a conservative one, because the cost of healthcare is increasing.

About 20 countries are health stressed, meaning they have an above average disease burden, low government expenditure on health, high out-of-pocket expenditures, low density of health professionals, high levels of government debt (as percentage of GDP), and low GDP growth rates. Taken together, these indicators suggest severe limitations in public provisioning of health, highlighting the urgent need to target these countries, which are located mostly in West and Central Africa, for immediate action.

The report highlights different ways of mobilising domestic resources, including increasing tax revenue through new taxes and improved tax administration, reducing the debt burden by increasing borrowing, debt-to-health swaps, and reducing illicit financial outflows. Sinha pointed out that the size of the latter are in some cases higher than the financing gap.

"If the illicit financial flows could be reduced, maybe more money could be made available for healthcare spending," he commented.

Opportunities

"There is a huge potential for the private sector [to invest in African healthcare]," said Sinha. International consulting firm McKinsey & Company estimates the value of opportunities in Africa's healthcare by 2030 at \$259bn, with the potential to create 16m jobs.

Less than 2% of the medicine consumed in Africa is manufactured on the continent. Imports cater for more than 70% of the pharmaceutical market, meaning that Africa spends \$14.5bn on pharmaceutical imports annually. More medicines could be manufactured in Africa through PPP engagement, taking advantage of improved access to Africa's markets as the Continental Free Trade Area gains pace.

Other areas of engagement for the private sector are in the areas of laboratories and diagnostics, service delivery and financing, skills development, research and capacity building, health insurance, and digital health innovations.

He ended by highlighting the key recommendations of the report for governments: focus on achieving broad-based economic growth and prudent macroeconomic management; identify innovative sources for financing healthcare; allocate sufficient resources in health-associated sectors; enhance regulatory systems and create suitable conditions to attract private investors. ■

For further details of the findings and recommendations of the report, see Annex 1.



Michel Sidibé, Executive Director, UNAIDS (I) and Aigboje Aig-Imoukhuede, Founder and Chairman of Africa Initiative for Governance (AIG) and Co-Chair, GBCHealth, display copies of the Report

Health spending in Africa remains inadequate to meet growing healthcare financing needs and rising demands



Leading figures line up on stage at the end of the launch



A host of leading figures celebrate the launch of ABCHealth

Launch of ABCHealth: A vision to inspire business to transform health in Africa

The morning session of the Forum saw the launch of the African Business Coalition for Health (ABCHealth), the key highlight of the Forum. The culmination of efforts by Aliko Dangote Foundation and GBCHealth, this coalition of businesses, philanthropists and development institutions will help companies contribute more directly to meeting national and regional health goals.

With the aim of improving the standard of living, quality of life and overall health of all Africans, it will help to generate progress in critical health areas while providing guidance to companies on how to maximise the value and impact of their investments.

A video was streamed for delegates in which Aliko Dangote, Chairman, Aliko Dangote Foundation, and Aigboje Aig-Imoukhuede, Co-Chair of GBCHealth and co-founder of ABCHealth, explained the reasons for setting up the coalition.

"Africa's problems are Africa's opportunities. Today, there's no greater opportunity than improving health-

care throughout the continent," said Aliko Dangote. "In Africa, governments typically control the delivery of healthcare. This is why when Aigboje Aig-Imoukhuede approached me with the idea of a pan-African coalition of private sector companies to focus on improving healthcare outcomes, I immediately agreed."

Aigboje Aig-Imoukhuede explained that he had already seen through his work for GBCHealth what the private sector can do in the war against disease and pandemics.

"African companies across Africa should lead the fight. Africa bears a huge disease burden. Our burden," he said. "It's now time for us to step up to the plate. We launch the African Business Healthcare coalition today. I invite all private sector leaders, all members of civil society, to join Aliko Dangote Foundation, the Global Business Coalition for Health in this fight to eradicate health challenges across Africa."

The video was followed by the unveiling of the ABCHealth logo and the cutting of the ABCHealth cake. ■

About ABCHealth

Addressing Africa's systemic health challenges is not something that a single government or company can do alone. Creating a lasting impact requires collaboration among a range of stakeholders committed to developing the right tools to promote accountability and coordination, sharing risks and expertise and disseminating learning. In co-operation with global businesses, philanthropists and development institutions,

ABCHealth will unlock synergies to enable business to play a key role in helping governments meet national and regional health goals. The aim is to improve the standard of living, quality of life, and the overall health and wellbeing of all Africans.

The coalition will be an effective partner for governments to ensure that programmes are efficient, technically sound, well-communicated and impactful.

Call to Action: 'We must ensure that we fix health in Africa'



The co-founder of ABCHealth, Aigboje Aig-Imoukhuede, addressed the Forum with an impassioned call to action before the cutting of the ABCHealth cake.

He began by expressing his appreciation for "the usual suspects", those people who are usually only one step removed any time the needle has been shifted in Africa.

He said that he loved coalitions because they gather the collective power of the usual suspects: "Fifty usual suspects is not enough; 1,000 is not enough. We need thousands across Africa. I am glad to see so many in the audience right now," he said.

"So it is really simple," he said. "This morning we have spoken about the fact that Africa needs help and I think Africans must play their role in this fight to ensure that health outcomes are as equitable in this part of the world as they are elsewhere."

Aigboje Aig-Imoukhuede,
Co-founder of ABCHealth
addressing delegates

**Africans must
fight to ensure
that health
outcomes are
as equitable in
this part of the
world as they
are elsewhere**

"My call to action is simple," he said. "We have no choice. You have no choice. There is no alternative. We must win this fight to ensure that we fix health in Africa."

He called upon businesses, philanthropists and civil society to make their commitments known and to join ABCHealth to "form a broad-based regional coalition that will do great things."

"We will be getting in touch with all of you," he said. "The organisation is up and running."

He thanked the co-sponsors of the forum, Zenith Bank and Access Bank, for their support, saying that he was sure that "many many more" would join them. "I invite more, God bless you," he concluded.

Halima Aliko Dangote, Trustee of Aliko Dangote Foundation, followed him, saying: "Our doors are opened. Let's all come and make one of the greatest investments in life tonight, which is health. Let's bridge the gap and change the narrative of Africa." ■



Above: The panel brought together leading figures from the public and private sectors

Panellists:

Abebe Selassie,
Director of the African Department,
IMF;

Dr Ajoritsedere Awosika,
Board Director, Access Bank;

Belay Begashaw,
Director General, SDG Center for
Africa;

Gayle Smith,
CEO, ONE Campaign;

H.E. Ilyas Moussa Dawaleh,
Minister of Economy and Finance,
Republic of Djibouti;

Ngozi Okonjo-Iweala,
Chair, GAVI;

H.E. Situmbeko Musokotwane,
Former Finance Minister, Zambia

Moderator:

Ibrahima Cheikh Diong,
CEO, ACT Afrique Group

The Great Debate: Health as a major economic driver

The *Healthcare and Economic Growth in Africa* report affirms that health is a major driver of economic growth, but what challenges do businesses face and what can governments do to create a conducive environment for investors and partnerships? The Forum's Great Debate brought together leading figures from the public and private sectors to better understand each other's perspectives and identify ways of working together to transform healthcare in Africa.

Ngozi Okonjo-Iweala, Chair of GAVI, the Vaccine Alliance, and former Finance Minister of Nigeria, said that discussion about finance should

not just be about how much funding is needed for health; it is also about the optimal utilisation of the resources governments already have. She said a 2016 survey of public health in Africa showed countries with the same per capita expenditure had vastly different outcomes. "If we are going into public-private partnerships, the public sector must use the resources it already has to deliver better outcomes before we talk about raising more money."

She said the timing of disbursements is also key, raising the issue of communication between health and finance ministers, saying that, for instance, Nigeria has poor outcomes in

terms of immunisation, not because of funding challenges, but because programme funding is not disbursed when it is needed. She said ministries should not operate in silos but work together.

She asserted that Africa could raise a large part of the \$66bn gap identified in healthcare funding by tapping into domestic resources. Simply having more efficient tax collection would go a long way.

Giving back

Dr Ajoritsedere Awosika, Board Director of Nigeria's Access Bank, said the organisation takes the concept of the public good very seriously and to this end, the bank gives 1% of its annual profit to projects in health and the environment. Of this 40% is spent directly on health, with a focus on innovation in partnership with global multinationals such as GE and Phillips.

She said research shows that 67% of Africa's disease burden is malaria and Access Bank is joining others in efforts to eliminate the disease. Such interventions must be well planned and communication with target communities is vital as they need to understand disease interventions and

see how they can contribute to their success.

The Bank is doing its own research into the diversity of problems in Africa so it can look at ways to broaden its interventions.

Gayle Smith, CEO of ONE, said it is critical for health systems and policies to be built with prevention in mind. "If we don't start from the bottom up, we are never going to get there." ONE is an advocacy organisation that campaigns for and works towards ending extreme poverty and preventable disease. "We talk a lot about the cost of healthcare and not enough about the cost of not doing things. Starting at the bottom is key."

Smith also highlighted the need for transparency in the health sector, saying it is critical in inspiring confidence. Key in this regard is the sharing of available data as it can unlock solutions to longstanding challenges. She cited the example of data being used by entrepreneurs to create applications and tools that can improve health delivery.

She flagged a third component of a successful healthcare strategy – raising public awareness and mobilisation. Africa is the only continent right now

where governments and the private sector are standing together and asking what they can do better. Elsewhere, citizens are questioning their governments and waiting for the private sector to do the right thing. In Africa, the private sector has considerable influence with politicians, which means business can be a catalyst for change in terms of better public policy.

Competing demands

Abebe Selassie, Director of the IMF's Africa Department, reminded delegates of the difficult balancing act in reconciling macroeconomic policy with creating space for the private sector. Governments face many competing budgetary demands for allocation of limited resources.

But, he said, health is a foundational investment. He cited the example of the Ebola pandemic in West Africa, where the macro-economic and growth impacts were so large they are still being felt today. The outbreak changed the entire growth trajectory of the affected countries, highlighting how essential it is for governments to invest in healthcare.

He agreed with Okonjo-Iweala that optimising existing resources is im-

portant to improve health spending outcomes. He suggested an index be introduced to measure the effectiveness of expenditure and related outcomes to focus the minds of governments in this regard.

Belay Begashaw, Director General, SDG Center for Africa, said it is imperative that new ways of addressing Africa's challenges be found as past actions had not proved to be effective. The SDGs may not be new, but they do direct countries to address their challenges differently and set targets.

"SDGs have huge investment potential whether it is health, energy or education," he said.

He also echoed the call of Aliko Dangote, Chairman of Aliko Dangote Foundation, for businesses in the private sector to consider contributing 1% of after-tax profit to healthcare.

H.E. Ilyas Moussa Dawaleh, Minister of Economy and Finance, Republic of Djibouti, called on Ethiopia and Djibouti to work together to improve their health delivery systems as he urged more private sector investments in Africa's health sector. He commented that his government was moving forward in its collaboration with the private sector, but more progress needed to be made.

"One of our major milestones was to get the private sector involved so we can provide access to quality healthcare to everyone," he said. "We are still to get there – our services are stretched. We hope this dialogue will help us have more partners who can come to invest not only in Djibouti but in the region as a whole."

Key sector

H.E. Situmbeko Musokotwane, former Finance Minister of Zambia, said it is important that governments regard health as a key economic sector and find ways to attract investment. Although Zambia has provided sectors such as agriculture with investment incentives for years, health has been viewed as a social sector and has not received the same benefits in this regard. Government attitudes towards health make it difficult for the private sector to engage.

"For many years to come the public sector will still remain the key provider of health services on the continent, especially at the primary level," he commented. "It is important that we are here to discuss how we can work with the private sector to fill the gaps."

Other issues raised included:

- The need for government officials to be forced to use public health facilities as this would get them to focus on improving the sector. The fact that African leaders receive healthcare abroad, often at

great cost to the fiscus, reduces their incentive to improve health facilities at home.

- Investing in health is not the same as privatising healthcare.
- Data sharing is critical to improving healthcare in Africa. This will help practitioners understand the scale and distribution of the disease burden and help them to build medical profiles of patients.
- Harnessing technology effectively will play a big role in preventative healthcare.
- Creating better public facilities may help to attract African health professionals back to the continent.
- Having a longer-term budget cycle that moves away from the current annual budgeting system may help to attract investors by

providing more certainty about spending and planning over a longer period.

- Failures in health provision need to be highlighted. Although countries may learn from success stories, they can also learn from what has not worked, "leapfrogging" the mistakes others have made.
- Governments need to put in place an enabling environment for the production of medicines to bring down costs and make it easier to invest.
- On the back of the AfCFTA, governments need to look at standardising medicine registration requirements across borders to make production more attractive and distribution of locally produced drugs easier. ■

Key takeaway points

Build a truly African Coalition

ABCHealth must go beyond the two partners, GBCHealth and Aliko Dangote Foundation, and ensure it represents a truly African coalition by having inclusive representation from across the continent.

Data is key

There is a need for evidence-based decision making. ABCHealth can become an important aggregator of data to help contribute sound policy decisions. The right data, if properly analysed, will help in crafting effective and efficient solutions across borders.

Utilise technology

Technology offers a veritable opportunity. It will be a critical tool for ABCHealth to engage with partners and also to build a strong and effective member base. Technology will also offer platforms for greater collaboration and impact at scale.

Be the bridge

The coalition must be an honest broker that will foster viable partnerships between the public and private sectors, as well as other committed stakeholders, for the good of Africa.

Create a profitable model for stakeholders

Since the private sector, to ensure long-term sustainability of its investments, is driven by a profit imperative, ABCHealth must develop viable business models for the business community with a view to helping it find specific initiatives worth investing in.

Always plan ahead

Resource allocation will impact subscription to ABCHealth. Planning ahead (one-year, five-year plans, etc) will help ABCHealth in the allocation of scarce resources.

Small and medium-sized enterprises (SMEs) are the engine of transformation and major employer of labour in Africa; they should also be brought into the fold.

Collaborations and partnerships can give birth to great things

When resources and expertise are pooled, it is easier to tackle challenges and make great strides. The success of the inaugural Africa Business: Health Forum as well as the launch of ABCHealth is an indication that the right collaborations can inspire great things.

Investing in health is good business

Putting money in the health sector makes social, economic and business sense. Investing in the sector is, therefore, not just a social imperative but an economic necessity with huge returns, and that will also benefit the private sector in general. A healthy Africa is a productive Africa; and a productive Africa is a prosperous Africa.

Public-private partnerships can bridge funding deficit

There is an annual financing gap in the health sector estimated at over \$60bn. Governments cannot bear the burden alone and will need to partner with the private sector and other partners (DFIs, Foundations) to bridge the gap.



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The panellists listen as Dr Senait Fisseha (centre) introduces the discussion

Panellists

Hippolyte Fofack, Chief Economist and Director of Research and International Cooperation, African Export-Import Bank, representing **Benedict Oramah**, President and Chairman, Board of Directors, AfreximBank;

Martyn Davies, Managing Director, Emerging Markets & Africa, Deloitte;

Olumide Okunola, Senior Health Specialist, IFC;

Mamadou Biteye, Managing Director, Africa Regional Office, The Rockefeller Foundation;

Dr Amany Asfour, Chair of the Trade Promotion Committee COMESA Business Council and the Vice President of PAFTAC COMESA;

Dr John Nkengasong, Director, Africa Centres for Disease Control & Prevention;

Shivon Byamukama, Deputy CEO, Babyl Rwanda

Chair

Dr Senait Fisseha, Director of International Programs, Susan Thompson Buffett Foundation

Moderator

Thokozile Ruzvidzo, Director of the Social Development Policy Division, ECA

Parallel Sessions:

Domestic mobilisation of funds for health

The mobilisation of domestic resources is increasingly important for sustaining investments in key sectors such as health. Some governments are achieving this through efforts such as tax administration reform, substantial economic growth, and the use of non-traditional financing sources such as social/development impact bonds, public-private partnerships and private financing.

This session addressed both the opportunities and policy requirements

that are needed to increase domestic resource mobilisation for the health sector, showcasing good practices that could be replicated as well as challenges and lessons learned.

Dr Senait Fisseha, Director of International Programmes at the Susan Thompson Buffet Foundation, and session chair, began the discussion by presenting the problem. Few African governments have met the pledge of allocating at least 15% of their budget to health as envisaged in the 2001 Abuja Declaration.

Ways to mobilise domestic resources

- Increase tax revenue through new taxes and improved tax administration
- Reduce the debt burden and increase borrowing
- Debt-to-health swaps
- Reduce illicit financial flows
- Re-allocate budgetary flows and rationalise inefficient fossil-fuel subsidies
- Earmark revenues from natural resources
- Identify innovative financing mechanisms

Key messages

Need for honest dialogue

There is need to increase funding for health across the continent. However, ministers of health seem to find it hard to get their ministers of finance to increase funding to the health sector.

There is a need for deep, honest engagements amongst stakeholders to address the gap.

As well as increasing allocations towards health, spending must be better deployed and more efficient. The efficiency of fund usage is as important as mobilising more resources.

Donor funds as catalysts

Utilise donor funds as a catalyst to mobilise other resources going into domestic funding for the sector. There are interesting instruments being used and case studies of this already working.

Prioritise cost optimisation

Cost optimisation should be made a priority. It is not enough to source for funds; ensuring more is achieved with less might be a way to scale up investments in other subsectors of the health sector.

Three ways to improve domestic funds include P (People), P (Policy) and P (Product). There is a need to invest in healthcare professionals, drive policies to strengthen healthcare systems and manufacture quality healthcare products in Africa. In addition, innovative approaches should be applied to finance.

This, she argued, could have negative consequences in the future given that the number of young people as a percentage of the population is growing. "If we are going to realise Africa's demographic dividend, we will need to invest in job creation and health."

Martyn Davies, Managing Director, Emerging Markets and Africa, Deloitte, pointed out that Africans should not rely on governments to provide health funding but should turn to the private sector.

"By and large, the state has not provided for its citizens," he said. "Private capital therefore should and can step

up in providing essential services to citizens."

Davies said the average spend by African governments on healthcare is \$29 per capita, compared to \$218 in East Asia, including China.

John Nkengasong, Director of the Africa Centres for Disease Control and Prevention, agreed that the private sector is vital but argued the state has a part to play, too. PPPs are key to combining public and private money, he argued, saying: "We should not only be looking at outside resources but also inside."

Hippolyte Fofack, Chief Econ-

omist and Director for Research and International Cooperation, African Export-Import Bank, linked the importance of spreading healthcare to improved intra-African trade, stressing that if pharmaceuticals can be manufactured and exported around the continent, Africa's huge drug-import bill could be significantly reduced.

He also argued that as a development finance institution, his organisation could play a key role in leveraging finance for health.

"We believe that we have the capacity to leverage more private financing by actually injecting initial capital into the sector," he said. "We have identified healthcare as a very strategic sector, and we are investing heavily in it because we see the potential."

The Bank, he said, will be investing \$700m in the next three years.

Olumide Okunola, Senior Health Specialist, IFC, supported the idea that governments must rise to the occasion and suggested tax is an effective way to raise domestic funds. "Until you put public financing into healthcare you are not going to make any progress," he said.

Shivon Byamukama, Deputy CEO of Babyl Rwanda, argued the need for greater public and private sector collaboration, saying: "You need the government and the private sector to work together to leapfrog into the future."

Babyl operates as a provider of digital healthcare in Rwanda and Byamukama explained how public private partnerships have been key.

"We are leveraging on infrastructure with the government," she said. "This is only possible because of government involvement."

She described how this helped Babyl gather 2m people on its platform with about 2,500 consultations to date.

Amany Asfour, Chairperson of COMESA Business Council, talked about the need to finance scientific research from within the continent so that drugs can be domestically produced. "We are still now importing our pharmaceutical drugs from India and China," she said.

Above all, she argued, it is crucial to support and finance healthcare researchers in order to reduce the import bill.

Finally, Mamadou Biteye, Managing Director, Africa Regional Office, The Rockefeller Foundation, argued that multiple sources of funding are needed and could include pension funds and DFIs. "We all know there is a gap," he said. "But gaps are opportunities and we need to build and invest." ■



A member of the audience puts a question to the panel



The panel, from left to right: Zouera Youssoufou, H.E. Isatou Touray, Carl Maas and H.E. Mitoha Ondo'o

Case Study:
Malaria Control Project in Bioko Island, Equatorial Guinea

Carl Maas
CSR Manager, Marathon Oil;
H.E. Mitoha Ondo'o
Vice Minister of Health and Social Welfare, Equatorial Guinea

Case Study:
Public-Private Partnerships in the Ethiopian Health Sector
Dr Daniel Gebre Michael
Former Director General at Medical Services and Advisor to the Minister of Health, Federal Democratic Republic of Ethiopia

Chair
H.E. Isatou Touray
Minister of Health and Social Welfare, Republic of The Gambia

Moderator
Zouera Youssoufou
MD & CEO, Dangote Foundation

Parallel Sessions: Insights from successful public-private partnerships

PPs in health offer significant opportunities for strengthening healthcare systems across the continent. A practical session, chaired by H.E. Isatou Touray, Minister for Trade, Regional Integration and Employment of The Gambia, provided an insight into successful PPPs, showcasing experiences and success stories to scale up and replicate.

The first case study, presented by Carl Maas, CSR Manager of Marathon Oil and H.E. Mitoha Ondo'o, Vice Minister of Health and Social Welfare of Equatorial Guinea, looked at the development and implementation of the Bioko Island Malaria Elimination Project. Loss in productivity through

absenteeism and the high health costs involved motivated this 15-year project.

This partnership between the government of Equatorial Guinea and three private sector partners has reduced the prevalence of malaria by 75%. The results are substantial, with 1,000 infected mosquito bites per capita annually in 2004 down to three bites per capita in 2018.

The government is also working with international experts to locally develop a malaria vaccine. This is the first project of its kind in Africa and has now reached the clinical trial stage.

The outcomes are the result of a collaboration that has brought

together the best of what the public and private sector can offer, pooling resources, thinking and knowledge. A model is also being developed through this collaboration that could be packaged for use in other countries and regions for malaria and other diseases.

The journey, however, is not without its challenges. These include different management and operational styles that can cause conflict, continuity of funding and different expectations of potential outcomes and responsibilities.

A weakness on the part of governments is to develop national health plans without considering or including the participation of the private sector in the process, thus ignoring the symbiotic role companies can play in bolstering the services offered by the public health system.

The second case study focused on Ethiopia's experience of implementing PPPs in the tertiary (hospitals) sector. Dr Daniel Gebre Michael, former Director General of Medical Services and Advisor to the Minister of Health in Ethiopia, said there was no doubt this collaboration had improved health outcomes and delivery. For example, the collaboration means public services are backed up by private services, which has reduced the inefficiency of state health delivery and there is no interruption in services.

"For PPPs to succeed, we need political will and consensus as to the needs of the sector and the benefits of engaging the private sector," he said. A clear legal framework with guidelines for each role is also needed.

His country is also trying to improve tertiary care to attract investment and simultaneously stem the tide of citizens who travel abroad to get quality and specialised medical attention. The government estimates that this leads to a revenue loss of about \$500m per annum.

H.E. Isatou Touray said that the quality assurance of private sector providers and their role in improving operations was reviewed within The Gambia health system. Distance from health facilities is a serious challenge in accessing health and The Gambia has contracted out transport of patients to the private sector.

She ended by saying that clarity on legal frameworks, competitive bidding and political will are conditions for PPPs.

The last point was taken up by participants who pointed out the need for clarity at continental level of PPPs in the health sector. A strategic engagement of the private sector towards national goals and Agenda 2030 and Africa 2063 was important.

Management contracts, outsourcing certain features of health delivery and investment in production of health products are aspects of PPPs and the recent signing of the AfCFTA was auspicious due to economies of scale.

Recommendations from the session included:

- National development plans need to consider in advance where the private sector can play a role and allocate resources accordingly.
- Models should be explored to see how the public sector can make it attractive for the private sector to offer supplementary or specialist services through PPPs. This requires regular engagement with the private sector and changing of mindsets in government about the way PPPs operate and where each other's obligation lie in the partnership.
- Using the example of Equatorial Guinea's malaria programme, other countries can see where similar PPPs can be instituted to solve challenges that will benefit the country and still be attractive for the private sector.
- Ensure there is a clear legal framework supporting PPPs.
- Have a third party managing the relationship, for example an NGO, to make PPPs more attractive to the private sector, which does not want to spend time on issues that are outside its core business. ■

Key messages

Coalitions over silos

Working in silos might seem convenient but setting up coalitions is better for efficient and effective delivery on set objectives. This was evident in the case study from Bioko Island in Equatorial Guinea, where the private sector joined forces with government to reduce infected mosquito bites incidents per capita from 1,000 to three annually.

Manage stakeholder expectations

It is important to align and manage expectations between the government and private sectors for a seamless collaboration. This is best achieved through greater dialogue.

Right investments, higher impacts

Investing time, money and energy in human capital and R&D are necessary to help scale up impact. This was the takeout from the Ethiopian PPP presentation, which outlined the government's ambition and passion to develop tertiary care in the country and manufacture drugs domestically.

Trust and transparency are key ingredients of a successful PPP. Finance is one area of collaboration. Success will depend on having the right model and framework for the partnership to survive.



Zouera Youssoufou
MD and CEO, Dangote Foundation



Nancy Wildfier-Field, President, GBCHealth (left), and Dr Matshidiso Moeti, Regional Director for Africa, WHO (right)

Parallel Sessions: Transforming the health landscape through research and innovation

TED-Style Talks

Adama Kane

Founder & CEO of JokkoSanté;

Samuel Agutu

Founder & CEO of Changamka Microhealth Ltd;

Dr Vèna Arielle Ahouansou

Founder & CEO, KEA Medicals

Chair

Dr Matshidiso Moeti

Regional Director for Africa, WHO

Moderator

Nancy Wildfier-Field

President, GBCHealth

African governments are struggling to provide basic health services to the whole population, especially in remote areas. In the meantime, private healthcare providers remain too expensive to access and are mostly established in urban areas. This leaves African citizens caught in a financial trap. Every year, millions of Africans fall into poverty due to high out-of-pocket payments for healthcare.

However, a new movement in healthcare innovation is now challenging the status quo. Social enterprises are leveraging previously underutilised resources, such as cheap technology, to improve healthcare delivery and bridge the growing gap in healthcare access. For African nations, health innovation represents an opportunity to increase domestic capacity to solve health challenges.

Adama Kane, Founder and CEO of Senegalese digital community pharmacy JokkoSanté, said he founded the organisation to create a simple solution for communities to acquire

medicine via micro-savings on a mobile phone application.

The application enables patients to get prescriptions from registered pharmacies after paying for them with points accumulated on a mobile money application. This has enabled seamless service and good data sharing. JokkoSanté gets commissions from completed sales, while workers at participating pharmacies earn points for their performance.

Samuel Agutu, Founder and CEO of Changamka Microhealth in Kenya said his operation was established in response to the twin challenges of high maternal mortality rates and poor health financing. He is using the M-Pesa mobile phone platform to enable microsavings that would enable women to have greater access to maternal healthcare. The innovations include smart card savings through the M-Pesa-enabled platform, which allows individual and third-party contributions to health saving plans.

Agutu also offers a cost-effective health subsidy in the form of an

Data-driven innovation enables faster access to medical information, resulting in fewer tests and saving time spent on health delivery

e-voucher that registers eligible women for antenatal and post-natal care, transport vouchers and other outpatient needs.

And the company has created a phone-based micro insurance product, Linda Jamii (Protect the Family). It is an M-Pesa-enabled insurance savings plan that automatically converts savings to premiums on reaching the required thresholds. It now covers 20,000 families and has been a pioneer for the development of other micro-insurance products.

Dr Vèna Arielle Ahouansou, Founder and CEO, KEA Medicals, Benin, created the company after a personal experience that made her realise that medical institutions need to be able to access people's medical history to eliminate mistakes such as giving the wrong diagnosis or using drugs that patients are allergic to.

The company invented a universal medical identity that uses fingerprints, social security and QR codes to store medical profiles and make them available to health professionals. Patients can create their medical records on their own profile, which is linked to a QR code that any doctor or hospital can access by just scanning the code. The company has 32,000 patients already using the platform and 10 pilot hospitals.

Data-driven innovation enables faster access to medical information, resulting in fewer tests and saving time spent on health delivery. Timely information provision allows hospitals to be 40% more efficient.

A member of the audience said he had created a platform that enabled patients to be connected to doctors for physical and psychological help. The data resulting from the initiative

is being used by governments and researchers to improve medicine, interventions and campaigns.

Recommendations from the session included:

- Improve the data being collected in the public healthcare sector, to feed into innovation in the private sector. The private sector could play a leading role in setting up systems for efficient data collection with the public sector supplying the data
- Governments should allocate more funding and capacity to invest in science, innovation and technology. This will enable both the private and public sector to scale up innovative solutions to longstanding challenges and allow more collaboration.
- Interventions need to be about more than in the health sector directly but also focused on the health value chain, including nutrition, developing micro health insurance products, alternative energy solutions and others. This is part of a requirement for governments to look at health more holistically and focus on prevention, as well as traditional medical services.
- Governments should consider the best way to use technology platforms for education and health interventions for rural clinics and remote areas.
- Use technology to create medical profiles and history for patients that is available nationally by all clinics to save time with diagnosis and treatment.
- Find technology solutions for more effective drug distribution across national institutions. ■



Left: Samuel Agutu, Founder and CEO of Changamka Microhealth Ltd
Right: Dr Vèna Arielle Ahouansou, Founder & CEO, KEA Medicals

Key messages

The Power of an individual

Individuals can make a difference and we have seen leaders and innovators take a leap to transform health outcomes. However, collaborations will be key to optimising funding and achieving sustainable development at scale.

Technology as a useful tool

Technology is a unifying platform. It is time stakeholders leveraged it more for better penetration and overall impact.



Adama Kane, Founder and CEO of JokkoSanté

Interview *On the sidelines of the Forum, Halima Aliko-Dangote and Didier Drogba talked to Julie Gichuru about the deeply held values that inspired the event.*

Philanthropy and the importance of giving back: In conversation with Halima Aliko-Dangote and Didier Drogba

On the sidelines of the Forum, TV anchor and media personality Julie Gichuru hosted a candid conversation on philanthropy and the importance of giving back, especially on a continent where governments cannot bear the brunt of delivering social necessities alone. She opened the conversation by asking Halima Aliko-Dangote, Trustee of Aliko Dangote Foundation, to talk about what had inspired the philanthropic journey of her father, Aliko Dangote.

Halima said that her father's philanthropy dated back to well before he registered the foundation in 1994, and described the influence of his mother in shaping the outlook of the whole family.

She recalled the way her grandmother would take the family to visit the sick in hospital. "Her idea was that you have to live the person's life, even if it is only for 10 minutes, to try and understand it, to have the conversation and then to assist them in any way you can," she said.

Gichuru observed that this "being together in spirit" reflected what some communities in Africa call *ubuntu* – the spirit of humanity – which is sometimes translated as "I am because you are".

Turning to Didier Drogba, she observed that he too had embarked on philanthropic work early in his career. Most notably, he stood up when Côte d'Ivoire was in crisis, calling for an end to his country's civil war. More recently, the celebrated footballer has set up a foundation to address the country's challenges in the healthcare sector.

When asked why this work matters to him and what inspires him, Drogba said, "I love my country, my continent,

and my biggest fans are from Africa. All the kids dreaming about becoming the next Drogba, the next Samuel Eto'o, mean a lot to me... you cannot forget them. I have children of my own, and when I go to hospital and visit sick kids and their families, I say to myself, 'These could be my own children.'"

Gichuru went on to ask what can be done to better build African philanthropy in order to truly transform the realities on the continent.

Halima asserted that everyone has a role, regardless of their own personal means or circumstances.

She said, "It doesn't matter what you have. You can give back and contribute with money, but also with support, prayer, and time. For the good of humanity."

Gichuru asked Drogba what he would say to African youths who feel a sense of victimhood. He replied that there is always hope and emphasised that dreaming had helped him

become the person he is today. "As successful people, it is our responsibility to inspire and support the next generation, which is why I am here at the Forum to engage further in these issues," he said.

Gichuru noted that Drogba's personal journey is all the more inspiring and relevant as he himself was born in a Red Cross hospital. She asked him what was at the top of his mind as he participated in the Forum.

He replied that he is doing as much as he can to improve health across Africa, but that it isn't easy. "We have to come together to have a real impact," he said.

Turning to Aliko Dangote Foundation, Gichuru highlighted its instrumental role in helping Africa deal with the Ebola crisis, as well as other important work to combat malnutrition. Halima elaborated regarding the Foundation's work on food and nutrition, and how this also relates to the African Business Coalition for Health (ABCHealth), which was launched at the Forum.

"In terms of polio eradication for example, we partnered with the government and the Bill & Melinda Gates foundation," she said. "There were a lot of pains and gains, but we scaled through and when you form a coalition, you see how much further you can go together and what can be achieved. I therefore believe that ABCHealth is a very important initia-

tive in transforming healthcare on the continent."

Showing the true Africa

As the President of the Africa Center in New York, Halima's work also extends to the realm of shaping African narratives and African storytelling. "Our stories and identities have been defined by others with little appreciation of our true selves, and we want to challenge that and show the true Africa."

Regarding investment, the health sector and a host of other areas, the continent is growing and Halima believes that "the sky is the limit", which is what she aims to demonstrate through the Africa Center.

Gichuru brought the conversation to a close by speaking of the drought that hit the Horn of Africa in 2010 and which extended from Somalia to Kenya, where many were facing starvation.

"We were imploring Kenyans on TV to donate what they could, and in one month we were able to raise \$10m from ordinary people's donations. The reason I tell this story is that you have both highlighted the importance of being an inspiration, when you have this status, this public platform and the responsibilities that come with it," she said.

"What final message do you have for Africans about how we can rally and come together as a community,

supporting each other and solving the continent's problems?" she asked.

In reply, Drogba began by emphasising the ways in which Africa and its international reputation have changed. "We have global business leaders like Halima and her father, we have athletes, who are hugely successful abroad and on the continent, bringing their experience, talent and desire to improve the continent with them," he said.

But his message to fellow Africans was that "although we have a voice and a platform, and represent you on the global stage to some extent, without you we are nothing."

"Only together can we make changes and can we be the transformation that we want to see, only together can we rewrite Africa's narrative, so that she is known as a continent of excellence," he concluded.

Attitudes need to change

In her final remarks Halima emphasised that "self-sufficiency is key" for the continent and for health. "A healthier population results in an improved workforce, with greater productivity and profitability."

She said that attitudes still need to change: "If you see putting funds towards health as a cost, then you have already failed. It must be seen as a crucial investment, and if you don't invest today, you are going to pay heavily tomorrow." ■

When you form a coalition, you see how much further you can go together and what can be achieved



The Forum in photos



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1. Arriving at the Forum, from left to right, Vera Songwe, Executive Secretary, UN Economic Commission for Africa; H.E. Ismail Omar Guelleh, President of Djibouti; Aigboje Aig-Imoukhuede, Founder and Chairman of Africa Initiative for Governance and Co-Chair, GBC Health; Michel Sidibé, Executive Director, UNAIDS; and H.E. Abiy Ahmed, Prime Minister of Ethiopia
2. From left to right: Vera Songwe, Executive Secretary, UN Economic Commission for Africa; H.E. Mokgweetsi Masisi, President of Botswana; Michel Sidibé; and Zouera Youssoufou, MD & CEO, Aliko Dangote Foundation
3. Delegates assemble outside the conference room
4. Speakers and delegates take their places in the conference hall
5. Moderator Ibrahima Cheikh Diong, CEO, ACT Afrique Group, introduces the opening session
6. H.E. Abiy Ahmed, Prime Minister of Ethiopia, addresses delegates



1. Saurabh Sinha, Lead Author of the *Healthcare and Economic Growth in Africa Report*, presents its findings to delegates
2. From left, displaying the Report: Vera Songwe, Executive Secretary, UN Economic Commission for Africa; Didier Drogba, retired footballer; Halima Aliko-Dangote, Trustee, Aliko Dangote Foundation
3. From left, displaying the Report: Didier Drogba, retired footballer; H.E. Sicily Kariuki, Health Cabinet Secretary, Kenya; Michel Sidibé, Executive Director, UNAIDS; Halima Aliko-Dangote, Trustee, Aliko Dangote Foundation; Nancy Wildfier-Field, President GBCHealth; Ngozi Okonjo-Iweala, Chair, GAVI; Zouera Youssoufou, MD & CEO, Aliko Dangote Foundation; Vera Songwe, Executive Secretary, UN Economic Commission for Africa; Aigboje Aig-Imoukhuede, Founder and Chairman of Africa Initiative for Governance and Co-Chair, GBC Health

4. Cutting the cake to celebrate the launch of the ABCHealth Coalition
5. Aigboje Aig-Imoukhuede Founder and Chairman of Africa Initiative for Governance and Co-Chair, GBC Health (left); and Mercy Machiya, Acting CEO, ABCHealth (right)



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1. Malian musician Salif Keita provides evening entertainment for delegates. Behind him, from left: Yvonne Ike, Trustee, Aliko Dangote Foundation; Halima Aliko Dangote, Trustee, Aliko Dangote Foundation; Julie Gichuru, CEO, Animus Media; Ibrahima Cheikh Diong, CEO, ACT Afrique Group; Zouera Youssoufou, MD & CEO, Aliko Dangote Foundation; Didier Drogba, retired footballer; Vera Songwe, Executive Secretary, UN Economic Commission for Africa; Aigboje Aig-Imoukhuede, Founder and Chairman of Africa Initiative for Governance and Co-Chair, GBC Health
2. Delegates relax in the cocktail area
3, 5 and 6. Delegates enjoy dinner
4. From left: Ibrahima Cheikh Diong, CEO, ACT Afrique Group; Nancy Wildier-Field, President GBCHealth; and Angela Adebayo, Trustee, Aliko Dangote Foundation
7. Halima Dangote, Trustee Aliko Dangote Foundation, addresses delegates at the dinner
8. Julie Gichuru addresses delegates at the dinner
9. From left: Nomaza Nongqunga Coupez, Founder, Undiscover Canvass; Aigboje Aig-Imoukhuede, Founder and Chairman of Africa Initiative for Governance and Co-Chair, GBC Health; Yvonne Ike, Trustee, Aliko Dangote Foundation; and Angela Adebayo, Trustee, Aliko Dangote Foundation
10. Niniola Soley, MD, Dr Ameyo Stella Adedevoh (DRASA) Health Trust (left); and Dr Benjamin Ohiaeri, Chief Medical Director, First Consultants Medical Centre (right)



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SPONSORS



Zenith Bank's health and well-being initiatives

At Zenith Bank, we remain committed to furthering the economic, cultural and social development of our host communities, through community-based initiatives and philanthropy. Our goal is to create enduring value and improve the quality of life in communities where we operate.

The bank understands the role of the private sector as a driver of the economy and has aligned its corporate social responsibility (CSR) projects accordingly, to improve the health and welfare of socially-excluded populations. We partner with discerning local and global stakeholders in the health sector with the aim of achieving the UN Sustainable Development Goal (SDG) 3 – ensuring healthy lives and promoting well-being for all at all ages.

Consistent with this strategic target, Zenith Bank has committed to a multibillion-naira investment in its “Big War against Cancer” initiative. This project involved the purchase of 10 mobile cancer diagnostic and treatment centres (MCC) – the first of its kind globally – in partnership with the Committee Encouraging Corporate Philanthropy (CECP), a non-profit organisation. The MCC, nicknamed PinkCruise, is a clinic on wheels with state-of-the-art facilities for the screening, follow-up and treatment of cancer. The PinkCruise is designed to take integrated health prevention to the grassroots in all six geo-political zones of Nigeria and has impacted over 5,000 citizens yearly with its free diagnostic initiative. The project is ongoing and is expected to impact over 30,000 more Nigerians by the end of 2019.

Similarly, the bank in collaboration with the Private Health Sector Alliance Foundation sponsored the emergence of a world-class private-sector-led coalition that focuses on saving nearly one million lives through child and maternal healthcare projects. This laudable venture's aim was to accelerate Nigeria's Universal Health Coverage Priorities in line with the United Nations' SDG 3.

As part of Zenith's philanthropy, the bank has provided countless medical interventions for low-income individuals faced with various life-threatening medical conditions. This initiative complements the government's efforts at improving life expectancy in the country by providing medical assistance to the under-privileged.

The bank is also involved in various primary health care projects – a testament to its commitment to healthcare delivery in local communities. Zenith Bank has consistently supported the provision of access to primary healthcare facilities across the country to help meet the national SDG 3 targets. For example, in efforts to reduce the infant mortality rate, Zenith Bank not only funded the construction of

the multimillion-naira Iga-Idunganran Lagos Island Community Healthcare Centre, it also equipped the facility with modern medical instruments, to meet the needs of Lagos Island residents. Zenith Bank also supported the building of a Sickie Cell Centre in Delta State. In this vein, Zenith Bank donates equipment to hospitals across the country, such as the state-of-the-art ambulances at the National Hospital in Abuja, and the incubators and other medical apparatus for neonatal care at the University of Calabar Teaching Hospital in Cross River State, among others.

The bank's other initiatives to support Nigeria's continued economic development and the improved welfare and well-being of its population include donations to the Federal Government Flood Disaster Fund, the provision of disaster relief materials to flood and market fire disaster victims in several states, and support for displaced victims of terrorism in the north-east.

In line with its socially conscious approach, Zenith Bank retains top-class private hospitals where medical facilities are provided for employees and their immediate families free of charge. In addition, we partnered the VisionSpring and Catholic Optical Outreach ‘Clear Vision Project’ in sponsoring over 500 school children to undergo free eye screening in Lagos State, where corrective glasses and eye treatments were administered to as many as needed them.

As a socially responsible organisation, Zenith Bank's staff volunteering project – Red-Jar Initiative – has provided succour to several charity homes. This project involves the placement of red jars in all Zenith Bank branches to collect voluntary donations from staff for onward donation to orphanages and care centres across the country. This altruistic initiative is a passionate way for not just the bank, but our individual staff to show love, solidarity, and reciprocity to the less privileged in our host communities. ■



Access Bank's social and health investments



For us at Access Bank, we believe that investment in health is non-negotiable; it is the smart thing for businesses to do. When people enjoy better health, they are more productive and when productivity is high, communities thrive and, by extension, the economy prospers.

Since 2008, our strategy and decision-making processes have been benchmarked against international best practices. This has inspired our approach to sustainability, ensuring our social and health investments align with globally accepted practices.

We have invested in a number of initiatives and projects targeted at improving health outcomes in Africa, as well as collaborated on several initiatives focused on health. Over the years, our input in health has been consistent, resulting in awards and recognitions that have reinforced our status as a socially responsible organisation.

Being a leader in the sustainability space, we remain committed to this path as we continue to enhance our contribution to addressing critical health issues across Africa. This is what informed our 2010 \$1m pledge for the fight against HIV/AIDS, Tuberculosis and Malaria; an action that was recognised as a first of its kind from an indigenous African private-sector company to combat the triple pandemic of AIDS, Tuberculosis and Malaria under the umbrella of the Global Fund.

Our workplace policy program on HIV/AIDS, Tuberculosis and Malaria, which was initiated in 2012, has been implemented across all our offices and subsidiaries in Nigeria, including 3,000 SMEs across Africa.

We have also developed the Maternal Health Service Support (MHSS) scheme in response to the

high prevalence of maternal mortality in Nigeria and other parts of Africa. To date, the scheme has funded 105 families across Nigeria, Ghana and Rwanda for medical procedures worth about \$500,000, with over 50 babies born, successful infant bone surgeries and fibroid treatments, partnerships with hospitals and healthcare associations, and the acquisition of over 800 specialist healthcare providers.

‘Malaria to Zero’ – an innovative financing platform designed to galvanize private sector resources and capabilities for sustained support, to address market failures impeding the malaria elimination program in Nigeria – was a high-impact programme representing the bank's first step towards complementing government's effort in achieving its malaria pre-elimination goals by 2020. The focus areas include increasing the coverage of Indoor Residual Spraying (IRS), Seasonal Malaria Chemoprophylaxis (SMC), management of severe malaria, demand creation, in-country research and capacity building, as well as increasing access to Long Lasting Insecticide Treated Nets (LLIN).

Other initiatives aligned to our principle of corporate philanthropy which we have invested in include community outreach programmes leveraged on internationally recognised days, such as World Health Day, World Malaria Day and World AIDS Day amongst others. We also have partnerships with organisations such as the HACEY Health Initiative, Corporate Alliance on Malaria in Africa (CAMA), Nigerian Business Coalition Against Aids (NIBUCAA), Private Sector Health Alliance (PSHA) and a host of NGO partners.

Our sustainability initiatives with high-profile partners often lead to greater outcomes than initially expected. For example, Access Bank's partnership with ACT Foundation, in the form of donating grants to NGOs for selected health, leadership, environment and education projects, has resulted in the funding of about 140,000 projects so far. Our GMD/CEO, Herbert Wigwe, sits as Co-Chair, Nigerian Business Coalition Against Aids and Chair of the Nigerian Health Innovation Marketplace. Also, the bank sits as co-chair, Corporate Alliance on Malaria in Africa, Member, Global Coalition on Health and Member, Private Sector Health Alliance of Nigeria (PSHN).

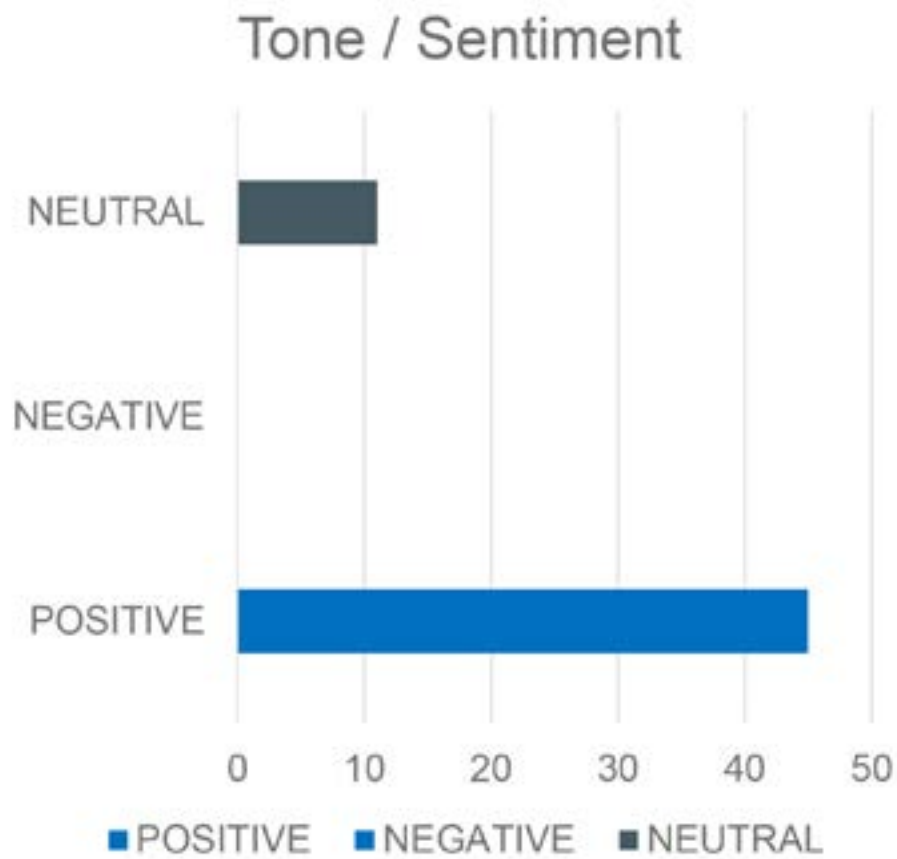
At Access Bank, we are particularly strategic about our community investment programs and sustainability initiatives. Thus, we maintain an altruistic approach to social investments which has led to the deployment of several successful Corporate Social Responsibility (CSR) programs. We believe in leveraging new and existing partnership opportunities to create value and amplify our impact in the health-space for the benefit of all Africans in Africa. ■

Media coverage

- Weber Shandwick provided communications support across major news hubs in Africa – Nigeria, Kenya, South Africa, Senegal and Ethiopia – and engaged with both regional and international media.
- Following the event, strong media mentions and coverage were recorded in well-respected top-tier platforms such as All Africa, Le Pointe Afrique, The Star, The Guardian Tanzania, La Afrique Tribune and Ventures Africa.

The total reach of all print and online coverage received is estimated at 41, 729, 544

Qualitive Analysis



- 50 pieces of coverage were positive. Only 14 pieces of coverage were neutral.
- The neutral coverage received signifies that the journalists published the press release the agency shared with them verbatim.
- Positive coverage signifies that the press release was altered/edited from original format received or developed from the journalists' perspectives and experiences, thus indicating a good understanding and appreciation of the event.

Annexes

Annex 1: Executive Summary of Healthcare and Economic Growth Report

The Healthcare and Economic Growth in Africa report launched at the Forum provides a strategic direction for the way governments and the private sector can work together to improve the continent's healthcare. This Executive Summary outlines its main findings.

Key findings of the Healthcare and Economic Growth in Africa report



Left: A doctor examines a child. Africa needs more skilled health professionals

Challenges in improving healthcare in Africa

Africa is undergoing rapid demographic, urban and epidemiological transitions that will have profound effects on the type, quantity and cost of healthcare services for the future.

With fertility rates that are still high, in spite of declining mortality rates, most countries are experiencing rapid population growths of between 2.5% and 3% per annum. Africa's population is expected to double from 2015 to 2050 with concomitant changes in the age structure. By 2050, the ageing population group in Africa will increase by more than 100m. It is a population group with very specific health needs. The competition for resources is likely to become sharper as countries struggle to increase access to healthcare for the younger population groups.

Africa is urbanising rapidly and by 2035, the majority of its population will live in urban areas. Rapid urban growth provides opportunities but unplanned growth gives rise to densely packed slums, which exposes resi-

dents to the spread of infectious diseases. At the same time, urban lifestyle changes lead to a rise in non-communicable diseases. National healthcare systems need to adapt quickly to the challenge of coping with a heavy and growing caseload of communicable and non-communicable diseases simultaneously.

Africa's average disease burden declined from 927 to 538 disability-adjusted life years (DALYs) per 1,000 population in the period 2000–2016, but there has been a change in disease profile. The average share of communicable diseases in the total disease burden on the continent is still in excess of 50%, and the average share of non-communicable diseases has increased from 26% to 37% in this period, signifying a rising double burden of disease.

Africa has among the lowest densities of skilled health professionals in the world. Against the global threshold of 23 health professionals per 10,000 population, 13 of the 47 countries for which data are available have less than five health professionals per 10,000 population. Scarce resources are misallocated as many countries produce more physicians when more nurses are required to deal with communicable diseases.

There is an estimated health financing gap of \$66bn per annum for the continent based on the threshold of 5% of GDP for government expenditure

There is an urban bias in the location of physicians: in 23 of the 25 countries with comparable data, the percentage of total physicians in urban areas far exceeds the proportion of the urban population.

The burden of financing healthcare

Total spending on healthcare in Africa remained within a narrow band of between 5% and 6% of GDP in the period 2000–2015 on average, although in per capita terms, it almost doubled from \$150 to \$292 (in constant PPP dollars) with wide variation across countries.

On average, healthcare in Africa is predominantly financed through out-of-pocket expenses (36%) and domestic resources (35%), with external aid accounting for 22% of total health expenditure. National health systems in most countries struggle with insufficient and inequitably distributed resources and the poorest countries bear a disproportionately high share of the burden of disease and injury, yet have fewer resources for financing healthcare.

Expenditure targets as a percentage of government budgets compromise the flexibility of finance ministries to make allocative decisions across various competing requirements. Health needs and the availability of funds for healthcare differ significantly across countries, and there is no consensus on how much countries should spend on the health sector. In 2001, member States of the African



Above: Workers in a pharmacy. Pharmaceuticals is an area that is ripe for private investment in Africa

Key messages of the report

- Robust economic growth creates more fiscal space for public investment in healthcare. Most countries in Africa witnessed strong economic growth of 5–6% per annum over the period 2000–2010. Growth recovered in 2016 and is projected to remain strong in the coming years. Economic growth is necessary but not sufficient to improve health outcomes. Health matters for economic growth, though the link between health and economic growth is complex.
- Ensuring access to quality healthcare for all at affordable rates is constrained by a scarcity of public resources. Africa has made significant progress in health outcomes, particularly since 2000, though out-of-pocket expenditure, the single largest component (36%) of total healthcare expenditure on average, creates financial barriers to access health services and puts people at risk of impoverishment, slows down poverty reduction and exacerbates inequalities.
- Africa has a current health financing gap of at least \$66bn per annum. Government expenditure on health in all but two countries (Algeria and Namibia) is less than the minimum of 5% of gross domestic product, which is considered necessary for ensuring adequate health coverage for at least 90% of the population. On average, countries need to increase public spending on health by 2.5 times. On current trends, and with numerous competing demands for public resources, governments are unlikely to be able to meet the health financing requirements.
- The private sector needs to leverage the African Continental Free Trade Area to invest in many under-invested sectors at a continental level. For instance, Africa manufactures less than 2% of the medicines it consumes. Imports cater for over 70% of the pharmaceutical market in Africa worth about \$14.5bn.

Union committed to allocate at least 15% of their annual budgets to healthcare, commonly referred to as the Abuja target, but few countries have achieved this target.

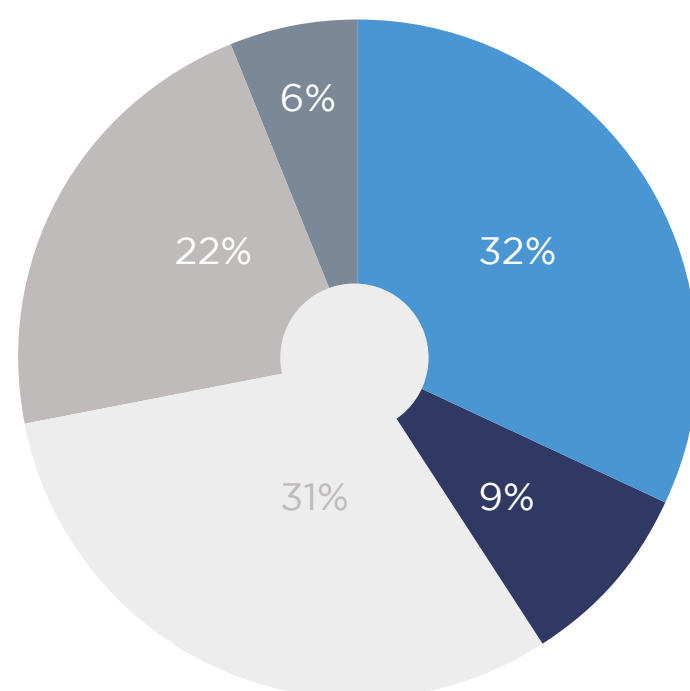
There is an estimated health financing gap of \$66bn per annum for the continent based on the threshold of 5% of GDP for government expenditure. Against the required \$114bn in current dollars, governments in Africa spend approximately \$46bn. This is a conservative estimate that is likely to increase over the years. More than half of this amount is required by Egypt (19% or \$12bn) and Nigeria (32% or \$21bn).

Resource mobilisation for health financing

Africa's tax-to-GDP ratios are among the lowest in the world. Tax revenues are the most important component of domestic resources, and raising them has been at the centre of many domestic reforms and regional and international initiatives. These efforts helped increase on average the total taxes to up to 19.3% of GDP in 2015 in Africa. In general, low-income countries and

Figure 1:
Distribution of health
PPP cases by sub-region
in Africa

■ Eastern Africa
■ Central Africa
■ West Africa
■ Southern Africa
■ North Africa



Source: ECA staff calculations using data from the review of PPP cases. N=178.

non-resource-rich countries place a greater reliance on indirect (as opposed to direct) taxes than do high-income countries and resource-rich countries. This could be a result of the low levels of formal sector employment in lower-income countries and non-resource rich countries.

“Sin taxes” serve the dual purpose of increasing government revenues and discouraging the consumption of products detrimental to health such as alcohol, tobacco and sugary drinks.

South Africa, with the highest obesity rates in Africa, other than North Africa, introduced the Sugary Beverages Levy in 2018 to raise prices for soda and other sugary drinks, with the aim of reducing obesity rates by 10% by 2020. Morocco’s revenues increase in 2017 with a surtax on alcoholic drinks, tobacco, and gambling that also aims at protecting Moroccans. On the other hand, Kenya with the highest rate of diabetes in Africa, other than North Africa, faced stiff resistance and had to withdraw a tax aimed to reduce consumption of sugar.

Debt servicing constrains governments’ availability of discretionary resources and limits the fiscal space. There are concerns about the rising level of government debt and debt sustainability in several countries. In Africa, total debt service has increased from 1.6% of gross national income in 2011 to 2.6% in 2017. The average interest-to-revenues ratio increased from 5% in 2012 to an estimated 10% in 2017. The interest cost exceeds 20% of revenues in Burundi, the

Gambia, Ghana, Nigeria and Zambia.

In 22 countries, the average annual value of illicit financial flows far exceeds the health financing gap. This suggests that by reducing these illicit flows, governments can fund health-care and other social sectors in these countries.

In six countries, military spending as a percentage of GDP exceeds public spending on health. Countries have their own security requirements, but given the importance of improved health outcomes for the future wellbeing of their populations, governments could consider prioritising health in their budgetary allocations.

Results-oriented innovative financing mechanisms such as Development Impact Bonds and Social Impact Bonds have been launched in some countries. For example, important lessons can be learned by other countries from the Cataract Bond in Cameroon.

There is an urgent need to improve health outcomes in health-stressed countries. To target the countries with maximum health needs, the report uses a combination of thresholds covering seven indicators, such as domestic government health expenditure, out-of-pocket expenditure, density of skilled health workers, average disease burden, government debt and the annual GDP growth rate.

Eight countries are severely health-stressed: Angola, Chad, Mauritania, Nigeria, Sierra Leone, South Sudan, Togo and Zimbabwe. They are below the thresholds on six of the seven indicators. Another 12 countries are very

health-stressed: Benin, Cameroon, Central African Republic, the Democratic Republic of the Congo, Congo, Côte d’Ivoire, Guinea, Guinea-Bissau, Mali, Mozambique, Niger and Zambia. They are below the acceptable thresholds on five of the seven indicators. These 20 countries need to be prioritised for immediate attention.

Role of the private sector in financing healthcare in Africa

Developing effective health financing mechanisms and harnessing the strengths of the private health sector are key strategies to address the increasingly complex health challenges in the region, particularly to help bridge the health financing gap of \$66bn per annum. Fiscal space for increased government spending is constrained in many countries. Governments can only do so much, and the private sector is an important contributor to providing healthcare in Africa.

Business opportunities in the healthcare and wellness sector in Africa are estimated to be worth \$259bn by the year 2030, with the potential to create 16m jobs. There are numerous opportunities for the private sector to invest in laboratory and diagnostics, pharmaceuticals, skills development, research and capacity-building, and digital health innovations. Investing in health in Africa is increasingly attractive to the for-profit private sector. It is estimated that 14% of all business opportunities in the health and wellbeing sector globally will be in Africa, second only to North America with 21%.

Recommendations

What should governments do?

- Focus on achieving broad-based economic growth and prudent macroeconomic management that includes strengthening of debt management frameworks and strategies; improved tax administration to increase tax revenues; strengthening of financial administration to reduce illicit financial flows; and prioritising public funding for health by reducing fossil-fuel subsidies and other wasteful expenditures;
- Identify innovative sources for financing healthcare such as Development Impact Bonds and debt-to-health swaps;
- Allocate sufficient resources in health-associated sectors such as water and sanitation to reduce the extent of communicable diseases, and undertake mass awareness campaigns to reduce non-communicable diseases; and
- Enhance regulatory systems for improved governance of public-private partnerships, create suitable conditions to attract private investments, provide other incentives such as strengthening infrastructure, and improved internet connectivity, and promote intra- African trade in health products and services.

What should the private sector do?

- Promote private sector investments in health sectors such as the pharmaceuticals, medical education and digital technologies that are presently under-invested;
- Build upon the recently-signed African Continental Free Trade Area (AfCFTA) to identify market opportunities and invest in countries or create manufacturing hubs in the sub-regions;
- Comply with the regulatory mechanisms and oversight measures aimed to curtail trade mispricing and tax evasion;
- Work with governments through various modalities, including public-private partnerships, to crowd in more private sector investment aligned to achieve the health-related Sustainable Development Goals and the aspirations of the African Agenda 2063.

Business opportunities in the healthcare and wellness sector in Africa are estimated to be worth \$259bn by 2030, with the potential to create 16m jobs

There is considerable scope to leverage the capital and capacity of the private sector to complement government financing and increase investments. Increasingly, governments are turning to the private sector to improve quality and deliver value for money, build infrastructure, provide staff and training, improve productivity, undertake social marketing, and enhance procurement.

The interest in public-private partnerships is driven by a number of factors: the rising costs of delivering healthcare as populations age; the shift in disease profile in Africa towards non-communicable or chronic diseases; changing lifestyles with increased urbanisation; and costly and rapidly advancing medical technologies.

For example, UNAIDS has proposed a fast-track strategy to end the AIDS epidemic as a public health threat by 2030. The estimated price tag to achieve this on a global scale is approximately \$26bn per year until 2030. The cost of treating diabetes is estimated at \$2,300 per patient per year in Africa.

A review of the current public-private partnership cases in health in Africa revealed that two-thirds are located in Eastern and West Africa (see Figure 1). Central Africa, with the poorest health outcomes, has less

than 10% of the public-private partnerships. Moreover, over half of the 178 cases reviewed were located in just 10 African countries. This indicates unequal distribution of such partnerships.

Despite the potential benefits of public-private partnerships, private sector involvement and contributions to financing in Africa have not been optimised. Ten countries benefit from 51% of the PPPs on the continent and are engaged in only a small number of areas. Challenges in enhancing the role of the private sector include the lack of effective dialogue among stakeholders; weak regulation and policies specifically related to health financing schemes and strategies; and a poor environment in terms of ease of doing business.

Opportunities for the private sector to engage need to be properly aligned to a country’s public health goals, including better access and affordability for the poor to access high-quality healthcare and medicines. Public-private partnerships in health need to be institutionalised with public and private risk-sharing, well-structured and aligned to achieve the 2030 Agenda for Sustainable Development. Evidence suggests that public-private partnerships are effective models for development in part because of their ability to expand, reach and multiply impact. ■

Annex 2: Key messages from the Africa Business: Health Forum

KEY MESSAGES FOR THE FORUM

COLLABORATIONS AND PARTNERSHIPS CAN GIVE BIRTH TO GREAT THINGS

When resources and expertise are pooled, it is easier to tackle challenges and make great strides. The success of the inaugural Africa Business: Health Forum as well as the launch of ABCHealth is an indication that the right collaborations can inspire great things.

INVESTING IN HEALTH IS GOOD BUSINESS

Putting money in the health sector makes social, economic and business sense. Investing in the sector is, therefore, not just a social imperative but an economic necessity with huge returns, and that will also benefit the private sector in general. A healthy Africa is a productive Africa; and a productive Africa is a prosperous Africa.

PUBLIC-PRIVATE PARTNERSHIPS CAN BRIDGE FUNDING DEFICIT

There is an annual financing gap in the health sector estimated at over \$60bn. Governments cannot bear the burden alone and will need to partner with the private sector and other partners (DFIs, Foundations) to bridge the gap.

PUBLIC-PRIVATE PARTNERSHIPS COALITIONS OVER SILOS

Working in silos might seem convenient but setting up coalitions is better for efficient and effective delivery on set objectives. This was evident in the case study from Bioko Island in Equatorial Guinea, where the private sector joined forces with government to reduce infected mosquito bites incidents per capita from 1,000 to three annually.

MANAGE STAKEHOLDER EXPECTATIONS

It is important to align and manage expectations between the government and private sectors for a seamless collaboration. This is best achieved through greater dialogue.

RIGHT INVESTMENTS, HIGHER IMPACTS

Investing time, money and energy in human capital and R&D are necessary to help scale up impact. This was the takeout from the Ethi-

opian PPP presentation, which outlined the government's ambition and passion to develop tertiary care in the country and manufacture drugs domestically.

Trust and transparency are key ingredients of a successful PPP. Finance is one area of collaboration. Success will depend on having the right model and framework for the partnership to survive.

DOMESTIC RESOURCE MOBILISATION NEED FOR HONEST DIALOGUE

There is need to increase funding for health across the continent. However, ministers of health seem to find it hard to get their ministers of finance to increase funding to the health sector. There is a need for deep, honest engagements amongst stakeholders to address the gap.

As well as increasing allocations towards health, spending must be better deployed and more efficient. The efficiency of fund usage is as important as mobilising more resources.

DONOR FUNDS AS CATALYSTS

Utilise donor funds as a catalyst to mobilise other resources going into domestic funding for the sector. There are interesting instruments being used and case studies of this already working.

PRIORITISE COST OPTIMISATION

Cost optimisation should be made a priority. It is not enough to source for funds; ensuring more is achieved with less might be a way to scale up investments in other subsectors of the health sector.

Three ways to improve domestic funds include P (People), P (Policy) and P (Product). There is a need to invest in healthcare professionals, drive policies to strengthen healthcare systems and manufacture quality healthcare products in Africa. In addition, innovative approaches should be applied to finance.

INNOVATION IN HEALTHCARE THE POWER OF AN INDIVIDUAL

Individuals can make a difference and we have seen leaders and innovators take a leap to transform health outcomes. However, collaborations will be key to optimising funding and achieving sustainable development at scale.

TECHNOLOGY AS A USEFUL TOOL

Technology is a unifying platform. It is time stakeholders leveraged it more for better penetration and overall impact.

KEY MESSAGES FOR ABCHEALTH

BUILD A TRULY AFRICAN COALITION

ABCHealth must go beyond the two partners, GBCHealth and Aliko Dangote Foundation, and ensure it represents a truly African coalition by having inclusive representation from across the continent.

DATA IS KEY

There is a need for evidence-based decision making. ABCHealth can become an important aggregator of data to help contribute sound policy decisions.

The right data, if properly analysed, will help in crafting effective and efficient solutions across borders.

UTILISE TECHNOLOGY

Technology offers a veritable opportunity. It will be a critical tool for ABCHealth to engage with partners and also to build a strong and effective member base. Technology will also offer platforms for greater collaboration and impact at scale.

BE THE BRIDGE

The coalition must be an honest broker that will foster viable partnerships between the public and private sectors, as well as other committed stakeholders, for the good of Africa.

CREATE A PROFITABLE MODEL FOR STAKEHOLDERS

Since the private sector, to ensure long-term sustainability of its investments, is driven by a profit imperative, ABCHealth must develop viable business models for the business community with a view to helping it find specific initiatives worth investing in.

ALWAYS PLAN AHEAD

Resource allocation will impact subscription to ABCHealth. Planning ahead (one-year, five-year plans, etc) will help ABCHealth in the allocation of scarce resources.

Small and medium-sized enterprises (SMEs) are the engine of transformation and major employer of labour in Africa; they should also be brought into the fold.

Annex 3: Speeches

Aigboje Aig-Imoukhuede welcomed delegates to the Forum with an analysis of why the private sector needs to become more involved in Africa's healthcare sector and how the Forum will offer stakeholders the opportunity to galvanise action across the continent

Welcome remarks by

Aigboje Aig-Imoukhuede, Founder and Chairman of Africa Initiative for Governance (AIG) and Co-Chair, GBCHealth

While Africa has made significant progress in funding of healthcare, we are still very far from where we need to be to achieve SDG Goal 3. Healthcare in Africa is constrained by among others scarce public funding and limited donor support. Out of pocket expenditure accounts for 36% of Africa's total healthcare spend. Given our income levels it is no surprise that healthcare spend in Africa is grossly inadequate to meet Africa's growing health needs, leading to a financing gap of \$66bn per annum.

It is clear that African governments alone cannot solve this challenge, which is further exacerbated by our growing population and Africa's changing disease portfolio. We have no alternative but to turn to the private sector to complement government funding.

Our continent accounts for less than 2% of global health expenditure even though our very fertile people account for 16% of global population and carry 26% of the global disease burden. By 2050 Africans will account for more than 50% of global population growth, much of that coming from my country, Nigeria – a great opportunity and at the same time a ticking time bomb should we fail to fix our health systems quickly. That is why we have gathered here to see how together we can fix health in Africa. The private sector and the public sector working together as partners have the potential to change Africa's healthcare from doom and gloom to progress and results.

Africa's private sector have great capacity to be relevant partners, and our participation in Africa's health ecosystem will not be new. Opportunities for private-sector engagement to advance the Sustainable Development Goals and improve Africa's health outcomes have been acknowledged across sectors and promoted by the development community as well as private companies themselves. However, in many areas of potential engagement the private sector remains an underinvested stake-

holder in the quest to fix Africa's health. This is surprising given that investing in healthcare in Africa is increasingly attractive to the business world and will promote economic development, enhance worker productivity, create new markets and improve the overall environment within which businesses operate.

It may look ambitious but it's certainly not impossible. The private sector must be encouraged to optimise and step up its involvement and contribution to health funding in Africa. We have seen what global private sector players accomplished in the fight against the AIDS epidemic through powerful coalitions such as GBCHealth. This is an indication of the power of consolidated effort which Africa's growing private sector can bring to solving our health challenges.

The Africa Business: Health Forum seeks to increase and deepen multi stakeholder collaboration, by offering stakeholders the opportunity to visualise success and galvanise action across the continent. The Forum affords the private sector a platform to communicate and collaborate with government representatives whilst exchanging knowledge and experiences. This Forum promises to be an exciting and productive start to a revolutionary approach to tackling Africa's health challenges. I am very excited by the possibilities for making history here today, in Addis Ababa. ■

This Forum promises to be a productive start to funding Africa's health challenges

NOTE

The speeches included in this Annex are a product of transcription during the Forum and in some instances have undergone minor paraphrasing.

Annex 3: Speeches

In her remarks, Vera Songwe underlined the many opportunities for the private sector to invest in healthcare, thereby not only getting good returns but also ensuring that Africa is healthy and prosperous

Address by

Vera Songwe, Executive Secretary, United Nations Economic Commission for Africa

We started the Forum last year because African leaders come to Addis every year for the African Union Summit and participate in events that the private sector is often not aware of. We thought maybe we should create a platform and space in Addis Ababa that offers an opportunity for our leaders and private sector to engage on Africa's pressing challenges.

Last year, we talked about the AfCFTA, the African Continental Free Trade Area Agreement – it is a defining decision for our continent. It is a decision that essentially says, “We are bringing Africa together.” To do that we have to bring Africa together in many forums and we decided, as Aig said, to talk about health this year, primarily for two reasons.

The first is that the outgoing chairperson of the Union, President Paul Kagame, was very interested in the idea of advancing health. The second is, we know, as Aig has said, that the public sector cannot fund all of the healthcare needs of our continent but we also know that the private sector has experience in the sector and has been funding it for a long time in many countries.

We also know that a healthy Africa is a productive Africa and a healthy Africa is a prosperous Africa. So, we decided that we needed a Forum to talk about health and health funding. So let's talk about how we can bring the public and the private sectors together to ensure that Africa's healthcare is funded.

With Africa's rapid population growth, the demand for health services in Africa will only intensify and could be a prosperous business opportunity. The idea of the Private Sector Forum, started in January last year, was really to demonstrate that we can join two important events.

It is no surprise that the leaders who are here today with us are leaders that have signed

Let's talk about how we can bring the public and the private sectors together to ensure Africa's healthcare is funded

the AfCFTA or are in process of ratifying it. The AfCFTA is an amazing decision for the continent. Today, in Africa we import \$14.5bn worth of drugs from outside the continent. Yet business opportunities in the healthcare and wellness sector in Africa have the potential to create 16m jobs.

We should no longer export our jobs. We can bring those jobs back. For instance, Egypt, Cameroon, Kenya, South Africa, are all countries that are producing generic drugs for diseases that continue to kill our youth. In the case of malaria, we could help rid ourselves of malaria, if we decided that we could produce affordable drugs on the continent.

The AfCFTA precisely does that. It allows us to bring together the expertise that we have on the continent to ensure that we can create the jobs needed. As we create the jobs needed we can also produce healthy societies and as we produce healthy societies, we produce prosperous societies. It is a very simple equation.

When we talk about the AfCFTA, we must recognise that the private sector is a key driver

behind its success. We are working, of course, with Aliko Dangote in Nigeria, to make sure that Nigeria signs the AfCFTA; we hope that it will happen soon enough. With the continent's big economies joining the AfCFTA, we will be a much better economy.

We are also launching a report today, called *Healthcare and Economic Growth in Africa*. It is an important report because it looks at what the private sector is doing in healthcare on the continent. The report will tell you that more than half of the public-private partnerships (PPP) in health are concentrated in 10 countries on the continent; yet we are a continent of over 50 countries.

So, we need more private sector involvement across our continent. The report will show you the areas in which the private sector can do well and do good business. What we are doing as the Economic Commission for Africa, is ensuring that we can work with our partners, both in the private sector and in the public sector to define what those spaces are. It is obvious that public-private partnerships have sometimes not produced the results that we need on the continent.

However, we have excellent examples where it has worked. Kenya is one of the leading countries that has PPP engagements that are working quite well, where health provision is accessible and affordable to those in the rural areas as it is to those in the urban areas. We are also working with Egypt to look at health insurance where the public and the private sector can ensure that everyone's healthcare is taken care of.

It is true, health is a public good and health is a social good, but you can do a social good and do good business too. This is what we are here to do today; to talk about how we can do those things, bring them together and ensure that as we emerge into the 21st century, we have a continent that is healthy, prosperous and that will ensure that as Africa integrates, it integrates in a healthy and economically robust way.

It is my pleasure and my distinct honour to have leaders of the continent with us today to talk about healthcare in their countries and how to attract the private sector. To attract the private sector, we need to create an enabling business environment. We have heard in Ethiopia the decision to improve its position in the Doing Business Index and ensure that the private sector can come.

It is opportune that Ethiopia is sitting beside Djibouti. Djibouti was one of the top 10 in the Doing Business Index this year. Botswana as well is working to be in the top 10. We hope, next year when we come here, we will have all of you with a business environment that attracts and continues to attract the private sector to come and invest in your economies because the message here is Africa's economies are open for business.

The private sector should continue to invest, but more importantly, the African private sector should invest in the continent's healthcare. The message therefore to the African private sector is that our leaders are expect-

ing you to invest because you do have a good return and when you invest on the continent, the returns you get are much higher than you would get anywhere else. So, take the leap of faith with us at the Economic Commission for Africa, with the African Union, with our African leaders and especially, with the African youth who expect to have a healthy future.

The McKinsey Report says that health business would be \$259bn by 2030. We know that the first-mover advantage is always the better advantage, so you have heard it and you have the numbers as the private sector. We are here, willing and ready to participate in facilitating your investments, creating a public-private partnership environment that is conducive for you.

What we are hoping to do after this Forum and over the course of this year is to launch a couple of innovative financing instruments as well. Hopefully, working with Botswana, Ethiopia, Djibouti and Egypt, we will explore how we can innovate in the healthcare space. If we do that, then next year we will come back to you and give you results of how well we have been able to crowd-in private finance into the healthcare sector in Africa.

Once again, thank you for coming. A prosperous Africa is a healthy Africa – a healthy Africa is a productive Africa. ■

A prosperous Africa is a healthy Africa – a healthy Africa is a productive Africa

Annex 3: Speeches

In his address to delegates, the Prime Minister of Ethiopia detailed the progress his country is making in healthcare, emphasising the need to improve efficiency in health spending and the vital role of the private sector in financing national public health plans

Address by

**H.E. Abiy Ahmed,
Prime Minister of
Ethiopia**

Ensuring quality healthcare for citizens is a fundamental objective of any government and while universal health coverage is an ambitious goal, it is nevertheless a necessary one. Here in Ethiopia, we witnessed tremendous improvements in access to healthcare when we introduced universal primary healthcare to all our citizens. Today, each of our 17,000 villages are linked by a national network constituting more than 14,000 health extension workers..

That said, there are still some miles left in reaching the health sector reform goals we have set for ourselves and we are encouraged by the profound impact to date. It is no coincidence that in 2012, Ethiopia achieved its millennium development goal target of reducing the under-five mortality rate by two thirds, three years ahead of the deadline. Life expectancy has also increased from 52, at the turn of the millennium, to 65 by the year 2016. Our ambitions drive our efforts, yet necessity gives us little choice.

Today, several countries in Africa have universal healthcare coverage as a working social provision and yet, only three African Union member states are currently able to dedicate 15% of their GDP to health coverage as per the Abuja Declaration. In this context, it remains critical that we encourage new and innovative sources of financing to supplement budgetary support and development assistance in the health sector.

Greater attention should also be given to improving efficiency in domestic health spending. Access to affordable and quality healthcare is a key driver of economic development and Africa's governments have played a significant role in the past in making quality healthcare accessible. However, it is time for private sector to play a vital role in both financing and supporting implementation of national health plans. Investing in the health sector is rewarding and indeed, part of corporate social responsibility.

In my view, public-private partnership offers an easy entry point for sustainable health financing. This method, also referred to as private finance initiative, is a method which in Ethiopia we are taking concrete and practical steps to-

**We must capitalise
on public-private
partnership
modalities in
healthcare**

wards. We recently enacted a new legal framework on public-private partnerships, which includes the health sector, and has provision to enable transparency, fairness and long-term sustainability in its method of engagement.

For instance, the Ministry of Health together with the Ministry of Finance is piloting a high-end, innovative - investment in two government-owned hospitals: Black Lion and St. Peter. Our main objective in this regard is to reduce healthcare costs by encouraging private sector operators to centralise service delivery, assuring quality coverage.

Another important focus area and investment opportunity for private investors is tertiary level medical services. These services are expected to attract medical tourism and reduce the outflow of patients in search of high-end healthcare services abroad.

We need to make the health sector our priority. We must capitalise on public-private partnership modalities in healthcare and recognise that they rely heavily on political will and require a great deal of interdependence between the government and the private operators. We have to do our part to ensure the success of our collaborative efforts.

Finally, I want to stress that our aspiration to ensure universal access to healthcare should not compromise quality. Our citizens deserve quality healthcare, regardless of age, gender and geographical location. Currently, a large number of Africans will not have access to medical doctors in their lifetime.

This must change. If "leave no one behind" is a mantra for achieving the SDGs, then achieving universal health coverage is vital to ensuring Africa is not left behind ■

The President of Djibouti told delegates how his country has introduced a universal healthcare system and now envisages capitalising on the proven success of public-private partnerships to promote good health for all its citizens

Address by

**H.E. Ismaïl Omar
Guelleh, President
of Djibouti**

I am delighted to be with you for this Africa Business Health Forum organised by the Economic Commission for Africa, GBCHealth and Aliko Dangote Foundation. I express my heartfelt gratitude to all those who have contributed to the organisation of the Forum and the fruitful work that you will embark on to identify and strengthen the connections between health and economic growth in Africa.

No nation can hope to achieve economic development without a population that is in good health - physically, mentally and socially. Armed with this conviction, my country has made equitable and universally accessible healthcare a key priority. Accordingly, the share of the national budget devoted to healthcare spending has been continually increased in order to work towards meeting the commitments of the 2001 Abuja Declaration.

In spite of these efforts, a large part of the population was still without access to quality healthcare. With the introduction of the contributory scheme extended to all beneficiaries, providing partial coverage of healthcare costs, patients or their families were responsible for paying a part of their treatment costs - and not an insignificant one.

Payment at the point of delivery was a heavy burden for the citizens concerned, and significantly contributed to making them poorer. This system, despite its usefulness in filling the health funding gap, remained particularly unfair for vulnerable people.

As such, we noticed that the lack of an insurance system was one of the factors that pushed households into poverty. Households in both rural and urban areas were exposed to a variety of stressors that were preventing them from accumulating the property and human capital that could help them escape from poverty. With a view to promoting the right to health for all, without discrimination or inequality, and also to fight against poverty, the Republic of Djibouti introduced a universal health insurance system (AMU).

The special feature of this system is that it brings the direct third-party payment system to all healthcare establishments in the country, which has allowed us to remove the financial barriers to accessing medical treatment.

The short-term goal for my country is to establish universal health coverage, in order to be in step with the objectives of the third pillar of sustainable development.

Africa is today facing a resurgence of diseases that we believed were under control, and of others that had almost been eradicated. The prevalence of certain non-communicable diseases such as diabetes has now reached worrying levels. Significant investments have been allocated to the health sector, and particularly to raising the level of technological facilities in our national training programmes for healthcare professionals. Despite these large investments, you will agree with me that we still lack advanced infrastructure and that we cannot guarantee or secure our supply of basic medicines and pharmaceutical products.

In Djibouti, with the introduction of universal health insurance and particularly with the universally available, direct third-party payment system, we have been able to guarantee the payment for every patient's medical treatment to both the private and public healthcare sectors. Private establishments can provide the necessary services and recover the costs.

This reform has fostered the development of the most expensive tertiary-level care that is deemed the most profitable. It is now high time to promote public-private partnerships in the healthcare sector generally, and in particular, to direct it into areas that have a powerful impact on public health indicators, for which the most important aspects remain primary care, hygiene and nutrition.

Working together in partnership, we can increase the efficiency and quality of our healthcare systems if we properly direct our resources. Technological innovation will also play a key role in helping us to develop genuine health information systems useful for responding effectively to the various epidemics that can affect a region or country; develop platforms for the production and distribution of medicines and pharmaceutical products; develop high-performance diagnostic centres; and improve training for our medical human resources.

Public-private partnerships have proven their effectiveness in a number of countries. This must be the case in Africa. ■

Annex 3: Speeches

The President of Botswana invited the private sector to invest in his country's healthcare system as he described the many successes already achieved by public-private partnerships and the areas that could be explored for future collaboration

Address by

H.E. Mokgweetsi Masisi, President of Botswana

Let me at the outset extend my sincere appreciation to the convenience of this very important Forum aimed at advancing Africa's health-related development goals. Equal appreciation goes to the sponsors and to the strategic partners of this event. I am particularly delighted that this event is clearly aligned to the key aspirations of our Agenda 2063.

This Forum is vital in our collective pursuit of improved universal healthcare. It is also critical for broadening the landscape for private-public sector collaboration, to ensure access to delivery of quality healthcare services on the continent.

In the case of my country Botswana, I wish to inform you that we have made some strides in embracing private sector partnership through the adoption of pluralistic health service delivery. In this regard, my government has made a strategic and deliberate policy decision to promote private sector participation in the health sector in recognition of the pivotal role it plays in the economy. I am pleased that the private health sector has demonstrated the willingness and ability to be engaged as a strategic partner in the long-term in the provision of healthcare services in Botswana.

As a demonstration of my government's unwavering commitment towards this public-private sector partnership, we have established the sectoral health high-level consultative council, commonly known by the acronym HLCC. Co-chaired by the President, myself and the President of the private sector. This creates a platform for collaboration with the private sector and guides engagement towards access to cost efficient health quality services. We meet at least four times a year.

Among the key achievements my country has made in the health sector as a result of the private-public health collaboration are:

- (1) Provision of air ambulance services, through engaging local companies for air lifting patients;
- (2) Utilisation of intensive care units at private hospitals by public hospitals;
- (3) Public to private referrals for specialist services, such as, organ transplants, haematology, oncology, vitreoretinal, dialysis, cardiology

services and managed care. And for referral at district hospitals we also continue to out-source soft services, such as, laundry, security, cleaning, catering and clinical waste.

In addition, my government is currently in the process of outsourcing services to reduce backlogs in obstetrics and gynaecology. It is also our desire to, in the near future, provide the following services through existing and new public and private sector avenues, if not entirely private sector-led initiatives:

- (1) General surgery; orthopaedic surgery, as well as ear, nose and throat specialists;
- (2) Training of health personnel in different cadres by local and international research partnerships in critical areas of health; and
- (3) Complementary health financing through health insurance schemes.

Having outlined the above, I wish to invite the private sector to explore the opportunities available in Botswana for we have just publicised our budget for the provision of improved healthcare services and yes, we are open to business and you're welcome.

Some of the areas that could be explored for possible collaboration between the public and the private sector include pre-hospital services; in-patient care; out-patient care, such as, disbursement of ARVs; preventative care, such as, immunisation; diagnostic services; mortuary services; rehabilitation and step-down care; research and development and pharmaceuticals and manufacturing, as well as human resource development.

It is our belief that the outcomes of this Forum and the findings of the report we are about to launch this morning, will paint a picture through which public and private sector can mutually work together towards a sustainable health economy and truly inspired businesses to truly transform the health sector in Africa.

There's a lot of work to be done; we are the people to lead in that regard and we, the leadership of Africa, are ready for the challenge ahead.

Let us, through this initiative, rededicate ourselves to seeking new sustainable ways of consolidating the gains made thus far in the health sector. ■

Speaking on behalf of her President, Egypt's Health Minister outlined her country's ambitious health sector reform programme and stressed the benefits that the AfCFTA could bring in the development of Africa's pharmaceutical industry

Address by

H.E. Hala Zayed, Minister of Health, Egypt, on behalf of H.E. Abdel Fattah El Sisi, President of Egypt

Health and economic performance are interlinked. For a start, wealthier countries have healthier populations. Countries with weak health and education conditions find it harder to achieve sustained growth. Indeed, economic evidence confirms that improvement in health and life expectancy is associated with an area's economic growth.

Disease hinders institutional performance, damages productivity, results in workplace absence, which has its associated cost of lost productivity and represents a significant component of a society's financial burden. However, a strong political commitment in health in Africa has not always translated into increased allocation for the health sector due to many challenges that could be related to implementation and finance.

In Egypt, significant public financial reform is continuously being implemented, contributing to physical consolidation. The macro-economic outlook is showing significant signs of stability following the recent liberalisation of the exchange rate. Our current health expenditure is 4.7% of GDP, which is very good compared to what previously obtained.

Let me share with you our current ambitious home-grown health sector reform programme, which we call "Hundred Million Healthier". It relies on two main pillars: first, the choice of health targets; second, setting time-bounded targets.

The first campaign that we have launched is screening and treatment for hepatitis C and non-communicable diseases. We chose these health targets as they accounted for a high burden of diseases and affected a high percentage of our population.

The campaign aims to screen more than 50m people in seven months. To date, around 30m have been screened and treated in only five months. That's the beauty of a time-bound ambitious target; it forces you to change – it forces all the health community, public, private and NGO to reorder their priorities, focus and revolve around the campaign.

A new social health insurance law has been

enacted. It provides a strategic framework for reforming the entire health financing system and a new health insurance organisation to act as a single purchaser. This enables a better opportunity for the private sector to take part in service provision, as a purchaser organisation can contract with any healthcare provider conditioned to meet all the quality standards defined by the accreditation body.

Indeed, health provision requires the availability of quality medicines. However, Africa manufactures less than 2% of the medicines it consumes. Therefore, in Egypt, we are working on creating an enabling environment encouraging all investors to invest in pharmaceuticals. We are working on fostering the manufacture of biological and oncological products.

There is much that we still need to do in producing plasma products to satisfy Egyptians and the African market. Therefore, we all need to support having an African Continental Free Trade Area which would boost the development of the African pharmaceutical industry and intra-African trade in pharmaceuticals.

There is much we still need to do to achieve the Africa 2063 goals. Countries have already shown that they can make measured gains in a short time. Countries now must build [together] to overcome common challenges and to increase our investment in health.

I very much look forward to working together with all African countries to give everyone, everywhere, access to quality and affordable healthcare. ■

Africa manufactures less than 2% of the medicines it consumes

Annex 3: Speeches

Kenya's Health Secretary shared the thoughts of her President with the Forum, saying that Kenya recognises the important role of public-private partnership in building on the gains the country has made in healthcare and working towards a sustainable future

Address by

Sicily Kariuki, Cabinet Secretary for Health, Kenya, on behalf of H.E Uhuru Kenyatta, President of Kenya

I bring special greetings from His Excellency the President Uhuru Kenyatta, who would have liked to be here but had to make his way back home last evening.

Allow me, therefore, to share his thoughts with you this morning. I start with congratulations on the occasion of the launch of the *Healthcare and Economic Growth in Africa* report, recognising that ultimately, investment in health has an influence on macro and micro-economic conditions of any country. Health is, therefore, a determinant of the economic, social and political aspects of development. This is what we believe in Kenya.

However, allow me to recognise that sustained investments are required to leverage on gains that the continent, and indeed Kenya, has made during the MDG era and to ensure targets that were not achieved then are fast-tracked as part of the SDG aspirations.

The SDGs represent a fundamental paradigm shift and acknowledge the role of various partners in the transformation of people's lives and in the delivery of quality and afford-

Efforts to take philanthropy to turn business into a truly transformative force for health should be encouraged

able healthcare. In particular, philanthropic interventions are becoming an effective contributor to sustainable development, creating value for both business and society. This alone isn't enough, however, and we need to move into sustainability. Thus, efforts to take philanthropy to turn business into a truly transformative force for health should be encouraged.

The government of Kenya recognises the important role of public and private partnerships in complementing partners' resources as well as government resources in healthcare delivery. In Kenya, my President would like to say, "We do not struggle in welcoming the private sector to support us in delivering public good." And it is for this reason that we have continued to work on the ease of doing business and are proud to recognise that only last year, we managed to move to the 61st position having worked our way through from 129 out of the 190 countries ranked in the year 2013.

Public-private partnerships in health have catalysed progress towards attainment of universal health coverage in Kenya. The private sector has made investment in different priority areas of the health system, ranging from risk pooling, out-patient and in-patient care, retail, pharmaceutical to health education, nutrition, diagnostics, logistics amongst others.

Currently, we have \$4.5bn invested by the private sector in our health sector. It is projected in a survey conducted last year that we can grow this in Kenya to upwards of \$11bn in the next 10 years. With a double burden of communicable and non-communicable diseases, it is clear to us in Kenya that we need to mobilise private sector resources to support the efforts that we are making.

I am happy to note that, for example, we have leveraged private sector innovations and attained accelerated and improved health outcomes through the managed equipment service programme launched by His Excellen-

cy, President Kenyatta, four years ago, where specialised medical equipment has been outsourced from private providers. This has led to equitable access to specialised services such as renal dialysis, intensive care services, theatres and, therefore, surgeries, diagnostics are now all available at the very hard-to-reach, local areas in Kenya. This equipment, in which we also have ICT capacities, also enable sharing of limited specialisms across the country especially in rural areas where we are able to share resources and give feedback to patients.

I will give one more example. One where we have partnered with a group of private sector pharmaceutical industries to build a capacity of hosting and reversing NCDs using SDG17 on strategic partnership as their entry point into my country.

As we recognise the great opportunities that come with the private sector in Kenya, we also recognise significant challenges that may require to be addressed to ensure health equity. Here, we are looking at issues to do with quality and therefore, we have to up the standards of quality monitoring and feedback to the private sector. We also have to look at issues of having a sound legislative and policy framework that would support sustainability of private sector investment in Kenya. We do also recognise the need for us to have frameworks that allow for continuous and coherent consultations with the private sector.

Finally, I wish to conclude by saying that Kenya is cognisant of the fact that the private sector is not just to be taxed but can also engage in shared value solutions for development. As we go through rebalancing of the Kenyan economy, the government is open to dialogue with the private sector, additional business models and social impact investment that will improve health service delivery in Kenya. And it is for that reason that we have set a conservative framework as a country at

It is only by harnessing the strengths, the resources, the expertise of the private sector... that we can achieve lasting health solutions

a technical level, at the ministerial level, where I chair with the private sector, a ministerial forum to look at what the private sector is running through the opportunities, the challenges they are facing, and this leads onto a next steps conversation where His Excellency, President Kenyatta, chairs a presidential roundtable, where all the issues that affect the private sector are debated.

We recognise it is only by harnessing the strengths, resources and expertise of the private sector, coupled with additional investment by the government, that we can uphold the current gains and achieve lasting and sustainable health solutions in Kenya and in Africa in general. I want to congratulate the brains behind this initiative. It will count for much. ■

Annex 3: Speeches

Halima Aliko-Dangote conveyed her father's message to the Forum, saying that the challenges for healthcare in Africa present an opportunity for business and calling for the leveraging of public-private partnerships to bring about health-centric development

Address by

Halima Aliko-Dangote, Trustee, Aliko Dangote Foundation, on behalf of Aliko Dangote, Chairman of Aliko Dangote Foundation

Welcome to the inaugural African Business Health Forum 2019. I'd like to convey my thanks and appreciation, especially to the Heads of State and their contribution towards PPPs and also trying to see how we can bridge the financial gap, looking at health in our continent.

We all know of the strong relationship between health and economic growth and development. Healthy populations live longer, are more productive, and save more.

The *Healthcare and Economic Growth in Africa* report prepared by UNECA, GBC Health and Aliko Dangote Foundation, reveals the extent of the problem – and the opportunity at hand. In Africa, governments typically control the delivery of healthcare services but that is never enough. Governments from both developed and developing countries are increasingly looking at public-private partnerships (PPPs) as a way to expand access to higher quality health services by leveraging capital, managerial capacity, innovation and know-how from the private sector.

The World Bank has highlighted public-private partnerships across a variety of sectors, and I believe this to be apt to the discussions that follow from this Forum – it is clear that PPPs can play an important role in mobilising additional forms of financing and closing the infrastructure gap. We need to look at innovative ways to mobilise private investment and how to embed the SDG targets into PPP projects and operations.

Africa's healthcare systems require significant investments to meet the needs of their growing populations and economies, change the patterns of diseases, and achieve the internationally agreed development goals for Africa.

Today, we are launching ABCHealth – a coalition of private sector actors engaged for

better health. The idea is for all well-meaning leaders across the continent to participate. With this coalition, we hope to help businesses achieve long-term success by creating a healthier workforce and society.

I believe that private sector leaders have a strong role to play. As a businessman and through my Foundation, I am committed to working with governments and key stakeholders for the development of impactful health initiatives in Africa.

In my own country, I have advocated for a private sector led health trust fund from a 1% net profit deduction that the private sector would contribute to support the public health sector.

My objective and wish for this Forum and hereafter is that we leverage the full power of public-private partnerships, to ensure that we can help shape a health-centric agenda for Africa's accelerated development.

I thank you for your attention, your contribution to the Africa Business: Health Forum 2019, and for your spirit of partnership. ■

We hope to help businesses achieve long-term success by creating a healthier workforce and society

The Executive Director of UNAIDS addressed the subject of universal health coverage, insisting that health is a human right and calling on Africa's leaders to strengthen their relationship with the private sector to help build a stronger, healthier Africa

Address by

Michel Sidibé, Executive Director, UNAIDS

The world is changing rapidly and today, we must begin to consider a different narrative, a different paradigm, to deal with universal health coverage. In the context of the current times, it is impossible to talk about universal health coverage from only the public sector. This is because innovation is not being driven by governments anymore. Rather, innovation is being driven by the private sector.

Today, we must consider artificial intelligence and digital health. Disruption by innovation is what powers the strongest economies and in a world where disruptive technology is making steady inroads into virtually every area of our lives, it is essential to apply the same principle to health.

I remember when I joined UNAIDS; we were giving 18 pills a day to a sick person. We would have never, have reached 22m people on treatment if we were not working with the private sector to completely change the dynamic that exists today, namely to treat a sick person with only one pill a day. And soon, it will be one injection every four months.

If Africa must achieve universal coverage, technology in all its disruptiveness must play a leading role and the private sector must be its driver.

However, universal healthcare is about fighting inequality and pursuing social justice. The late Kofi Annan once opined that health is not a blessing to wait for but rather it is a human right to be fought for. He is right. Without health being a right for every single individual, it will be impossible to achieve the global 2030 goals.

How can we go for a sustainable development goal, when we are seeing vulnerability in different parts of our world? From Baltimore to Bamako, the vulnerabilities are ever present – people left behind, people not having access to quality healthcare. It is clear that public sector alone cannot deliver the gains, private sector must be involved.

This reality is made clearer with the health report that will be launched in the course of this Forum. And I am particularly happy that Africa's current and future leaders in both

The late Kofi Annan once opined that health is not a blessing to wait for but rather it is a human right to be fought for. He is right

the public and private sectors will be a part of it because I am convinced that this Forum's message of financing the health of our people across the continent could become a reality.

I want to highlight that this report also sheds light on how innovation can bring an added value to what we are doing across the continent. The message is this – Africa's health outcomes will change for the better only when the continent's public and private sectors work together. The key is leadership.

Leadership is critical. More so is making the choice to lead. Prioritising healthcare financing is a choice but Africa is now at a juncture where that choice is a necessity. Stakeholders in both the public and private sectors must have the will to execute actions that will change health outcomes – policies beneficial to the sector must be pushed; investments must be made; resources must be committed. Conversations and actions should not be made in isolation anymore.

I recall the many discussions with Ngozi Okonjo-Iweala, then Nigeria's Minister of Finance, where I pushed for collaboration between her ministry and the Ministry of Health because I believed then, and still do, that investing in health is not a cost, it is not an expenditure; it is an investment with real returns that will change people's lives.

Annex 3: Speeches

Only very few countries have been able to achieve the goals set out in the Abuja Declaration. It is essential that Africa does not slip on that accord. Creating the environment that will encourage private sector to invest in health is key. On a recent trip to Awasa here in Ethiopia, I was very impressed with the health services being provided by community health workers through the use of mobile phones. This achievement was made possible by public-private sector partnership.

To the organisers of this Forum I want to thank you for this meeting and before I conclude, I want us to remember that many of our countries are facing serious problems with regards to investing in health. Without serious investment it is impossible to fight any emerging epidemics like Ebola, for example.

We can change Africa's health narrative. I want to appeal to all of you as a leaders of our continent; to make sure that universal health coverage becomes a reality. We must also fight stigma, discrimination, and bring the notion of inclusiveness into whatever we do. Thanks for being with us; thanks for making this meeting a reality.

We heard my sister the Minister of Egypt talking about local drug production. It's a cause for which I have fought for over many years. The challenges are plentiful – for example, our continent bears 26% of the world's disease burden but we produce only 3% of the medicine we consume, yet the global pharmaceutical market is projected to grow from \$14bn in 2017 to \$22bn by 2025 representing a threefold increase in only eight years. This alone presents a public-private sector partnership opportunity for improving health outcomes through access to drugs, health and jobs all leading to a prosperous Africa.

Our potentials are limitless. Working together, we can build the Africa of our dreams. ■

We can change Africa's health narrative. I want to appeal to all of you as a leaders of our continent; to make sure that universal health coverage becomes a reality

Annex 3: Speeches

In his concluding speech, Aigboje Aig-Imoukhuede underlined the importance of working with political leaders to bring about change, and called upon the partners in the African Business Health Coalition to achieve great things

Closing remarks by

Aigboje Aig-Imoukhuede, Founder and Chairman of Africa Initiative for Governance (AIG) and Co-Chair, GBCHHealth

In terms of conclusions, I'd just like to share with you some of the thoughts that I have had throughout the day's programme. The programme has been very powerful, very educative and very emotional. Indeed, those three factors, you will find, are critical in taking on health challenges.

People ask, "Why ABCHealth?" ABCHealth confesses very transparently to learning from what has happened globally in terms of best practices for how private companies and individuals in the private sector can come together to complement and reinforce the role of government in the health area.

Health is a public good; and let me assure you that no government that has any wisdom will delegate the responsibility for health to the private sector, simply because if you do so you are at very great risk of losing many votes. For that reason a company or an individual in the private sector will have to learn how to work with government in order to make any progress. Access to leaders is fundamental. The discussion and challenge at GBCHHealth was, "Why isn't the African private sector working with the AU on health issues?" It was obvious – why aren't we working with the AU on health issues?

So, when Vera called me and said she was putting together the private and the public sectors in Addis under the aegis of the AU meetings last year, I jumped on the opportunity. Vera, knowing that I'm a man of finance, thought I would want to talk about infrastructure, trade and so on, and I said "No, no, no – I only have an interest in health."

What we have done today, having great African leaders in the same room, is to take the opportunity to influence political will. Without political will I can assure you we are not going to make much progress.

But the issue of political will, as Michel said, is not a lack of will but a need on our part to

The power of the Healthcare and Economic Growth in Africa report is phenomenal

help our leaders make those political choices. They have the will, but it is not easy to make those choices on their own. The private sector can be a very strong force to just get them over that last step; that last mile that is the difference between a hospital and no hospital.

The second thing is this: there are immeasurable things to do. There are uncountable things to do in Africa. Investing in health in Africa, whether it is for financial or social gain, will always be impact investing because of the size of our challenge and the size of the gaps involved. Therefore, if you try to make an impact in Africa without knowledge and data, as many have said here and in the parallel sessions, you tend to make mistakes.

The power of the *Healthcare and Economic Growth in Africa* report is phenomenal. I thought I knew health in Africa, and as I read this report, and read it again and again, I realised how uninformed I was. This shows you the power of what we can do when we bring the right parties to the table.

The next thing is commitment. Commitment to health concerns is not easy, for some of the reasons that I have mentioned before.

Take for instance ABCHealth's co-founder Aliko Dangote, whose commitment to health is – pardon my pun – both infectious and contagious. This is a man who I have seen pull

Annex 3: Speeches

his teeth out speaking to primary healthcare workers, speaking to government officials at all levels in Nigeria, working with Bill Gates, and having non-stop brainstorming sessions starting at 8am that don't finish until 10pm.

These are not stories, but things I have seen numerous times. This is a man who has visited more IDP camps in Nigeria than probably anybody in the private sector. For him to find the time to do this, for him to give himself to this – understand that he is passionate and he is committed. But, through pains and gains, he has learnt that to make headway in health philanthropy, you can't do it alone.

You need partners; you need collaborators. This is a very powerful lesson for us. ABCHealth is a coalition. None of us can do it alone; that is why we have a coalition, and the power of us collaborating has no boundaries.

Finally, you know, when you are doing social good, it's important for you to have fun, because there are going to be down periods. There are going to be tough times, you are going to look at certain things you take on and say to yourself, "OK, fine." We wake up and we say we want to eradicate malaria from half of Ethiopia – it's not going to be easy. Or from all of Ethiopia – it's going to be tough. There are going to be disappointments.

And for that reason, I find that those organisations that take on health most effectively are those who have very strong, resilient cultures where people come together and connect at the personal and emotional level. So the issue of personal relationships is key and critical. I've formed relationships with people in UNECA that I never knew... These relationships are mission-critical if you want to sustain this journey in making an impact on health.

I'll round off by saying this whole day has been really terrific. It's been a labour of love, working towards this from last year. I am really thrilled that it has gone well. I am very proud of all of you and all you've done.

To those who achieve great things, greater things are expected. So I look forward to the greater things that will come from the organisations that have come together to form ABCHealth. ■

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